

EVALUATION OF THE EATING DISORDERS MEDICARE BENEFIT SCHEDULE ITEMS 2024

APPENDICES TO THE TECHNICAL REPORT

Prepared For :

The Australian Government Department of Health and Aged Care

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Study 4 Appendices

Medicare Survey Study

Appendix 4.1: The Eating Disorder Treatment and Management Online Survey

Explanatory summary

The Eating Disorders Treatment and Management Survey – People’s use, experience and outcomes (project identification number: 37760)

Research Team:

Monash University: Professor Cathy Mihalopoulos, Dr Long Le, Ms Natasha Hall, Dr Mary Lou Chatterton, Dr Andrew Tan, Mr Jan Faller, Ms Joahna Perez

La Trobe University: Dr Siân McLean


Deakin University: Professor Matthew Fuller-Tyszkiewicz

About this project

Our team has been commissioned by the Department of Health and Aged Care to conduct an evaluation of the Eating Disorder Treatment and Management Plan, also known as the Eating Disorder Plan, that is available to people with eating disorders. Under the Eating Disorders Treatment and Management plan, people with eating disorders can see a psychiatrist, general practitioner, psychologist, social worker, dietitian or occupational therapist for sessions of eating disorder care, and those sessions are funded – wholly or partially – by Medicare. In order for this to happen, their GP provides them with an eating disorder treatment and management plan and refers them on to one of these health professionals. Those who are eligible can access rebates for up to 40 sessions of psychological therapy with a psychiatrist, general practitioner, psychologist, social worker or occupational therapist per year and 20 sessions with a dietitian. Additionally, regular appointments with a general practitioner/family physician (GP) occur every 10 sessions. At the midpoint of care (20 psychological sessions), consultation with a psychiatrist and/or paediatrician is required to confirm the diagnosis and the need for ongoing treatment.

This current project is one component of the broad evaluation of these services and has two parts. Firstly (Part A), we are conducting an online survey with people who have used an Eating Disorders Treatment and Management plan since 2019 for an eating disorder. The survey will ask those who have used the Eating Disorders Treatment and Management plan why they have the plan, what services they used, and what their experiences were.

In the second part (Part B), we are asking people if they will agree to us linking their Medicare claims information for Eating Disorders Treatment and Management plan to their survey answers to get a fuller picture of how Eating Disorders Treatment and Management plan were used. At the end of Part A (the online survey), you will be provided with further information about the Medicare claims linkage part of the project. If you consent to your Medicare Benefits Scheme (MBS) items and Pharmaceutical Benefits Scheme (PBS) items being linked to your survey answers, the Department of Health and Aged Care will compile a report for the research team, which will list the MBS and PBS items that you received since 2019 (including date of service, MBS item number, PBS item number, cost details, provider details and postcode of service details). Consent to the data linkage will be via



the Department of Health and Aged Care and will occur after the online survey has been completed and you have read an explanatory statement discussing the data linkage process. You will also be provided with a data linkage withdrawal form from the Department of Health and Aged Care that you can download and return to the research team within 60 days if you would like your MBS/PBS data withdrawn from the project. Appendix A provides further Participant information for the release of Services Australia (department within the Department of Health). This document will be shown for you to read before you can consent to Part B of this study. Please note that you can complete the online survey component (Part A) of this project without linking your Medicare claims information (Part B).

The information below provides you with further information about the current survey, so that you can decide if you would like to take part. Please take the time to read this information carefully and contact the evaluation team if you would like to ask any other questions about the project.

What will I be asked to do?

If you agree to participate in the survey part of the project you will be asked to complete an online survey which will take 15 to 20 minutes.

You will be asked to complete and sign a separate consent form authorising the study to access your Services Australia information, which includes MBS and PBS data from August 2018 (6 months prior to the introduction of Eating Disorder Plans) to July 2023 to your survey answers. See the separate Services Australia Participant Information Document in Appendix A and Services Australia Participant Consent Form.

Services Australia is not involved in this research other than to provide the information that you have consented to the release of, should you decide to participate in this study. Services Australia has confirmed that this research and any associated documents have received approval from a Human Research Ethics Committee (HREC) that is registered with and operates within guidelines set out by the National Health and Medical Research Council (NHMRC).

Additional procedures for those aged between 15 and 17 years


If you are between 15 and 17 years old you will be required to obtain parental or guardian consent before you can complete the online survey. After you provide consent for yourself to complete the survey, you will need to ask your parent or guardian to provide their name, signature, email address/phone number and provide consent. A phone number or email address of the parent or guardian is required to confirm their consent. If upon contacting the parent, they do not confirm that they are the parent or guardian of the child and they have not consented for their child to complete the survey, the child's survey data will be deleted.

What are the possible benefits?

Participating in the survey will give you the opportunity to provide your perspective on the Eating Disorders Treatment and Management plan you received. There will also be broader benefits, because the information you and other participants provide will help to shape and improve the way in which Eating Disorders Treatment and Management plan is delivered to those with eating disorders in the future.

What are the possible risks?

The risks of participating are small. However, because we will be asking you to think about eating disorder services you may have received in the past year, there is a possibility that you might feel



uncomfortable or distressed. If this happens, you can stop the survey at any time. If you are feeling upset, you might want to talk to your family or friends or contact your service provider or GP. You can also call one of the following services: Butterfly Foundation helpline 1800 33 4673 (1800 ED HOPE) or email (support@butterfly.org.au), Beyond Blue 1300 22 4636. The project team is also available to help you obtain support from one of these services. Please contact us on (03) 9903 0920 if you would like someone to follow-up with you.

Payment

You will also be eligible to enter a competition to win one of 25 gift vouchers (valued at \$200) if you choose to provide your email address/phone number and if you complete the full online survey (you are eligible for the prize even if you choose not to link your MBS/PBS data). The email address/phone number required to enter the competition to win a \$200 gift voucher will be set up as a separate survey to the main survey and therefore the participants survey responses will not be attached to their email address or phone number. As this is an online anonymous survey, any personal information that is provided to us, such as your name and email address, will be stored separately from your survey responses. Please note that email address or phone numbers provided when you enter the competition may have to be provided to Monash Finance, if requested for audit purposes.

Do I have to take part?

No. Participation is completely voluntary. You don't have to answer any question you don't want to and can stop the survey at any time and withdraw from providing any further information. We will not know which survey responses belong to you so will not be able to withdraw any survey information you have already entered. Your participation or withdrawal will have no bearing on any future care you may receive through Eating Disorders Treatment and Management plan or any other program.


Will I hear about the results of this project?

We will provide written reports on the findings of the overall evaluation to the Department of Health and Aged Care, and these reports will include information about what survey participants have told us. Some or all of those reports will be made publicly available. We will also prepare an academic journal article on this project.

Confidentiality and what will happen to information about me?

We will protect the confidentiality of your data, subject to any legal requirements. If you choose to complete the online survey part of this study only, your data will be anonymous and you will be unable to withdraw your data once you submit the survey. If you agree to the online survey and the MBS and PBS data linkage, you will have 60 days to withdraw your data from the project. Please download the [Withdrawal form](#) and keep on file for 60 days in case you would like to withdraw your MBS and PBS data.

Any personal information that you provide us, such as your name and email address, will be stored separately from your survey responses. All information we collect from you will be held under password protection and not shared with anyone outside the project team. The information will be stored for 7 years and then all electronic information will be permanently deleted and hard copy information will be shredded. Information presented in reports or journal articles will be grouped



together so no individual participant can be identified. If the anonymous survey data is shared in the future it will be shared in a way that is totally private, anonymous and confidential.

Future research

There is an option to be contacted for future research regarding eating disorders and their treatment and there will be a section on the consent form that asks if you would like to be contacted in the future for further research. You can choose if you would like to consent to be contacted for future research and please note that your choice will have no bearing on any future care you may receive through Eating Disorders Treatment and Management plan or any other program.

Who is funding this project?

This project has been funded by the Australian Department of Health and Aged Care.

Where can I get further information?

If you would like more information about the project, please contact:

Professor Cathy Mihalopoulos
Director of Monash Health Economics Group
553 Saint Kilda Road, Melbourne
Tel: +61 3 9033 0920 Email: cathy.mihalopoulos@monash.edu

Complaints

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics Committee (MUHREC):

Executive Officer
Monash University Human Research Ethics Committee (MUHREC)
Office of Research Ethics and Integrity
Room 116, Administration Building B (3D)
26 Sports Walk, Clayton Campus
Monash University VIC 3800
Tel: +61 3 9905 2052 Email: muhrec@monash.edu

Having read the above information, do you agree to participate in this project?


- Yes, I have read and understood the information provided to me and would like to proceed in taking part in the online survey.
- No, I do not consent to take part

Do you consent to being contacted for research in a similar area in the future?

- Yes, please provide your contact details (email or phone number):
- No

What is your age group?

- 15 to 17 years
- 18 year or older



If the participant is under the age of 18 years old, we also require parental consent before this survey is completed. The parent or guardian will have to read the following plain language statement and consent their child to the online survey. The plain language statement shown to the parents is as follows:

As you are 15 years to 17 years old, we also require parental consent before this survey can be completed. Please ask your parent or guardian to read the explanatory statement below and to provide parental consent.

The Eating Disorders Treatment and Management Survey – People’s use, experience and outcomes

Project identification number: 37760

Research Team: Monash University: Professor Cathy Mihalopoulos, Dr Long Le, Ms Natasha Hall, Dr Mary Lou Chatterton, Dr Andrew Tan, Mr Jan Faller, Ms Joahna Perez

La Trobe University: Dr Siân McLean


Deakin University: Professor Matthew Fuller-Tyszkiewicz

About this project

Our team has been commissioned by the Department of Health and Aged Care to conduct an evaluation of what is known as the “Eating Disorders Treatment and Management plan” or just “Eating Disorder Plan” that are available to people with eating disorders. Under the Eating Disorders Treatment and Management plan, people with eating disorders can see a psychiatrist, general practitioner, psychologist, social worker, dietitian or occupational therapist for sessions of eating disorder care, and those sessions are funded – wholly or partially – by Medicare. In order for this to happen, their GP provides them with an eating disorder treatment and management plan and refers them on to one of these health professionals. Those who are eligible can access up to 40 rebated sessions of psychological therapy with a psychiatrist, general practitioner, psychologist, social worker or occupational therapist per year and 20 sessions with a dietitian. Additionally, regular appointments with a general practitioner/family physician (GP) occur every 10 sessions. At the midpoint of care (20 psychological sessions), consultation with a psychiatrist and/or paediatrician is required to confirm the diagnosis and the need for ongoing treatment.

This current project is one component of the broad evaluation of these services and has two parts. Firstly (Part A), we are conducting an online survey with people who have used an Eating Disorder Plan since 2019 for an eating disorder. The survey will ask those who have used an Eating Disorder Plan why they have the plan, what services they used, and what their experiences were.

In the second part (Part B), we are asking people if they will agree to us linking their Medicare claims information for their Eating Disorder Plan to their survey answers to get a fuller picture of how the Eating Disorder Plan were used. At the end of Part A (the online survey), you will be provided with further information about the Medicare claims linkage part of the project. If you consent to your Medicare Benefits Scheme (MBS) items and Pharmaceutical Benefits Scheme (PBS) items being linked to your survey answers, the Department of Health and Aged Care will compile a report for the research team, which will list the MBS and PBS items that you received since 2019 (including date of service, MBS item number, PBS item number, cost details, provider details and postcode of service details). Consent to the data linkage will be via the Department of Health and Aged Care and will occur after the online survey has been completed and you have read an explanatory statement discussing the data linkage process. You will also be provided with a data linkage withdrawal form from the Department of Health and Aged Care that you can download and return to the research team within 60 days if you would like your MBS/PBS data withdrawn from the project. Appendix A



provides further Participant information for the release of Services Australia (department within the Department of Health). This document will be shown for you to read before you can consent to Part B of this study. Please note that you can complete the online survey component (Part A) of this project without linking your Medicare claims information (Part B).

The information below provides you with further information about the current survey, so that you can decide if you would like to take part. Please take the time to read this information carefully and contact the evaluation team if you would like to ask any other questions about the project.

What will my child be asked to do?

If you agree for your child to participate in the survey part of the project, they will be asked to complete an online survey which will take 20 to 25 minutes.

Your child will also be asked to complete and sign a separate consent form authorising the study to access their Services Australia information, which includes MBS and PBS data from August 2018 (6 months prior to the introduction of Eating Disorder Plans) to July 2023 to complement their survey answers. See the separate Services Australia Participant Information Document in Appendix A and Services Australia Participant Consent Form.

Services Australia is not involved in this research other than to provide the information that you and your child have consented to the release of, should you and your child decide to participate in this study. Services Australia has confirmed that this research and any associated documents have received approval from a Human Research Ethics Committee (HREC) that is registered with and operates within guidelines set out by the National Health and Medical Research Council (NHMRC).

Additional procedures for those aged between 15 and 17 years

Your child is between 15 and 17 years old and therefore we are required to obtain parental or guardian consent before your child can complete the online survey. Your child has provided consent for themselves to complete the survey, and now we are asking you to provide your name, signature, email address/phone number and provide consent. A phone number or email address is required to confirm that you have provided consent for your child. We will use the email or phone number to contact you to double check that you have consented your child to take part in the online survey. If upon contacting you, you tell us that you are not the parent or guardian of the child and that you have not provided consent for your child to complete the survey, your child's survey data will be deleted.

What are the possible benefits?

Participating in the survey will give your child the opportunity to provide their perspective on the Eating Disorder Plan they received. There will also be broader benefits, because the information your child and other participants provide will help to shape and improve the way in which Eating Disorder Plans are delivered to those with eating disorders in the future.

What are the possible risks?

The risks of participating are small. However, because we will be asking your child to think about eating disorder services they may have received in the past year, there is a possibility that your child might feel uncomfortable or distressed. If this happens, your child can stop the survey at any time. If they are feeling upset, they might want to talk to you, other family or friends or contact their service provider or GP. Your child can also call one of the following services: Butterfly Foundation helpline 1800 33 4673 (1800 ED HOPE) or email (support@butterfly.org.au), Beyond Blue 1300 22 4636. The project team is also available to help you or your child obtain support via these mentioned services. Please contact us on (03) 9033 0920 if you would like someone to follow-up with you.



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Will my child and I hear about the results of this project?

We will provide written reports on the findings of the overall evaluation to the Department of Health and Aged Care, and these reports will include information about what survey participants have told us. Some or all of those reports will be made publicly available. We will also prepare an academic journal article on this project.

Confidentiality and what will happen to information about my child?

We will protect the confidentiality of your data, subject to any legal requirements. If your child chooses to complete the online survey part of this study only, their data will be anonymous and they will be unable to withdraw their data once they submit the survey. If your child agrees to the online survey and the MBS and PBS data linkage, they will have 60 days to withdraw their data from the project. Any personal information that your child provides us, such as their name and email address, will be stored separately from their survey responses. All information we collect from your child will be held under password protection and not shared with anyone outside the project team.

The information will be stored for 7 years and then all electronic information will be permanently deleted and hard copy information will be shredded. Information presented in reports or journal articles will be grouped together so no individual participant can be identified. If the anonymous survey data is shared in the future it will be shared in a way that is totally private, anonymous and confidential. The Australian Department of Health and Aged Care will not receive any identifiable information about your child.

Future research

There is an option to be contacted for future research regarding eating disorders and their treatment and there will be a section on the consent form that asks if your child would like to be contacted in the future for further research. Your child can choose if they would like to consent to be contacted for future research and please note that your child's choice will have no bearing on any future care they may receive through Eating Disorder Plans or any other program.



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Executive Officer

Monash University Human Research Ethics Committee (MUHREC)

Office of Research Ethics and Integrity

Room 116, Administration Building B (3D)

26 Sports Walk, Clayton Campus

Monash University VIC 3800

Tel: +61 3 9905 2052

Email: muhrec@monash.edu

This question is also for the parent or guardian of the child who will complete the survey. Please provide your name, signature and email or phone number (we will contact this email or phone number to confirm you are the parent or guardian and that you have given consent for your child to participate in the online survey) if you consent to your child taking part in this online survey.

Parent/guardian name:


Parent/guardian signature or initials:

Parent/guardian email address or phone number:

The Eating Disorder Treatment and Management Survey - People's use, experience and outcomes of Medicare eating disorder services

You have been invited to complete this survey because you are one of the many people in Australia who received eating disorder treatment services from a health professional since 2019 that were paid for, at least in part, by Medicare. These Medicare-funded services are delivered under what is known as the Eating Disorder Treatment and Management program or the Eating Disorder Plan.

We are interested in the Eating Disorder Plan treatment services that you received for psychological care of your eating disorder from **a psychiatrist, a general practitioner, a psychologist, a social worker or an occupational therapist** AND/OR the nutrition related care you received from **a dietitian**. There are some other professionals who can deliver services under Eating Disorder Plans, but we are not specifically asking you about these professionals. It is also possible that you have received treatment through some other program that is not funded through Medicare (e.g., through a community mental health service) or is not funded through the Eating Disorder Plan program (e.g., the Medicare Better Access initiative). These mental health professionals are also outside the scope of the survey.



This survey is about the services you received from a **psychological healthcare provider** including **a psychiatrist, a general practitioner, a psychologist, a social worker or an occupational therapist** AND/OR **dietitian** related services under the Medicare Eating Disorder Plan. If you saw more than one psychological healthcare provider for your eating disorder whose services were at least partially funded by Medicare, think about the **main one you saw**.

Firstly, when thinking about your current or most recent Eating Disorder Plan

1. Who was the doctor or specialist doctor that provided you a referral to your Eating Disorder Plan?
- A general practitioner
 - A psychiatrist
 - Another type of medical practitioner, please describe...
 - Unsure

The circumstances that prompted you to seek care

2. People seek care from health professionals for their eating disorder for a variety of reasons. What prompted you to seek help for your disorder or eating and body image concerns on this occasion? **(Tick all that apply)**
- I was referred by a medical practitioner
 - I was feeling physically unwell
 - I had eating disorder symptoms of binge eating
 - I had eating disorder symptoms of vomiting
 - I had eating disorder symptoms of very low weight
 - I recognised that I needed some help
 - I was encouraged to do so by family or friends
 - Other (Please describe)

Unsure

3. At the time you were provided with an Eating Disorder Plan, were you given an eating disorder diagnosis?

- Yes
- No → Go to question 5
- Unsure

4. What was the diagnosis? **(Tick all that apply)**

- Anorexia nervosa
- Bulimia nervosa
- Binge-eating disorder
- Atypical anorexia nervosa
- Subthreshold bulimia nervosa
- Subthreshold binge-eating disorder
- Purging disorder
- Night eating syndrome

- Avoidant/restrictive food intake disorder
- Other, please specify

Unsure

5. After receiving your Eating Disorder Plan, from whom did you receive Medicare funded treatment services via this plan? (Tick all that apply)

- A psychologist
- A social worker
- A dietitian
- An occupational therapist
- A general practitioner
- A psychiatrist
- A paediatrician
- Unsure

6. *Only display if question 5 = psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure*

Have you received psychological treatment since 2019 for your eating disorder through any other program apart from your Eating Disorder Plan?

- Yes, through the Better Access scheme
- yes, through Community mental health service
- Yes, (please describe) _____
- No_

7. *Only display if question 5 = psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure.*

Was this the first time you had received Medicare funded treatment services from a psychiatrist, paediatrician, general practitioner, psychologist, social worker or occupational therapist for your eating disorder?

- Yes
- No
- Unsure

8. *Only display if question 5 = dietitian/unsure*

Have you received dietetic treatment since 2019 for your eating disorder through any other program apart from your Eating Disorder Plan?

- yes, chronic disease management plan
- Yes, (please describe) _____
- No



9. *Only display if question 5 = dietitian/unsure*

Was this the first time you had received Medicare funded treatment services from a dietitian for your eating disorder?

- Yes
- No
- Unsure

We would now like you to think back to the psychological health professional (a psychiatrist, a general practitioner, a psychologist, a social worker or an occupational therapist) you saw as part of your most recent or current Eating Disorder Plan. If you saw more than one psychological health professional for your eating disorder whose services were at least partially funded by Medicare, think about the main one you saw.

10. *Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure*

On a scale of 1 to 10, where 1 is the worst possible eating disorder symptoms and 10 is the best possible eating disorder symptoms, how would you rate your health with respect to your eating disorder **before your first session** with the psychological health professional?

Worst possible eating disorder symptoms						Best possible eating disorder symptoms				
1	2	3	4	5	6	7	8	9	10	Unsure

11. *Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure*

On a scale of 1 to 10, where 1 is the worst possible eating disorder symptoms and 10 is the best possible eating disorder symptoms, how would you rate your health with respect to your eating disorder **after your most recent session** with the psychological health professional?

Worst possible eating disorder symptoms						Best possible eating disorder symptoms				
1	2	3	4	5	6	7	8	9	10	Unsure

12. *Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure*

To what extent do you think that the treatment you received from the health professional was responsible for any change in your eating disorder?

- Entirely responsible for the change
- Partially responsible for the change
- Not at all responsible
- Not applicable; my eating disorder symptoms have not changed
- Unsure



13. Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure

The experience of seeing the psychological health professional as part of my Eating Disorder Plan

Please rate the extent to which you agree or disagree with the following statements.	1 – Strongly disagree	2 - Disagree	3 – Neither disagree nor agree	4 - Agree	5 – Strongly agree
I found the referral process straightforward					
I had to wait too long for an appointment with my psychological health professional					
I had to travel too far to see my psychological health professional					
I was offered sessions at a time that suited me					
My psychological health professional was empathetic					
I was offered the opportunity for my family and friends to be involved in my support or care if I wanted this					
My psychological health professional listened to me					
My psychological health professional respected my right to make decisions					
My psychological health professional equipped me with strategies to address the issues I was facing					
The support or care provided by my psychological health professional met my needs					
I had a good relationship with my psychological health professional					
My general practitioner reviewed my Eating Disorder Treatment Management Plan every 10 sessions					
My specialist doctor (paediatrician or psychiatrist) reviewed my Eating Disorder Treatment Management Plan every 20 sessions					



The sessions of care

14. *Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure*

My sessions with the psychological health professional were:

(Tick all that apply)

- Face-to-face
- Via telehealth
- Via phone
- Unsure

15. *Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure*

My sessions with the psychological health professional were delivered:

(Tick all that apply)

- Individually
- In a group
- Unsure

16. *Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure*

Are you still seeing the psychological health professional (or planning to continue seeing them) as part of your Eating Disorder Plan?

- Yes → Go to question 19
- No
- Unsure

17. Did you continue seeing the psychological health professional for as long as you could have done, in other words, for all of the sessions (40 sessions) that were available to you through the Eating Disorder Plan?

- Yes → Go to question 19
- No
- Unsure

18. Why did you stop seeing the health professional? **(Tick all that apply)**

- I felt better
- The fee I had to pay out of my own pocket was too expensive



- I did not want to have another review by the general practitioner/specialist doctor to obtain additional sessions
- The other costs associated with seeing the health professional were too high (e.g., transport costs, accommodation costs, childcare costs, income lost by attending the sessions)
- I did not find the sessions helpful
- I did not like the health professional's manner or approach
- I had difficulty fitting the sessions in around my other commitments
- The health professional moved out of my area
- I chose to access a different eating disorder health service (i.e., one that wasn't paid for by Medicare)
- I did not like the session format (e.g., telehealth, face-to-face)
- Language was a barrier for me
- Other (Please describe)

Unsure

19. Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure

In total, how many sessions of psychological treatment did you attend as part of your EDP? These may have been delivered by a psychiatrist/general practitioner/psychologist/social worker or occupational therapist

- Less than 10
- Between 10 and 20
- Between 20 and 30
- Between 30 and 40
- More than 40
- Unsure

20. Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure

How would you describe the number of psychological treatment sessions that you had with the psychiatrist/general practitioner/psychologist/social worker or occupation therapist)?

- Too many
- Too few
- Just right
- Unsure

21. *Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure*

Please rate the extent to which you were satisfied or dissatisfied with the overall psychological treatment care you received for your eating disorder

**1 -Very dissatisfied 2 - Dissatisfied 3 - Neither dissatisfied 4 - Satisfied 5 - Very satisfied
nor satisfied**

How satisfied were you with the care you received from the psychological health professional?

Now, we are going to ask you about costs related to the psychological health professional you saw most recently as part of your Eating Disorder Plan

22. *Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure*

Which of the following most accurately describes the way in which your sessions with the psychological health professional were paid for?

- Medicare covered all of the costs
- Medicare covered some of the costs, and I paid less than half of the costs out of my own pocket
- Medicare covered some of the costs, but I paid more than half of the costs out of my own pocket
- Some other payment arrangement, please describe
- Unsure

23. *Only display if question 5 =psychiatrist/general practitioner/psychologist/social worker/occupational therapist/unsure*

Which of the following best describes what you thought about the out-of-pocket costs for your sessions with the psychological health professional?

- I didn't pay anything. Medicare covered all of the cost
- I paid a fee that was affordable
- I paid a fee that was too expensive
- Unsure

24. *Only display if question 5 =dietitian/unsure*

We would now like you to think back to the dietitian you saw for your most recent or current Eating Disorder Plan. If you saw more than one dietitian for your eating disorder whose services were at least partially funded by Medicare, think about the main one you saw.

On a scale of 1 to 10, where 1 is the worst possible eating disorder symptoms and 10 is the best



possible eating disorder symptoms, how would you rate your health with respect to your eating disorder before your first session with the dietitian?

Worst possible eating disorder symptoms						Best possible eating disorder symptoms				
1	2	3	4	5	6	7	8	9	10	Unsure

25. *Only display if question 5 =dietitian/unsure*

On a scale of 1 to 10, where 1 is the worst possible eating disorder symptoms and 10 is the best possible eating disorder symptoms, how would you rate your health with respect to your eating disorder after your most recent session with the dietitian?

Worst possible eating disorder symptoms						Best possible eating disorder symptoms				
1	2	3	4	5	6	7	8	9	10	Unsure

26. *Only display if question 5 =dietitian/unsure*

To what extent do you think that the treatment you received from the dietitian was responsible for any change in your eating disorder?

- Entirely responsible for the change
- Partially responsible for the change
- Not at all responsible
- Not applicable; my eating disorder symptoms have not changed
- Unsure

27. *Only display if question 5 = dietitian/unsure*

The experience of seeing the dietitian as part of your Eating Disorder Plan

Please rate the extent to which you agree or disagree with the following statements.

1 – Strongly disagree	2 - Disagree	3 – Neither disagree nor agree	4 - Agree	5 – Strongly agree
------------------------------	---------------------	---------------------------------------	------------------	---------------------------

I found the referral process straightforward

I had to wait too long for an appointment with my dietitian

I had to travel too far to see my dietitian

I was offered sessions at a time that suited me



My dietitian was empathetic

I was offered the opportunity for my family and friends to be involved in my support or care if I wanted this
My dietitian listened to me

My dietitian respected my right to make decisions

My dietitian equipped me with strategies to address the issues I was facing

The support or care provided by my dietitian met my needs

I had a good relationship with my dietitian

My general practitioner reviewed my Eating Disorder Treatment Management Plan every 10 sessions

My specialist doctor (paediatrician or psychiatrist) reviewed my Eating Disorder Treatment Management Plan every 20 sessions

The sessions of care

28. Only display if question 5 = dietitian/unsure

My sessions with the dietitian were:

(Tick all that apply)

- Face-to-face
- Via telehealth
- Via phone
- Unsure

29. Only display if question 5 = dietitian/unsure


My sessions with the dietitian were delivered:

(Tick all that apply)

- Individually
- In a group
- Unsure

30. Only display if question 5 = dietitian/unsure

Are you still seeing the dietitian (or planning to continue seeing them)?



Yes → Go to question 33

No

Unsure

31. Did you continue seeing dietitian for as long as you could have done, in other words for all of the Medicare subsidised sessions (20 sessions) that were available to you as part of your Eating Disorder Plan?

Yes → Go to question 33

No

Unsure

32. Why did you stop seeing the dietitian? **(Tick all that apply)**

I felt better

The fee I had to pay out of my own pocket was too expensive

I did not want to have another review by the general practitioner/specialist doctor to obtain additional sessions

The other costs associated with seeing the dietitian were too high (e.g., transport costs, accommodation costs, childcare costs, income lost by attending the sessions)

I did not find the sessions helpful

I did not like the dietitian's manner or approach

I had difficulty fitting the sessions in around my other commitments

The dietitian moved out of my area

I chose to access a different eating disorder health service (i.e., one that wasn't paid for by Medicare)

I did not like the session format (e.g., telehealth, face-to-face)

Language was a barrier for me

Other (Please describe)

Unsure

33. *Only display if question 5 = dietitian/unsure*

In total, how many sessions with the dietitian did you attend?

Less than 5

Between 5 and 9

Between 10 and 14

Between 15 and 19

More than 20

Unsure



34. *Only display if question 5 = dietitian/unsure*

How would you describe the number of sessions with the dietitian?

- Too many
- Too few
- Just right
- Unsure

35. *Only display if question 5 = dietitian/unsure*

Please rate the extent to which you were satisfied or dissatisfied with the overall dietitian care you received for your eating disorder

**1 -Very dissatisfied 2 - Dissatisfied 3 - Neither dissatisfied 4 - Satisfied 5 - Very satisfied
nor satisfied**

How satisfied were you with your care from your dietitian?

Now, we are going to ask you about costs related to the dietitian you saw most recently as part of your Eating Disorder Plan?

36. *Only display if question 5 = dietitian/unsure*

Which of the following most accurately describes the way in which your sessions with the dietitian were paid for?

- Medicare covered all of the costs
- Medicare covered some of the costs, and I paid less than half of the costs out of my own pocket
- Medicare covered some of the costs, but I paid more than half of the costs out of my own pocket
- Some other payment arrangement, please describe
- Unsure

37. *Only display if question 5 = dietitian/unsure*

Which of the following best describes what you thought about the out-of-pocket costs for your sessions with the dietitian?

- I didn't pay anything. Medicare covered all of the cost
- I paid a fee that was affordable
- I paid a fee that was too expensive
- Unsure



Healthcare usage in the last 12 months that was not related to your Eating Disorder Plan

38. In the last 12 months, how many times have you used an ambulance service (including both an ambulance callout and an ambulance transfer to hospital) for your eating disorder?

- none
- 1 time
- 2-4 times
- 5-7 times
- more than 8 times

39. How many times in the past 12 months have you attended an emergency department for your eating disorder?

- none
- 1 time
- 2-4 times
- 5-7 times
- more than 8 times

40. How many times in the last 12 months have you been admitted to a hospital day program for your eating disorder?

- none
- 1 time
- 2-4 times
- 5-7 times
- more than 8 times

41. How many times in the last 12 months have you been admitted as an inpatient for your eating disorder?

- none
- 1 time
- 2-4 times
- 5-7 times
- more than 8 times

42. How many times in the last 12 months have you used any community-based health care services, such as community mental health centres, for your eating disorder that were not through your Eating Disorder Plan?

- none
- 1 time
- 2-4 times
- 5-7 times
- more than 8 times



Finally, a few questions about you

43. What is your age?

- <18
- 18-20
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70-74
- 75-79
- ≥80


44. What is your postcode? _____

45. Are you:

- Female
- Male
- Non-binary
- Prefer to self-describe as....
- Prefer not to say

46. How would you describe your sexual identity

- Asexual
- Bisexual or pansexual
- Lesbian, gay or homosexual
- Straight or heterosexual
- Prefer to self-describe as...
- Unsure
- Prefer not to say



47. Which country were you born in?

- Australia
 - England
 - New Zealand
 - India
 - Philippines
 - Vietnam
 - Italy
 - Other (Please specify)
-

48. Do you identify as Aboriginal or Torres Strait Islander?

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Neither Aboriginal nor Torres Strait Islander

After this initial anonymous survey is completed, the MBS/PBS data linkage explanatory form will be presented to the individual, followed by the PBS/MBS consent form and consent withdrawal form. The participant will complete the MBS/PBS consent form and will be advised to download the MBS/PBS withdrawal form in case they would like to withdraw their MBS/PBS data at a later date.

Participant Information Document for the release of Services Australia information

Important information

Services Australia is not involved in the conduct of this study other than to release your Medicare Benefits Schedule (MBS) and/or Pharmaceutical Benefits Scheme (PBS) claims and/or Repatriation Pharmaceutical Benefits Scheme (RPBS) and/or Australian Immunisation Register (AIR) information. Services Australia will not provide your personal information to the Eating disorder Medicare Benefits Scheme survey without your consent. To agree to the release of your information you must complete the 'Services Australia Participant Consent Form'.

You will be asked to sign a consent form authorising the study to access your complete MBS, PBS, RPBS and/or AIR information as outlined in the consent form. Medicare collects information on your doctor visits and the associated costs, while the PBS collects information on the prescription medications you have filled at pharmacies. The RPBS provides eligible people with access to a wide range of medicines and wound care items at a concession rate, Services Australia along with Department of Veterans Affairs capture this information where an eligible item number is available. The Australian Immunisation Register is a national register that records vaccines given to people of all ages in Australia.

The release of your Services Australia personal information to the Study is completely voluntary and there will be no cost to you. If you do not want to consent to the release of your information you do not have to. You should feel under no obligation to consent to the Study. Choosing not to consent to the release of your information will not affect your current and future medical care in any way.



Withdrawal of consent to release your Services Australia personal information

You are under no obligation to continue with the consented release of your Services Australia information. You may change your mind at any time about releasing your information to the Study. People withdraw from studies for various reasons and you do not need to provide a reason.

You can withdraw your consent to release your Services Australia information by completing and signing the 'Services Australia Participant Withdrawal of Consent Form'. This form is to be completed by you and supplied to the research team if you choose to withdraw your consent at a later date. If you withdraw your consent to release your information to the study, you will be able to choose whether the study will destroy or retain your Services Australia information it has collected about you. You should only choose one of these options. Where both boxes are ticked in error or neither box is ticked, the study will destroy all information it has collected about you. If you do withdraw your consent from the study and your information has already been analysed and/or included in a publication, your personal information may not be able to be withdrawn or destroyed. In such circumstances, your personal information will continue to form part of the project study records and results. Your privacy will continue to be protected at all times.

Proof of consent - Power of Attorney, Guardianship and Administration Orders

Power of Attorney, Guardianship and Administration Orders provide people the legal authority to act on behalf of someone else. If you are unable to provide consent for yourself or you are consenting for someone over the age of 14 years, Power of Attorney, Guardianship or Administration Order may be accepted. Services Australia will only accept a certified copy of an original Power of Attorney (Enduring or Medical), Guardianship or Administration order. Services Australia cannot provide the Study with participant information without supplied evidence. Statutory declarations will not be accepted.

Storage, retention and destruction of your Medicare Benefits Schedule (MBS) and/or Pharmaceutical Benefits Scheme (PBS) claims and/or Repatriation Pharmaceutical Benefits Scheme (RPBS) and/or Australian Immunisation Register (AIR) information.

Your personal information specified within the consent form will be sent securely to Services Australia to authorise the release of your Services Australia information to the Study. Services Australia will retain your consent form for the life of the study as a record of your consent. A copy of your consent form will also be retained by the Study for the life of the study. Your Services Australia information will be de-identified and stored securely by the Study on servers, or hosted through cloud computing providers, physically located within Australian borders. Your Services Australia information will not be sent outside of Australian jurisdiction and is governed by the Privacy Act 1988.

Your Services Australia information that has been included in de-identified databases will be securely destroyed after the final publication of the study (7 years). However, if you withdraw from the Study you can request the destruction of your Services Australia information, provided it has not been de-identified, analysed and published. All information will be securely destroyed at the completion of the study in a manner appropriate to the security classification of the record content.

Services Australia has confirmed that this research and any associated documents, have been approved by a Human Research Ethics Committee (HREC) that is registered with the National Health and Medical Research Council (NHMRC) and operates within guidelines set out by the NHMRC.

Obligations to protect your privacy and personal information

Beyond the NHMRC requirements mentioned above, the Study is bound by Commonwealth and State privacy laws and must protect your anonymity and the confidentiality of your information to the fullest extent possible. If you have a Study related question, complaint or concern you can phone the Study co-ordinator on (03) 9033 0920 or email the study on cathy.mihalopoulos@monash.edu

If you have a privacy complaint in relation to the use of your Services Australia information, you should contact the Office of the Australian Information Commissioner. You will be able to lodge a complaint with them.

Website: www.oaic.gov.au
Telephone: 1300 363 992
Email: enquiries@oaic.gov.au
Mail: GPO Box 5218, Sydney NSW 2001

Your personal information Services Australia hold is protected by the Privacy Act 1988 and cannot be given to a third party without your consent or where otherwise permitted by law. For more information about privacy, go to servicesaustralia.gov.au/privacy

Please keep this information sheet for your information. Download here link will be in Qualtrics survey



Australian Government
Services Australia

Study Participant ID:

**Participant Consent Form for the release of
Services Australia information
(Participants over 14 years of age only)**

Consent to release of my Medicare Benefits Schedule (MBS) and/or Pharmaceutical Benefits Scheme (PBS) and/or Australian Immunisation Register (AIR) information by Services Australia to Monash University for the purpose of the Eating Disorders Treatment and Management plan evaluation survey

Important Information

Complete this form to request the release of your MBS claims information and/or PBS claims and/or AIR information to the study. The signatory must initial any changes to this form. Incomplete forms may result in the study not being provided with your information.

Rights and Privacy (tick all relevant boxes to indicate fully informed consent)

I understand:

- my MBS and/or PBS and/or AIR information will be disclosed by Services Australia for the purpose of the study.
- the results of this research may be published in articles or journals.
- my name will never be disclosed by Services Australia, used in the study or published.
- my participation in the study is completely voluntary.
- I can withdraw my consent to release my Services Australia information to the study at any time (refer to the participant information sheet and withdrawal of consent form), and I do not have to provide a reason.



the information provided to me about the study, and I have been given the opportunity to ask questions, and any questions I have asked have been answered to my satisfaction.

Consent:

I consent to the disclosure by Services Australia of my MBS and/or PBS and/or AIR information to researchers for the purposes of the study

Participant Details

Mr Mrs Ms Miss Mx Other

First name

Family name

other given name(s)

Date of birth:

Medicare card number (first 9 digits only):

Primary address:

Postal address:

Authorisation:

I authorise Services Australia to provide my:

- MBS claims history OR
- PBS claims history OR
- MBS & PBS claims histories OR
- AIR history

For the period * ___/___/___ to: ___/___/___ to the study.

Date range is to be completed prior to or at the time of signing the consent form.

*Note: As Services Australia can only extract 4.5 years of data (prior to the extraction), the consent period above may result in multiple extractions.



If in the event that I pass away during the study period, I consent to Services Australia to continue to provide my claims information to the study.

Declaration:

I declare that the information on this form is true and correct.

Sign and date:

DD/MM/YYYY

If signed by a Legal Guardian/POA other than the participant please print name, sign & date below:

First name

Second name

Signature

DD/MM/YYYY

- Legal Guardian (where the participant is over the age of 14 years old)
- Power of Attorney
- Guardianship order/Administration order

Please attach supporting evidence (Power of Attorney document (**medical or enduring**) or legal guardianship)

Once a young person has turned 14 years old they must consent to their own information being released.

Consent forms will not be processed without the relevant supporting evidence.

Power of attorney – A power of attorney is a document that appoints a person to act on behalf of another person who grants that power. In particular, an enduring power of attorney allows the appointed person to act on behalf of another person even when that person has become mentally incapacitated. The powers under a power of attorney may be unlimited or limited to specific acts.

Guardianship/Administration order – A Guardianship/ Administration order is an order made by a Guardianship Board/Tribunal that appoints a guardian to make decisions for another person. A Guardianship order may be expressed broadly or limited to particular aspects of the care of another person.

A sample of the information that may be included in your MBS claims history:

Date of service	Date of Processing	Item number	Item description	Provider charge	Schedule Fee	Benefit paid	Patient out of pocket	Bill type
20/04/09	03/05/09	00023	Level B consultation	\$38.30	\$34.30	\$34.30	\$4.00	Cash
22/06/09	23/06/09	11700	ECG	\$29.50	\$29.50	\$29.50		Bulk Bill

Scrambled ordering Provider number*	Scrambled rendering Provider number*	Date of referral	Rendering Provider postcode	Ordering Provider postcode	Hospital Indicator	Item category
	999999A		2300		N	1
999999A	999999A	20/04/09	2300	2302	N	2

* Scrambled Provider number refers to a unique scrambled provider number identifying the doctor who provided/referred the service. Each individual provider number will be scrambled and the identity of that provider will not be disclosed.

A sample of the information that may be included in your PBS claims history:

Date of supply	Date of prescribing	PBS item code	Item description	Patient category	Patient contribution (this includes under co-payment amounts**)	Net Benefit (this includes under co-payment amounts**)	Scrambled Prescriber number*
06/03/09	01/03/09	03133X	Oxazepam Tablet 30 mg	Concessional Ordinary	\$5.30	\$25.55	9999999
04/07/09	28/05/09	03161J	Diazepam Tablet 2 mg	General Ordinary	\$30.85		9999999

Pharmacy postcode	Form Category	ATC Code	ATC Name
2560	Original	N05 B A 04	Oxazepam
2530	Repeat	N05 B A 01	Diazepam

* Scrambled Prescriber number refers to a unique scrambled prescriber number identifying the doctor who prescribed the prescription. Each individual prescriber number will be scrambled and the identity of that prescriber will not be disclosed.

** Under co-payments can now be provided for data after 1 July 2012

A sample of the information that may be included in your AIR history:

Schedule	Immunisation	Date given	Brand name given
1	Pertussis	01/04/08	Infanrix Hexa

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Dec 2021

Please download the [Withdrawal form](#) and keep it for your reference in case you decide to withdraw your MBS and PBS data at a later date (Please note you will have 60 days to withdraw your MBS and PBS linked data)



Australian Government
Services Australia

Services Australia Participant Withdrawal of Consent Form

Eating Disorders Treatment and Management plan evaluation survey

I wish to WITHDRAW my consent to release my Services Australia information to the study effective from the date below. I request that the study handles the information they have collected about me in the following way (choose one option):

- DESTROY all information collected about me to date so it can no longer be used for research
- RETAIN all information collected about me to date so it can continue to be used for research

I understand that:

1. no further information about me will be provided to the study from the withdrawal date;
2. information about me that has already been analysed and/or included in a publication by the study, may not be able to be destroyed; and
3. choosing to withdraw my information from the study will not affect my access to Health Services or Government benefits.

Print first/second name, signature & date

First name

Second name

Signature

DD/MM/YYYY

This form should be forwarded by email to: Natasha.hall@monash.edu. Alternatively, forms can be posted to: Natasha Hall, Monash Health Economics Group, School of Public Health and Preventive Medicine, 553 St Kilda Road, Melbourne 3004, Victoria.

A separate survey will be initiated here regarding the gift voucher:



1. Would you like to enter the competition to win one of 25 gift vouchers (worth \$200)?

Yes

No

2. If yes, please provide your email address or phone number so we can send you the gift voucher (please note that if you choose to provide your details to receive the gift voucher, these details will not be linked to your survey responses)

Then the end of survey message will be given

Appendix 4.2: Further breakdown of EDP variables by eating disorder diagnosis

Table 4.2.1. EDP provider type by ED diagnosis

	Number of individuals who used psychological treatment only, frequency (%)	Number of individuals who used dietitian treatment only, frequency (%)	Number of individuals who used psychological and dietitian treatment, frequency (%)
All diagnosis (n=2,395)	707 (30)	159 (7)	1,529 (64)
Anorexia nervosa (n=699)	194 (28)	35 (5)	470 (67)
Bulimia nervosa (n=129)	44 (34)	6 (5)	79 (61)
Binge-eating disorder (n=257)	84 (33)	24 (9)	149 (58)
Atypical anorexia nervosa (n=147)	27 (18)	3 (2)	117 (80)
ARFID (n=65)	20 (31)	8 (12)	37 (57)
OSFED (n=81)	22 (27)	6 (7)	53 (65)
Multiple ED diagnoses (n=533)	165 (31)	32 (6)	336 (63)
Unsure (n=62)	19 (31)	12 (19)	31 (50)
No diagnosis (n=422)	132 (31)	33 (8)	257 (61)
<i>Further breakdown into multiple diagnoses groups</i>			
Anorexia + OSFED or Anorexia + Atypical anorexia (n=31)	6 (19)	1 (3)	24 (77)
Anorexia + Bulimia (n=83)	32 (39)	2 (2)	49 (59)
Anorexia + Binge eating disorder (n=17)	5 (29)	2 (12)	10 (59)
Bulimia + Binge eating disorder (n=37)	17 (46)	1 (3)	19 (51)
Bulimia + OSFED (n=9)	1 (13)	0 (0)	7 (88)
All other comorbidities (n=364)	104 (29)	26 (7)	227 (64)

Table 4.2.2. First time use of EDP by ED diagnosis

	First time use of psychological services, n (%)	First time use of dietitian services, n (%)
All diagnosis (n=2,421)	1389 (57)	1317 (54)
Anorexia nervosa (n=704)	421 (60)	380 (54)
Bulimia nervosa (n=132)	79 (60)	77 (58)
Binge-eating disorder (n=260)	163 (63)	141 (54)
Atypical anorexia nervosa (n=147)	93 (63)	101 (69)
ARFID (n=66)	44 (67)	36 (55)
OSFED (n=82)	46 (56)	43 (52)
Multiple diagnosis eating disorders (n=541)	304 (56)	289 (53)
Unsure (n=62)	29 (47)	34 (55)
No diagnosis (n=427)	210 (49)	216 (51)
Anorexia + OSFED or Anorexia + Atypical anorexia (n=31)	18 (58)	18 (58)
Anorexia + Bulimia (n=83)	49 (59)	37 (45)
Anorexia + Binge eating disorder (n=17)	9 (53)	8 (47)
Bulimia + Binge eating disorder (n=37)	21 (57)	17 (46)
Bulimia + OSFED (n=9)	7 (78)	8 (89)
All other comorbidities (n=364)	200 (55)	201 (55)

*Rows may not add to 100% due to rounding

Table 4.2.3. Additional use of eating disorder dietitian and psychological treatment services through services other than an EDP

	All diagnosis (n=2,421)	Anorexia nervosa (n=704)	Bulimia nervosa (n=132)	Binge-eating disorder (n=260)	Atypical anorexia nervosa (n=147)	ARFID (n=66)	OSFED (n=82)	Multiple eating disorder diagnoses (n=541)	Unsure (n=62)	No diagnosis (n=427)
Psychological treatment also via Better Access, n (%)	760 (31)	210 (30)	49 (37)	75 (29)	53 (36)	20 (30)	32 (39)	178 (33)	21 (34)	122 (29)
Psychological treatment also via community mental health, n (%)	156 (6)	59 (8)	6 (5)	2 (<1)	9 (6)	3 (5)	2 (2)	48 (9)	3 (5)	27 (6)
Psychological treatment also via other service, n (%)	256 (11)	93 (13)	13 (10)	22 (8)	19 (13)	2 (3)	3 (4)	49 (9)	12 (19)	52 (12)



Dietitian treatment also via chronic disease management plan, n (%)	226 (9)	63 (9)	7 (5)	37 (14)	8 (5)	8 (12)	9 (11)	59 (11)	4 (6)	31 (7)
Dietitian treatment also via other service, n (%)	173 (7)	46 (7)	7 (5)	13 (5)	8 (5)	5 (8)	5 (6)	35 (6)	0 (0)	39 (9)

Further breakdown into multiple diagnoses groups

	Anorexia + OSFED or Anorexia + Atypical anorexia (n=31)	Anorexia + Bulimia (n=83)	Anorexia + Binge eating disorder (n=17)	Bulimia + Binge eating disorder (n=37)	Bulimia + OSFED (n=9)	All other comorbidities (n=364)
Psychological treatment also via Better Access, n (%)	15 (48)	34 (41)	1 (6)	12 (32)	2 (22)	114 (31)
Psychological treatment also via community mental health, n (%)	3 (10)	4 (5)	1 (6)	3 (8)	1 (11)	36 (10)
Psychological treatment also via other service, n (%)	2 (6)	8 (10)	6 (35)	2 (5)	0 (0)	31 (9)
Dietitian treatment also via chronic disease management plan, n (%)	7 (23)	5 (6)	3 (18)	3 (8)	1 (11)	40 (11)
Dietitian treatment also via other service, n (%)	1 (3)	4 (5)	0 (0)	2 (5)	0 (0)	28 (8)

Table 4.2.4. Help-seeking reasons by ED diagnosis

	All diagnosis, n=2,421	Anorexia nervosa (n=704)	Bulimia nervosa (n=132)	Binge-eating disorder (n=260)	Atypical anorexia nervosa (n=147)	ARFID (n=66)	OSFED (82)	Multiple eating disorder diagnoses (n=541)	Unsure (n=62)	No diagnosis (n=427)
Referred by medical practitioner, n (%)	948 (39)	322 (46)	43 (33)	96 (37)	55 (37)	33 (50)	31 (38)	234 (43)	16 (26)	118 (28)
Physically unwell, n (%)	780 (32)	260 (37)	42 (32)	48 (18)	59 (40)	26 (39)	14 (17)	209 (39)	15 (24)	107 (25)
Binge eating symptoms, n (%)	733 (30)	34 (5)	80 (61)	229 (88)	11 (7)	3 (5)	25 (30)	188 (35)	26 (42)	137 (32)
Vomiting symptoms, n (%)	570 (24)	81 (12)	91 (69)	15 (6)	30 (20)	7 (11)	17 (21)	217 (40)	21 (34)	91 (21)
Very low weight symptoms, n (%)	878 (36)	458 (65)	28 (21)	0 (0)	28 (19)	22 (33)	6 (7)	215 (40)	12 (19)	109 (26)
Recognised I needed help, n (%)	1,434 (59)	322 (46)	103 (78)	190 (73)	91 (62)	42 (64)	53 (65)	324 (60)	48 (77)	261 (61)
Encouraged by friends/family, n (%)	1,022 (42)	414 (59)	49 (37)	29 (11)	68 (46)	24 (36)	20 (24)	253 (47)	15 (24)	150 (35)
Other, n (%)	430 (18)	111 (16)	16 (12)	41 (16)	37 (25)	12 (18)	18 (22)	107 (20)	10 (16)	78 (18)
Unsure, n (%)	5 (<1)	1 (<1)	1 (<1)	0 (0)	1 (<1)	0 (0)	0 (0)	1 (<1)	0 (0)	1 (<1)

Further breakdown into multiple diagnoses groups

	Anorexia + OSFED or Anorexia + Atypical anorexia (n=31)	Anorexia + Bulimia (n=83)	Anorexia + Binge eating disorder (n=17)	Bulimia + Binge eating disorder (n=37)	Bulimia + OSFED (n=9)	All other comorbidities (n=364)
Referred by medical practitioner, n (%)	13 (42)	32 (39)	6 (35)	11 (30)	4 (44)	168 (46)
Physically unwell, n (%)	13 (42)	35 (42)	5 (29)	11 (30)	3 (33)	142 (39)



Binge eating symptoms, n (%)	1 (3)	23 (28)	7 (41)	30 (81)	2 (22)	125 (34)
Vomiting symptoms, n (%)	18 (58)	53 (64)	2 (12)	19 (51)	7 (78)	118 (32)
Very low weight symptoms, n (%)	14 (45)	35 (42)	6 (35)	6 (16)	1 (11)	153 (42)
Recognised I needed help, n (%)	19 (61)	40 (48)	8 (47)	27 (73)	7 (78)	223 (61)
Encouraged by friends/family, n (%)	17 (55)	46 (55)	7 (41)	8 (22)	5 (56)	170 (47)
Other, n (%)	2 (6)	12 (14)	1 (6)	5 (14)	1 (11)	86 (24)
Unsure, n (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (<1)

Table 4.2.5. Mean symptom change by ED diagnosis

	Mean change in ED symptoms – psychological treatment, mean (SD)	Mean change in ED symptoms – dietitian treatment, mean (SD)
All diagnosis (n=2,421)	3.39 (2.62)	3.08 (2.65)
Anorexia nervosa (n=704)	3.68 (2.77)	3.42 (2.74)
Bulimia nervosa (n=132)	3.25 (2.70)	3.10 (3.13)
Binge-eating disorder (n=260)	2.79 (2.93)	2.77 (2.68)
Atypical anorexia nervosa (n=147)	3.17 (2.76)	3.00 (2.68)
ARFID (n=66)	3.05 (2.31)	2.85 (2.24)
OSFED (n=82)	3.58 (2.98)	2.98 (3.12)
Multiple ED diagnosis (n=541)	3.35 (2.67)	2.95 (2.79)
Unsure (n=62)	1.90 (2.71)	2.68 (2.38)
No diagnosis (n=427)	3.01 (2.63)	2.74 (2.62)
<i>Further breakdown into multiple diagnoses groups</i>		
Anorexia + OSFED or Anorexia + Atypical anorexia (n=31)	4.23 (1.98)	3.36 (2.81)
Anorexia + Bulimia (n=83)	3.49 (2.45)	2.69 (2.76)
Anorexia + Binge eating disorder (n=17)	3.27 (2.55)	1.92 (3.23)
Bulimia + Binge eating disorder (n=37)	3.54 (2.60)	3.05 (2.52)
Bulimia + OSFED (n=9)	3.56 (2.30)	2.38 (2.88)
All other comorbidities (n=364)	3.22 (2.79)	3.02 (2.80)

Table 4.2.6. The extent to which eating disorder symptom improvement was attributed to psychological treatment

	Psychological treatment was entirely responsible for change in symptoms	Psychological treatment was partially responsible for change in symptoms	Psychological treatment was not at all responsible for change in symptoms	Unsure of extent to which psychological treatment was responsible for change in symptoms
	Full sample (n=2,104)			
Improved symptoms (n=1,884), n (%)	540 (29)	1,218 (65)	110 (6)	16 (<1)
No change in symptoms (n=58), n (%)	4 (7)	20 (35)	31 (53)	3 (5)
Deteriorated symptoms (n=162), n (%)	30 (19)	88 (54)	32 (20)	12 (7)
	Anorexia (n=637)			
Improved symptoms (n=575), n (%)	148 (26)	377 (66)	41 (7)	9 (2)
No change in symptoms (n=18), n (%)	2 (11)	7 (39)	8 (44)	1 (6)
Deteriorated symptoms, n (%) = 44	9 (20)	17 (39)	13 (30)	5 (11)
	Bulimia (n=118)			
Improved symptoms (n=105), n (%)	39 (37)	60 (57)	4 (4)	2 (2)
No change in symptoms (n=4), n (%)	0 (0)	2 (50)	2 (50)	0 (0)
Deteriorated symptoms (n=9), n (%)	3 (33)	5 (56)	1 (11)	0 (0)
	Binge-eating disorder (n=219)			

Improved symptoms (n=190), n (%)	67 (35)	115 (61)	8 (4)	0 (0)
No change in symptoms (n=5), n (%)	0 (0)	1 (20)	4 (80)	0 (0)
Deteriorated symptoms (n=24), n (%)	7 (29)	16 (67)	1 (4)	0 (0)
Atypical anorexia nervosa (n=133)				
Improved symptoms (n=117), n (%)	35 (30)	75 (64)	7 (6)	0 (0)
No change in symptoms (n=5), n (%)	0 (0)	4 (80)	1 (20)	0 (0)
Deteriorated symptoms (n=11), n (%)	2 (18)	7 (64)	2 (18)	0 (0)
ARFID (n=52)				
Improved symptoms (n=51), n (%)	15 (29)	32 (63)	4 (8)	0 (0)
No change in symptoms (n=1), n (%)	0 (0)	0 (0)	1 (100)	0 (0)
Deteriorated symptoms (n=1), n (%)	0 (0)	1 (100)	0 (0)	0 (0)
OSFED (n=73)				
Improved symptoms (n=66), n (%)	22 (33)	41 (62)	3 (5)	0 (0)
No change in symptoms (n=1), n (%)	0 (0)	0 (0)	1 (100)	0 (0)
Deteriorated symptoms (n=6), n (%)	1 (17)	1 (17)	1 (17)	3 (50)

Multiple ED diagnosis (n=463)

Improved symptoms (n=419), n (%)	115 (27)	278 (66)	24 (6)	2 (<1)
No change in symptoms (n=12), n (%)	2 (17)	4 (33)	5 (42)	1 (8)
Deteriorated symptoms (n=32), n (%)	3 (9)	20 (63)	8 (25)	1 (3)
		Unsure (n=44)		
Improved symptoms (n=34), n (%)	6 (18)	26 (76)	1 (3)	1 (3)
No change in symptoms (n=4), n (%)	0 (0)	2 (50)	1 (25)	2 (25)
Deteriorated symptoms (n=7), n (%)	2 (29)	2 (29)	1 (14)	2 (29)
		No diagnosis (n=363)		
Improved symptoms (n=327), n (%)	93 (28)	214 (65)	18 (6)	2 (<1)
No change in symptoms (n=8), n (%)	0 (0)	0 (0)	8 (100)	0 (100)
Deteriorated symptoms (n=28), n (%)	3 (11)	19 (68)	5 (18)	1 (4)

Further breakdown into multiple diagnoses groups

	Anorexia + OSFED or Anorexia + Atypical anorexia (n=29)			
Improved symptoms (n=28), n (%)	4 (14)	22 (79)	2 (7)	0 (0)
No change in symptoms (n=1), n (%)	0 (0)	0 (0)	1 (100)	0 (0)
Deteriorated symptoms (n=0), n (%)	0 (0)	0 (0)	0 (0)	0 (0)

		Anorexia + Bulimia (n=76)		
Improved symptoms (n=69), n (%)	19 (28)	47 (68)	3 (4)	0 (0)
No change in symptoms (n=3), n (%)	0 (0)	1 (33)	2 (67)	0 (0)
Deteriorated symptoms (n=4), n (%)	0 (0)	4 (100)	0 (0)	0 (0)
		Anorexia + Binge eating disorder (n=15)		
Improved symptoms (n=13), n (%)	4 (31)	7 (54)	2 (15)	0 (0)
No change in symptoms (n=1), n (%)	0 (0)	0 (0)	1 (100)	0 (0)
Deteriorated symptoms (n=1), n (%)	1 (100)	0 (0)	0 (0)	0 (0)
		Bulimia + Binge eating disorder (n=31)		
Improved symptoms (n=30), n (%)	13 (43)	16 (53)	1 (3)	0 (0)
No change in symptoms (n=0), n (%)	0 (0)	0 (0)	0 (0)	0 (0)
Deteriorated symptoms (n=1), n (%)	0 (0)	1 (100)	0 (0)	0 (0)
		Bulimia + OSFED (n=8)		
Improved symptoms (n=8), n (%)	1 (13)	5 (62)	2 (25)	0 (0)
No change in symptoms (n=0), n (%)	0 (0)	0 (0)	0 (0)	0 (0)
Deteriorated symptoms (n=0), n (%)	0 (0)	0 (0)	0 (0)	0 (0)

	All other comorbidities (n=331)			
Improved symptoms (n=271), n (%)	74 (27)	181 (67)	14 (5)	2 (1)
No change in symptoms (n=7), n (%)	2 (29)	3 (43)	1 (14)	1 (14)
Deteriorated symptoms (n=26), n (%)	2 (8)	15 (58)	8 (31)	1 (4)

*Rows may not add up to 100% due to rounding

Table 4.2.7. The extent to which eating disorder symptom improvement was attributed to dietitian treatment

	Dietitian treatment was entirely responsible for change in symptoms	Dietitian treatment was partially responsible for change in symptoms	Dietitian treatment was not at all responsible for change in symptoms	Unsure of extent to which dietitian treatment was responsible for change in symptoms
	Full sample (n=1,590)			
Improved symptoms (n=1,341), n (%)	235 (18)	928 (69)	158 (12)	20 (1)
No change in symptoms (n=134), n (%)	4 (3)	26 (19)	92 (69)	12 (9)
Deteriorated symptoms (n=115), n (%)	16 (14)	51 (44)	42 (37)	6 (5)
	Anorexia (n=484)			
Improved symptoms (n=411), n (%)	61 (15)	295 (72)	48 (12)	7 (2)
No change in symptoms (n=44), n (%)	2 (5)	6 (14)	33 (75)	3 (7)
Deteriorated symptoms (n=29), n (%)	3 (10)	13 (45)	11 (38)	2 (7)
	Bulimia (n=81)			
Improved symptoms (n=69), n (%)	10 (14)	50 (72)	9 (13)	0 (0)
No change in symptoms (n=6), n (%)	1 (17)	0 (0)	5 (83)	0 (0)
Deteriorated symptoms (n=6), n (%)	2 (33)	2 (33)	1 (17)	1 (17)
	Binge-eating disorder (n=146)			
Improved symptoms (n=139), n (%)	26 (18)	95 (68)	15 (11)	3 (2)

No change in symptoms (n=4), n (%)	0 (0)	1 (25)	3 (75)	0 (0)
Deteriorated symptoms (n=13), n (%)	2 (15)	10 (77)	1 (8)	0 (0)
Atypical anorexia nervosa (n=113)				
Improved symptoms (n=95), n (%)	16 (17)	72 (76)	7 (7)	0 (0)
No change in symptoms (n=10), n (%)	1 (10)	3 (30)	5 (50)	1 (10)
Deteriorated symptoms (n=8), n (%)	0 (0)	4 (50)	4 (50)	0 (0)
ARFID (n=43)				
Improved symptoms (n=38), n (%)	8 (21)	27 (71)	3 (8)	0 (0)
No change in symptoms (n=3), n (%)	0 (0)	1 (33)	2 (67)	0 (0)
Deteriorated symptoms (n=2), n (%)	1 (50)	0 (0)	0 (0)	1 (50)
OSFED (n=55)				
Improved symptoms (n=45), n (%)	13 (28)	23 (51)	8 (18)	1 (2)
No change in symptoms (n=5), n (%)	0 (0)	0 (0)	3 (60)	2 (40)
Deteriorated symptoms (n=5), n (%)	1 (20)	3 (60)	1 (20)	0 (0)
Multiple ED diagnosis (n=343)				
Improved symptoms (n=286), n (%)	48 (17)	192 (67)	43 (15)	3 (1)
No change in symptoms (n=27), n (%)	0 (0)	6 (22)	21 (78)	0 (0)
Deteriorated symptoms (n=30), n (%)	7 (23)	7 (23)	14 (47)	2 (7)
Unsure (n=61)				
Improved symptoms (n=33), n (%)	6 (18)	23 (70)	2 (6)	2 (6)
No change in symptoms (n=6), n (%)	0 (0)	1 (17)	3 (50)	2 (33)
Deteriorated symptoms (n=3), n (%)	0 (0)	1 (33)	2 (67)	0 (0)
No diagnosis (n=273)				
Improved symptoms (n=225), n (%)	47 (21)	151 (67)	23 (10)	4 (2)
No change in symptoms (n=29), n (%)	0 (0)	8 (28)	17 (59)	4 (14)
Deteriorated symptoms (n=19), n (%)	0 (0)	11 (58)	8 (42)	0 (0)

Further breakdown into multiple diagnoses groups

Anorexia + OSFED or Anorexia + Atypical anorexia (n=23)				
Improved symptoms (n=19), n (%)	3 (16)	10 (53)	6 (32)	0 (0)
No change in symptoms (n=4), n (%)	0 (0)	1 (25)	3 (75)	0 (0)

Deteriorated symptoms (n=0), n (%)	0 (0)	0 (0)	0 (0)	0 (0)
Anorexia + Bulimia (n=50)				
Improved symptoms (n=40), n (%)	7 (18)	23 (58)	10 (25)	0 (0)
No change in symptoms (n=6), n (%)	0 (0)	0 (0)	6 (100)	0 (0)
Deteriorated symptoms (n=4), n (%)	0 (0)	0 (0)	4 (100)	0 (0)
Anorexia + Binge eating disorder (n=12)				
Improved symptoms (n=8), n (%)	1 (13)	6 (75)	1 (13)	0 (0)
No change in symptoms (n=0), n (%)	0 (0)	0 (0)	0 (0)	0 (0)
Deteriorated symptoms (n=4), n (%)	2 (50)	1 (25)	1 (25)	0 (0)
Bulimia + Binge eating disorder (n=18)				
Improved symptoms (n=16), n (%)	2 (12)	14 (88)	0 (0)	0 (0)
No change in symptoms (n=1), n (%)	0 (0)	0 (0)	1 (100)	0 (0)
Deteriorated symptoms (n=1), n (%)	0 (0)	1 (100)	0 (0)	0 (0)
Bulimia + OSFED (n=7)				
Improved symptoms (n=5), n (%)	0 (0)	5 (100)	0 (0)	0 (0)
No change in symptoms (n=0), n (%)	0 (0)	0 (0)	0 (0)	0 (0)
Deteriorated symptoms (n=2), n (%)	1 (50)	0 (0)	1 (50)	0 (0)
All other multiple diagnoses groups (n=233)				
Improved symptoms (n=198), n (%)	35 (18)	134 (68)	26 (13)	3 (2)
No change in symptoms (n=16), n (%)	0 (0)	5 (32)	11 (69)	0 (0)
Deteriorated symptoms (n=19), n (%)	4 (21)	5 (26)	8 (42)	2 (11)

*Rows may not add up to 100% due to rounding



Figure 4.2.1. Mean change in ED symptoms prior to and after most recent session with the healthcare provider by ED diagnosis for the full sample

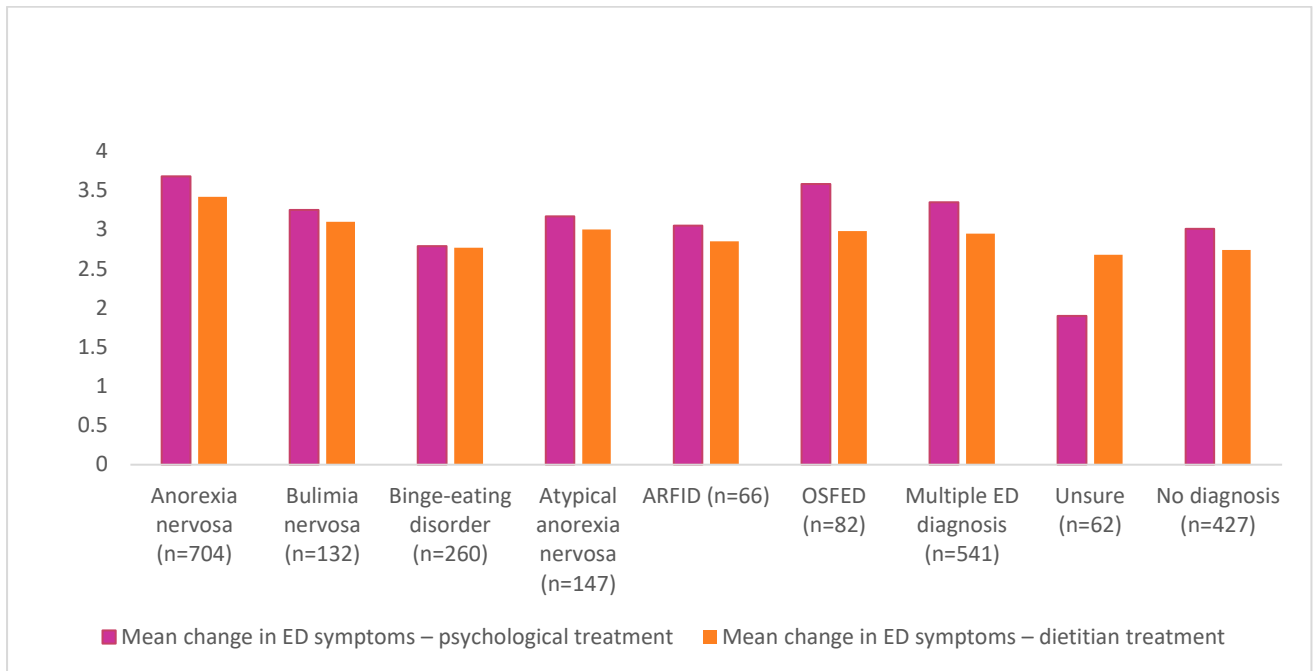


Figure 4.2.2. Mean change in ED symptoms prior to and after most recent session with the healthcare provider for the full sample - multiple diagnosis breakdown

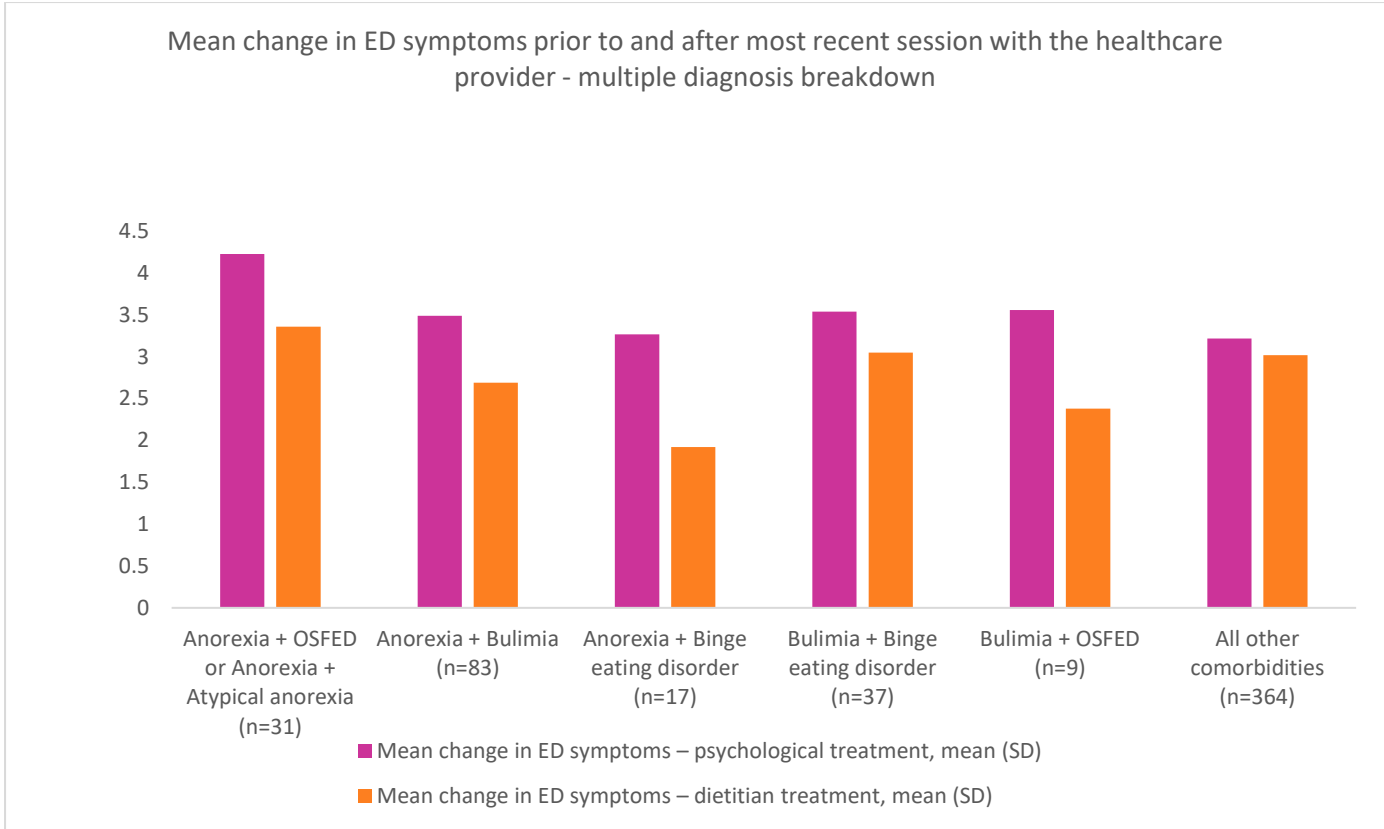


Table 4.2.8. Adequacy of number of psychological sessions by diagnosis

	Anorexia nervosa (n=298)	Bulimia nervosa (n=57)	Binge-eating disorder (n=97)	Atypical anorexia nervosa (n=65)	ARFID (n=29)	OSFED (n=33)	Multiple eating disorders (n=209)	Unsure (n=25)	No diagnosis (n=165)
Too many, n (%)	32 (11)	2 (4)	1 (1)	4 (6)	1 (3)	0 (0)	16 (8)	1 (4)	5 (3)
Too few, n (%)	74 (25)	23 (40)	43 (44)	21 (32)	7 (24)	11 (33)	73 (35)	11 (44)	73 (44)
Just right, n (%)	129 (43)	30 (53)	34 (35)	28 (43)	17 (59)	15 (45)	74 (35)	7 (28)	56 (34)
Unsure, n (%)	63 (21)	2 (4)	19 (20)	12 (18)	4 (14)	7 (21)	46 (22)	6 (24)	30 (18)
<i>Further breakdown into multiple diagnoses groups</i>									
	Anorexia + OSFED or Anorexia + Atypical anorexia (n=13)	Anorexia + Bulimia (n=42)	Anorexia + Binge eating disorder (n=6)	Bulimia + Binge eating disorder (n=10)	Bulimia + OSFED (n=5)	All other comorbidities (n=133)			

Too many, n (%)	2 (15)	3 (7)	0 (0)	2 (20)	0 (0)	9 (7)
Too few, n (%)	4 (31)	12 (29)	1 (17)	3 (30)	1 (20)	52 (39)
Just right, n (%)	3 (23)	15 (36)	3 (50)	3 (30)	3 (60)	47 (35)
Unsure, n (%)	4 (41)	12 (29)	2 (33)	2 (20)	1 (20)	25 (19)

Table 4.2.9. Adequacy of number of dietitian sessions by diagnosis

By diagnosis	Anorexia nervosa (n=324)	Bulimia nervosa (n=60)	Binge-eating disorder (n=98)	Atypical anorexia nervosa (n=64)	ARFID (n=28)	OSFED (n=30)	Co-morbid eating disorders (n=219)	Unsure (n=32)	No diagnosis (n=188)
Too many, n (%)	36 (11)	0 (0)	5 (5)	5 (8)	1 (4)	5 (17)	22 (10)	3 (9)	16 (9)
Too few, n (%)	71 (22)	22 (37)	28 (29)	14 (22)	7 (25)	4 (13)	50 (23)	7 (22)	65 (35)
Just right, n (%)	128 (40)	24 (40)	37 (38)	30 (47)	11 (39)	14 (47)	82 (37)	13 (41)	62 (33)
Unsure, n (%)	89 (27)	14 (23)	28 (29)	15 (23)	9 (32)	7 (23)	64 (29)	9 (28)	45 (24)

Further breakdown into multiple diagnoses groups

	Anorexia + OSFED or Anorexia + Atypical anorexia (n=13)	Anorexia + Bulimia (n=31)	Anorexia + Binge eating disorder (n=9)	Bulimia + Binge eating disorder (n=13)	Bulimia + OSFED (n=7)	All other comorbidities (n=146)
Too many, n (%)	2 (15)	4 (13)	0 (0)	0 (0)	1 (14)	15 (10)
Too few, n (%)	3 (23)	8 (26)	3 (33)	1 (8)	2 (29)	33 (23)
Just right, n (%)	3 (23)	12 (39)	3 (33)	6 (46)	2 (29)	56 (38)
Unsure, n (%)	5 (38)	7 (23)	3 (33)	6 (46)	2 (29)	41 (28)

Table 4.2.10. Completion of psychological service by diagnosis



	Anorexia nervosa (n=324)	Bulimia nervosa (n=60)	Binge-eating disorder (n=98)	Atypical anorexia nervosa (n=64)	ARFID (n=28)	OSFED (n=30)	Co-morbid eating disorders (n=219)	Unsure (n=32)	No diagnosis (n=188)
No, n (%)	133 (45)	31 (54)	63 (65)	27 (42)	19 (66)	17 (52)	102 (49)	13 (52)	112 (68)
Yes, n (%)	130 (44)	22 (39)	22 (23)	35 (54)	8 (28)	11 (33)	78 (37)	6 (24)	37 (22)
Unsure, n (%)	35 (12)	4 (7)	12 (12)	3 (5)	2 (7)	5 (15)	29 (14)	6 (24)	16 (10)
<i>Further breakdown into multiple diagnoses groups</i>									
	Anorexia + OSFED or Anorexia + Atypical anorexia (n=13)	Anorexia + Bulimia (n=31)	Anorexia + Binge eating disorder (n=9)	Bulimia + Binge eating disorder (n=13)	Bulimia + OSFED (n=7)	All other comorbidities (n=146)			
No, n (%)	3 (23)	24 (57)	4 (67)	4 (40)	3 (60)	64 (48)			
Yes, n (%)	10 (77)	15 (36)	1 (17)	4 (40)	1 (20)	47 (35)			
Unsure, n (%)	0 (0)	3 (7)	1 (17)	2 (20)	1 (20)	22 (17)			

Table 4.2.11. Completion of dietitian services by diagnosis

	Anorexia nervosa (n=324)	Bulimia nervosa (n=60)	Binge-eating disorder (n=98)	Atypical anorexia nervosa (n=64)	ARFID (n=28)	OSFED (n=30)	Co-morbid eating disorders (n=219)	Unsure (n=32)	No diagnosis (n=188)
No, n (%)	184 (57)	38 (63)	67 (68)	38 (59)	16 (57)	19 (63)	150 (68)	18 (56)	129 (69)
Yes, n (%)	109 (34)	14 (23)	20 (20)	22 (34)	8 (29)	9 (30)	46 (21)	9 (28)	29 (15)
Unsure, n (%)	31 (10)	8 (13)	11 (11)	4 (6)	4 (14)	2 (7)	23 (11)	5 (16)	30 (16)
<i>Further breakdown into multiple diagnoses groups</i>									
	Anorexia + OSFED or Anorexia + Atypical anorexia (n=13)	Anorexia + Bulimia (n=31)	Anorexia + Binge eating disorder (n=9)	Bulimia + Binge eating disorder (n=13)	Bulimia + OSFED (n=7)	All other comorbidities (n=146)			
No, n (%)	11 (84)	20 (65)	7 (78)	10 (77)	4 (57)	98 (67)			
Yes, n (%)	1 (8)	7 (23)	0 (0)	1 (8)	1 (14)	36 (25)			
Unsure, n (%)	1 (8)	4 (13)	2 (22)	2 (15)	2 (29)	12 (8)			

Table 4.2.12. Early cessation of psychological treatment by diagnosis

	Anorexia nervosa (n=168)	Bulimia nervosa (n=35)	Binge-eating disorder (n=75)	Atypical anorexia nervosa (n=30)	ARFID (n=21)	OSFED (n=22)	Multiple eating disorders (n=131)	Unsure (n=19)	No diagnosis (n=128)
Felt better, n (%)	56 (33)	11 (31)	11 (15)	12 (40)	8 (38)	6 (27)	34 (26)	6 (32)	27 (21)
Fee too expensive, n (%)	61 (36)	17 (49)	41 (55)	8 (27)	6 (29)	7 (32)	68 (52)	10 (53)	75 (59)
Did not want another review, n (%)	19 (11)	1 (3)	10 (13)	4 (13)	0 (0)	3 (14)	13 (10)	1 (5)	21 (16)
Other costs incurred, n (%)	14 (8)	3 (9)	7 (9)	0 (0)	1 (5)	1 (5)	23 (18)	3 (16)	14 (11)
Sessions not helpful, n (%)	75 (45)	11 (31)	16 (21)	8 (27)	7 (33)	7 (32)	50 (38)	7 (37)	47 (37)
Did not like provider, n (%)	50 (30)	6 (17)	8 (11)	6 (20)	3 (14)	1 (5)	39 (30)	5 (26)	31 (24)
Other commitments, n (%)	33 (20)	4 (11)	16 (21)	3 (10)	4 (19)	4 (18)	27 (21)	7 (37)	27 (21)
Provider moved, n (%)	15 (9)	2 (6)	7 (9)	4 (13)	3 (14)	1 (5)	8 (6)	0 (0)	6 (5)
Choose a different eating disorder service, n (%)	8 (5)	2 (6)	3 (4)	4 (13)	1 (5)	2 (9)	13 (10)	0 (0)	6 (5)
Did not like format of session, n (%)	6 (4)	1 (3)	2 (3)	2 (7)	1 (5)	1 (5)	4 (3)	0 (0)	5 (4)
Language barrier, n (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)	0 (0)	0 (0)
Unsure, n (%)	2 (1)	1 (3)	2 (3)	0 (0)	0 (0)	1 (5)	3 (2)	1 (5)	0 (0)
Other, n (%)	46 (27)	11 (31)	30 (40)	10 (33)	9 (43)	10 (45)	44 (34)	6 (32)	43 (34)

Further breakdown into multiple diagnoses groups

	Anorexia + OSFED or Anorexia + Atypical anorexia (n=3)	Anorexia + Bulimia (n=27)	Anorexia + Binge eating disorder (n=5)	Bulimia + Binge eating disorder (n=6)	Bulimia + OSFED (n=4)	All other multiple diagnosis groups (n=86)
Felt better, n (%)	0 (0)	6 (22)	4 (80)	1 (17)	0 (0)	23 (27)
Fee too expensive, n (%)	2 (67)	10 (37)	3 (60)	5 (83)	1 (25)	47 (55)
Did not want another review, n (%)	1 (33)	2 (7)	2 (40)	0 (0)	0 (0)	8 (9)
Other costs incurred, n (%)	0 (0)	4 (15)	1 (20)	2 (33)	1 (25)	15 (17)
Sessions not helpful, n (%)	2 (67)	9 (33)	2 (40)	3 (50)	2 (50)	32 (37)



Did not like provider, n (%)	0 (0)	8 (29)	1 (20)	3 (50)	1 (25)	26 (30)
Other commitments, n (%)	0 (0)	4 (15)	0 (0)	0 (0)	1 (25)	22 (26)
Provider moved, n (%)	0 (0)	3 (11)	1 (20)	0 (0)	0 (0)	4 (5)
Choose a different eating disorder service, n (%)	0 (0)	1 (4)	1 (20)	1 (17)	0 (0)	10 (12)
Did not like format of session, n (%)	0 (0)	1 (4)	0 (0)	0 (0)	0 (0)	3 (3)
Language barrier, n (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)
Unsure, n (%)	1 (33)	1 (4)	0 (0)	0 (0)	0 (0)	1 (1)
Other, n (%)	1 (33)	10 (37)	2 (40)	3 (50)	1 (25)	27 (31)

*Sample size is those who did not continue to see the psychological provider for the full number of sessions

Table 4.2.13. Early cessation of dietitian treatment by diagnosis

By diagnosis	Anorexia nervosa (n=215)	Bulimia nervosa (n=46)	Binge-eating disorder (n=78)	Atypical anorexia nervosa (n=42)	ARFID (n=20)	OSFED (n=21)	Co-morbid eating disorders (n=172)	Unsure (n=23)	No diagnosis (n=159)
Felt better, n (%)	50 (23)	8 (17)	15 (19)	12 (29)	4 (20)	4 (19)	35 (20)	5 (22)	44 (28)
Fee too expensive, n (%)	50 (23)	24 (52)	36 (46)	12 (29)	3 (15)	4 (19)	66 (38)	9 (39)	54 (34)
Did not want another review, n (%)	16 (7)	3 (7)	6 (8)	3 (7)	3 (15)	2 (10)	23 (13)	1 (4)	15 (9)
Other costs incurred, n (%)	16 (7)	4 (9)	7 (9)	4 (10)	2 (10)	1 (5)	21 (12)	1 (4)	12 (8)
Sessions not helpful, n (%)	111 (52)	20 (43)	27 (35)	21 (50)	7 (35)	10 (48)	88 (51)	6 (26)	57 (36)
Did not like provider, n (%)	63 (29)	10 (22)	11 (14)	8 (19)	3 (15)	6 (29)	37 (22)	5 (22)	24 (15)
Other commitments, n (%)	32 (15)	7 (15)	13 (17)	5 (12)	5 (25)	1 (5)	31 (18)	8 (35)	27 (17)
Provider moved, n (%)	10 (5)	2 (4)	4 (5)	1 (2)	2 (10)	0 (0)	13 (8)	1 (4)	6 (4)
Choose a different eating disorder service, n (%)	8 (4)	2 (4)	2 (3)	2 (5)	0 (0)	1 (5)	8 (5)	2 (9)	10 (6)
Did not like format of session, n (%)	5 (2)	2 (4)	0 (0)	3 (7)	1 (5)	0 (0)	3 (2)	0 (0)	7 (4)
Language barrier, n (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other, n (%)	45 (21)	11 (24)	25 (32)	9 (21)	8 (40)	6 (29)	45 (26)	7 (30)	48 (30)



Further breakdown into multiple diagnoses groups

By diagnosis	Anorexia + OSFED or Anorexia + Atypical anorexia (n=12)	Anorexia + Bulimia (n=24)	Anorexia + Binge eating disorder (n=9)	Bulimia + Binge eating disorder (n=12)	Bulimia + OSFED (n=6)	All other comorbidities (n=109)
Felt better, n (%)	1 (8)	5 (21)	4 (44)	5 (42)	0 (0)	20 (18)
Fee too expensive, n (%)	6 (50)	4 (17)	2 (22)	6 (50)	3 (50)	45 (41)
Did not want another review, n (%)	2 (17)	3 (13)	1 (11)	1 (8)	0 (0)	16 (15)
Other costs incurred, n (%)	1 (8)	1 (4)	1 (11)	1 (8)	2 (33)	15 (14)
Sessions not helpful, n (%)	8 (67)	12 (50)	5 (56)	3 (25)	2 (33)	58 (53)
Did not like provider, n (%)	3 (25)	4 (17)	2 (22)	1 (8)	2 (33)	25 (23)
Other commitments, n (%)	1 (8)	3 (13)	1 (11)	1 (8)	2 (33)	23 (21)
Provider moved, n (%)	0 (0)	2 (8)	1 (11)	1 (8)	0 (0)	9 (8)
Choose a different eating disorder service, n (%)	1 (8)	0 (0)	1 (11)	0 (0)	0 (0)	6 (6)
Did not like format of session, n (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (3)
Language barrier, n (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other, n (%)	2 (17)	8 (33)	1 (11)	5 (42)	1 (17)	28 (26)

*Sample size is those who did not continue to see the psychological provider for the full number of sessions

Table 4.2.14 Payment for psychological treatment by diagnosis type

By diagnosis	Anorexia nervosa (n=669)	Bulimia nervosa (n=126)	Binge-eating disorder (n=236)	Atypical anorexia nervosa (n=144)	ARFID (n=58)	OSFED (n=76)	Co-morbid eating disorders (n=508)	Unsure (n=50)	No diagnosis (n=393)
Fully covered by Medicare, n (%)	57 (9)	7 (6)	15 (6)	10 (7)	3 (5)	11 (14)	27 (5)	3 (6)	23 (6)
Partially covered by Medicare	259 (39)	49 (39)	95 (40)	72 (50)	26 (45)	32 (42)	196 (39)	22 (44)	134 (34)



and OOP for less than half of the costs, n (%)									
Partially covered by Medicare and OOP for more than half of the costs, n (%)	269 (40)	58 (46)	108 (46)	52 (36)	17 (29)	26 (34)	241 (47)	19 (38)	194 (49)
Some other arrangement, n (%)	39 (6)	5 (4)	13 (6)	4 (3)	5 (9)	4 (5)	26 (5)	2 (4)	31 (8)
Unsure, n (%)	45 (7)	7 (6)	5 (2)	6 (4)	7 (12)	3 (4)	18 (4)	4 (8)	11 (3)

Further breakdown into multiple diagnoses groups

	Anorexia + OSFED or Anorexia + Atypical anorexia (n=30)	Anorexia + Bulimia (n=81)	Anorexia + Binge eating disorder (n=15)	Bulimia + Binge eating disorder (n=36)	Bulimia + OSFED (n=9)	All other comorbidities (n=337)
Fully covered by Medicare, n (%)	2 (7)	2 (2)	1 (7)	0 (0)	1 (11)	21 (6)
Partially covered by Medicare and OOP for less than half of the costs, n (%)	14 (47)	33 (41)	3 (20)	16 (44)	4 (44)	126 (37)
Partially covered by Medicare and OOP for more than half of the costs, n (%)	10 (33)	38 (47)	11 (73)	15 (42)	4 (44)	163 (48)
Some other arrangement, n (%)	3 (10)	4 (5)	0 (0)	3 (8)	0 (0)	16 (5)
Unsure, n (%)	1 (3)	4 (5)	0 (0)	2 (6)	0 (0)	11 (3)

Table 4.2.15. Perceptions of payment for psychological treatment by diagnosis

By diagnosis	Anorexia nervosa (n=669)	Bulimia nervosa (n=126)	Binge-eating disorder (n=236)	Atypical anorexia nervosa (n=144)	ARFID (n=58)	OSFED (n=76)	Co-morbid eating disorders (n=508)	Unsure (n=50)	No diagnosis (n=393)
I didn't pay anything, n (%)	63 (10)	7 (6)	17 (8)	9 (7)	3 (6)	12 (16)	29 (6)	3 (6)	23 (6)
I paid a fee that was affordable, n (%)	204 (31)	35 (28)	67 (29)	55 (39)	18 (32)	25 (33)	144 (29)	13 (26)	107 (28)
I paid a fee that was too expensive, n (%)	336 (51)	76 (61)	142 (61)	71 (50)	23 (40)	32 (43)	295 (59)	27 (54)	241 (62)
Unsure, n (%)	66 (10)	8 (7)	10 (5)	9 (7)	14 (25)	7 (10)	40 (8)	7 (14)	22 (6)
<i>Further breakdown into multiple diagnoses groups</i>									
	Anorexia + OSFED or Anorexia + Atypical anorexia (n=30)	Anorexia + Bulimia (n=81)	Anorexia + Binge eating disorder (n=15)	Bulimia + Binge eating disorder (n=36)	Bulimia + OSFED (n=9)	All other multiple diagnoses (n=337)			
I didn't pay anything, n (%)	2 (7)	2 (3)	1 (7)	1 (3)	1 (12)	22 (7)			
I paid a fee that was affordable, n (%)	5 (17)	24 (30)	5 (34)	9 (25)	3 (34)	98 (30)			
I paid a fee that was too expensive, n (%)	21 (70)	45 (56)	8 (54)	25 (70)	4 (45)	192 (57)			
Unsure, n (%)	2 (7)	10 (13)	1 (7)	1 (3)	1 (12)	25 (8)			

Table 4.2.16. Payment of dietitian services by diagnosis

	Anorexia nervosa (n=510)	Bulimia nervosa (n=88)	Binge-eating disorder (n=175)	Atypical anorexia nervosa (n=120)	ARFID (n=46)	OSFED (n=60)	Multiple eating disorder diagnoses (n=374)	Unsure (n=44)	No diagnosis (n=295)
Fully covered by Medicare, n (%)	62 (12)	14 (16)	25 (14)	15 (12)	7 (15)	8 (13)	43 (12)	4 (9)	35 (12)
Partially covered by Medicare and OOP for less than half of the costs, n (%)	191 (37)	29 (33)	74 (42)	53 (44)	20 (43)	25 (42)	156 (42)	18 (41)	97 (33)
Partially covered by Medicare and OOP for more than half of the costs, n (%)	193 (38)	35 (40)	64 (37)	45 (38)	11 (24)	20 (33)	143 (38)	17 (39)	131 (44)
Some other arrangement, n (%)	19 (4)	2 (2)	8 (5)	3 (3)	1 (2)	4 (7)	10 (3)	1 (2)	16 (5)
Unsure, n (%)	45 (9)	8 (9)	4 (2)	4 (3)	7 (15)	3 (5)	22 (6)	4 (9)	16 (5)
<i>Further breakdown into multiple diagnoses groups</i>									
By diagnosis	Anorexia + OSFED or Anorexia + Atypical anorexia (n=25)	Anorexia + Bulimia (n=51)	Anorexia + Binge eating disorder (n=12)	Bulimia + Binge eating disorder (n=20)	Bulimia + OSFED (n=8)	All other multiple diagnoses (n=258)			
Fully covered by Medicare, n (%)	2 (8)	7 (14)	2 (17)	2 (10)	1 (13)	29 (11)			
Partially covered by Medicare and OOP for less than half of the costs, n (%)	11 (44)	21 (41)	2 (17)	10 (50)	2 (25)	110 (43)			
Partially covered by Medicare and OOP for more than half of the costs, n (%)	8 (32)	20 (39)	8 (67)	6 (30)	4 (50)	97 (38)			



Some other arrangement, n (%)	1 (4)	1 (2)	0 (0)	1 (5)	0 (0)	7 (3)
Unsure, n (%)	3 (12)	2 (4)	0 (0)	1 (5)	1 (13)	15 (6)

Table 4.2.17. Perceptions of dietitian payment by diagnosis type

	Anorexia nervosa (n=510)	Bulimia nervosa (n=88)	Binge-eating disorder (n=175)	Atypical anorexia nervosa (n=120)	ARFID (n=46)	OSFED (n=60)	Multiple eating disorder diagnoses (n=374)	Unsure (n=44)	No diagnosis (n=295)
I didn't pay anything, n (%)	62 (13)	14 (16)	26 (15)	14 (12)	7 (16)	8 (14)	42 (12)	4 (10)	35 (12)
I paid a fee that was affordable, n (%)	191 (38)	25 (29)	60 (35)	57 (48)	19 (42)	31 (52)	138 (37)	15 (35)	99 (34)
I paid a fee that was too expensive, n (%)	194 (39)	40 (46)	81 (47)	42 (35)	10 (22)	16 (27)	153 (41)	19 (44)	141 (48)
Unsure, n (%)	63 (13)	9 (11)	8 (5)	7 (6)	10 (22)	5 (9)	41 (11)	6 (14)	20 (7)

Further breakdown into multiple diagnoses groups

	Anorexia + OSFED or Anorexia + Atypical anorexia (n=25)	Anorexia + Bulimia (n=51)	Anorexia + Binge eating disorder (n=12)	Bulimia + Binge eating disorder (n=20)	Bulimia + OSFED (n=8)	All other multiple diagnoses (n=258)
I didn't pay anything, n (%)	3 (12)	8 (16)	2 (17)	2 (10)	1 (13)	26 (11)
I paid a fee that was affordable, n (%)	6 (24)	21 (42)	3 (25)	8 (40)	1 (13)	99 (39)
I paid a fee that was too expensive, n (%)	11 (44)	19 (38)	6 (50)	10 (50)	5 (63)	102 (40)
Unsure, n (%)	5 (20)	3 (6)	1 (9)	0 (0)	1 (13)	31 (13)



Figure 4.2.3. Overall satisfaction with psychological treatment by diagnosis

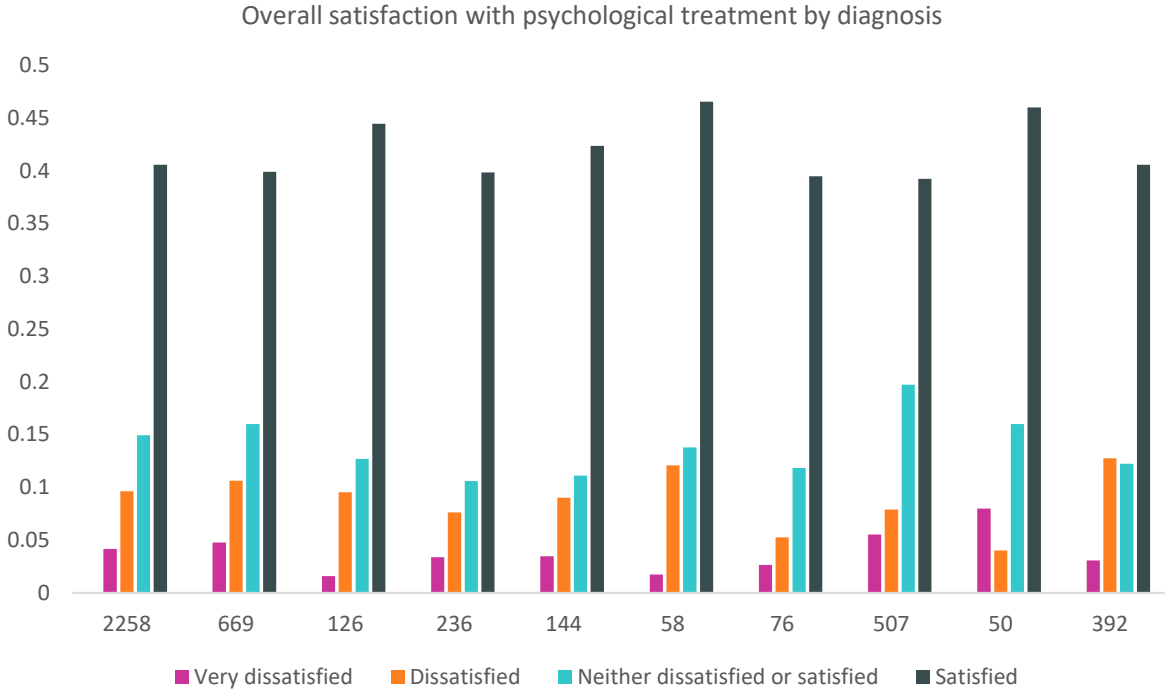


Figure 4.2.4. Overall satisfaction with dietitian treatment by diagnosis

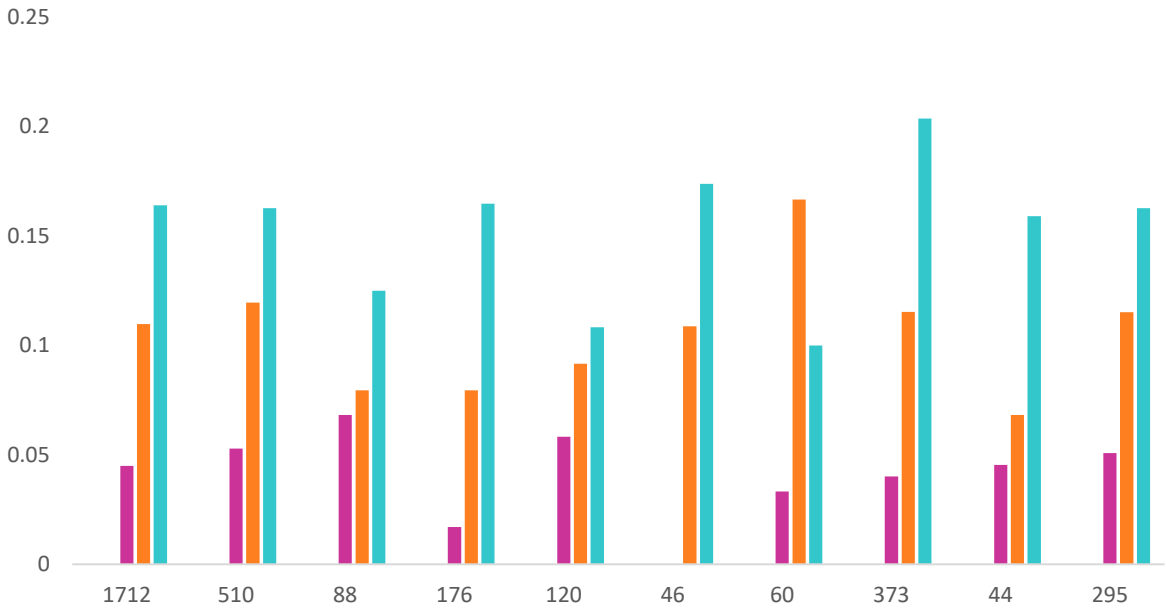


Table 4.2.18. Further breakdown of ambulance utilisation by diagnosis group

	Anorexia nervosa (n=704)	Bulimia nervosa (n=132)	Binge-eating disorder (n=260)	Atypical anorexia nervosa (n=147)	ARFID (n=66)	OSFED (n=82)	Multiple eating disorder diagnoses (n=539)	Unsure (n=62)	No diagnosis (n=427)
None, n (%)	629 (90)	629 (90)	255 (98)	127 (87)	58 (88)	80 (98)	484 (90)	61 (98)	395 (93)
1 time, n (%)	33 (5)	33 (5)	4 (2)	11 (8)	4 (7)	1 (1)	31 (6)	0 (0)	17 (4)
2 to 4 times, n (%)	31 (5)	31 (5)	0 (0)	6 (5)	2 (4)	0 (0)	16 (3)	0 (0)	12 (3)
5 to 7 times, n (%)	3 (1)	0 (0)	1 (<1)	1 (1)	0 (0)	0 (0)	3 (1)	0 (0)	2 (1)
More than 8 times, n (%)	2 (1)	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)	0 (0)	1 (1)
Unsure, n (%)	6 (1)	1 (1)	0 (0)	2 (1)	2 (3)	1 (1)	4 (1)	1 (2)	0 (0)
<i>Further breakdown into multiple diagnoses groups</i>									
	Anorexia + OSFED or Anorexia + Atypical anorexia (n=31)	Anorexia + Bulimia (n=82)	Anorexia + Binge eating disorder (n=17)	Bulimia + Binge eating disorder (n=37)	Bulimia + OSFED (n=9)	All other multiple diagnoses (n=363)			
None, n (%)	30 (97)	72 (88)	16 (94)	33 (89)	7 (78)	326 (90)			
1 time, n (%)	1 (3)	6 (8)	1 (6)	0 (0)	2 (22)	21 (6)			
2 to 4 times, n (%)	0 (0)	3 (4)	0 (0)	2 (5)	0 (0)	11 (4)			
5 to 7 times, n (%)	0 (0)	1 (2)	0 (0)	1 (3)	0 (0)	1 (1)			
More than 8 times, n (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)			
Unsure, n (%)	0 (0)	0 (0)	0 (0)	1 (3)	0 (0)	3 (1)			

Table 4.2.19. Further breakdown of emergency department utilisation by diagnosis group

	Anorexia nervosa (n=704)	Bulimia nervosa (n=132)	Binge-eating disorder (n=260)	Atypical anorexia nervosa (n=147)	ARFID (n=66)	OSFED (n=82)	Multiple eating disorders (n=539)	Unsure (n=62)	No diagnosis (n=427)
None, n (%)	530 (76)	117 (89)	257 (99)	112 (77)	54 (82)	77 (94)	417 (78)	62 (100)	371 (87)
1 time, n (%)	82 (12)	9 (7)	0 (0)	17 (12)	6 (10)	1 (2)	57 (11)	0 (0)	23 (6)
2 to 4 times, n (%)	72 (11)	6 (5)	2 (1)	12 (9)	4 (7)	1 (2)	54 (11)	0 (0)	21 (5)
5 to 7 times, n (%)	11 (2)	0 (0)	1 (<1)	4 (3)	1 (2)	1 (2)	4 (1)	0 (0)	9 (3)
More than 8 times, n (%)	5 (1)	0 (0)	0 (0)	1 (1)	1 (2)	1 (2)	3 (1)	0 (0)	1 (1)
Unsure, n (%)	4 (1)	0 (0)	0 (0)	1 (1)	0 (0)	1 (2)	4 (1)	0 (0)	2 (1)
<u>Further breakdown into multiple diagnoses groups</u>									
	Anorexia + OSFED or Anorexia + Atypical anorexia (n=31)	Anorexia + Bulimia (n=82)	Anorexia + Binge eating disorder (n=17)	Bulimia + Binge eating disorder (n=37)	Bulimia + OSFED (n=9)	All other multiple diagnoses (n=363)			
None, n (%)	22 (71)	57 (70)	15 (89)	33 (90)	7 (78)	283 (78)			
1 time, n (%)	4 (13)	9 (11)	1 (6)	1 (3)	1 (12)	41 (12)			
2 to 4 times, n (%)	4 (13)	13 (16)	1 (6)	2 (6)	1 (12)	33 (10)			
5 to 7 times, n (%)	1 (4)	2 (3)	0 (0)	0 (0)	0 (0)	1 (1)			
More than 8 times, n (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (1)			
Unsure, n (%)	0 (0)	1 (1)	0 (0)	1 (3)	0 (0)	2 (1)			

Table 4.2.20. Further breakdown of hospital day program utilisation by diagnosis group

	Anorexia nervosa (n=703)	Bulimia nervosa (n=132)	Binge-eating disorder (n=260)	Atypical anorexia nervosa (n=147)	ARFID (n=66)	OSFED (n=82)	Multiple eating disorder diagnoses (n=539)	Unsure (n=62)	No diagnosis (n=427)
None, n (%)	636 (91)	125 (95)	253 (98)	138 (94)	63 (96)	79 (97)	484 (90)	61 (98)	395 (93)
1 time, n (%)	40 (6)	3 (3)	3 (2)	5 (4)	3 (5)	3 (4)	30 (6)	0 (0)	20 (5)
2 to 4 times, n (%)	18 (3)	2 (2)	2 (1)	2 (2)	0 (0)	0 (0)	17 (4)	1 (2)	7 (2)
5 to 7 times, n (%)	2 (1)	0 (0)	0 (0)	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)
More than 8 times, n (%)	6 (1)	1 (1)	1 (<1)	0 (0)	0 (0)	0 (0)	4 (1)	0 (0)	2 (1)
Unsure, n (%)	1 (1)	1 (1)	1 (<1)	1 (1)	0 (0)	0 (0)	4 (1)	0 (0)	2 (1)
<i>Further breakdown into multiple diagnoses groups</i>									
	Anorexia + OSFED or Anorexia + Atypical anorexia (n=31)	Anorexia + Bulimia (n=82)	Anorexia + Binge eating disorder (n=17)	Bulimia + Binge eating disorder (n=37)	Bulimia + OSFED (n=9)	All other multiple diagnoses (n=363)			
None, n (%)	28 (91)	65 (80)	14 (82)	37 (100)	9 (100)	331 (92)			
1 time, n (%)	2 (7)	11 (14)	0 (0)	0 (0)	0 (0)	17 (5)			
2 to 4 times, n (%)	0 (0)	4 (5)	2 (12)	0 (0)	0 (0)	11 (4)			
5 to 7 times, n (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)			
More than 8 times, n (%)	1 (3)	1 (1)	0 (0)	0 (0)	0 (0)	2 (10)			
Unsure, n (%)	0 (0)	1 (1)	1 (6)	0 (0)	0 (0)	2 (1)			

Table 4.2.21. Further breakdown of hospital inpatient utilisation by diagnosis group

	Anorexia nervosa (n=704)	Bulimia nervosa (n=132)	Binge-eating disorder (n=260)	Atypical anorexia nervosa (n=147)	ARFID (n=66)	OSFED (n=82)	Multiple eating disorder diagnoses (n=539)	Unsure (n=62)	No diagnosis (n=427)
None, n (%)	569 (81)	121 (92)	255 (99)	118 (81)	61 (93)	79 (97)	439 (82)	61 (98)	378 (89)
1 time, n (%)	72 (11)	6 (5)	3 (2)	17 (12)	4 (7)	2 (3)	46 (9)	1 (2)	26 (7)
2 to 4 times, n (%)	49 (7)	4 (4)	1 (1)	12 (9)	1 (2)	0 (0)	45 (9)	0 (0)	17 (4)
5 to 7 times, n (%)	8 (2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	4 (1)	0 (0)	4 (1)
More than 8 times, n (%)	5 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)	0 (0)	1 (1)
Unsure, n (%)	1 (1)	1 (1)	1 (<1)	0 (0)	0 (0)	1 (1)	3 (1)	0 (0)	1 (1)
<i>Further breakdown into multiple diagnoses groups</i>									
	Anorexia + OSFED or Anorexia + Atypical anorexia (n=31)	Anorexia + Bulimia (n=82)	Anorexia + Binge eating disorder (n=17)	Bulimia + Binge eating disorder (n=37)	Bulimia + OSFED (n=9)	All other multiple diagnoses (n=363)			
None, n (%)	22 (71)	64 (79)	14 (83)	32 (87)	8 (89)	299 (83)			
1 time, n (%)	6 (20)	6 (8)	1 (6)	3 (9)	0 (0)	30 (9)			
2 to 4 times, n (%)	3 (10)	9 (11)	2 (12)	1 (3)	1 (11)	29 (8)			
5 to 7 times, n (%)	0 (0)	3 (4)	0 (0)	0 (0)	0 (0)	1 (1)			
More than 8 times, n (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)			
Unsure, n (%)	0 (0)	0 (0)	0 (0)	1 (3)	0 (0)	2 (1)			

Appendix 4.3: Further breakdown of number of psychological and dietetic sessions by demographics

Table 4.3.1. Further breakdown of number of psychological sessions by SEIFA

By SEIFA	0-20%, most disadvantaged (n=156)	21-40% (n=266)	41-60% (n=354)	61-80% (n=540)	81-100% (least disadvantaged) (n=915)
Less than 10 sessions, n (%)	26 (17)	43 (16)	55 (16)	57 (11)	112 (12)
Between 10 and 19 sessions, n (%)	31 (20)	62 (23)	86 (24)	120 (22)	172 (19)
Between 20 and 29 sessions, n (%)	28 (18)	37 (14)	57 (16)	102 (19)	132 (14)
Between 30 and 39 sessions, n (%)	16 (10)	27 (10)	32 (9)	62 (11)	101 (11)
40 or more sessions, n (%)	35 (22)	68 (26)	92 (26)	142 (26)	316 (35)
Unsure, n (%)	20 (13)	29 (11)	32 (9)	57 (11)	82 (9)

Table 4.3.2. Further breakdown of number of psychological sessions by gender

By gender	Female (n=2,089)	Male (n=91)	Non-binary (n=60)	Prefer to self-describe (n=14)	Prefer not to say (n=5)
Less than 10 sessions, n (%)	266 (13)	19 (21)	11 (18)	1 (7)	0 (0)
Between 10 and 19 sessions, n (%)	440 (21)	20 (22)	16 (27)	3 (21)	1 (20)
Between 20 and 29 sessions, n (%)	334 (16)	16 (18)	5 (8)	3 (21)	1 (20)
Between 30 and 39 sessions, n (%)	228 (11)	8 (9)	4 (7)	1 (7)	1 (20)
40 or more sessions, n (%)	614 (29)	23 (25)	14 (23)	5 (36)	1 (20)
Unsure, n (%)	207 (10)	5 (5)	10 (17)	1 (7)	1 (20)

Table 4.3.3. Further breakdown of number of psychological sessions by sexuality

By sexuality	Asexual (n=111)	Bisexual or pansexual (n=435)	Lesbian, gay or homosexual (n=126)	Straight or heterosexual (n=1,526)	Unsure (n=69)	Prefer not to answer (n=38)	Other (n=50)
Less than 10 sessions, n (%)	7 (6)	54 (12)	15 (12)	214 (14)	4 (6)	2 (5)	7 (14)
Between 10 and 19 sessions, n (%)	24 (22)	92 (21)	21 (17)	337 (22)	6 (9)	7 (18)	10 (20)
Between 20 and 29 sessions, n (%)	23 (21)	71 (16)	21 (17)	233 (15)	15 (22)	8 (21)	8 (16)
Between 30 and 39 sessions, n (%)	6 (5)	58 (13)	15 (12)	154 (10)	8 (12)	6 (16)	2 (4)
40 or more sessions, n (%)	34 (31)	113 (26)	40 (32)	452 (30)	28 (41)	11 (29)	17 (34)
Unsure, n (%)	17 (15)	47 (11)	14 (11)	137 (9)	8 (12)	4 (11)	6 (12)

Table 4.3.4. Further breakdown of number of psychological sessions by age

By age	Less than 18 years (n=265)	18 to 20 years (n=420)	21 to 24 years (n=420)	25-29 years (n=376)	30-34 years (n=224)	35 to 39 years (n=180)	40 to 44 years (n=133)
Less than 10 sessions, n (%)	23 (9)	43 (10)	50 (12)	50 (13)	27 (12)	32 (18)	24 (18)
Between 10 and 19 sessions, n (%)	50 (19)	83 (20)	82 (20)	84 (22)	54 (24)	41 (23)	32 (24)
Between 20 and 29 sessions, n (%)	52 (20)	72 (17)	64 (15)	59 (16)	31 (14)	35 (19)	14 (11)
Between 30 and 39 sessions, n (%)	30 (11)	39 (9)	55 (13)	40 (11)	34 (15)	13 (7)	13 (10)
40 or more sessions, n (%)	90 (34)	143 (34)	124 (30)	100 (27)	59 (26)	45 (25)	32 (24)
Unsure, n (%)	20 (8)	40 (10)	45 (11)	43 (11)	19 (8)	14 (8)	18 (14)
By age continued							
45 to 49 years (n=66)	50 to 54 years (n=75)	55 to 59 years (n=54)	60 to 64 years (n=25)	65 to 69 years (n=10)	70 to 74 years (n=8)	75 to 79 years (n=3)	80 or more years (n=1)
10 (15)	18 (24)	9 (17)	8 (32)	1 (10)	2 (25)	1 (33)	0 (0)
18 (28)	17 (23)	12 (22)	4 (16)	2 (20)	0 (0)	0 (0)	1 (100)
8 (12)	10 (13)	6 (11)	3 (12)	2 (20)	3 (38)	0 (0)	0 (0)
9 (14)	4 (5)	4 (7)	0 (0)	0 (0)	1 (13)	0 (0)	0 (0)
14 (21)	18 (24)	20 (37)	6 (24)	4 (40)	2 (25)	0 (0)	0 (0)
7 (11)	8 (11)	3 (6)	4 (16)	1 (10)	0 (0)	2 (67)	0 (0)

Table 4.3.5. Further breakdown of number of psychological sessions by first nations status

By First Nations status	Aboriginal (n=34)	Torres Strait Islander (n=0)	Both Aboriginal and Torres Strait Islander (n=2)	Neither Aboriginal nor Torres Strait Islander (n=2,223)
Less than 10 sessions, n (%)	4 (12)	0 (0)	0 (0)	293 (13)
Between 10 and 19 sessions, n (%)	11 (32)	0 (0)	0 (0)	469 (21)
Between 20 and 29 sessions, n (%)	3 (9)	0 (0)	0 (0)	356 (16)
Between 30 and 39 sessions, n (%)	5 (15)	0 (0)	0 (0)	237 (11)
40 or more sessions, n (%)	8 (24)	0 (0)	2 (100)	647 (29)
Unsure, n (%)	3 (9)	0 (0)	0 (0)	221 (10)



Table 4.3.6. Further breakdown of number of dietetic sessions by SEIFA

By SEIFA	0-20%, most disadvantaged (n=132)	21-40% (n=205)	41-60% (n=279)	61-80% (n=404)	81-100% (least disadvantaged) (n=676)
Less than 5 sessions, n (%)	31 (23)	42 (20)	55 (20)	85 (21)	128 (19)
Between 5 and 9 sessions, n (%)	23 (17)	46 (22)	61 (22)	81 (20)	129 (19)
Between 10 and 14 sessions, n (%)	23 (17)	28 (14)	50 (18)	69 (17)	126 (19)
Between 15 and 19 sessions, n (%)	10 (8)	26 (13)	37 (13)	53 (13)	82 (12)
20 or more sessions, n (%)	33 (25)	49 (24)	58 (21)	84 (21)	166 (25)
Unsure, n (%)	12 (9)	14 (7)	18 (6)	32 (8)	45 (7)

Table 4.3.7. Further breakdown of number of dietetic sessions by gender

By gender	Female (n=1,582)	Male (n=67)	Non-binary (n=49)	Prefer to self-describe (n=9)	Prefer not to say (n=5)
Less than 5 sessions, n (%)	319 (20)	8 (12)	12 (24)	4 (44)	1 (20)
Between 5 and 9 sessions, n (%)	324 (20)	8 (12)	10 (20)	1 (11)	1 (20)
Between 10 and 14 sessions, n (%)	270 (17)	23 (34)	5 (10)	2 (22)	0 (0)
Between 15 and 19 sessions, n (%)	191 (12)	9 (13)	9 (18)	1 (11)	0 (0)
20 or more sessions, n (%)	366 (23)	14 (21)	8 (16)	1 (11)	3 (60)
Unsure, n (%)	112 (7)	5 (7)	5 (10)	0 (0)	0 (0)

Table 4.3.8. Further breakdown of number of dietetic sessions by sexuality

By sexuality	Asexual (n=88)	Bisexual or pansexual (n=342)	Lesbian, gay or homosexual (n=97)	Straight or heterosexual (n=1,141)	Unsure (n=49)	Prefer not to answer (n=27)	Other (n=43)
Less than 5 sessions, n (%)	9 (10)	69 (20)	11 (11)	247 (22)	5 (10)	1 (4)	14 (33)
Between 5 and 9 sessions, n (%)	18 (20)	75 (22)	20 (21)	227 (20)	7 (14)	5 (19)	3 (7)
Between 10 and 14 sessions, n (%)	13 (15)	52 (15)	21 (22)	205 (18)	12 (24)	7 (26)	5 (12)
Between 15 and 19 sessions, n (%)	16 (18)	46 (13)	13 (13)	140 (12)	6 (12)	0 (0)	7 (16)
20 or more sessions, n (%)	25 (28)	71 (21)	22 (23)	250 (22)	14 (29)	12 (44)	12 (28)
Unsure, n (%)	7 (8)	29 (8)	10 (10)	72 (6)	5 (10)	2 (7)	2 (5)

Table 4.3.9. Further breakdown of number of dietetic sessions by age

By age	Less than 18 years (n=193)	18 to 20 years (n=311)	21 to 24 years (n=338)	25-29 years (n=287)	30-34 years (n=176)	35 to 39 years (n=125)	40 to 44 years (n=92)
Less than 5 sessions, n (%)	39 (20)	55 (18)	64 (19)	74 (26)	24 (14)	32 (26)	24 (26)
Between 5 and 9 sessions, n (%)	46 (24)	66 (21)	59 (17)	54 (19)	40 (23)	18 (14)	17 (18)
Between 10 and 14 sessions, n (%)	49 (25)	51 (16)	58 (17)	44 (15)	37 (21)	23 (18)	13 (14)
Between 15 and 19 sessions, n (%)	19 (10)	45 (14)	46 (14)	28 (10)	22 (13)	20 (16)	10 (11)
20 or more sessions, n (%)	32 (17)	73 (23)	82 (24)	65 (23)	41 (23)	22 (18)	20 (22)
Unsure, n (%)	8 (4)	21 (7)	29 (9)	22 (8)	12 (7)	10 (8)	8 (9)
By age continued							
45 to 49 years (n=54)	50 to 54 years (n=50)	55 to 59 years (n=45)	60 to 64 years (n=23)	65 to 69 years (n=12)	70 to 74 years (n=4)	75 to 79 years (n=2)	80 or more years (n=0)
6 (11)	11 (22)	7 (16)	6 (26)	1 (8)	1 (25)	0 (0)	0 (0)
13 (24)	12 (24)	12 (27)	2 (8)	3 (25)	1 (25)	1 (50)	0 (0)
9 (17)	2 (4)	9 (20)	4 (17)	1 (8)	0 (0)	0 (0)	0 (0)
8 (15)	6 (12)	3 (7)	2 (8)	1 (8)	0 (0)	0 (0)	0 (0)
15 (28)	16 (32)	14 (31)	5 (22)	5 (42)	2 (50)	0 (0)	0 (0)
3 (6)	3 (6)	0 (0)	4 (17)	1 (8)	0 (0)	1 (50)	0 (0)

Table 4.3.10. Further breakdown of number of psychological sessions by first nations status

By First Nations status	Aboriginal (n=26)	Torres Strait Islander (n=0)	Both Aboriginal and Torres Strait Islander (n=2)	Neither Aboriginal nor Torres Strait Islander (n=1,684)
Less than 5 sessions, n (%)	6 (23)	0 (0)	0 (0)	338 (20)
Between 5 and 9 sessions, n (%)	2 (8)	0 (0)	0 (0)	342 (20)
Between 10 and 14 sessions, n (%)	8 (31)	0 (0)	0 (0)	292 (17)
Between 15 and 19 sessions, n (%)	2 (8)	0 (0)	0 (0)	208 (12)
20 or more sessions, n (%)	6 (23)	0 (0)	2 (100)	384 (23)
Unsure, n (%)	2 (8)	0 (0)	0 (0)	120 (7)

Appendix 4.4: Further breakdown of EDP treatment modality by location and SEIFA

Table 4.4.1. Treatment modality and format by SEIFA code for psychological sessions

		Frequency (%)				
		0-20% disadvantage (Most disadvantaged), n=156	21-40% disadvantaged, n=266	41-60% disadvantaged, n=354	61-80% disadvantaged, n=540	81%-100% disadvantaged (Least disadvantaged), n=916
Session modality (n=2,232)	Face-to-face any	127 (81)	230 (86)	310 (88)	483 (89)	805 (87)
	Telehealth any	94 (60)	143 (54)	194 (55)	307 (57)	547 (60)
	Phone any	26 (17)	30 (11)	50 (14)	60 (11)	95 (10)
	Face-to-face only	62 (40)	123 (46)	160 (45)	233 (43)	365 (40)
	Electronic health only (telehealth or phone)	29 (19)	36 (14)	44 (12)	57 (11)	107 (12)
	Face-to-face and electronic	65 (42)	107 (40)	150 (42)	250 (46)	440 (48)
	Unsure	0 (0)	1 (<1)	0 (0)	0 (0)	2 (<1)
Session format (n=2,259)	Individual	155 (99)	263 (99)	350 (99)	532 (99)	906 (99)
	Group	7 (4)	24 (9)	24 (7)	48 (9)	90 (10)
	Unsure	0 (0)	2 (1)	2 (1)	1 (<1)	2 (<1)

*Columns do not add to 100%, as multiple responses were permitted

Table 4.4.2. Treatment modality and format by state for psychological sessions

		Frequency (%)							
		Northern Territory, n=4	New South Wales, n=712	Victoria, n=673	Queensland, n=421	South Australia, n=112	Western Australia, n=254	Tasmania, n=64	Unknown, n=21
Session modality, n=2,261	Face-to-face any	3 (75)	617 (87)	541 (80)	399 (95)	105 (94)	239 (94)	57 (89)	19 (90)
	Telehealth any	3 (75)	430 (60)	467 (69)	184 (44)	63 (56)	115 (45)	28 (44)	13 (62)
	Phone any	0 (0)	84 (12)	80 (12)	49 (12)	20 (18)	21 (8)	9 (14)	4 (19)
	Face-to-face only	1 (25)	281 (39)	206 (31)	235 (56)	49 (44)	138 (54)	36 (56)	8 (38)
	Electronic health only (telehealth or phone)	1 (25)	94 (13)	132 (20)	20 (5)	7 (6)	14 (6)	7 (11)	2 (10)
	Face-to-face or electronic	2 (50)	336 (47)	335 (50)	164 (39)	56 (50)	101 (40)	21 (33)	11 (52)
	Unsure	0 (0)	2 (<1)	0 (0)	0 (0)	0 (0)	1 (<1)	0 (0)	0 (0)

Session format. N=2,261	Individual	4 (100)	707 (99)	667 (99)	409 (97)	110 (98)	253 (99)	64 (100)	21 (100)
	Group	1 (25)	68 (10)	43 (6)	37 (9)	9 (8)	26 (10)	9 (14)	0 (0)
	Unsure	0 (0)	4 (1)	1 (<1)	2 (<1)	0 (0)	0 (0)	0 (0)	0 (0)

*Columns do not add to 100%, as multiple responses were permitted


Table 4.4.3. Treatment modality and format by SEIFA code for dietetic sessions

		Frequency (%)				
		0-20% disadvantaged (most disadvantaged), n=132	21-40% disadvantaged, n=205	41-60% disadvantaged, n=281	61-80% disadvantaged, n=404	81%-100% disadvantaged (Least disadvantaged), n=677
Session modality (n=1,699)	Face-to-face any	102 (77)	172 (84)	222 (79)	320 (79)	561 (83)
	Telehealth any	65 (49)	92 (44)	147 (52)	201 (50)	347 (51)
	Phone any	17 (13)	23 (11)	36 (13)	35 (9)	59 (9)
	Face-to-face only	67 (51)	111 (54)	132 (47)	198 (49)	326 (48)
	Electronic health only (telehealth or phone)	30 (23)	31 (15)	57 (20)	79 (20)	112 (17)
	Face-to-face and electronic	35 (27)	61 (30)	90 (32)	122 (30)	235 (35)
	Unsure	1 (1)	2 (1)	1 (<1)	6 (1)	2 (<1)
Session format (n=1,699)	Individual	131 (99)	198 (97)	277 (99)	390 (97)	657 (97)
	Group	0 (0)	5 (2)	1 (<1)	9 (2)	16 (2)
	Unsure	1 (1)	2 (1)	3 (1)	5 (1)	4 (1)

*Columns do not add to 100%, as multiple responses were permitted

Table 4.4.4. Treatment modality and format by state for dietetic sessions

		Frequency (%)							
		Northern Territory, n=2	New South Wales, n=521	Victoria, n=525	Queensland, n=344	South Australia, n=73	Western Australia, n=196	Tasmania, n=43	Unknown, n=12
Session modality (n=1,716)	Face-to-face any	1 (50)	417 (80)	372 (71)	307 (89)	64 (88)	182 (93)	38 (88)	11 (92)
	Telehealth any	1 (50)	276 (53)	337 (64)	126 (37)	24 (33)	76 (39)	15 (35)	6 (50)
	Phone any	0 (0)	54 (10)	50 (10)	37 (11)	6 (8)	19 (10)	6 (14)	1 (8)
	Face-to-face only	1 (50)	240 (46)	185 (35)	217 (63)	49 (67)	117 (60)	27 (63)	5 (42)
	Electronic health only (telehealth or phone)	1 (50)	99 (19)	150 (29)	36 (10)	9 (12)	11 (6)	4 (9)	0 (0)



	Face-to-face or electronic	0 (0)	177 (34)	187 (36)	90 (26)	15 (21)	65 (33)	11 (26)	6 (50)
	Unsure	0 (0)	2 (<1)	4 (1)	2 (1)	0 (0)	3 (2)	1 (2)	0 (0)
Session format (n=1,716)	Individual	2 (100)	506 (97)	511 (97)	334 (97)	70 (96)	193 (98)	42 (98)	11 (92)
	Group	0 (0)	9 (2)	11 (2)	8 (2)	3 (4)	0 (0)	0 (0)	0 (0)
	Unsure	0 (0)	6 (2)	3 (1)	2 (1)	0 (0)	3 (2)	1 (2)	1 (8)

***Columns do not add to 100%, as multiple responses were permitted**

Appendix 4.5: Additional healthcare services used by the number of sessions received

Table 4.5.1. Ambulance usage by number of psychological sessions received

	Less than 10 sessions (n=297)	Between 10-19 sessions (n=480)	Between 20-29 sessions (n=359)	Between 30-39 sessions (n=241)	40 or more sessions (n=657)	Unsure (n=224)
None, n (%)	278 (94)	455 (95)	329 (92)	225 (94)	577 (88)	203 (91)
1 time, n (%)	11 (4)	15 (4)	17 (5)	7 (3)	39 (6)	6 (3)
2 to 4 times, n (%)	7 (3)	8 (2)	10 (3)	5 (3)	31 (5)	5 (3)
5 to 7 times, n (%)	1 (1)	1 (1)	0 (0)	1 (1)	3 (1)	3 (2)
More than 8 times, n (%)	0 (0)	1 (1)	0 (0)	1 (1)	2 (1)	0 (0)
Unsure, n (%)	0 (0)	0 (0)	3 (1)	2 (1)	5 (1)	7 (3)

Table 4.5.2. Ambulance usage by number of dietitian sessions received

	Less than 5 sessions (n=344)	Between 5-9 sessions (n=344)	Between 10-14 sessions (n=300)	Between 15-19 sessions (n=210)	20 or more sessions (n=392)	Unsure (n=122)
None, n (%)	319 (93)	320 (94)	284 (95)	191 (91)	348 (89)	105 (87)
1 time, n (%)	15 (5)	13 (4)	11 (4)	12 (6)	21 (6)	6 (5)
2 to 4 times, n (%)	8 (3)	6 (2)	5 (2)	5 (3)	16 (5)	4 (4)
5 to 7 times, n (%)	0 (0)	2 (1)	0 (0)	0 (0)	4 (2)	3 (3)
More than 8 times, n (%)	1 (<1)	1 (1)	0 (0)	1 (<1)	1 (1)	0 (0)
Unsure, n (%)	1 (<1)	2 (1)	0 (0)	1 (<1)	2 (1)	4 (3)

Table 4.5.3.: Emergency department usage by number of psychological sessions received

	Less than 10 sessions (n=297)	Between 10-19 sessions (n=480)	Between 20-29 sessions (n=359)	Between 30-39 sessions (n=241)	40 or more sessions (n=657)	Unsure (n=224)
None, n (%)	258 (87)	417 (87)	311 (87)	200 (83)	498 (76)	180 (81)
1 time, n (%)	18 (7)	32 (7)	32 (9)	21 (9)	58 (9)	18 (9)
2 to 4 times, n (%)	18 (7)	24 (5)	11 (4)	13 (6)	79 (13)	16 (8)
5 to 7 times, n (%)	2 (1)	3 (1)	4 (2)	5 (3)	15 (3)	1 (1)
More than 8 times, n (%)	1 (1)	1 (1)	1 (1)	1 (1)	4 (1)	4 (2)
Unsure, n (%)	0 (0)	3 (1)	0 (0)	1 (1)	3 (1)	5 (3)

Table 4.5.4. Emergency department usage by number of dietitian sessions received

	Less than 5 sessions (n=344)	Between 5-9 sessions (n=344)	Between 10-14 sessions (n=300)	Between 15-19 sessions (n=210)	20 or more sessions (n=392)	Unsure (n=122)
None, n (%)	288 (84)	298 (87)	249 (83)	175 (84)	294 (75)	93 (77)
1 time, n (%)	30 (9)	19 (6)	28 (10)	15 (8)	44 (12)	12 (10)
2 to 4 times, n (%)	23 (7)	19 (6)	17 (6)	18 (9)	38 (10)	11 (10)
5 to 7 times, n (%)	2 (1)	6 (2)	6 (2)	1 (1)	11 (3)	1 (1)
More than 8 times, n (%)	1 (1)	0 (0)	0 (0)	1 (1)	4 (2)	2 (2)
Unsure, n (%)	0 (0)	2 (1)	0 (0)	0 (0)	1 (1)	3 (3)

Table 4.5.5. Hospital inpatient usage by number of psychological sessions received

	Less than 10 sessions (n=297)	Between 10-19 sessions (n=480)	Between 20-29 sessions (n=359)	Between 30-39 sessions (n=241)	40 or more sessions (n=657)	Unsure (n=224)
None, n (%)	268 (91)	431 (90)	317 (89)	208 (87)	522 (80)	193 (87)
1 time, n (%)	14 (5)	29 (7)	29 (9)	24 (10)	62 (10)	9 (5)
2 to 4 times, n (%)	12 (5)	14 (3)	11 (4)	9 (4)	61 (10)	14 (7)
5 to 7 times, n (%)	1 (1)	3 (1)	2 (1)	0 (0)	7 (2)	3 (2)
More than 8 times, n (%)	1 (1)	0 (0)	0 (0)	0 (0)	5 (1)	2 (1)
Unsure, n (%)	1 (1)	3 (1)	0 (0)	0 (0)	0 (0)	3 (2)

Table 4.5.6. Hospital inpatient usage by number of dietitian sessions received

	Less than 5 sessions (n=344)	Between 5-9 sessions (n=344)	Between 10-14 sessions (n=300)	Between 15-19 sessions (n=210)	20 or more sessions (n=392)	Unsure (n=122)
None, n (%)	304 (89)	303 (89)	254 (85)	174 (83)	311 (80)	104 (86)
1 time, n (%)	26 (8)	22 (7)	27 (9)	22 (11)	27 (7)	5 (5)
2 to 4 times, n (%)	9 (3)	15 (5)	16 (6)	14 (7)	44 (12)	8 (7)
5 to 7 times, n (%)	3 (1)	2 (1)	2 (1)	0 (0)	6 (2)	3 (3)
More than 8 times, n (%)	1 (1)	0 (0)	0 (0)	0 (0)	4 (2)	1 (1)
Unsure, n (%)	1 (1)	2 (1)	1 (<1)	0 (0)	0 (0)	1 (1)

Appendix 4.6: Further breakdown of EDP variables by adequacy of number of psychological and dietitian sessions

Table 4.6.1. Adequacy of number of psychological sessions by treatment modality for those who are no longer in current treatment

	Mode: Face- to-face (n=776)	Mode: Telehealth (n=422)	Mode: Phone (n=93)	Mode: Unsure (n=0)	Session: Individual (n=862)	Session: Group (n=79)	Session: Unsure (n=4)
Too many, n (%)	57 (7)	26 (6)	9 (10)	0 (0)	59 (7)	15 (19)	0 (0)
Too few, n (%)	251 (32)	142 (34)	30 (32)	0 (0)	290 (34)	15 (19)	0 (0)
Just right, n (%)	329 (42)	183 (43)	35 (38)	0 (0)	354 (41)	29 (37)	2 (50)
Unsure, n (%)	139 (18)	70 (17)	19 (20)	0 (0)	158 (18)	20 (25)	2 (50)

*Sample is those who were no longer using ED MBS services

Table 4.6.2. Adequacy of number of dietitian sessions by treatment modality for those who are no longer in current treatment

	Mode: Face-to- face (n=803)	Mode: Telehealth (n=349)	Mode: Phone (n=78)	Mode: Unsure (n=6)	Session: Individual (n=922)	Session: Group (n=23)	Session: Unsure (n=6)
Too many, n (%)	74 (9)	33 (9)	10 (13)	0 (0)	81 (9)	5 (22)	1 (17)
Too few, n (%)	207 (26)	81 (23)	17 (22)	2 (33)	241 (26)	1 (4)	2 (33)
Just right, n (%)	309 (38)	164 (47)	38 (49)	0 (0)	365 (40)	6 (26)	0 (0)
Unsure, n (%)	213 (27)	71 (20)	13 (17)	4 (67)	235 (25)	11 (48)	3 (50)

*Sample is those who were no longer using ED MBS services

Table 4.6.3. Adequacy of number of sessions by service type received for those who are no longer in current treatment

	Any psychological treatment (n=860)	Any dietitian treatment (n=934)
Too many, n (%)	60 (7)	86 (9)
Too few, n (%)	285 (33)	236 (25)
Just right, n (%)	355 (41)	367 (39)
Unsure, n (%)	160 (19)	245 (26)

*Sample is those who were no longer using ED MBS services

Appendix 4.7: Further breakdown of EDP variables by psychological and dietitian early cessation

Table 4.7.1. Early psychological cessation by treatment modality

	Mode: Face-to- face (n=860)	Mode: Telehealth (n=463)	Mode: Phone (n=104)	Mode: Unsure (n=2)	Session: Individual (n=960)	Session: Group (n=91)	Session: Unsure (n=6)
Did not cease early, n (%)	444 (52)	218 (47)	42 (40)	2 (100)	509 (53)	33 (36)	3 (50)
Ceased early, n (%)	316 (37)	198 (43)	51 (49)	0 (0)	343 (36)	46 (51)	1 (17)
Unsure, n (%)	100 (12)	47 (10)	11 (11)	0 (0)	108 (11)	12 (13)	2 (33)

*Columns may not add to 100% due to rounding

*Sample size is those who did not continue to see the psychological provider for the full number of sessions

Table 4.7.2. Early dietitian cessation by treatment modality

	Mode: Face-to- face (n=869)	Mode: Telehealth (n=397)	Mode: Phone (n=89)	Mode: Unsure (n=11)	Session: Individual (n=1,006)	Session: Group (n=26)	Session: Unsure (n=11)
Did not cease early, n (%)	559 (64)	204 (51)	44 (49)	5 (45)	638 (63)	15 (58)	6 (55)
Ceased early, n (%)	222 (26)	142 (36)	34 (38)	0 (0)	258 (26)	8 (31)	0 (0)
Unsure, n (%)	88 (10)	51 (13)	11 (12)	6 (55)	110 (11)	3 (12)	5 (45)

*Columns may not add to 100% due to rounding

*Sample size is those who did not continue to see the psychological provider for the full number of sessions

Table 4.7.3. Early psychological cessation by the number of psychological sessions received

	Less than 10 sessions (n=185)	Between 10-19 sessions (n=217)	Between 20-29 sessions (n=143)	Between 30-39 sessions (n=91)	40 or more sessions (n=213)	Unsure (n=129)
Did not cease early, n (%)	176 (95)	175 (81)	82 (57)	23 (25)	19 (9)	42 (33)
Ceased early, n (%)	5 (3)	24 (11)	39 (27)	52 (57)	185 (87)	44 (34)
Unsure, n (%)	4 (2)	18 (8)	22 (15)	16 (18)	9 (4)	43 (33)

*Sample size is those who did not continue to see the psychological provider for the full number of sessions

Table 4.7.4. Early dietitian cessation by the number of dietitian sessions received

	Less than 5 sessions (n=283)	Between 5-9 sessions (n=235)	Between 10- 14 sessions (n=178)	Between 15- 19 sessions (n=116)	20 or more sessions (n=156)	Unsure (n=74)
Did not cease early, n (%)	274 (97)	192 (82)	110 (62)	46 (40)	16 (10)	21 (28)
Ceased early, n (%)	4 (1)	22 (9)	40 (22)	53 (46)	126 (81)	21 (28)
Unsure, n (%)	5 (2)	21 (9)	28 (16)	17 (15)	14 (9)	32 (43)

*Sample size is those who did not continue to see the psychological provider for the full number of sessions

Appendix 4.8: Further breakdown of EDP variables by psychological and dietitian payment and perceptions of payment

Table 4.8.1. Payment of psychological services by session modality

	Mode: Face-to- face (n=1,980)	Mode: Telehealth (n=1,206)	Mode: Phone (n=267)	Mode: Unsure (n=3)	Session: Individual (n=2,235)	Session: Group (n=193)	Session: Unsure (n=7)
Fully covered by Medicare, n (%)	136 (7)	71 (6)	27 (10)	0 (0)	151 (7)	23 (12)	0 (0)
Partially covered by Medicare and OOP for less than half of the costs, n (%)	777 (39)	489 (41)	102 (38)	0 (0)	878 (39)	66 (34)	1 (14)
Partially covered by Medicare and OOP for more than half of the costs, n (%)	854 (43)	532 (44)	109 (41)	1 (33)	977 (44)	77 (40)	2 (29)
Some other arrangement, n (%)	118 (6)	73 (6)	17 (6)	0 (0)	128 (6)	9 (5)	0 (0)
Unsure, n (%)	95 (5)	41 (3)	12 (4)	2 (67)	101 (5)	18 (9)	4 (57)

Table 4.8.2. Payment of psychological services by type of services received

	Any psychological treatment (n=2,235)	Both psychological and dietitian treatment (n=1,528)
Fully covered by Medicare, n (%)	154 (7)	101 (7)
Partially covered by Medicare and OOP for less than half of the costs, n (%)	885 (40)	615 (40)
Partially covered by Medicare and OOP for more than half of the costs, n (%)	971 (43)	669 (44)
Some other arrangement, n (%)	125 (6)	83 (5)
Unsure, n (%)	100 (4)	60 (4)

Table 4.8.3. Payment of psychological services by number of psychological services received

By number of psychological treatment session received	Less than 10 sessions (n=298)	Between 10- 19 sessions (n=480)	Between 20-29 sessions (n=359)	Between 30-39 sessions (n=242)	40 or more sessions (n=657)	Unsure (n=224)
Fully covered by Medicare, n (%)	25 (8)	27 (6)	23 (6)	18 (7)	40 (6)	23 (10)
Partially covered by Medicare and OOP for less than half of the costs, n (%)	85 (29)	191 (40)	156 (43)	102 (42)	280 (43)	71 (32)

Partially covered by Medicare and OOP for more than half of the costs, n (%)	164 (55)	233 (49)	135 (38)	107 (44)	266 (40)	79 (35)
Some other arrangement, n (%)	13 (4)	13 (3)	31 (9)	12 (5)	43 (7)	17 (8)
Unsure, n (%)	11 (4)	16 (3)	14 (4)	3 (1)	28 (4)	34 (15)

Table 4.8.4. Perceptions of payment of psychological services by session modality

	Mode: Face-to-face (n=1,980)	Mode: Telehealth (n=1,206)	Mode: Phone (n=267)	Mode: Unsure (n=3)	Session: Individual (n=2,235)	Session: Group (n=193)	Session: Unsure (n=7)
I didn't pay anything, n (%)	148 (8)	73 (7)	29 (11)	0 (0)	161 (8)	22 (12)	0 (0)
I paid a fee that was affordable, n (%)	585 (30)	360 (30)	71 (27)	0 (0)	661 (30)	49 (26)	0 (0)
I paid a fee that was too expensive, n (%)	1082 (55)	688 (58)	141 (53)	1 (33)	1236 (56)	91 (48)	3 (43)
Unsure, n (%)	165 (9)	85 (8)	26 (10)	2 (67)	177 (8)	31 (17)	4 (57)

Table 4.8.5. Perceptions of payment of psychological services by type of services received

	Any psychological treatment (n=2,235)	Both psychological and dietitian treatment (n=1,528)
I didn't pay anything, n (%)	164 (8)	105 (7)
I paid a fee that was affordable, n (%)	664 (30)	452 (30)
I paid a fee that was too expensive, n (%)	1231 (56)	855 (56)
Unsure, n (%)	176 (8)	116 (8)

Table 4.8.6. Perceptions of payment of psychological services by number of psychological services received

	Less than 10 sessions (n=298)	Between 10-19 sessions (n=480)	Between 20-29 sessions (n=359)	Between 30-39 sessions (n=242)	40 or more sessions (n=657)	Unsure (n=224)
I didn't pay anything, n (%)	26 (9)	29 (7)	24 (7)	16 (7)	44 (7)	27 (13)
I paid a fee that was affordable, n (%)	60 (21)	135 (29)	132 (37)	81 (34)	204 (32)	56 (25)
I paid a fee that was too expensive, n (%)	191 (65)	293 (62)	168 (47)	134 (56)	358 (55)	99 (45)
Unsure, n (%)	21 (8)	23 (5)	35 (10)	11 (5)	51 (8)	42 (19)

Table 4.8.7. Payment of dietitian services by session modality

	Mode: Face-to- face (n=1392)	Mode: Telehealth (n=774)	Mode: Phone (n=173)	Mode: Unsure (n=12)	Session: Individual (n=1669)	Session: Group (n=31)	Session: Unsure (n=12)
Fully covered by Medicare, n (%)	189 (14)	60 (8)	44 (25)	1 (8)	206 (12)	6 (19)	1 (8)
Partially covered by Medicare and OOP for less than half of the costs, n (%)	536 (39)	313 (40)	59 (34)	0 (0)	653 (39)	10 (32)	0 (0)
Partially covered by Medicare and OOP for more than half of the costs, n (%)	529 (38)	333 (43)	49 (28)	1 (8)	647 (39)	9 (29)	3 (25)
Some other arrangement, n (%)	48 (3)	36 (5)	11 (6)	2 (17)	63 (4)	0 (0)	1 (8)
Unsure, n (%)	90 (6)	32 (4)	10 (6)	8 (67)	100 (6)	6 (19)	7 (58)

Table 4.8.8. Payment of dietitian services by type of services received

By services received	Dietitian treatment (n=1685)	Both psychological and dietitian treatment (n=1526)
Fully covered by Medicare, n (%)	209 (12)	179 (12)
Partially covered by Medicare and OOP for less than half of the costs, n (%)	663 (39)	608 (40)
Partially covered by Medicare and OOP for more than half of the costs, n (%)	650 (39)	594 (39)
Some other arrangement, n (%)	59 (4)	53 (3)
Unsure, n (%)	104 (6)	92 (6)

Table 4.8.9. Payment of dietitian services by number of dietitian services received

	Less than 5 sessions (n=343)	Between 5-9 sessions (n=344)	Between 10-14 sessions (n=300)	Between 15-19 sessions (n=210)	20 or more sessions (n=392)	Unsure (n=122)
Fully covered by Medicare, n (%)	56 (16)	35 (10)	39 (13)	17 (8)	51 (13)	15 (12)
Partially covered by Medicare and OOP	95 (28)	130 (38)	130 (43)	97 (46)	171 (44)	40 (33)

for less than half of the costs, n (%)						
Partially covered by Medicare and OOP	139 (41)	149 (43)	106 (35)	80 (38)	150 (38)	35 (29)
for more than half of the costs, n (%)						
Some other arrangement, n (%)	11 (3)	13 (4)	10 (3)	9 (4)	13 (3)	8 (7)
Unsure, n (%)	42 (12)	17 (5)	15 (5)	7 (3)	7 (2)	24 (20)

Table 4.8.10. Perceptions of payment of dietitian services by session modality

	Mode: Face-to- face (n=1,392)	Mode: Telehealth (n=774)	Mode: Phone (n=173)	Mode: Unsure (n=12)	Session: Individual (n=1,669)	Session: Group (n=31)	Session: Unsure (n=12)
I didn't pay anything, n (%)	188 (14)	59 (8)	45 (27)	1 (8)	205 (13)	6 (20)	1 (8)
I paid a fee that was affordable, n (%)	512 (37)	313 (41)	60 (35)	0 (0)	625 (38)	10 (33)	0 (0)
I paid a fee that was too expensive, n (%)	550 (40)	343 (45)	52 (31)	1 (8)	689 (42)	4 (13)	3 (25)
Unsure, n (%)	142 (11)	59 (8)	16 (10)	10 (83)	150 (9)	11 (36)	8 (67)

Table 4.8.11. Perceptions of payment of dietitian services by type of services received

By services received	Dietitian treatment (n=1,685)	Both psychological and dietitian treatment (n=1,526)
I didn't pay anything, n (%)	208 (13)	178 (12)
I paid a fee that was affordable, n (%)	634 (38)	585 (39)
I paid a fee that was too expensive, n (%)	688 (41)	626 (42)
Unsure, n (%)	155 (10)	137 (9)

Table 4.7.12. Perceptions of payment of dietitian services by number of psychological services received

	Less than 5 sessions (n=343)	Between 5-9 sessions (n=344)	Between 10-14 sessions (n=300)	Between 15-19 sessions (n=210)	20 or more sessions (n=392)	Unsure (n=122)
I didn't pay anything, n (%)	55 (17)	37 (11)	38 (13)	17 (9)	50 (13)	15 (13)



I paid a fee that was affordable, n (%)	82 (24)	130 (38)	119 (40)	101 (49)	161 (42)	42 (35)
I paid a fee that was too expensive, n (%)	156 (46)	150 (44)	118 (40)	78 (38)	160 (41)	34 (28)
Unsure, n (%)	50 (15)	27 (8)	25 (9)	14 (7)	21 (6)	31 (26)

Appendix 4.9: Predictors of deterioration in self-rated eating disorder symptoms

Table 4.9.1. Predictors of worsening in self-rated eating disorder symptoms (psychological treatment)

Variable		Univariate regression (Odds ratio)	Adjusted model (Odds ratio)
Age	Less than 18 years (referent group)	-	-
	18-20	3.18 (0.91, 11.07)	2.91 (0.72, 11.72)
	21-24	1.47 (0.38, 5.68)	1.10 (0.24, 5.03)
	25-29	3.72** (1.05, 13.22)	2.50 (0.59, 10.56)
	30-34	1.30 (0.25, 6.61)	0.89 (0.14, 5.64)
	35-39	4.06** (1.04, 15.90)	1.99 (0.40, 9.91)
	40-44	3.28 (0.70, 15.34)	1.14 (0.18, 7.17)
	45-49	1.78 (0.17, 18.06)	1.21 (0.08, 17.44)
	50-54	2.91 (0.46, 18.47)	1.72 (0.20, 15.11)
	55-59	6.40 (0.95, 42.96)	7.44 (0.84, 66.18)
	60-64	Dropped (few observations/no variation)	-
	65-69	Dropped (few observations/no variation)	-
	70-74	Dropped (few observations/no variation)	-
	75-79	Dropped (few observations/no variation)	-
Gender	Female (referent group)	-	-
	Male	0.54 (0.07, 4.08)	-
	Non-binary	Dropped (few observations/no variation)	-
	Prefer not to say	Dropped (few observations/no variation)	-
Sexual identity	Not heterosexual (referent group)	-	-
	Heterosexual	1.10 (0.64, 1.91)	-
Country of birth	Australia (referent group)	-	-
	Overseas	0.85 (0.38, 1.92)	-
First Nations status	Not First Nations (referent group)	-	-
	First Nations	Dropped (few observations/no variation)	-
SEIFA IRSD quintile	Q1 (Most disadvantaged) (referent group)	-	-
	Q2	0.52 (0.19, 1.42)	0.50 (0.14, 1.83)
	Q3	0.31** (0.11, 0.91)	0.44 (0.12, 1.64)
	Q4	0.64 (0.27, 1.51)	0.81 (0.27, 2.46)
	Q5 (Least disadvantaged)	0.50 (0.22, 1.13)	0.77 (0.27, 2.18)

Self-rated eating disorder symptoms (before care)	Better symptoms (referent group)	-	-
	Worse symptoms	0.03** (0.02, 0.06)	0.03* (0.01, 0.05)
	Provider type		
	Service from either mental health or dietitian (referent group)	-	-
	Both mental health professional and dietitian	0.77 (0.45, 1.32)	-
No. of sessions dietitian	Less than 5 (referent group)	-	-
	Between 5 and 9	1.50 (0.67, 3.37)	-
	Between 10 and 14	0.54 (0.17, 1.72)	-
	Between 15 and 19	0.65 (0.20, 2.08)	-
	20+	0.68 (0.26, 1.77)	-
Face-to-face sessions dietitian	No (referent group)	-	-
	Yes	0.80 (0.34, 1.86)	-
Telehealth sessions dietitian	No (referent group)	-	-
	Yes	1.10 (0.59, 2.08)	-
Phone sessions dietitian	No (referent group)	-	-
	Yes	0.57 (0.13, 2.42)	-
No. of sessions mental health provider	Less than 10 (referent group)	-	-
	Between 10 and 19	0.65 (0.31, 1.40)	0.48 (0.18, 1.28)
	Between 20 and 29	0.83 (0.37, 1.85)	1.05 (0.38, 2.94)
	Between 30 and 39	0.96 (0.40, 2.29)	1.32 (0.44, 3.93)
	40+	0.40** (0.17, 0.93)	0.56 (0.20, 1.59)
Face-to-face sessions mental health provider	No (referent group)	-	-
	Yes	0.92 (0.43, 1.99)	-
Telehealth sessions mental health provider	No (referent group)	-	-
	Yes	0.83 (0.50, 1.38)	-
Phone sessions mental health provider	No (referent group)	-	-
	Yes	1.05 (0.46, 2.37)	-

* Missing data excluded.

^ Socioeconomic status was ascribed to participants on the basis of their postcode, using quintiles derived from the Index of Relative Socioeconomic Disadvantage (IRSD) of the Socioeconomic Indexes for Areas (SEIFA). More specifically, the SEIFA concordance file was used to assign the IRSD. The IRSD file reports deciles which were then converted into quintiles.

Table 4.9.2. Predictors of worsening in self-rated eating disorder symptoms (dietetic treatment)*

Variable		Univariate regression (Odds ratio)	Adjusted model (Odds ratio)
Age	Less than 18 years (referent group)	-	-
	18-20	2.18 (0.91, 5.22)	-
	21-24	1.37 (0.55, 3.42)	-
	25-29	1.10 (0.41, 2.93)	-
	30-34	0.54 (0.14, 2.16)	-
	35-39	1.60 (0.51, 5.01)	-
	40-44	1.58 (0.44, 5.74)	-
	45-49	2.19 (0.52, 9.23)	-
	50-54	3.08 (0.82, 11.61)	-
	55-59	Dropped (few observations/no variation)	-
	60-64	1.73 (0.19, 15.88)	-
	65-69	Dropped (few observations/no variation)	-
	70-74	Dropped (few observations/no variation)	-
	75-79	Dropped (few observations/no variation)	-
80 years or more	Dropped (few observations/no variation)	-	
Gender	Female (referent group)	-	-
	Male	0.33 (0.04, 2.43)	-
	Non-binary	0.76 (0.18, 3.27)	-
	Prefer not to say	1.90 (0.22, 16.45)	-
Sexual identity	Not heterosexual (referent group)	-	-
	Heterosexual	0.84 (0.50, 1.41)	-
Country of birth	Australia (referent group)	-	-
	Overseas	1.01 (0.51, 2.03)	-
First Nations status	Not First Nations (referent group)	-	-
	First Nations	0.89 (0.11, 6.97)	-
SEIFA IRSD quintile	Q1 (Most disadvantaged) (referent group)	-	-
	Q2	0.73 (0.27, 1.96)	-
	Q3	0.52 (0.20, 1.39)	-
	Q4	0.69 (0.29, 1.68)	-
	Q5 (Least disadvantaged)	0.72 (0.32, 1.64)	-
Self-rated eating disorder symptoms (before care)	Better symptoms (referent group)	-	-
	Worst symptoms	0.04** (0.02, 0.07)	0.04** (0.02, 0.07)
Provider type	Service from either mental health or dietitian (referent group)	-	-

	Both mental health professional and dietitian	0.45** (0.25, 0.83)	Omitted because of collinearity issues
No. of sessions dietitian	Less than 5 (referent group)	-	-
	Between 5 and 9	0.75 (0.43, 1.32)	0.85 (0.39, 1.82)
	Between 10 and 14	0.30** (0.14, 0.65)	0.51 (0.19, 1.36)
	Between 15 and 19	0.24** (0.09, 0.65)	0.46 (0.15, 1.45)
	20+	0.36** (0.16, 0.77)	0.68 (0.26, 1.80)
Face-to-face sessions dietitian	No (referent group)	-	-
	Yes	1.19 (0.61, 2.30)	-
Telehealth sessions dietitian	No (referent group)	-	-
	Yes	0.63 (0.39, 1.03)	-
Phone sessions dietitian	No (referent group)	-	-
	Yes	0.73 (0.31, 1.73)	-
No. of sessions mental health provider	Less than 10 (referent group)	-	-
	Between 10 and 19	0.35** (0.15, 0.84)	0.30** (0.11, 0.84)
	Between 20 and 29	0.68 (0.30, 1.55)	0.81 (0.30, 2.21)
	Between 30 and 39	0.70 (0.30, 1.70)	0.81 (0.28, 2.36)
	40+	0.41** (0.19, 0.90)	0.51** (0.20, 1.30)
Face-to-face sessions mental health provider	No (referent group)	-	-
	Yes	0.95 (0.42, 2.15)	-
Telehealth sessions mental health provider	No (referent group)	-	-
	Yes	0.77 (0.47, 1.27)	-
Phone sessions mental health provider	No (referent group)	-	-
	Yes	0.86 (0.40, 1.85)	-

* Missing data excluded.

^ Socioeconomic status was ascribed to participants on the basis of their postcode, using quintiles derived from the Index of Relative Socioeconomic Disadvantage (IRSD) of the Socioeconomic Indexes for Areas (SEIFA). More specifically, the SEIFA concordance file was used to assign the IRSD. The IRSD file reports deciles which were then converted into quintiles.



Study 6 Appendices

A community survey on the Eating Disorders MBS items

Appendix 6.1. Online Survey – People who care for someone with lived experience of an eating disorder

Introduction and Description of Eating Disorder Treatment and Management Plan (Eating Disorder – Medicare Benefit Schedule Items)

Note. For the “No Treatment Survey” introductory text will be modified slightly for applicability to that cohort.

Purpose of this Survey

This survey is about your experiences and reflections on **eating disorder treatment** and the different plans available through Medicare. We want to hear from **people who have had or are trying to get treatment for an eating disorder** and from **people who have supported others with their eating disorder treatment**.

Overview of the Treatment Experiences We Are Interested in

We would like to know about your views on different treatment experiences you might have had. This includes treatment via the **Eating Disorder Treatment and Management Plan Medicare Benefit Schedule** items or **other treatment experiences**, as well as **unsuccessful** or ongoing **attempts to seek treatment**.

What is the Eating Disorder Treatment and Management Plan

Under the **Eating Disorder Treatment and Management Plan**, or “Eating Disorder Plan”, people with anorexia nervosa and some people with other eating disorders can receive eating disorder specific treatment that is wholly or partially funded by Medicare.

The Eating Disorder Plan is prepared by a medical practitioner, e.g., general practitioner (GP), psychiatrist, or paediatrician, and may include referral for

- Psychological treatment – up to 40 sessions with a psychologist, occupational therapist, social worker or General Practitioner
- Dietitian health service – up to 20 sessions with a dietitian
- GP Review – at or prior to having 10, 20, or 30 psychological treatment sessions, review by a GP to access the next 10 psychological treatment sessions
- Specialist Review – at or prior to having 20 psychological treatment sessions, review by a psychiatrist or paediatrician to access more than 20 sessions

Other Medicare Plans – Mental Health Care Plan

People with eating disorders can also receive treatment on a Mental Health Care Plan via Better Access (which provides up to 10 sessions with a psychologist, social worker, occupational therapist,



or GP for anyone with a mental health issue). These sessions are also wholly or partially funded by Medicare.

We would like to ask about your **most recent** experience of eating disorder treatment or treatment seeking, or your most recent experience as a support person for someone in eating disorder treatment or treatment seeking.

The survey has six sections. Depending on your experience with eating disorders and treatment, you may be asked some questions but not others.

If you are asked all of the questions, it is expected it will take you about 20 minutes to complete the survey. For some people who will not be asked some of the questions that are not relevant to their situation, it may take 10 minutes or less to complete the survey.

You can also **Save & Return Later** if you do not want to complete the survey on one sitting. Just make sure you save the web address of the survey.

Sections:

- *About you (e.g., age, gender, eating disorder history)*
- *Use, knowledge, and experience of treatment for eating disorders*
- *How helpful treatment has been*
- *Availability of treatment through the Eating Disorder Plan*
- *The processes involved in using the Eating Disorder Plan*
- *The Eating Disorder Plan in general*

The next questions are about you

Demographics

1. I identify my gender as: _____ (please specify)

2. What is your age [dropdown 16-100+]

3. What is the postcode where you live:

4. What is your country of birth?
- * Australia
 - * England
 - * India
 - * China
 - * New Zealand
 - * Philippines
 - * Vietnam
 - * Malaysia



- * Italy
 - * Other, please specify:

5. Do you identify as being of Aboriginal and/or Torres Strait Islander origin?
- * Aboriginal but not Torres Strait Islander origin
 - * Torres Strait Islander but not Aboriginal origin
 - * Both Aboriginal and Torres Strait Islander origin
 - * Neither Aboriginal or Torres Strait Islander origin
6. How would you describe your sexual identity?
Please select all that apply
- * Asexual
 - * Bisexual
 - * Gay or homosexual
 - * Lesbian
 - * Pansexual
 - * Queer
 - * Straight or heterosexual
 - * Something else (please specify)

 - * Don't know
 - * Prefer not to say
7. Which of the following best describes you?
If multiple descriptors apply, please select the one that fits best.
- * I am currently diagnosed with an eating disorder If selected, go to Consumer Survey
 - * I have been diagnosed with an eating disorder in the past If selected, go to Consumer Survey
 - * I think I might currently have an eating disorder, but I have not been diagnosed If selected, go to Consumer Survey
 - * I think I might have had an eating disorder in the past, but I was not diagnosed If selected, go to Consumer Survey
 - * I support a person/ am a close family member of someone who is currently diagnosed with an eating disorder If selected, go to Carer/Support Survey
 - * I support a person/ am a close family member of someone who had a diagnosis of an eating disorder in the past If selected, go to Carer/Support Survey



* I support a person/ am a close family member of someone who may currently have an eating disorder, but who has not been diagnosed If selected, go to Carer/Support Survey

* I support a person/ am a close family member of someone who may have had an eating disorder in the past, but was never diagnosed If selected, go to Carer/Support Survey

If none selected, exit from survey

Carer/Support Survey

In this survey, we want to learn about your experiences supporting someone with the treatment they have had or may have tried to get for their eating disorder. All experiences are valuable for us to learn about ranging from minimal through to extensive involvement in formal care.

We are seeking your opinions based on your perspective of these experiences. We understand these may be different from the opinions and perspectives of the person you support.

The next questions are about the circumstances of the person you support or care for who has had an eating disorder (now or in the past).

If you have supported more than one person with an eating disorder, or the person you support has had multiple eating disorders over time, please answer these questions in relation to the most recent experience of support or care.

8. What best characterises the person you support or care for? * The person has an eating disorder now * The person had an eating disorder in the past

9. Which eating disorder have you had the most experience with in caring or supporting someone? * Anorexia nervosa * Bulimia nervosa * Binge eating disorder * Atypical anorexia nervosa * Subthreshold bulimia nervosa * Subthreshold binge eating disorder * Purging disorder * Night eating syndrome * ARFID (avoidant/restrictive food intake disorder) * Other (specify) * Unsure



10. When was this experience with eating disorders? This question covers the time the person you support experienced symptoms that were likely an eating disorder as well as any formal diagnosis they may have received.
Please select all that apply
- * 2023
 - * 2022
 - * 2021
 - * 2020
 - * 2019

 - * 2018
 - * 2017
 - * 2016
 - * 2015
 - * 2014
 - * Prior to 2014

11. What is the gender of the person you support or care for who has an eating disorder?

12. [Display if the person cared for has an eating disorder now – question 8] What is the current age of the person you support or care for?
- * Child aged less than 10 years old
 - * Child aged 10 – 13
 - * Adolescent aged 14-17
 - * 18-25
 - * 26-30
 - * 31-35
 - * 36-40
 - * 41-45
 - * 46-50
 - * 51-55
 - * 56-60
 - * 61-65
 - * 66-70
 - * Older than 70

13. [Display if the person cared for had an eating disorder in the past – question 8] When the person you supported or cared for had an eating disorder, how old were they? Please select all that apply for this person
- * Child aged less than 10 years old
 - * Child aged 10 – 13
 - * Adolescent aged 14-17
 - * 18-25
 - * 26-30



- * 31-35
- * 36-40
- * 41-45
- * 46-50
- * 51-55
- * 56-60
- * 61-65
- * 66-70
- * Older than 70

14. What is your relationship to the person with an eating disorder that you support?
- .. Parent/guardian
 - .. Sibling
 - .. Child
 - .. Grandparent
 - .. Cousin
 - .. Uncle/Aunt
 - .. Niece/Nephew
 - .. Partner/spouse
 - .. Former partner / spouse
 - .. Friend
 - .. Colleague
 - .. Other, please specify

The next questions are about Use of Eating Disorders Treatment

[Display if eating disorder occurred in 2019, 2020, 2021, 2022, or 2023 – question 9] The Eating Disorder Plan, introduced in November 2019, supports treatment for all people with anorexia nervosa and some people with other eating disorders who also meet additional criteria. These criteria include having some of the following: high levels of eating disorders symptoms, rapid weight loss, low body weight, binge eating, vomiting, laxative use, fasting, or excessive exercise, medical complications, additional medical or psychological conditions, having been in hospital for an eating disorder, or lack of improvement with treatment.

15. As far as you are aware, is the person you support eligible to receive treatment via the Eating Disorder Plan, either currently or in the past?
- * Yes, they are/were eligible [skip next question]
 - * No, they are not/were not eligible
 - * Unsure [skip next question]



16. [Display if not eligible for the Eating Disorder Plan in question 10] How do you know they are not/were not eligible to receive treatment via the Eating Disorder Plan?
- * I/the person I support was told by a GP or other doctor
 - * I was told by the person I support
 - * From my own understanding

17. Has the person you support had eating disorder treatment under the **Eating Disorder Plan** (up to 40 psychological treatment sessions and/or up to 20 dietetic sessions within a year) now or in the past?
- * Yes
If selected, go to Eating Disorder Plan section
 - * No
If selected, go to Other or No Treatment section
 - * Trying to do so now to get access for the first time
If selected, go to Trying to Seek Treatment via Eating Disorder Plan section
 - * Trying to do so now after previous unsuccessful attempts
If selected, go to Trying to Seek Treatment via Eating Disorder Plan section

Eating Disorder Plan Section

How many sessions has the person you support had under the Eating Disorder Plan?
 We would like to know the total number of sessions received for treatment under The Plan, including for multiple plans if relevant.
 If you cannot remember exactly, please give your best guess.

18. Psychological treatment sessions: _____
 19. Dietetic sessions: _____

20. Before accessing sessions through the Eating Disorder Plan, did the person you support start to get treatment for your eating disorder through a Better Access Mental Health Care Plan (which provides up to 10 treatment sessions for anyone with a mental health issue)?
- * Yes
If selected, continue with this section then go to Eating Disorder Plan Plus Better Access section
 - * No
If selected, continue with this section
 - * I don't know
If selected, continue with this section

[Display if use of psychological treatment sessions in question 18] To access more than 20 psychological treatment sessions under the **Eating Disorder Plan**, reviews are required. These are 1) a review with a GP and 2) a review with a psychiatrist or a paediatrician.



- 21. Did the person you support have a review session with a psychiatrist or a paediatrician?
 - * Yes
 - * No
 - * Tried to do so but unsuccessful
 - * Trying to do so now
 - * Unsure

The next questions are about the Availability of Treatment Through the Eating Disorders Plan

- 22. How long did the person you support have an eating disorder before **first trying** to get treatment through the Eating Disorder Plan?
The first attempt may have been instigated by the person you support or by you as their carer.
When answering this question, to the best of your knowledge, please think about the time from when the person first experienced symptoms that were likely an eating disorder.
 - * 1 month or less
 - * 2 months
 - * 3 months
 - * 4 months
 - * 5 months
 - * 6 months
 - * 7 months
 - * 8 months
 - * 9 months
 - * 10 months
 - * 11 months
 - * 1 year
 - * 2 years
 - * 3 years
 - * 4 years
 - * 5 years
 - * 6-10 years
 - * More than 10 years
 - * Unsure

23. When the person you support first sought help from a GP or other health professional, how much did the GP or health professional know about the availability of additional sessions for eating disorder treatment under the Eating Disorder Plan?

- | | | | | |
|------------------------|----------------------------|----------------|--------------------------|---------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Very uninformed | Somewhat uninformed | Neutral | Somewhat informed | Very well informed |

24. Feel free to comment on your response:



- 25. After the Eating Disorder Plan was prepared by a doctor, did the person you support receive treatment sessions (psychological and/or dietetic) as initially planned?
 - * Yes [skip next question]
 - * No, they received fewer psychological treatment sessions than planned
 - * No, they received fewer dietetic sessions than planned
 - * No, they did not receive treatment at all

Below are some reasons treatment may not proceed as planned. Please indicate whether each reason listed below played a role in treatment not being received as planned for the person you support.

	Yes, this contributed to treatment not being received as planned	No, this did not contribute to treatment not being received as planned	Unsure if this contributed
26. The treatment (gap) fee was unaffordable/too expensive	*	*	*
27. There was not time to attend sessions/fit the sessions around other commitments	*	*	*
28. Travel to where the sessions were located was difficult	*	*	*
29. I could not access telehealth sessions due to poor internet or not having access to a device	*	*	*
30. The recommended treatment did not seem needed	*	*	*
31. A review could not be obtained at the right time to access further sessions. <i>Note, a mid-treatment review by a psychiatrist or paediatrician is required to access more than 20 psychological treatment sessions</i>	*	*	*
32. Access to further treatment was not recommended at the mid-treatment review	*	*	*
33. The sessions were unhelpful	*	*	*
34. They/we did not like the health professional's manner or approach	*	*	*
35. They had to wait too long for sessions and felt discouraged about treatment	*	*	*
36. Treatment or support was accessed in another way	*	*	*



37. Please add any other thoughts about why treatment may not have gone ahead as initially planned

After the Eating Disorder Plan was prepared by a doctor, how long did the person you support have to wait to:

- 38. Receive Psychological Treatment sessions
 - * A suitable amount of time
 - * A little too long
 - * Much too long
 - * Not applicable, they were not referred for psychological treatment sessions
- 39. Receive dietetic health sessions
 - * A suitable amount of time
 - * A little too long
 - * Much too long
 - * Not applicable, they were not referred for dietetic sessions
- 40. Receive psychiatrist or paediatrician review
[display if response to Q21 is yes]
 - * A suitable amount of time
 - * A little too long
 - * Much too long
- 41. What are your thoughts about the cost of treatment via the Eating Disorder Plan for the person you support?
 - * Didn't pay anything; Medicare covered all the costs
 - * Paid a fee that was affordable
 - * Paid a fee that was too expensive
 - * The fee was too expensive and could not get as much treatment as wanted or needed

Please give your response for this question, regardless of whether the person you support received any of the following services.

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important

In the treatment of an eating disorder, how important is it to have access to:

- | | | | | | |
|--------------------------------------|---|---|---|---|---|
| 42. Psychological treatment sessions | * | * | * | * | * |
|--------------------------------------|---|---|---|---|---|



43. Dietetic health sessions	*	*	*	*	*
44. GP review	*	*	*	*	*
45. Psychiatrist/paediatrician review of progress	*	*	*	*	*

The next questions are about Helpfulness of Treatment Through the Eating Disorder Plan

If the person you support has had more than one Eating Disorder Plan for separate courses of treatment, please think about the most recent time they received care, even if the treatment is still ongoing.

If the person you support has had more than one Eating Disorder Plan but as one continuing course of treatment, please do your best to consider the overall experience with the Eating Disorder Plan.

46. Overall, how helpful has treatment for an eating disorder via the Eating Disorder Plan been for the person you support?

1	2	3	4	5	0
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Unsure

Thinking about the impact of access to the Eating Disorder Plan **on the person you support**, overall, how helpful was the treatment received for:

	1	2	3	4	5	0
	Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	unsure
47. Increasing their motivation to change	*	*	*	*	*	*
48. Providing access to the right number of sessions for their level of need.	*	*	*	*	*	*
49. Providing access to a team of health professionals (e.g., mental health professional, dietitian, GP, psychiatrist, paediatrician)	*	*	*	*	*	*
50. Providing access to health professional(s) with a good understanding of eating disorders	*	*	*	*	*	*



51. Reducing their financial burden for treatment	*	*	*	*	*	*	Not applicable, they are not financially independent
52. Reducing their fear or doubts about treatment	*	*	*	*	*	*	
53. Good therapeutic alliance, that is the connection the person I support has with the therapist, counsellor, or dietitian	*	*	*	*	*	*	
54. Feeling engaged (the person I support was active in and committed to treatment)	*	*	*	*	*	*	
55. Providing room to manage setbacks	*	*	*	*	*	*	
56. Helping with recovery from their eating disorder	*	*	*	*	*	*	
57. Reducing other difficulties (work/education/social) associated with their eating disorder	*	*	*	*	*	*	
58. Reducing their use of other health services	*	*	*	*	*	*	
59. Increasing independence from other supports	*	*	*	*	*	*	
60. Receiving empathic, respectful care	*	*	*	*	*	*	
61. Receiving care with a collaborative approach (i.e., with multiple health professionals)	*	*	*	*	*	*	
62. Receiving care for eating disorder symptoms	*	*	*	*	*	*	
63. Receiving care for psychological needs	*	*	*	*	*	*	
64. Receiving care for physical needs	*	*	*	*	*	*	



65. Reviewing progress of their eating disorder treatment	*	*	*	*	*	*
66. Considering new or different approaches to the eating disorder treatment	*	*	*	*	*	*

Thinking about your experiences as a carer/support person for someone on the Eating Disorder Plan, overall, how helpful was treatment via the Plan for:

	1	2	3	4	5	0
	Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Unsure
67. Being included meaningfully in treatment (e.g., in sessions) with the person I support	*	*	*	*	*	Not applicable, I was not involved in treatment
68. Being meaningfully engaged in supporting my loved one's recovery						
69. Providing rapid response to getting treatment for the eating disorder	*	*	*	*	*	
70. Providing me with greater understanding of my loved one's eating disorder	*	*	*	*	*	
71. Providing appropriate communication between health professionals, myself, and the person I support	*	*	*	*	*	Not applicable, I was not involved in treatment
72. Providing me with skills to help the person I support	*	*	*	*	*	
73. Providing me with resources to help me support my loved one	*	*	*	*	*	
74. Helping improve my competence in supporting my loved one	*	*	*	*	*	
75. Reducing the financial burden on me as a carer/support	*	*	*	*	*	Not applicable; I do not provide financial support
76. Reducing my fear or doubts about treatment	*	*	*	*	*	



77. Reducing the impact of providing care/support on my work/education/social/relationships	*	*	*	*	*
78. Reducing my use of other health services	*	*	*	*	*
79. Reducing my reliance on other supports	*	*	*	*	*

80. Overall, for the person you support, how helpful were the **psychological treatment sessions** accessed through the Eating Disorder Plan?

1	2	3	4	5	0	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Unsure	Not applicable, they did not have psychological treatment sessions
						[If selected, skip next question]

81. You indicated that **psychological treatment sessions** were [pipe in text] for the person you support.
What were the key reasons you saw the sessions that way?

82. Overall, for the person you support, how helpful were **dietetic health sessions** accessed through the Eating Disorder Plan?

1	2	3	4	5	0	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Unsure	Not applicable, they did not have dietetic sessions
						[If selected, skip next question]

83. You indicated that **dietetic health sessions** were [pipe in text] for the person you support.
What were the key reasons you saw the sessions that way?



84. Overall, for the person you support, how helpful were **GP review session(s)** accessed through the Eating Disorder Plan?

- | | | | | | | |
|-----------------------|-----------------------------|----------------|---------------------------|---------------------|---------------|--|
| 1 | 2 | 3 | 4 | 5 | 0 | Not applicable, they did not have GP review sessions
[If selected, skip next question] |
| Very unhelpful | Moderately unhelpful | Neutral | Moderately helpful | Very helpful | Unsure | |

How helpful were **GP review sessions** for:

- | | | | | | |
|-----------------------|-----------------------------|----------------|---------------------------|---------------------|---------------|
| 1 | 2 | 3 | 4 | 5 | 0 |
| Very unhelpful | Moderately unhelpful | Neutral | Moderately helpful | Very helpful | Unsure |
85. Receiving empathic, respectful care
86. Receiving care from a health professional with knowledge, understanding, and experience of eating disorders
87. Receiving care with a collaborative approach (i.e., with multiple health professionals)
88. Coordination and organisation of eating disorder treatment
89. Receiving care for eating disorder symptoms
90. Receiving care for psychological needs
91. Receiving care for physical needs
92. Having the opportunity to consider new or different ways to help with my eating disorder

93. Overall, how helpful for the person you support were **psychiatrist or paediatrician review session(s)** accessed through the Eating Disorder Plan?

- | | | | | | | |
|-----------------------|-----------------------------|----------------|---------------------------|---------------------|---------------|--|
| 1 | 2 | 3 | 4 | 5 | 0 | Not applicable, they did not have psychiatrist/paediatrician review sessions
[If selected, skip next question] |
| Very unhelpful | Moderately unhelpful | Neutral | Moderately helpful | Very helpful | Unsure | |



How helpful were **psychiatrist or paediatrician review session(s)** for:

1	2	3	4	5	0
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Unsure

- 94. Receiving empathic, respectful care
- 95. Receiving care from a health professional with knowledge, understanding, and experience of eating disorders
- 96. Receiving care with a collaborative approach (i.e., with multiple health professionals)
- 97. Receiving care for eating disorder symptoms
- 98. Receiving care for psychological needs
- 99. Receiving care for physical needs
- 100. Receiving medication
- 101. Receiving a psychiatric diagnostic assessment
- 102. Reviewing progress in eating disorder treatment
- 103. Considering new or different approaches to eating disorder treatment

- 104. Please add any comments about how helpful or unhelpful the Eating Disorder Plan has been for the person you support?

The next questions are about The Processes Involved in Using the Eating Disorder Plan

Accessing treatment for an eating disorder via the Eating Disorder Plan requires several steps. For each step outlined below, please indicate how easy or difficult it was for the person you support to complete the step or access what was needed in that step.



If the person you support has had more than one Eating Disorder Plan for separate courses of treatment, please think about the most recent time they received care, even if the treatment is still ongoing. If the person you support has had more than one Eating Disorder Plan but consider this to be one continuing course of treatment, please do your best to consider the overall experience with the Eating Disorder Plan.

105. A doctor determined that they were eligible for the Eating Disorder Plan

1	2	3	4	5	0
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Unsure

106. A doctor wrote up and provided the Eating Disorder Plan

1	2	3	4	5	0
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Unsure

107. Psychological treatment sessions were accessed (from a clinical psychologist, psychologist, occupational therapist, social worker, GP or psychiatrist)

1	2	3	4	5	0	Not applicable – the person I support was not referred for psychological treatment sessions
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Unsure	

108. Dietetic health sessions were accessed (from a dietitian)

1	2	3	4	5	0	Not applicable – the person I support was not referred for dietetic health sessions
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Unsure	

109. After 10 psychological treatment sessions, have a review **with a GP** (or other doctor)

1	2	3	4	5	0	Not applicable – 10 sessions were not reached
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Unsure	

110. After 20 psychological treatment sessions, have a review **with a GP** (or other doctor)



1	2	3	4	5	0	
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Unsure	Not applicable – 20 sessions were not reached

111. After 20 psychological treatment sessions, have a review **with a Psychiatrist or Paediatrician**

1	2	3	4	5	0	
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Unsure	Not applicable – 20 sessions were not reached

112. After 30 psychological treatment sessions, have a review **with a GP** (or other doctor)

1	2	3	4	5	0	
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Unsure	Not applicable – 30 sessions were not reached

113. After the plan expired, a doctor (GP or psychiatrist or paediatrician) renewed the Eating Disorder Plan

1	2	3	4	5	0	
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Unsure	Not applicable – the plan did not expire/the person I support did not need another plan

The next questions are about The Eating Disorder Plan in General

As described earlier, treatment through the Eating Disorder Plan is available for all people with anorexia nervosa and some people with other eating disorders, if they also meet a set of additional eligibility criteria. We are interested in what you think about who can and who cannot access the Plan. *Please answer as best you can based on your own experience and knowledge.*

Access to the Eating Disorder Plan is available to all people with anorexia nervosa. In your opinion/experience, please rate how well this eligibility criterion captures the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions.

1	2	3	0
This criterion is too restrictive and prevents access to	This criterion provides	This criterion is too open and allows more people to	Unsure



	The Plan for some people who need it	appropriate access matched to need	access The Plan than need it	
114. Criterion. Diagnosis of anorexia nervosa	*	*	*	*

For people with bulimia nervosa, binge eating disorder, or “other specified feeding or eating disorder” to access the Eating Disorder Plan they must meet additional criteria. These are listed below.

In your opinion/experience, please rate how well each criteria capture the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions for people with these eating disorders?

	1 This criterion is too restrictive and prevents access to The Plan for some people who need it	2 This criterion provides appropriate access matched to need	3 This criterion is too open and allows more people to access The Plan than need it	0 Unsure
115. Criteria A. A high score on the Eating Disorder Examination-Questionnaire (standard pencil-and-paper questionnaire about eating disorder symptoms)	*	*	*	*
116. Criteria B. Rapid weight loss or frequent (at least 3 times per week) binge eating or inappropriate compensatory behaviours	*	*	*	*
117. Criteria C. Clinically underweight with body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorder	*	*	*	*
118. Criteria D. Current or high risk of medical complications due to eating disorder behaviours and symptoms	*	*	*	*
119. Criteria E. Presence of other serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function	*	*	*	*
120. Criteria F. The person has been admitted to a hospital for an eating disorder in the previous 12 months	*	*	*	*



121. Criteria G. Inadequate treatment response to evidence-based eating disorder treatment over the past six months despite active and consistent participation	*	*	*	*
122. The need to meet both A and B above and at least 2 of the criteria presented in C to G to be eligible for the Eating Disorder Plan	*	*	*	*
123. Do you have other comments on the eligibility criteria?				

Health services provided through the Eating Disorder Plan (determining eligibility and preparing the plan, treatment, and review) are intended to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders.

How important for is it for health professionals providing the following services through the Eating Disorder Plan to have appropriate knowledge, skills, and experience in providing eating disorder treatment?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
124. Preparing the Plan - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*
125. Providing psychological treatment sessions – Mental Health Professionals	*	*	*	*	*
126. Providing dietetic health sessions – Dietitians	*	*	*	*	*
127. Providing review sessions - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*

Treatment provided through the Eating Disorder Plan is intended to be limited to evidence-based eating disorder specific treatments. “Evidence-based” treatments are treatments that have been tested in research studies with people who have eating disorders and shown to be more effective at reducing eating disorder symptoms than no treatment or other available treatments.



We are interested in your thoughts about the general principle of using evidence-based treatments with the Eating Disorder Plan. You do not have to be familiar with the types of treatments that are or are not evidence-based to answer the following questions.

How important are each of the following in providing eating disorder services through The Eating Disorder Plan?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
128. Psychological treatment services are evidence-based?	*	*	*	*	*
129. Dietetic health services are evidence-informed?	*	*	*	*	*
130. Mental Health Professionals are trained in evidence-based specific eating disorder treatments	*	*	*	*	*
131. Dietitians are trained in evidence-informed dietetic practice for eating disorders	*	*	*	*	*
132. GPs, Psychiatrists, and Paediatricians who conduct reviews are trained in eating disorders-specific practice	*	*	*	*	*

133. Please feel free to comment about the Eating Disorder Plan requirements for health professionals' knowledge, skills, and experience in providing treatment to patients with eating disorders or training in evidence-based or evidence-informed eating disorder practice:

End of survey for users of Eating Disorder Plan Only

Display Use of Support section, then this end of survey message.

[Skip for participants who received treatment via Better Access prior to the Eating Disorder Plan]
Thank you for completing the survey.

134. If you have any further comments about eating disorder treatment through the Eating Disorder Plan, please share them here.



Better Access Prior to Eating Disorder Plan Section

You indicated earlier that the person you support received treatment for an eating disorder with a Mental Health Care Plan via Better Access (up to 10 sessions per year with a mental health professional, available to eligible patients with any mental health issue) before having treatment via the Eating Disorder Plan.

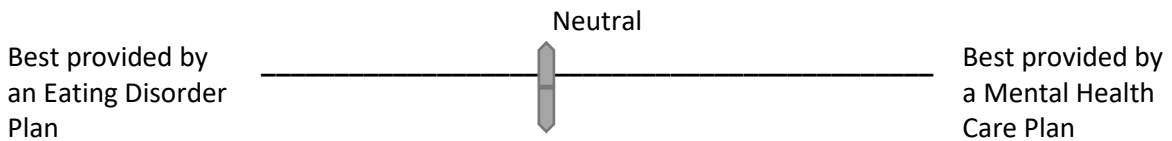
We would like to ask you a few questions about. Note that the Eating Disorder Plan was first available in November 2019.

135. What was the reason the person you support first accessed treatment with a Mental Health Care Plan? Select all that apply.

- * The Eating Disorder Plan was not available when they first needed eating disorder treatment
- * They/we did not know the Eating Disorder Plan was available
- * The health professional they saw at the time did not know the Eating Disorder Plan was available
- * The health professional they saw at the time did not know to use the Eating Disorder Plan
- * They were not eligible for the Eating Disorder Plan at the time
- * Unsure

Based on your observations and involvement, please provide your views on the quality of care received via the Eating Disorder Plan compared with care received via the Mental Health Care Plan. By sliding the bar, please indicate whether various aspects of treatment are best provided through an Eating Disorder Plan or best provided through a Mental Health Care Plan.

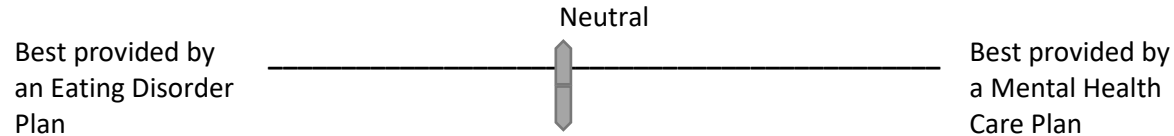
136. The health professionals that the person I support saw **specifically for eating disorder treatment** were knowledgeable about eating disorders [slider response]





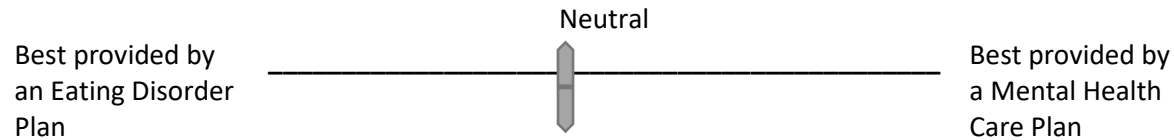
137. [Display if “neutral” selected for question 123] You selected neutral to the previous question. Is this because the health professionals seen via the Eating Disorder Plan and via the Mental Health Care Plan were **not** knowledgeable about eating disorders.
- * Yes
- * No

138. The number of sessions available gave the person I support time to work through their concerns [slider response]



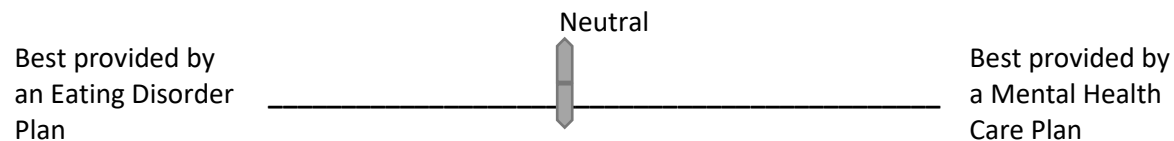
139. [Display if “neutral” selected for question 125] You selected neutral to the previous question. Is this because neither plan provided an adequate number of sessions to work through their concerns?
- * Yes
- * No

140. Care from several different health professionals was accessed (multidisciplinary care) [slider response]



141. [Display if “neutral” selected for question 127] You selected neutral to the previous question. Is this because neither plan provided access to care from several different health professionals?
- * Yes
- * No

142. Overall, the eating disorder treatment needs were met for the person I support [slider response]

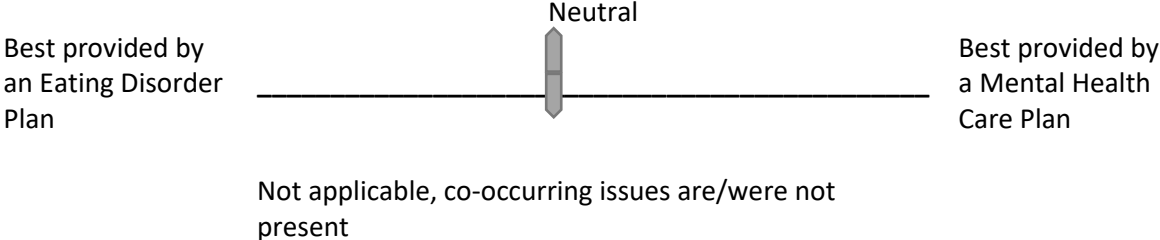


143. [Display if “neutral” selected for question 129] You selected neutral to the previous question. Is this because eating
- * Yes



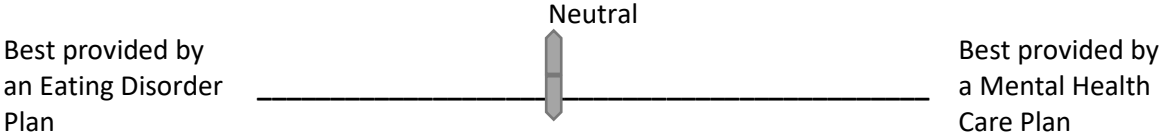
disorder treatment needs for the person you support were not met by either plan? * No

144. In addition to the eating disorder, the treatment needs for other co-occurring issues (e.g., symptoms of depression, anxiety, etc) were met for the person I support [slider response]



145. [Display if "neutral" selected for question 131] You selected neutral to the previous question. Is this because treatment needs for other co-occurring issues were not met by either plan? * Yes * No

146. The needs of the person I support for improving other aspect of their life, like daily functioning, social functioning, work/school functioning etc, were met [slider response]



147. [Display if "neutral" selected for question 1310] You selected neutral to the previous question. Is this because the needs of the person you support for improving other aspects of their life were not met by either plan? * Yes * No

End of Survey for users of Mental Health Care Plan prior to Eating Disorders Plan

[Display only for participants who received treatment via a Mental Health Care Plan (Better Access) prior to the Eating Disorder Plan]
Thank you for completing the survey.

148. If you have any further comments about eating disorder treatment through the Eating Disorder Plan or a Mental Health Care Plan, please share them here.



Other Treatment or No Treatment Section

[Display if “No” selected in Question 17]

- | | | | |
|---|---|---|---|
| 18. Has the person you support received treatment from a health professional for an eating disorder or eating disorder symptoms now or in the past but not through the Eating Disorder Plan? Select all that apply. | * | Yes, with the Mental Health Care Plan (Better Access) | If selected, go to Other Treatment Section |
| | * | Yes, using public health services | If selected, go to Other Treatment Section |
| | * | Yes, using private health cover | If selected, go to Other Treatment Section |
| | * | Yes, using other means | If selected, go to Other Treatment Section |
| | * | No | If selected, go to No Treatment Section |
| | * | Trying to do so now for the first time | If selected, go to Trying to Seek Treatment from non-Eating Disorder Plan section |
| | * | Unsure | If selected, to go Unsure about Treatment Section |

Other Treatment Section

[Display if “Yes” selected in Question 18; Other Treatment or No Treatment Section]

- | | | |
|---|---|---|
| 19. What are the reasons the person you support accessed eating disorder treatment through means other than the Eating Disorder Plan? (tick all that apply) | * | The Eating Disorder Plan was not available when they first needed eating disorder treatment |
| | * | They/we did not know the Eating Disorder Plan was available |
| | * | The health professional they saw at the time did not know the Eating Disorder Plan was available |
| | * | The health professional they saw at the time did not know to use the Eating Disorder Plan |
| | * | They were not eligible for the Eating Disorder Plan |
| | * | They/we wanted to use a different type of treatment that is not available through the Eating Disorder Plan |
| | * | They/we wanted to get treatment from a health professional that is not available through the Eating Disorder Plan |



- * It seemed too difficult to organise treatment through the Eating Disorder Plan
- * The eating concerns did not seem to be serious enough to require eating disorder specific treatment through The Plan
- * Other reason/s (please specify):

The next questions are about the Availability of Treatment for Eating Disorders

20. How long did the person you support have an eating disorder before first trying to get treatment for their eating disorder?
The first attempt to get treatment may have been instigated by the person you support or by you as their carer.
- * 1 month or less
 - * 2 months
 - * 3 months
 - * 4 months
 - * 5 months
 - * 6 months
 - * 7 months
 - * 8 months
 - * 9 months
 - * 10 months
 - * 11 months
 - * 1 year
 - * 2 years
 - * 3 years
 - * 4 years
 - * 5 years
 - * 6-10 years
 - * More than 10 years

21. When the person you support first sought help from a GP or other health professional, how much did the GP or health professional know about the availability of treatment for eating disorders?

1	2	3	4	5
Very uninformed	Somewhat uninformed	Neutral	Somewhat informed	Very well informed

Feel free to comment on your response:

22. After the person you support first sought help, did they receive treatment
- * Yes [skip next question]
 - * No, they received fewer treatment sessions than planned

sessions (psychological and/or dietetic) * No, they did not receive treatment at as planned? all

Below are some reasons treatment may not proceed as planned. Please indicate whether each reason listed below played a role in treatment not being received as planned for the person you support.

	Yes, this contributed to treatment not being received as planned	No, this did not contribute to treatment not being received as planned	Unsure if this contributed
23. The treatment (gap) fee was unaffordable/too expensive	*	*	*
24. There was not time to attend sessions/fit the sessions around other commitments	*	*	*
25. Travel to where the sessions were located was difficult	*	*	*
26. I could not access telehealth sessions due to poor internet or not having access to a device	*	*	*
27. The recommended treatment did not seem needed	*	*	*
28. A review could not be obtained at the right time to access further sessions. <i>Note, a mid-treatment review by a psychiatrist or paediatrician is required to access more than 20 psychological treatment sessions</i>	*	*	*
29. Access to further treatment was not recommended at the mid-treatment review	*	*	*
30. The sessions were unhelpful	*	*	*
31. They/we did not like the health professional's manner or approach	*	*	*
32. They had to wait too long for sessions and felt discouraged about treatment	*	*	*
33. Treatment or support was accessed in another way	*	*	*



- 34. After the person you support initially sought help for an eating disorder, how long did they have to wait to receive treatment sessions?
 - * A suitable amount of time
 - * Much too long
 - * Not applicable, they were not referred for additional treatment or support

- 35. What are your thoughts about the cost of treatment for eating disorders for the person you support?
 - * They/we didn't pay anything; Medicare covered all the costs
 - * They/we paid a fee that was affordable
 - * They/we paid a fee that was too expensive
 - * The fee was too expensive and they could not get as much treatment as they wanted or needed

Please give your response for this question, regardless of whether the person you support received any of the following services.

In the treatment of an eating disorder treatment, how important is it to have access to:

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
36. Psychological treatment sessions	*	*	*	*	*
37. Dietetic treatment sessions	*	*	*	*	*
38. GP review and / or support	*	*	*	*	*
39. Psychiatrist/paediatrician review and / or support	*	*	*	*	*

The next questions are about Helpfulness of Treatment

If the person you support has had more than one episode of care/course of treatment, please think about the most recent time they received care, even if the treatment is still ongoing.

40. Overall, how helpful has treatment for an eating disorder been for the person you support?

1	2	3	4	5
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful



Overall, how helpful was the eating disorder treatment received by the person you support for:

	1	2	3	4	5	
	Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	
41. Increasing their motivation to change	*	*	*	*	*	
42. Providing access to the right number of sessions for their level of need	*	*	*	*	*	
43. Providing access to a team of health professionals (e.g., mental health professional, dietitian, GP, psychiatrist, paediatrician)	*	*	*	*	*	
44. Providing treatment where the health professional had a good understanding of eating disorders	*	*	*	*	*	
45. Reducing their financial burden for treatment	*	*	*	*	*	Not applicable, they are not financially independent
46. Reducing their fear or doubts about treatment	*	*	*	*	*	
47. Good therapeutic alliance, that is, the connection the person I support has with the therapist, counsellor, or dietitian	*	*	*	*	*	
48. Feeling engaged (the person I support was active in and committed to treatment)	*	*	*	*	*	
49. Providing room to manage setbacks	*	*	*	*	*	
50. Helping with recovery from their eating disorder	*	*	*	*	*	
51. Reducing other difficulties (work / education / social) associated with their eating disorder	*	*	*	*	*	
52. Reducing their use of other health services	*	*	*	*	*	
53. Reducing their reliance on family or other supports	*	*	*	*	*	
54. Receiving empathic, respectful care	*	*	*	*	*	
55. Receiving care with a collaborative approach (i.e., with multiple health professionals)	*	*	*	*	*	
56. Receiving care for eating disorder symptoms	*	*	*	*	*	



57. Receiving care for psychological needs	*	*	*	*	*
58. Receiving care for physical needs	*	*	*	*	*
59. Reviewing progress of their eating disorder treatment	*	*	*	*	*
60. Considering new or different approaches to the eating disorder treatment	*	*	*	*	*

Thinking about your experiences as a carer/support with the eating disorder treatment, overall, how helpful was treatment for:

	1 Very unhelpful	2 Moderately unhelpful	3 Neutral	4 Moderately helpful	5 Very helpful	
61. Being included meaningfully in treatment with the person I support	*	*	*	*	*	
62. Providing rapid response to getting treatment for the eating disorder	*	*	*	*	*	
63. Providing me with greater understanding of my loved one's eating disorder	*	*	*	*	*	
64. Providing appropriate communication between health professionals, myself, and the person I support	*	*	*	*	*	
65. Providing me with skills to help the person I support	*	*	*	*	*	
66. Providing me with resources to help me support my loved one	*	*	*	*	*	
67. Helping improve my competence in supporting my loved one	*	*	*	*	*	
68. Reducing the financial burden on me as a carer/support	*	*	*	*	*	Not applicable; I do not provide financial support
69. Reducing my fear or doubts about treatment	*	*	*	*	*	
70. Reducing the impact of providing care/support on my work/education/social/relationships	*	*	*	*	*	
71. Reducing my use of other health services	*	*	*	*	*	
72. Reducing my reliance on other supports	*	*	*	*	*	



73. Overall, for the person you support, how helpful was their treatment with a mental health professional?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, they did not have treatment with a mental health professional

74. Overall, how helpful for the person you support was their treatment with a dietitian?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, they did not have support from a dietitian

75. Overall, how helpful for the person you support were review/support sessions with a **GP**?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, they did not have GP support or review sessions

76. Overall, how helpful for the person you support were review/support sessions with a **psychiatrist or paediatrician**?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, they did not have psychiatrist/paediatrician review or support sessions

77. Please add any comments about how helpful or unhelpful treatment for an eating disorder has been for the person you support?



The next questions are about The Processes Involved in Getting Eating Disorder Treatment

Accessing treatment for an eating disorder can involve several steps. For each step below, please indicate how easy or difficult it was for the person you support to complete the step or access what was needed in that step.

If the person had more than one episode of care/course of treatment, please think about the most recent time, even if the treatment is still ongoing.

78. A health professional determined if they had an eating disorder, and if they were in need of treatment

1	2	3	4	5
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access

79. A health professional provided referral to treatment

1	2	3	4	5
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access

80. Psychological treatment sessions were received (from a mental health professional)

1	2	3	4	5	
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Not applicable – I was not referred for psychological treatment sessions

81. Dietetic support sessions were received (from a dietitian)

1	2	3	4	5	
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Not applicable – I was not referred for dietetic support sessions



82. Review and support was provided by a GP, psychiatrist, or paediatrician

1	2	3	4	5	
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Not applicable – receiving review or support from a GP, psychiatrist, or paediatrician was not part of my treatment plan

The next questions are about The Eating Disorder Plan

Although the person you support has not received treatment via the Eating Disorder Plan, you may have some thoughts about the way the program works.

As described above, treatment through the Eating Disorder Plan provides up to 40 psychological treatment sessions and up to 20 dietetic health sessions and is available for all people with anorexia nervosa and some people with other eating disorders, if they also meet a set of additional eligibility criteria. We are interested in what you think about who can and who cannot access the Plan. *Please answer as best you can based on your own experiences and knowledge.*

Access to the Eating Disorder Plan is available to all people with anorexia nervosa.

In your opinion/experience, please rate how well this eligibility criterion captures the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions.

1	2	3	0
This criterion is too restrictive and prevents access to The Plan for some people who need it	This criterion provides appropriate access matched to need	This criterion is too open and allows more people to access The Plan than need it	Unsure

83. **Criterion.** Diagnosis of anorexia nervosa

*	*	*	*
---	---	---	---

For people with bulimia nervosa, binge eating disorder, or “other specified feeding or eating disorder” to access the Eating Disorder Plan they must meet additional criteria. These are listed below.

In your opinion/experience, please rate how well each criteria capture the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions for people with these eating disorders?

1	2	3	0
This criterion is too restrictive and prevents access to	This criterion provides appropriate access matched to need	This criterion is too open and allows more people to access	Unsure



	The Plan for some people who need it		The Plan than need it	
84. Criteria A. A high score on the Eating Disorder Examination-Questionnaire (standard pencil-and-paper questionnaire about eating disorder symptoms)	*	*	*	*
85. Criteria B. Rapid weight loss or frequent (at least 3 times per week) binge eating or inappropriate compensatory behaviours	*	*	*	*
86. Criteria C. Clinically underweight with body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorder	*	*	*	*
87. Criteria D. Current or high risk of medical complications due to eating disorder behaviours and symptoms	*	*	*	*
88. Criteria E. Presence of other serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function	*	*	*	*
89. Criteria F. The person has been admitted to a hospital for an eating disorder in the previous 12 months	*	*	*	*
90. Criteria G. Inadequate treatment response to evidence-based eating disorder treatment over the past six months despite active and consistent participation	*	*	*	*
91. The need to meet both A and B above and at least 2 of the criteria presented in C to G to be eligible for the Eating Disorder Plan	*	*	*	*
92. Do you have other comments on the eligibility criteria?				



Health services provided through the Eating Disorder Plan (determining eligibility and preparing the plan, treatment, and review) are intended to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders

How important for is it for health professionals providing the following services through the Eating Disorder Plan to have appropriate knowledge, skills, and experience in providing eating disorder treatment?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
93. Preparing the Plan – General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*
94. Providing psychological treatment sessions – Mental Health Professionals	*	*	*	*	*
95. Providing dietetic health sessions – Dietitians	*	*	*	*	*
96. Providing review sessions – General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*

Treatment provided through the Eating Disorder Plan is intended to be limited to evidence-based eating disorder specific treatments. “Evidence-based” treatments are treatments that have been tested in research studies with people who have eating disorders and shown to be more effective at reducing eating disorder symptoms than no treatment or other available treatments. We are interested in your thoughts about the general principle of using evidence-based treatments with the Eating Disorder Plan. You do not have to be familiar with the types of treatments that are or are not evidence-based to answer the following questions.

How important are each of the following in providing eating disorder services through The Eating Disorder Plan?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
97. Psychological treatment services are evidence-based?	*	*	*	*	*
98. Dietetic health services are evidence-informed?	*	*	*	*	*
99. Mental Health Professionals are trained in evidence-based specific eating disorder treatments	*	*	*	*	*



- 100. Dietitians are trained in evidence-informed dietetic practice for eating disorders * * * * *
- 101. GPs, Psychiatrists, and Paediatricians who conduct reviews are trained in eating disorders-specific practice * * * * *

102. Please feel free to comment about the Eating Disorder Plan requirements for health professionals’ knowledge, skills, and experience in providing treatment to patients with eating disorders or training in evidence-based or evidence-informed eating disorder practice:

End of survey for Other Treatment Pathways Only

[Display only for participants who received treatment via means other than the Eating Disorder Plan]
Thank you for completing the survey.

103. If you have any further comments about eating disorder treatment, please share them here.

Trying to Seek Treatment via the Eating Disorder Plan Section

[Display if “Trying to do so now for the first time” selected in Question 17; Carer Survey Section]

- 18. How long did the person you support have an eating disorder or eating disorder symptoms before they first tried to get treatment through the Eating Disorder Plan?
 - * 1 month or less
 - * 2 months
 - * 3 months
 - * 4 months
 - * 5 months
 - * 6 months
 - * 7 months
 - * 8 months
 - * 9 months
 - * 10 months
 - * 11 months
 - * 1 year
 - * 2 years
 - * 3 years
 - * 4 years
 - * 5 years
 - * 6-10 years



* More than 10 years

19. What are the reasons the person you support has not yet been able to start eating disorder treatment through The Plan? (tick all that apply)

- * They/we only recently became aware of having an eating disorder
- * The availability of treatment for this type of problem was unknown
- * They/we did not know where to go to get treatment
- * An appointment with a doctor could not be made
- * A doctor who was knowledgeable about eating disorders could not be found
- * A doctor could not be found to prepare an Eating Disorder Treatment and Management Plan
- * The doctor could not find a mental health professional or dietitian for referral for sessions
- * The treatment (gap) fee was unaffordable/too expensive
- * Waiting lists for access to treatment are too long
- * The eating concerns did not seem to be serious enough to require eating disorder specific treatment through The Plan
- * Not ready to seek treatment
- * Fear of stigma or discrimination from seeking treatment
- * Previous negative experience(s) in the health care system
- * They/we preferred to manage eating concerns on their/our own
- * Using social supports was preferred
- * Other reason/s (please specify):

The next questions are about The Eating Disorders Plan

Although the person you support has not yet received treatment via the Eating Disorder Plan, you may have some thoughts about the way the program works.

As described above, treatment through the Eating Disorder Plan is available for all people with anorexia nervosa and some people with other eating disorders, if they also meet a set of additional eligibility criteria. We are interested in what you think about who can and who cannot access the Plan. *Please answer as best you can based on your own experiences and knowledge.*

Access to the Eating Disorder Plan is available to all people with anorexia nervosa. In your opinion/experience, please rate how well this eligibility criterion captures the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions.

	1 This criterion is too restrictive and prevents access to The Plan for some people who need it	2 This criterion provides appropriate access matched to need	3 This criterion is too open and allows more people to access The Plan than need it	0 Unsure
20. Criterion. Diagnosis of anorexia nervosa	*	*	*	*

For people with bulimia nervosa, binge eating disorder, or “other specified feeding or eating disorder” to access the Eating Disorder Plan they must meet additional criteria. These are listed below.

In your opinion/experience, please rate how well each criteria capture the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions for people with these eating disorders?

	1 This criterion is too restrictive and prevents access to The Plan for some people who need it	2 This criterion provides appropriate access matched to need	3 This criterion is too open and allows more people to access The Plan than need it	0 Unsure
21. Criteria A. A high score on the Eating Disorder Examination-Questionnaire (standard pencil-and-paper questionnaire about eating disorder symptoms)	*	*	*	*
22. Criteria B. Rapid weight loss or frequent (at least 3 times per week) binge eating or inappropriate compensatory behaviours	*	*	*	*
23. Criteria C. Clinically underweight with body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorder	*	*	*	*
24. Criteria D. Current or high risk of medical complications due to	*	*	*	*



eating disorder behaviours and symptoms

25. Criteria E. Presence of other serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function	*	*	*	*
26. Criteria F. The person has been admitted to a hospital for an eating disorder in the previous 12 months	*	*	*	*
27. Criteria G. Inadequate treatment response to evidence-based eating disorder treatment over the past six months despite active and consistent participation	*	*	*	*
28. The need to meet both A and B above and at least 2 of the criteria presented in C to G to be eligible for the Eating Disorder Plan	*	*	*	*

29. Do you have other comments on the eligibility criteria?

Health services provided through the Eating Disorder Plan (determining eligibility and preparing the plan, treatment, and review) are intended to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders

How important for is it for health professionals providing the following services through the Eating Disorder Plan to have appropriate knowledge, skills, and experience in providing eating disorder treatment?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
30. Preparing the Plan - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*



31. Providing psychological treatment sessions – Mental Health Professionals	*	*	*	*	*
32. Providing dietetic health sessions – Dietitians	*	*	*	*	*
33. Providing review sessions - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*

Treatment provided through the Eating Disorder Plan is intended to be limited to evidence-based eating disorder specific treatments. “Evidence-based” treatments are treatments that have been tested in research studies with people who have eating disorders and shown to be more effective at reducing eating disorder symptoms than no treatment or other available treatments. We are interested in your thoughts about the general principle of using evidence-based treatments with the Eating Disorder Plan. You do not have to be familiar with the types of treatments that are or are not evidence-based to answer the following questions.

How important are each of the following in providing eating disorder services through The Eating Disorder Plan?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
34. Psychological treatment services are evidence-based?	*	*	*	*	*
35. Dietetic health services are evidence-informed?	*	*	*	*	*
36. Mental Health Professionals are trained in evidence-based specific eating disorder treatments	*	*	*	*	*
37. Dietitians are trained in evidence-informed dietetic practice for eating disorders	*	*	*	*	*
38. GPs, Psychiatrists, and Paediatricians who conduct reviews are trained in eating disorder-specific practice	*	*	*	*	*

39. Please feel free to comment about requirements for health professionals’ knowledge, skills, and experience in providing treatment to patients with eating disorders or training in evidence-based or evidence-informed eating disorder practice:



End of survey for people who support someone trying to Access Treatment via the Eating Disorder Plan

[Display only for participants who are trying to receive treatment via the Eating Disorder Plan]
Thank you for completing the survey.

40. If you have any further comments about eating disorder treatment, please share them here.

Trying to Seek Treatment through non-Eating Disorder Plan Means Section

[Display if “Trying to do so now for the first time” selected in Question 13; Other Treatment or No Treatment Section]

- 19. How long did the person you support have an eating disorder or eating disorder symptoms before they first tried to get treatment?
 - * 1 month or less
 - * 2 months
 - * 3 months
 - * 4 months
 - * 5 months
 - * 6 months
 - * 7 months
 - * 8 months
 - * 9 months
 - * 10 months
 - * 11 months
 - * 1 year
 - * 2 years
 - * 3 years
 - * 4 years
 - * 5 years
 - * 6-10 years
 - * More than 10 years

- 20. What are the reasons the person you support has not yet been able to get eating disorder treatment? (tick all that apply)
 - * They/we only recently became aware of having an eating disorder
 - * The availability of treatment for this type of problem was unknown
 - * They/we did not know where to go to get treatment



- * An appointment with a doctor could not be made
- * A doctor who was knowledgeable about eating disorders could not be found
- * A doctor could not be found to prepare an Eating Disorder Treatment and Management Plan
- * The doctor could not find a mental health professional or dietitian for referral for sessions
- * The treatment (gap) fee was unaffordable/too expensive
- * Waiting lists for access to treatment are too long
- * The eating concerns did not seem to be serious enough to require eating disorder specific treatment through The Plan
- * Not ready to seek treatment
- * Fear of stigma or discrimination from seeking treatment
- * Previous negative experience(s) in the health care system
- * They/we preferred to manage eating concerns on their/our own
- * Other reason/s (please specify):

The next questions are about The Eating Disorder Plan

Although the person you support has not had eating disorder treatment you may be aware that treatment is available through the Medicare Eating Disorder Plan and you may have some thoughts about the way it works.

As described above, treatment through the Eating Disorder Plan is available for all people with anorexia nervosa and some people with other eating disorders, if they also meet a set of additional eligibility criteria. We are interested in what you think about who can and who cannot access the Plan. *Please answer as best you can based on your own experiences and knowledge.*

Access to the Eating Disorder Plan is available to all people with anorexia nervosa.

In your opinion/experience, please rate how well this eligibility criterion captures the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions.

1

2

3

0



	This criterion is too restrictive and prevents access to The Plan for some people who need it	This criterion provides appropriate access matched to need	This criterion is too open and allows more people to access The Plan than need it	Unsure
21. Criterion. Diagnosis of anorexia nervosa	*	*	*	*

For people with bulimia nervosa, binge eating disorder, or “other specified feeding or eating disorder” to access the Eating Disorder Plan they must meet additional criteria. These are listed below.

In your opinion/experience, please rate how well each criteria capture the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions for people with these eating disorders?

	1 This criterion is too restrictive and prevents access to The Plan for some people who need it	2 This criterion provides appropriate access matched to need	3 This criterion is too open and allows more people to access The Plan than need it	0 Unsure
22. Criteria A. A high score on the Eating Disorder Examination-Questionnaire (standard pencil-and-paper questionnaire about eating disorder symptoms)	*	*	*	*
23. Criteria B. Rapid weight loss or frequent (at least 3 times per week) binge eating or inappropriate compensatory behaviours	*	*	*	*
24. Criteria C. Clinically underweight with body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorder	*	*	*	*
25. Criteria D. Current or high risk of medical complications due to eating disorder behaviours and symptoms	*	*	*	*
26. Criteria E. Presence of other serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function	*	*	*	*
27. Criteria F. The person has been admitted to a hospital for an	*	*	*	*



eating disorder in the previous 12 months

28. **Criteria G.** Inadequate treatment response to evidence-based eating disorder treatment over the past six months despite active and consistent participation

	*		*		*		*
--	---	--	---	--	---	--	---

29. The need to meet **both A and B** above and **at least 2 of the criteria presented in C to G** to be eligible for the Eating Disorder Plan

	*		*		*		*
--	---	--	---	--	---	--	---

30. Do you have other comments on the eligibility criteria?

Health services provided through the Eating Disorder Plan (determining eligibility and preparing the plan, treatment, and review) are intended to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders.

How important for is it for health professionals providing the following services through the Eating Disorder Plan to have appropriate knowledge, skills, and experience in providing eating disorder treatment?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
31. Preparing the Plan - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*
32. Providing psychological treatment sessions – Mental Health Professionals	*	*	*	*	*
33. Providing dietetic health sessions - Dietitians	*	*	*	*	*
34. Providing review sessions - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*



Treatment provided through the Eating Disorder Plan is intended to be limited to evidence-based eating disorder specific treatments. “Evidence-based” treatments are treatments that have been tested in research studies with people who have eating disorders and shown to be more effective at reducing eating disorder symptoms than no treatment or other available treatments.

We are interested in your thoughts about the general principle of using evidence-based treatments with the Eating Disorder Plan. You do not have to be familiar with the types of treatments that are or are not evidence-based to answer the following questions.

How important are each of the following in providing eating disorder services through the Eating Disorder Plan?

	1 Not at all important	2 Marginally important	3 Somewhat important	4 Moderately important	5 Very important
35. Psychological treatment services are evidence-based?	*	*	*	*	*
36. Dietetic health services are evidence-informed?	*	*	*	*	*
37. Mental Health Professionals are trained in evidence-based specific eating disorder treatments	*	*	*	*	*
38. Dietitians are trained in evidence-informed dietetic practice for eating disorders	*	*	*	*	*
39. GPs, Psychiatrists, and Paediatricians who conduct reviews are trained in eating disorders-specific practice	*	*	*	*	*

40. Please feel free to comment about requirements for health professionals’ knowledge, skills, and experience in providing treatment to patients with eating disorders or training in evidence-based or evidence-informed eating disorder practice:

End of survey for those Trying to Access Treatment through the Eating Disorders Plan

[Display only for participants who are trying to receive treatment via the Eating Disorder Plan]
Thank you for completing the survey.

41. If you have any further comments about eating disorder treatment, please share them here.



No Treatment Section

This will be a separate survey with specific recruitment of a small sample of carers of people who have not received treatment.

[Display if “No” selected in Question 13; Other Treatment or No Treatment Section]

- 19. How long has the person you support had an eating disorder or eating disorder symptoms?
 - * 1 month or less
 - * 2 months
 - * 3 months
 - * 4 months
 - * 5 months
 - * 6 months
 - * 7 months
 - * 8 months
 - * 9 months
 - * 10 months
 - * 11 months
 - * 1 year
 - * 2 years
 - * 3 years
 - * 4 years
 - * 5 years
 - * 6-10 years
 - * More than 10 years

- 20. What are the reasons they have not had eating disorder treatment? (tick all that apply)
 - * They/we only recently became aware of having an eating disorder
 - * The availability of treatment for this type of problem was unknown
 - * They/we did not know where to go to get treatment
 - * An appointment with a doctor could not be made
 - * A doctor who was knowledgeable about eating disorders could not be found
 - * A doctor could not be found to prepare an Eating Disorder Treatment and Management Plan
 - * The doctor could not find a mental health professional or dietitian for referral for sessions
 - * The treatment (gap) fee was unaffordable/too expensive
 - * Waiting lists for access to treatment are too long



- * The eating concerns did not seem to be serious enough to require eating disorder specific treatment through The Plan
- * Not ready to seek treatment
- * Fear of stigma or discrimination from seeking treatment
- * Other reason/s (please specify):

The next questions are about The Eating Disorder Plan

Although the person you support has not received eating disorder treatment you may be aware that treatment is available through the Medicare Eating Disorder Plan and you may have some thoughts about the way it works.

As described above, treatment through the Eating Disorder Plan is available for all people with anorexia nervosa and some people with other eating disorders, if they also meet a set of additional eligibility criteria. We are interested in what you think about who can and who cannot access the Plan. *Please answer as best you can based on your own experiences and knowledge.*

Access to the Eating Disorder Plan is available to all people with anorexia nervosa. In your opinion/experience, please rate how well this eligibility criterion captures the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions.

	1 This criterion is too restrictive and prevents access to The Plan for some people who need it	2 This criterion provides appropriate access matched to need	3 This criterion is too open and allows more people to access The Plan than need it	0 Unsure****
21. Criterion. Diagnosis of anorexia nervosa	*	*	*	*

For people with bulimia nervosa, binge eating disorder, or “other specified feeding or eating disorder” to access the Eating Disorder Plan they must meet additional criteria. These are listed below.

In your opinion/experience, please rate how well each criteria capture the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions for people with these eating disorders?

1 2 3 0



	This criterion is too restrictive and prevents access to The Plan for some people who need it	This criterion provides appropriate access matched to need	This criterion is too open and allows more people to access The Plan than need it	Unsure***
22. Criteria A. A high score on the Eating Disorder Examination-Questionnaire (standard pencil-and-paper questionnaire about eating disorder symptoms)	*	*	*	*
23. Criteria B. Rapid weight loss or frequent (at least 3 times per week) binge eating or inappropriate compensatory behaviours	*	*	*	*
24. Criteria C. Clinically underweight with body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorder	*	*	*	*
25. Criteria D. Current or high risk of medical complications due to eating disorder behaviours and symptoms	*	*	*	*
26. Criteria E. Presence of other serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function	*	*	*	*
27. Criteria F. The person has been admitted to a hospital for an eating disorder in the previous 12 months	*	*	*	*
28. Criteria G. Inadequate treatment response to evidence-based eating disorder treatment over the past six months despite active and consistent participation	*	*	*	*
29. The need to meet both A and B above and at least 2 of the criteria presented in C to G to be eligible for the Eating Disorder Plan	*	*	*	*

30. Do you have other comments on the eligibility criteria?

Health services provided through the Eating Disorder Plan (determining eligibility and preparing the plan, treatment, and review) are intended to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders.

How important for is it for health professionals providing the following services through the Eating Disorder Plan to have appropriate knowledge, skills, and experience in providing eating disorder treatment?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
31.Preparing the Plan - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*
32.Providing psychological treatment sessions – Mental Health Professionals	*	*	*	*	*
33.Providing dietetic health sessions - Dietitians	*	*	*	*	*
34.Providing review sessions - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*

Treatment provided through the Eating Disorder Plan is intended to be limited to evidence-based eating disorder specific treatments. “Evidence-based” treatments are treatments that have been tested in research studies with people who have eating disorders and shown to be more effective at reducing eating disorder symptoms than no treatment or other available treatments.

We are interested in your thoughts about the general principle of using evidence-based treatments with the Eating Disorder Plan. You do not have to be familiar with the types of treatments that are or are not evidence-based to answer the following questions.

How important are each of the following in providing eating disorder services through The Eating Disorder Plan?

1	2	3	4	5
Not at all important	Marginally important	Somewhat important	Moderately important	Very important



35. Psychological treatment services are evidence-based?	*	*	*	*	*
36. Dietetic health services are evidence-informed?	*	*	*	*	*
37. Mental Health Professionals are trained in evidence-based specific eating disorder treatments	*	*	*	*	*
38. Dietitians are trained in evidence-informed dietetic practice for eating disorders	*	*	*	*	*
39. GPs, Psychiatrists, and Paediatricians who conduct reviews are trained in eating disorders-specific practice	*	*	*	*	*

40. Please feel free to comment about requirements for health professionals' knowledge, skills, and experience in providing treatment to patients with eating disorders or training in evidence-based or evidence-informed eating disorder practice:

End of survey for No Treatment Section

[Display only for participants who have not received treatment]

Thank you for completing the survey.

41. If you have any further comments about eating disorder treatment, please share them here.



Unsure about Treatment Section

[Display if “Unsure” selected in Question 18; Other Treatment or No Treatment Section]

- 19. How long has the person you support had an eating disorder or eating disorder symptoms?
 - * 1 month or less
 - * 2 months
 - * 3 months
 - * 4 months
 - * 5 months
 - * 6 months
 - * 7 months
 - * 8 months
 - * 9 months
 - * 10 months
 - * 11 months
 - * 1 year
 - * 2 years
 - * 3 years
 - * 4 years
 - * 5 years
 - * 6-10 years
 - * More than 10 years

Your response to an earlier question in the survey indicated that you were unsure if the person you support has had eating disorder treatment. To help clarify this, we are providing some more information on what eating disorder treatment typically involves.

Treatment for an eating disorder usually involves one (or combination) of the following:

- psychological therapy - talking therapy or counselling
- nutritional counselling - with a Dietitian
- medical and physical health monitoring - with a doctor
-

Fees for community-based treatment for an eating disorder can be subsidised through Medicare. The Medicare funded **Eating Disorders Plan** provides up to 40 psychological treatment sessions and up to 20 dietetic health sessions over one year for people with anorexia nervosa and for some people with other eating disorders who also meet a set of additional eligibility criteria.

The Medicare funded **Mental Health Care Plan** via Better Access provides up to 10 psychological treatment sessions in a calendar year for anyone with a mental health disorder.

Other forms of eating disorder treatment may be through a public health setting (e.g., a community mental health centre) where there is no fee, a hospital for medical stabilisation, or full-fee private practice (that is, without a specific Medicare supported eating disorder or mental health care plan).

The next questions ask again about whether you think the person you support has received treatment for an eating disorder, like the kind of treatment described above.

20. Has the person you support had eating disorder treatment under the Eating Disorder Plan (up to 40 psychological treatment and/or up to 20 dietetic sessions within a year) now or in the past?	*	Yes	If selected, go to Eating Disorder Plan section
	*	No	If selected, go to Other or No Treatment section
	*	Trying to do so now for the first time	If selected, go to Trying to Seek Treatment via Eating Disorder Plan section
21. Has the person you support received treatment from a health professional for an eating disorder or eating disorder symptoms now or in the past but not through the Eating Disorder Plan? Select all that apply.	*	Yes, with the Mental Health Care Plan (Better Access)	If selected, go to Other Treatment Section
	*	Yes, using public health services	If selected, go to Other Treatment Section
	*	Yes, using private health cover	If selected, go to Other Treatment Section
	*	Yes, using other means	If selected, go to Other Treatment Section
	*	No	If selected, exit from survey
	*	Trying to do so now for the first time	If selected, go to Trying to Seek Treatment from non-Eating Disorder Plan section

Carer Access to Sessions Section

Use of Support

This section will be included at the end of each different version of the survey except the No Treatment survey

Providing support for a loved one with an eating disorder can be challenging. We would like to ask about support services that you might have accessed either to better understand and support your loved one with an eating disorder or to address your own personal needs.

Have you attended one or more sessions with a health professional - without the person with an eating disorder present: -

- | | | |
|--|---|---|
| 1. To better understand your loved one's eating disorder or how to support them? | * | Yes |
| | * | No |
| | * | Trying to do so now |
| | * | I would have liked to do so but I did not know it was available |



- 2. To get support for any issues that have arisen as a result of caring for/supporting a person with an eating disorder?
 - * Yes
 - * No
 - * Trying to do so now [skip next question]
 - * I would have liked to do so but I did not know what support was available

- 3. [Display if response to question 12 is 'Yes'] How many sessions did you attend to better understand the person's eating disorder or how to support them? (if you cannot remember exactly, please give your best guess)
 - * 1
 - * 2
 - * 3
 - * 4
 - * 5
 - * More than 5

- 4. [Display if response to question 12 is 'Yes'] From where did you seek support to better understand your loved one's eating disorder or how to support them?
 - * Health professional through the Eating Disorder Plan
 - * Health professional through the Mental Health Care Plan
 - * Health professional via other means
 - * Community based services, like the Butterfly Foundation, Eating Disorders Families Australia, Eating Disorders Victoria, Eating Disorders Queensland, or others
 - * Other

- 5. [Display if response to question 13 is 'Yes'] How many sessions did you attend to get personal support for yourself? (if you cannot remember exactly, please give your best guess)
 - * 1
 - * 2
 - * 3
 - * 4
 - * 5
 - * 6
 - * 7
 - * 8
 - * 9
 - * 10
 - * More than 10




6. [Display if response to question 12 is 'Yes'] From where did you seek support for issues that arose for you personally?
- * Health professional through the Eating Disorder Plan
 - * Health professional through the Mental Health Care Plan
 - * Health professional via other means
 - * Community based services, like the Butterfly Foundation, Eating Disorders Families Australia, Eating Disorders Victoria, Eating Disorders Queensland, or others
 - * Informal supports through friends/family
 - * Other

[Display if response to Question 12 is 'Yes'] How helpful were the sessions that you attended individually without the person with an eating disorder present:

	1 Very unhelpful	2 Moderately unhelpful	3 Neutral	4 Moderately helpful	5 Very helpful
7. To better understand the person's eating disorder or how to support them	*	*	*	*	*
8. To get personal support for needs related to the role as a carer/support for a person with an eating disorder	*	*	*	*	*

In your opinion, to what extent is it necessary for carers/supports to access sessions without the person with an eating disorder present, as part of the plan of treatment for eating disorders?

	1 Completely unnecessary	2 Moderately unnecessary	3 Somewhat necessary	4 Moderately necessary	5 Highly necessary
9. To better understand the person's eating disorder or how to support them	*	*	*	*	*
10. To get personal support for needs related to the role as a carer/support for a person with an eating disorder	*	*	*	*	*



End of survey – Carer section

[Display following items for all participants]

Thank you!

Thank you for participating in this survey - we really appreciate you sharing your thoughts and time with us.

Gift voucher

If you would like to receive a \$20 voucher as a thank you for your time and contribution, please follow the link below to provide your contact details. [note the voucher offer was later omitted from the survey due to severe problems with scamming]

Evaluation Findings

As you may remember, findings from this survey form part of a large, formal evaluation of the Eating Disorder Treatment and Management Plan and a Final Report of the Evaluation will be submitted to the Department of Health and Aged Care in early 2024. If you would like to be notified when the final report is released and to receive an electronic copy of the report, please follow the link below to provide your email address.

Link to Interview Invitation

One-on-one Interviews

And finally, as part of the larger Evaluation, we are also interested in talking with people in more depth about supporting others with eating disorder treatment, including treatment seeking attempts.

If you would like to talk with our colleagues at Deakin University in a one-on-one interview, please click the link below to provide your contact details to our colleagues.

Please note, the contact details you provide in the external link **cannot be connected to the anonymous responses you have provided in the current survey.**

Click [here](#) [link to be added] to provide your contact details for the gift card, to receive the report of the Evaluation, or to express your interest in participating in an interview.

Support

If this survey has raised any concerns for you, you can receive support from the following hotlines and find treatment providers for eating disorders:

- Lifeline (general mental health support): 13 11 14 / chat-online @ www.lifeline.org.au/crisis-chat
- The Butterfly Foundation Helpline (eating disorder or body image specific support): 1800 ED HOPE / 1800 334 673 / chat-online <https://butterfly.org.au/get-support/chat-online>
- ConnectOed to find support from a Credentialed Eating Disorder Clinician <https://connected.anzaed.org.au>



Appendix 6.2. Online survey – People with a Lived Experience of an eating disorders

This document contains 7 different versions of the survey for consumers. The versions are relevant for different cohorts of consumers, depending on their engagement with different treatment pathways.

Introduction and Description of Eating Disorders Treatment and Management Plan (Eating Disorders – Medicare Benefit Schedule Items)

Note. For the “No Treatment Survey” introductory text will be modified slightly for applicability to that cohort.

Purpose of this Survey

This survey is about your experiences and reflections on **Eating Disorders treatment** and the different plans available through Medicare. We want to hear from **people who have had or are trying to get treatment for an Eating Disorders** and from **people who have supported others with their Eating Disorders treatment**.

Overview of the Treatment Experiences We Are Interested In

We would like to know about your views on different treatment experiences you might have had. This includes treatment via the **Eating Disorders Treatment and Management Plan Medicare Benefit Schedule** items or **other treatment experiences**, as well as **unsuccessful** or ongoing **attempts to seek treatment**.

What is the Eating Disorders Treatment and Management Plan

Under the **Eating Disorders Treatment and Management Plan**, or “Eating Disorders Plan”, people with anorexia nervosa and some people with other eating disorders can receive eating disorders specific treatment that is wholly or partially funded by Medicare.

The Eating Disorders Plan is prepared by a medical practitioner, e.g., general practitioner (GP), psychiatrist, or paediatrician, and may include referral for

- Psychological treatment – up to 40 sessions with a psychologist, occupational therapist, social worker or General Practitioner
- Dietitian health service – up to 20 sessions with a dietitian
- GP Review – at or prior to having 10, 20, or 30 psychological treatment sessions, review by a GP to access the next 10 psychological treatment sessions
- Specialist Review – at or prior to having 20 psychological treatment sessions, review by a psychiatrist or paediatrician to access more than 20 sessions

Other Medicare Plans – Mental Health Care Plan

People with eating disorders can also receive treatment on a Mental Health Care Plan via Better Access (which provides up to 10 sessions with a psychologist, social worker, occupational therapist, or GP for anyone with a mental health issue). These sessions are also wholly or partially funded by Medicare.



We would like to ask about your **most recent** experience of eating disorders treatment or treatment seeking, or your most recent experience as a support person for someone in eating disorders treatment or treatment seeking.

The survey has six sections. Depending on your experience with eating disorders and treatment, you may be asked some questions but not others.

If you are asked all of the questions, it is expected it will take you about 20 minutes to complete the survey. For some people who will not be asked some of the questions that are not relevant to their situation, it may take 10 minutes or less to complete the survey.

You can also **Save & Return Later** if you do not want to complete the survey on one sitting. Just make sure you save the web address of the survey.

Sections:

- *About you (e.g., age, gender, eating disorders history)*
- *Use, knowledge, and experience of treatment for eating disorders*
- *How helpful treatment has been*
- *Availability of treatment through the Eating Disorders Plan*
- *The processes involved in using the Eating Disorders Plan*
- *The Eating Disorders Plan in general*

The next questions are About You

Demographics

6. I identify my gender as: _____ (please specify)

7. What is your age [dropdown 16-100+]

8. What is the postcode where you live:

9. What is your country of birth?

- * Australia
- * England
- * India
- * China
- * New Zealand
- * Philippines
- * Vietnam
- * Malaysia
- * Italy
- * Other, please specify:



10. Do you identify as being of Aboriginal and/or Torres Strait Islander origin?
- * Aboriginal but not Torres Strait Islander origin
 - * Torres Strait Islander but not Aboriginal origin
 - * Both Aboriginal and Torres Strait Islander origin
 - * Neither Aboriginal or Torres Strait Islander origin
149. How would you describe your sexual identity?
Please select all that apply
- * Asexual
 - * Bisexual
 - * Gay or homosexual
 - * Lesbian
 - * Pansexual
 - * Queer
 - * Straight or heterosexual
 - * Something else (please specify)
-
- * Don't know
 - * Prefer not to say

-
150. Which of the following best describes you?
If multiple descriptors apply, please select the one that fits best.
- * I am currently diagnosed with an eating disorders If selected, go to Consumer Survey
 - * I have been diagnosed with an eating disorders in the past If selected, go to Consumer Survey
 - * I think I might currently have an eating disorders, but I have not been diagnosed If selected, go to Consumer Survey
 - * I think I might have had an eating disorders in the past, but I was not diagnosed If selected, go to Consumer Survey
 - * I support a person/ am a close family member of someone who is currently diagnosed with an eating disorders If selected, go to Carer/Support Survey
 - * I support a person/ am a close family member of someone who had a diagnosis of an eating disorders in the past If selected, go to Carer/Support Survey
 - * I support a person/ am a close family member of someone who may currently have an eating If selected, go to Carer/Support Survey

disorders, but who has not been diagnosed

* I support a person/ am a close family member of someone who may have had an eating disorders in the past, but was never diagnosed

If selected, go to Carer/Support Survey

If none selected, exit from survey

Consumer Survey

151. Which eating disorders do you have now or did you have in the past?
If you have had more than one type of eating disorders, please select the type you currently have or most recently had.
- * Anorexia nervosa
 - * Bulimia nervosa
 - * Binge eating disorders
 - * Atypical anorexia nervosa
 - * Subthreshold bulimia nervosa
 - * Subthreshold binge eating disorders
 - * Purging disorder
 - * Night eating syndrome
 - * ARFID (avoidant/restrictive food intake disorder)
 - * Other (specify)
 - * Unsure
152. When did you have an eating disorders?
This question covers the time you experienced symptoms that were likely an eating disorders as well as any formal diagnosis you may have received.
Please select all that apply
- * 2023
 - * 2022
 - * 2021
 - * 2020
 - * 2019
 - * 2018
 - * 2017
 - * 2016
 - * 2015
 - * 2014
 - * Prior to 2014

The next questions are about Your Use of Eating Disorders Treatment

[Display if eating disorders occurred in 2019, 2020, 2021, 2022, or 2023 – question 9] The Eating Disorders Plan, introduced in November 2019, supports treatment for all people with anorexia nervosa and some people with other eating disorders who also meet additional criteria.



These criteria include having some of the following: high levels of eating disorders symptoms, rapid weight loss, low body weight, binge eating, vomiting, laxative use, fasting, or excessive exercise, medical complications, additional medical or psychological conditions, having been in hospital for an eating disorders, or lack of improvement with treatment.

- 153. As far as you are aware, are you currently, or were you in the past, eligible to receive treatment via the Eating Disorders Plan.
 - * Yes, I am/was eligible [skip next question]
 - * No, I am/was not eligible
 - * Unsure [skip next question]

- 154. [Display if not eligible for the Eating Disorders Plan in question 10] How do you know you are not/were not eligible to receive treatment via the Eating Disorders Plan?
 - * I was told by a GP or other doctor
 - * From my own understanding

- 155. Have you had eating disorders treatment under the **Eating Disorders Plan** (up to 40 psychological treatment sessions and/or up to 20 dietetic sessions within a year) now or in the past?
 - * Yes If selected, go to Eating Disorders Plan section
 - * No If selected, go to Other or No Treatment section
 - * Trying to do so now for the first time If selected, go to Trying to Seek Treatment via Eating Disorders Plan section
 - * Trying to do so now after previous unsuccessful attempts If selected, go to Trying to Seek Treatment via Eating Disorders Plan section

Eating Disorders Plan Section

How many sessions have you had under the Eating Disorders Plan?
 We would like to know the total number of sessions of treatment you have had under The Plan, including for multiple plans if relevant.

If you cannot remember exactly, please give your best guess.

- 156. Psychological treatment sessions: _____
- 157. Dietetic sessions: _____

- 158. Before accessing sessions through the Eating Disorders Plan, did you start to get
 - * Yes If selected, continue with this section then go to Eating Disorders Plan Plus Better Access section

treatment for your eating disorders through a Better Access Mental Health Care Plan (which provides up to 10 treatment sessions for anyone with a mental health issue)?

- * No
- * I don't know

If selected, continue with this section

If selected, continue with this section

[Display if use of psychological treatment sessions in question 13] To access more than 20 psychological treatment sessions under the **Eating Disorders Plan**, reviews are required. These are 1) a review with a GP and 2) a review with a psychiatrist or a paediatrician.

159. Have you had a review session with a psychiatrist or a paediatrician?

- * Yes
- * No
- * Tried to do so but unsuccessful
- * Trying to do so now
- * Unsure

The next questions are about the Availability of Treatment Through the Eating Disorders Plan

160. How long did you have an eating disorders before you **first tried** to receive treatment through the Eating Disorders plan?
When answering this question, please think about from when you first experienced symptoms that were likely an eating disorders.

- * 1 month or less
- * 2 months
- * 3 months
- * 4 months
- * 5 months
- * 6 months
- * 7 months
- * 8 months
- * 9 months
- * 10 months
- * 11 months
- * 1 year
- * 2 years
- * 3 years
- * 4 years
- * 5 years
- * 6-10 years
- * More than 10 years

161. When you first sought help from a GP or other health professional, how much did the GP or health professional know about the availability of additional sessions for eating disorders treatment under the Eating Disorders Plan?

- | | | | | |
|------------------------|----------------------------|----------------|--------------------------|---------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Very uninformed | Somewhat uninformed | Neutral | Somewhat informed | Very well informed |



162. Feel free to comment on your response:

- 163. After your Eating Disorders Plan was prepared by a doctor, did you receive treatment sessions (psychological and/or dietetic) as initially planned?
 - * Yes [skip next question]
 - * No, I received fewer psychological treatment sessions than planned
 - * No, I received fewer dietetic sessions than planned
 - * No, I did not receive treatment at all

- 164. What were the reasons you did not receive treatment as planned? Please tick all that apply
 - * I could not afford the treatment (gap) fees
 - * I could not make the time to attend the sessions/ fit the sessions around other commitments
 - * I could not travel to where the sessions were located
 - * I could not access telehealth sessions due to poor internet or not having access to a device
 - * I did not believe that I needed the recommended treatment
 - * I could not get a review at the right time to get access to further sessions. *Note, a mid-treatment review by a psychiatrist or paediatrician is required to access more than 20 psychological treatment sessions*
 - * Access to further treatment was not recommended at the mid-treatment review
 - * I did not find the sessions helpful
 - * I did not like the health professional's manner or approach
 - * I had to wait too long for sessions and felt discouraged about treatment
 - * I chose to access treatment or support another way

22. Please add any other thoughts about why treatment may not have gone ahead as initially planned



After your Eating Disorders Plan was prepared by a doctor, how long did you have to wait to:

- 23. Receive Psychological Treatment sessions
 - * A suitable amount of time
 - * A little too long
 - * Much too long
 - * Not applicable, I was not referred for psychological treatment sessions
- 24. Receive dietetic health sessions
 - * A suitable amount of time
 - * A little too long
 - * Much too long
 - * Not applicable, I was not referred for dietetic sessions
- 25. Receive psychiatrist or paediatrician review [display if response to Q14 is yes]
 - * A suitable amount of time
 - * A little too long
 - * Much too long
- 26. What are your thoughts about the cost of your treatment via the Eating Disorders Plan?
 - * I didn't pay anything; Medicare covered all the costs
 - * I paid a fee that was affordable
 - * I paid a fee that was too expensive
 - * The fee was too expensive and I could not get as much treatment as I wanted or needed

For your eating disorders treatment, how important is it / was it to have access to:	1 Not at all important	2 Marginally important	3 Somewhat important	4 Moderately important	5 Very important
27. Psychological treatment sessions	*	*	*	*	*
28. Dietetic health sessions	*	*	*	*	*
29. GP review	*	*	*	*	*
30. Psychiatrist/paediatrician review of progress	*	*	*	*	*

The next questions are about How Helpful Treatment Has Been for You

If you have had more than one Eating Disorders Plan for separate courses of treatment, please think about the most recent time you received care, even if the treatment is still ongoing.



If you have had more than one Eating Disorders Plan but consider this to be one continuing course of treatment, please do your best to consider your overall experience with the Eating Disorders Plan.

31. Overall, how helpful has treatment for an eating disorders via the Eating Disorders Plan been for you?

1	2	3	4	5
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful

Overall, how helpful was the eating disorders treatment you received via the Eating Disorders Plan for:

	1	2	3	4	5
	Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful
32. Increasing my motivation to change	*	*	*	*	*
33. Providing access to the right number of sessions for my level of need	*	*	*	*	*
34. Providing access to a team of health professionals (e.g., mental health professional, dietitian, GP, psychiatrist, paediatrician)	*	*	*	*	*
35. Providing treatment where the health professional had a good understanding of eating disorders	*	*	*	*	*
36. Reducing my financial burden for treatment	*	*	*	*	*
37. Reducing my fear or doubts about treatment	*	*	*	*	*
38. Good therapeutic alliance (connection with the therapist, counsellor, or dietitian)	*	*	*	*	*
39. Feeling engaged (committed to treatment)	*	*	*	*	*
40. Providing room to manage setbacks	*	*	*	*	*
41. Helping with recovery from my eating disorders	*	*	*	*	*
42. Reducing other difficulties (work/education/social) associated with my eating disorders	*	*	*	*	*
43. Reducing my use of other health services					
44. Reducing my reliance on family or other supports					



45. Overall, how helpful for you were **psychological treatment sessions** accessed through the Eating Disorders Plan?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, I did not have psychological treatment sessions
					[If selected, skip next question]

How helpful were **psychological treatment sessions** for:

- | | | | | |
|-----------------------|-----------------------------|----------------|---------------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 |
| Very unhelpful | Moderately unhelpful | Neutral | Moderately helpful | Very helpful |
- 46. Receiving empathic, respectful care
 - 47. Receiving care from a health professional with knowledge, understanding, and experience of eating disorders
 - 48. Receiving care with a collaborative approach (i.e., with multiple health professionals)
 - 49. Receiving care for eating disorders symptoms
 - 50. Receiving care for psychological needs

51. Overall, how helpful for you were **dietetic health sessions** accessed through the Eating Disorders Plan?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, I did not have dietetic sessions
					[If selected, skip next question]

How helpful were **dietetic sessions** for:

- | | | | | |
|-----------------------|-----------------------------|----------------|---------------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 |
| Very unhelpful | Moderately unhelpful | Neutral | Moderately helpful | Very helpful |
- 52. Receiving empathic, respectful care
 - 53. Receiving care from a health professional with knowledge, understanding, and experience of eating disorders



- 54. Receiving care with a collaborative approach (i.e., with multiple health professionals)
- 55. Receiving care for eating disorders symptoms
- 56. Receiving care for psychological needs
- 57. Receiving care for physical needs

58. Overall, how helpful for you were **GP review session(s)** accessed through the Eating Disorders Plan?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, I did not have GP review sessions
					[If selected, skip next question]

How helpful were **GP review sessions** for:

	1	2	3	4	5
	Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful
59. Receiving empathic, respectful care					
60. Receiving care from a health professional with knowledge, understanding, and experience of eating disorders					
61. Receiving care with a collaborative approach (i.e., with multiple health professionals)					
62. Coordination and organisation of my eating disorders treatment					
63. Receiving care for eating disorders symptoms					
64. Receiving care for psychological needs					
65. Receiving care for physical needs					
66. Having the opportunity to consider new or different ways to help with my eating disorders					



67. Overall, how helpful for you were **psychiatrist or paediatrician review session(s)** accessed through the Eating Disorders Plan for you?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, I did not have psychiatrist/paediatrician review sessions [If selected, skip next question]

How helpful were **psychiatrist or paediatrician review session(s)** for:

	1	2	3	4	5
	Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful
68. Receiving empathic, respectful care					
69. Receiving care from a health professional with knowledge, understanding, and experience of eating disorders					
70. Receiving care with a collaborative approach (i.e., with multiple health professionals)					
71. Receiving care for eating disorders symptoms					
72. Receiving care for psychological needs					
73. Receiving care for physical needs					
74. Receiving medication					
75. Receiving a psychiatric diagnostic assessment					
76. Reviewing progress in my eating disorders treatment					
77. Considering new or different approaches to my eating disorders treatment					
78. Please add any comments about how helpful or unhelpful the Eating Disorders Plan has been for you?					



The next questions are about The Processes Involved in Using the Eating Disorders Plan

Accessing treatment for an eating disorders via the Eating Disorders Plan requires several steps. For each step outlined below, please indicate how easy or difficult it was for you to complete the step or access what was needed in that step.



If you have had more than one Eating Disorders Plan for separate courses of treatment, please think about the most recent time you received care, even if the treatment is still ongoing.
If you have had more than one Eating Disorders Plan but consider this to be one continuing course of treatment, please do your best to consider your overall experience with the Eating Disorders Plan.

79. A doctor determined that I was eligible for the Eating Disorders Plan

1	2	3	4	5
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access

80. A doctor wrote up and provided me with my Eating Disorders Plan

1	2	3	4	5
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access

81. I accessed psychological treatment sessions (from a clinical psychologist, psychologist, occupational therapist, social worker, GP or psychiatrist)

1	2	3	4	5	Not applicable – I was not referred for psychological treatment sessions
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	

82. I accessed dietetic health sessions (from a dietitian)

1	2	3	4	5	Not applicable – I was not referred for dietetic health sessions
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	

83. After 10 psychological treatment sessions, I had a review **with a GP** (or other doctor)

1	2	3	4	5	Not applicable – I did not reach 10 sessions
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	



84. After 20 psychological treatment sessions, I had a review **with a GP** (or other doctor)

1	2	3	4	5	Not applicable
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	– I did not reach 20 sessions

85. After 20 psychological treatment sessions, I had a review **with a Psychiatrist or Paediatrician**

1	2	3	4	5	Not applicable
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	– I did not reach 20 sessions

86. After 30 psychological treatment sessions, I had a review **with a GP** (or other doctor)

1	2	3	4	5	Not applicable
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	– I did not reach 30 sessions

87. After my plan expired, a doctor (GP or psychiatrist or paediatrician) renewed the Eating Disorders Plan

1	2	3	4	5	Not applicable
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	– the plan did not expire/I did not need another plan

The next questions are about The Eating Disorders Plan in General

As described earlier, treatment through the Eating Disorders Plan is available for all people with anorexia nervosa and some people with other eating disorders, if they also meet a set of additional eligibility criteria. We are interested in what you think about who can and who cannot access the Plan. *Please answer as best you can based on your own experience and knowledge.*

Access to the Eating Disorders Plan is available to all people with anorexia nervosa. In your opinion/experience, please rate how well this eligibility criterion captures the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions.

1	2	3	0
This criterion is too restrictive and prevents access to	This criterion provides	This criterion is too open and allows more people to	Unsure****



	The Plan for some people who need it	appropriate access matched to need	access The Plan than need it	
88. Criterion. Diagnosis of anorexia nervosa	*	*	*	*
<p>For people with bulimia nervosa, binge eating disorders, or “other specified feeding or eating disorders” to access the Eating Disorders Plan they must meet additional criteria. These are listed below.</p> <p>In your opinion/experience, please rate how well each criteria capture the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions for people with these eating disorders?</p>				
	1 This criterion is too restrictive and prevents access to The Plan for some people who need it	2 This criterion provides appropriate access matched to need	3 This criterion is too open and allows more people to access The Plan than need itd	0 Unsure****
89. Criteria A. A high score on the Eating Disorders Examination-Questionnaire (standard pencil-and-paper questionnaire about eating disorders symptoms)	*	*	*	*
90. Criteria B. Rapid weight loss or frequent (at least 3 times per week) binge eating or inappropriate compensatory behaviours	*	*	*	*
91. Criteria C. Clinically underweight with body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorders	*	*	*	*
92. Criteria D. Current or high risk of medical complications due to eating disorders behaviours and symptoms	*	*	*	*
93. Criteria E. Presence of other serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function	*	*	*	*
94. Criteria F. The person has been admitted to a hospital for an eating disorders in the previous 12 months	*	*	*	*



95. **Criteria G.** Inadequate treatment response to evidence-based eating disorders treatment over the past six months despite active and consistent participation

	*	*	*	*
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96. The need to meet **both A and B** above and **at least 2 of the criteria presented in C to G** to be eligible for the Eating Disorders Plan

	*	*	*	*
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97. Do you have other comments on the eligibility criteria?

Health services provided through the Eating Disorders Plan (determining eligibility and preparing the plan, treatment, and review) are intended to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders.

How important for is it for health professionals providing the following services through the Eating Disorders Plan to have appropriate knowledge, skills, and experience in providing eating disorders treatment?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
98. Preparing the Plan - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*
99. Providing psychological treatment sessions – Mental Health Professionals	*	*	*	*	*
100. Providing dietetic health sessions – Dietitians	*	*	*	*	*
101. Providing review sessions - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*

Treatment provided through the Eating Disorders Plan is intended to be limited to evidence-based eating disorders specific treatments. “Evidence-based” treatments are treatments that have been tested in research studies with people who have eating disorders and shown to be more effective at reducing eating disorders symptoms than no treatment or other available treatments.



We are interested in your thoughts about the general principle of using evidence-based treatments with the Eating Disorders Plan. You do not have to be familiar with the types of treatments that are or are not evidence-based to answer the following questions.

How important are each of the following in providing eating disorders services through The Eating Disorders Plan?

	1 Not at all important	2 Marginally important	3 Somewhat important	4 Moderately important	5 Very important
102. Psychological treatment services are evidence-based?	*	*	*	*	*
103. Dietetic health services are evidence-informed?	*	*	*	*	*
104. Mental Health Professionals are trained in evidence-based specific eating disorders treatments	*	*	*	*	*
105. Dietitians are trained in evidence-informed dietetic practice for eating disorders	*	*	*	*	*
106. GPs, Psychiatrists, and Paediatricians who conduct reviews are trained in eating disorders-specific practice	*	*	*	*	*

107. Please feel free to comment about the Eating Disorders Plan requirements for health professionals' knowledge, skills, and experience in providing treatment to patients with eating disorders or training in evidence-based or evidence-informed eating disorders practice:

End of survey for users of Eating Disorders Plan Only

[Skip for participants who received treatment via Better Access prior to the Eating Disorders Plan]
Thank you for completing the survey.

108. If you have any further comments about eating disorders treatment through the Eating Disorders Plan, please share them here.



Better Access Prior to Eating Disorders Plan Section

You indicated earlier that you received treatment for an eating disorders with a Mental Health Care Plan via Better Access (up to 10 sessions per year with a mental health professional, available to eligible patients with any mental health issue) before having treatment via the Eating Disorders Plan.

We would like to ask you a few questions about. Note that the Eating Disorders Plan was first available in November 2019.

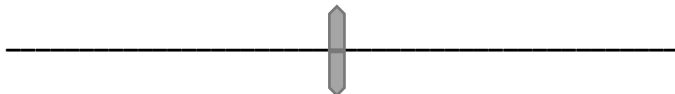
109. What was the reason you first accessed treatment with a Mental Health Care Plan? Select all that apply.
- * The Eating Disorders Plan was not available when I first needed eating disorders treatment
 - * I did not know the Eating Disorders Plan was available
 - * The health professional I saw at the time did not know the Eating Disorders Plan was available
 - * The health professional I saw at the time did not know to use the Eating Disorders Plan
 - * I was not eligible for the Eating Disorders Plan at the time

Please provide your views on the quality of care received via the Eating Disorders Plan compared with care received via the Mental Health Care Plan. By sliding the bar, please indicate whether various aspects of treatment are best provided through an Eating Disorders Plan or best provided through a Mental Health Care Plan.

110. The health professionals I saw **specifically for eating disorders treatment** were knowledgeable about eating disorders [slider response]

Neutral

Best provided by
an Eating
Disorders Plan

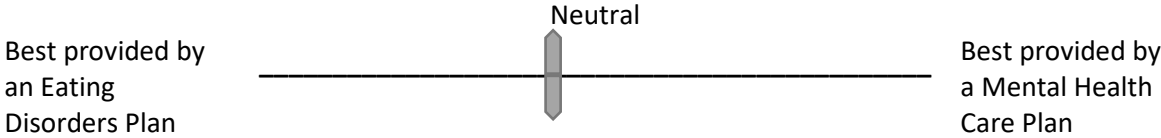


Best provided by
a Mental Health
Care Plan

111. [Display if “neutral” selected for question 110] You selected neutral to the previous question. Is this because the health professionals you saw via the Eating Disorders Plan and via the Mental Health Care Plan were **not** knowledgeable about eating disorders.
- * Yes
 - * No



112. The number of sessions available gave me time to work through my concerns [slider response]

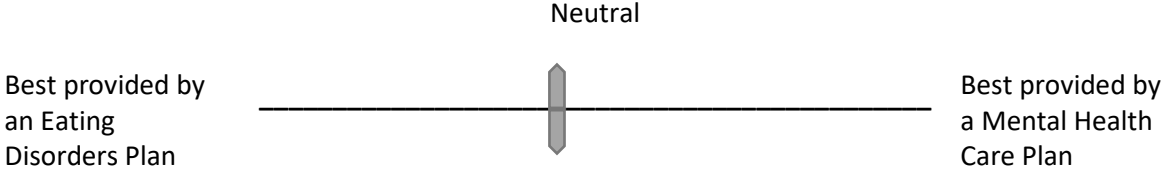


113. [Display if “neutral” selected for question 112] You selected neutral to the previous question. Is this because neither plan provided an adequate number of sessions to work through your concerns?

* Yes

* No

114. Care from several different health professionals was accessed (multidisciplinary care) [slider response]

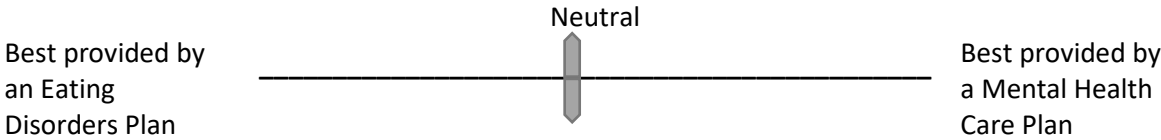


115. [Display if “neutral” selected for question 114] You selected neutral to the previous question. Is this because neither plan provided access to care from several different health professionals?

* Yes

* No

116. Overall, my treatment needs for my eating disorders were met [slider response]



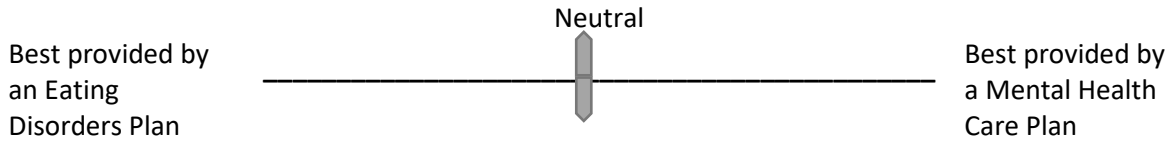
117. [Display if “neutral” selected for question 116] You selected neutral to the previous question. Is this because your treatment needs for your eating disorders were not met by either plan?

* Yes

* No



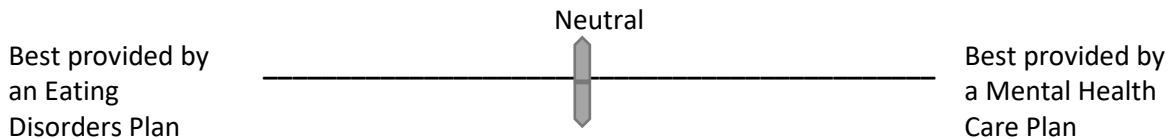
118. In addition to my eating disorders, my treatment needs for other co-occurring issues (e.g., symptoms of depression, anxiety, etc) were met [slider response]



* Not applicable, I do/did not have co-occurring issues

119. [Display if “neutral” selected for question 118] You selected neutral to the previous question. Is this because your treatment needs for other co-occurring issues were not met by either plan? * Yes
* No

120. My needs for improving other aspect of my life like daily functioning, social functioning, work/school functioning etc, were met [slider response]



[Display if “neutral” selected for question 120] You selected neutral to the previous question. Is this because your needs for improving other aspects of your life were not met by either plan? * Yes
* No

End of Survey for users of Mental Health Care Plan prior to Eating Disorders Plan

[Display only for participants who received treatment via a Mental Health Care Plan (Better Access) prior to the Eating Disorders Plan]

Thank you for completing the survey.

121. If you have any further comments about eating disorders treatment through the Eating Disorders Plan or a Mental Health Care Plan, please share them here.

Other Treatment or No Treatment Section

[Display if “No” selected in Question 12]

13. Have you received treatment from a health professional for an _____ * Yes, with the Mental Health Care Plan (Better Access) If selected, go to Other Treatment Section



eating disorders or eating disorders symptoms now or in the past but not through the Eating Disorders Plan? Select all that apply.	*	Yes, using public health services	If selected, go to Other Treatment Section
	*	Yes, using private health cover	If selected, go to Other Treatment Section
	*	Yes, using other means	If selected, go to Other Treatment Section
	*	No	If selected, go to No Treatment Section
	*	Trying to do so now for the first time	If selected, go to Trying to Seek Treatment from non-Eating Disorders Plan section
	*	Unsure	If selected, to go Unsure about Treatment Section

Other Treatment Section

[Display if “Yes” selected in Question 13; Other Treatment or No Treatment Section]

14. What are the reasons you accessed eating disorders treatment through means other than the Eating Disorders Plan? (tick all that apply)	*	The Eating Disorders Plan was not available when I first needed eating disorders treatment
	*	I did not know the Eating Disorders Plan was available
	*	The health professional I saw at the time did not know the Eating Disorders Plan was available
	*	The health professional I saw at the time did not know to use the Eating Disorders Plan
	*	I was not eligible for the Eating Disorders Plan
	*	I wanted to use a different type of treatment that is not available through the Eating Disorders Plan
	*	I wanted to get treatment from a health professional that is not available through the Eating Disorders Plan
	*	It seemed too difficult to organise treatment through the Eating Disorders Plan
	*	I did not think my eating concerns were serious enough to access eating disorders-specific treatment through the Eating Disorders Plan



* Other reason/s (please specify):

The next questions are about the Availability of Treatment for Eating Disorders

15. How long did you have an eating disorders before you **first tried** to receive treatment for your eating disorders?
- * 1 month or less
 - * 2 months
 - * 3 months
 - * 4 months
 - * 5 months
 - * 6 months
 - * 7 months
 - * 8 months
 - * 9 months
 - * 10 months
 - * 11 months
 - * 1 year
 - * 2 years
 - * 3 years
 - * 4 years
 - * 5 years
 - * 6-10 years
 - * More than 10 years

16. When you first sought help from a GP or other health professional, how much did the GP or health professional know about the availability of treatment for eating disorders?

- | | | | | |
|------------------------|----------------------------|----------------|--------------------------|---------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Very uninformed | Somewhat uninformed | Neutral | Somewhat informed | Very well informed |

Feel free to comment on your response:

17. After you first sought help, did you receive treatment sessions (psychological and/or dietetic) as planned?
- * Yes [skip next question]
 - * No, I received fewer treatment sessions than planned
 - * No, I did not receive treatment at all
18. What were the reasons you did not receive treatment as planned? Please tick all that apply
- * I could not afford the fee
 - * I could not make the time to attend the sessions/ fit the sessions around other commitments
 - * I could not travel to where the sessions were located



- * I could not access telehealth sessions due to poor internet or not having access to a device
- * I did not believe that I needed the recommended treatment
- * I did not find the sessions helpful
- * I did not like the health professional's manner or approach
- * I had to wait too long for sessions and felt discouraged about treatment
- * I chose to access treatment or support another way

19. After you initially sought help for an eating disorders, how long did you have to wait to receive treatment sessions?

- * A suitable amount of time
- * A little too long
- * Much too long
- * Not applicable, I was not referred for additional treatment or support

20. What are your thoughts about the cost of your treatment for eating disorders?

- * I didn't pay anything; Medicare covered all the costs
- * I paid a fee that was affordable
- * I paid a fee that was too expensive
- * The fee was too expensive and I could not get as much treatment as I wanted or needed

For your eating disorders treatment, how important is access to:		1	2	3	4	5
		Not at all important	Marginally important	Somewhat important	Moderately important	Very important
21.	Psychological treatment sessions	*	*	*	*	*
22.	Dietetic treatment sessions	*	*	*	*	*
23.	GP review and / or support	*	*	*	*	*
24.	Psychiatrist/paediatrician review and / or support	*	*	*	*	*

The next questions are about How Helpful Treatment Has Been for You



If you have had more than one episode of care/course of treatment, please think about the most recent time you received care, even if the treatment is still ongoing.

25. Overall, how helpful has treatment for an eating disorders been for you?

1	2	3	4	5
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful

Overall, how helpful was the eating disorders treatment you received for:

	1	2	3	4	5
	Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful
26. Increasing my motivation to change	*	*	*	*	*
27. Providing access to the right number of sessions for my level of need	*	*	*	*	*
28. Providing access to a team of health professionals (e.g., mental health professional, dietitian, GP, psychiatrist, paediatrician)	*	*	*	*	*
29. Providing treatment where the health professional had a good understanding of eating disorders	*	*	*	*	*
30. Reducing my financial burden for treatment	*	*	*	*	*
31. Reducing my fear or doubts about treatment	*	*	*	*	*
32. Good therapeutic alliance (connection with the therapist, counsellor, or dietitian)	*	*	*	*	*
33. Feeling engaged (committed to treatment)	*	*	*	*	*
34. Providing room to manage setbacks	*	*	*	*	*
35. Helping with recovery from my eating disorders	*	*	*	*	*
36. Reducing other difficulties (work / education / social) associated with my eating disorders	*	*	*	*	*
37. Reducing my use of other health services	*	*	*	*	*
38. Reducing my reliance on family or other supports	*	*	*	*	*
39. Receiving empathic, respectful care	*	*	*	*	*



40. Receiving care with a collaborative approach (i.e., with multiple health professionals)	*	*	*	*	*
41. Receiving care for eating disorders symptoms	*	*	*	*	*
42. Receiving care for psychological needs	*	*	*	*	*
43. Receiving care for physical needs	*	*	*	*	*
44. Reviewing progress in my eating disorders treatment	*	*	*	*	*
45. Considering new or different approaches to my eating disorders treatment	*	*	*	*	*

46. Overall, how helpful for you was treatment by a mental health professional?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, I did not have treatment with a mental health professional

47. Overall, how helpful for you was treatment by a dietitian?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, I did not have support from a dietitian

48. Overall, how helpful for you were review/support sessions with a GP?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, I did not have GP support or review sessions

49. Overall, how helpful for you were review/support sessions with a psychiatrist or paediatrician?

1	2	3	4	5	
Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	Not applicable, I did not have psychiatrist/paediatrician review or support sessions

50. Please add any comments about how helpful or unhelpful treatment for an eating disorders has been for you?



The next questions are about The Processes Involved in Getting Eating Disorders Treatment

Accessing treatment for an eating disorders can involve several steps. For each step below, please indicate how easy or difficult it was for you to get them done or access what was needed.

If you have had more than one episode of care/course of treatment, please think about the most recent time, even if the treatment is still ongoing.

51. A health professional determined if you had an eating disorders, and if you were in need of treatment

1	2	3	4	5
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access

52. A health professional provided referral to treatment

1	2	3	4	5
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access

53. Psychological treatment sessions were received (from a mental health professional)

1	2	3	4	5	
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Not applicable – I was not referred for psychological treatment sessions

54. Dietetic support sessions were received (from a dietitian)

1	2	3	4	5	
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Not applicable – I was not referred for dietetic support sessions

55. Review and support was provided by a GP, psychiatrist, or paediatrician



1	2	3	4	5	
Very easy to get done/access	Easy to get done/access	Neutral	Difficult to get done/access	Very difficult to get done/access	Not applicable – receiving review or support from a GP, psychiatrist, or paediatrician was not part of my treatment plan

The next questions are about The Eating Disorders Plan

Although you have not received treatment via the Eating Disorders Plan, you may have some thoughts about the way the program works.

As described earlier, treatment through the Eating Disorders Plan is available for all people with anorexia nervosa and some people with other eating disorders, if they also meet a set of additional eligibility criteria. We are interested in what you think about who can and who cannot access the Plan. *Please answer as best you can based on your own experience and knowledge.*

Access to the Eating Disorders Plan is available to all people with anorexia nervosa. In your opinion/experience, please rate how well this eligibility criterion captures the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions.

	1	2	3	0
	This criterion is too restrictive and prevents access to The Plan for some people who need it	This criterion provides appropriate access matched to need	This criterion is too open and allows more people to access The Plan than need it	Unsure****
56. Criterion. Diagnosis of anorexia nervosa	*	*	*	*

For people with bulimia nervosa, binge eating disorders, or “other specified feeding or eating disorders” to access the Eating Disorders Plan they must meet additional criteria. These are listed below.

In your opinion/experience, please rate how well each criteria capture the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions for people with these eating disorders?

	1	2	3	0
	This criterion is too restrictive and prevents access to The Plan for some people who need it	This criterion provides appropriate access matched to need	This criterion is too open and allows more people to access The Plan than need itd	Unsure****
57. Criteria A. A high score on the Eating Disorders Examination-	*	*	*	*



Questionnaire (standard pencil-and-paper questionnaire about eating disorders symptoms)

58. Criteria B. Rapid weight loss or frequent (at least 3 times per week) binge eating or inappropriate compensatory behaviours	*	*	*	*
59. Criteria C. Clinically underweight with body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorders	*	*	*	*
60. Criteria D. Current or high risk of medical complications due to eating disorders behaviours and symptoms	*	*	*	*
61. Criteria E. Presence of other serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function	*	*	*	*
62. Criteria F. The person has been admitted to a hospital for an eating disorders in the previous 12 months	*	*	*	*
63. Criteria G. Inadequate treatment response to evidence-based eating disorders treatment over the past six months despite active and consistent participation	*	*	*	*
64. The need to meet both A and B above and at least 2 of the criteria presented in C to G to be eligible for the Eating Disorders Plan	*	*	*	*

65. Do you have other comments on the eligibility criteria?



Health services provided through the Eating Disorders Plan (determining eligibility and preparing the plan, treatment, and review) are intended to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders

How important for is it for health professionals providing the following services through the Eating Disorders Plan to have appropriate knowledge, skills, and experience in providing eating disorders treatment?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
66. Preparing the Plan - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*
67. Providing psychological treatment sessions – Mental Health Professionals	*	*	*	*	*
68. Providing dietetic health sessions – Dietitians	*	*	*	*	*
69. Providing review sessions - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*

Treatment provided through the Eating Disorders Plan is intended to be limited to evidence-based eating disorders specific treatments. “Evidence-based” treatments are treatments that have been tested in research studies with people who have eating disorders and shown to be more effective at reducing eating disorders symptoms than no treatment or other available treatments.

We are interested in your thoughts about the general principle of using evidence-based treatments with the Eating Disorders Plan. You do not have to be familiar with the types of treatments that are or are not evidence-based to answer the following questions.

How important are each of the following in providing eating disorders services through The Eating Disorders Plan?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
70. Psychological treatment services are evidence-based?	*	*	*	*	*
71. Dietetic health services are evidence-informed?	*	*	*	*	*
72. Mental Health Professionals are trained in evidence-	*	*	*	*	*



based specific eating disorders treatments

- 73. Dietitians are trained in evidence-informed dietetic practice for eating disorders * * * * *
- 74. GPs, Psychiatrists, and Paediatricians who conduct reviews are trained in eating disorders-specific practice * * * * *

75. Please feel free to comment about the Eating Disorders Plan requirements for health professionals’ knowledge, skills, and experience in providing treatment to patients with eating disorders or training in evidence-based or evidence-informed eating disorders practice:

End of survey for users of Other Treatment Pathways Only

[Display only for participants who received treatment via means other than the Eating Disorders Plan] Thank you for completing the survey.

76.If you have any further comments about eating disorders treatment, please share them here.



Trying to Seek Treatment via the Eating Disorders Plan Section

[Display if “Trying to do so now for the first time ” selected in Question 12; Consumer Survey Section]

- 13. How long did you have an eating disorders or eating disorders symptoms before you first tried to get treatment through the Eating Disorders Plan? * 1 month or less
- * 2 months
- * 3 months
- * 4 months
- * 5 months
- * 6 months
- * 7 months
- * 8 months
- * 9 months
- * 10 months
- * 11 months
- * 1 year
- * 2 years
- * 3 years



- * 4 years
- * 5 years
- * 6-10 years
- * More than 10 years

14. What are the reasons you have not yet been able to start eating disorders treatment through The Plan? (tick all that apply)

- * I only recently became aware of having an eating disorders
- * I did not know treatment was available for the type of problem I have
- * I did not know where to go to get treatment
- * I could not get an appointment with a doctor
- * I could not find a doctor who was knowledgeable about eating disorders
- * I could not find a doctor to prepare an Eating Disorders Treatment and Management Plan
- * The doctor could not find a mental health professional or dietitian to refer me to
- * I could not afford to pay for treatment
- * Waiting lists for access to treatment are too long
- * I did not think that my eating concerns were serious enough to require eating disorders-specific treatment through the Eating Disorders Plan
- * I was not ready to seek treatment
- * I feared stigma or discrimination from seeking treatment
- * I had previous negative experiences in the health care system
- * I preferred to manage eating concerns on my own
- * I preferred to use social supports
- * Other reason/s (please specify):



The next questions are about The Eating Disorders Plan

Although you have not yet received treatment via the Eating Disorders Plan, you may have some thoughts about the way the program works.

As described earlier, treatment through the Eating Disorders Plan is available for all people with anorexia nervosa and some people with other eating disorders, if they also meet a set of additional eligibility criteria. We are interested in what you think about who can and who cannot access the Plan. *Please answer as best you can based on your own experience and knowledge.*

Access to the Eating Disorders Plan is available to all people with anorexia nervosa. In your opinion/experience, please rate how well this eligibility criterion captures the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions.

	1 This criterion is too restrictive and prevents access to The Plan for some people who need it	2 This criterion provides appropriate access matched to need	3 This criterion is too open and allows more people to access The Plan than need it	0 Unsure
15. Criterion. Diagnosis of anorexia nervosa	*	*	*	*

For people with bulimia nervosa, binge eating disorders, or “other specified feeding or eating disorders” to access the Eating Disorders Plan they must meet additional criteria. These are listed below.

In your opinion/experience, please rate how well each criteria capture the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions for people with these eating disorders?

	1 This criterion is too restrictive and prevents access to The Plan for some people who need it	2 This criterion provides appropriate access matched to need	3 This criterion is too open and allows more people to access The Plan than need it	0 Unsure
16. Criteria A. A high score on the Eating Disorders Examination-Questionnaire (standard pencil-and-paper questionnaire about eating disorders symptoms)	*	*	*	*
17. Criteria B. Rapid weight loss or frequent (at least 3 times per week) binge eating or inappropriate compensatory behaviours	*	*	*	*
18. Criteria C. Clinically underweight with body weight less than 85% of expected weight where weight loss is	*	*	*	*



directly attributable to the eating disorders

19. Criteria D. Current or high risk of medical complications due to eating disorders behaviours and symptoms	*	*	*	*
20. Criteria E. Presence of other serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function	*	*	*	*
21. Criteria F. The person has been admitted to a hospital for an eating disorders in the previous 12 months	*	*	*	*
22. Criteria G. Inadequate treatment response to evidence-based eating disorders treatment over the past six months despite active and consistent participation	*	*	*	*
23. The need to meet both A and B above and at least 2 of the criteria presented in C to G to be eligible for the Eating Disorders Plan	*	*	*	*

24. Do you have other comments on the eligibility criteria?

Health services provided through the Eating Disorders Plan (determining eligibility and preparing the plan, treatment, and review) are intended to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders

How important for is it for health professionals providing the following services through the Eating Disorders Plan to have appropriate knowledge, skills, and experience in providing eating disorders treatment?

1	2	3	4	5
Not at all important	Marginally important	Somewhat important	Moderately important	Very important



25. Preparing the Plan - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*
26. Providing psychological treatment sessions – Mental Health Professionals	*	*	*	*	*
27. Providing dietetic health sessions – Dietitians	*	*	*	*	*
28. Providing review sessions - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*

Treatment provided through the Eating Disorders Plan is intended to be limited to evidence-based eating disorders specific treatments. “Evidence-based” treatments are treatments that have been tested in research studies with people who have eating disorders and shown to be more effective at reducing eating disorders symptoms than no treatment or other available treatments.

We are interested in your thoughts about the general principle of using evidence-based treatments with the Eating Disorders Plan. You do not have to be familiar with the types of treatments that are or are not evidence-based to answer the following questions.

How important are each of the following in providing eating disorders services through The Eating Disorders Plan?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
29. Psychological treatment services are evidence-based?	*	*	*	*	*
30. Dietetic health services are evidence-informed?	*	*	*	*	*
31. Mental Health Professionals are trained in evidence-based specific eating disorders treatments	*	*	*	*	*
32. Dietitians are trained in evidence-informed dietetic practice for eating disorders	*	*	*	*	*
33. GPs, Psychiatrists, and Paediatricians who conduct reviews are trained in eating disorders-specific practice	*	*	*	*	*



34. Please feel free to comment about requirements for health professionals’ knowledge, skills, and experience in providing treatment to patients with eating disorders or training in evidence-based or evidence-informed eating disorders practice:

End of survey for people who are trying to Access Treatment via the Eating Disorders Plan

[Display only for participants who are trying to receive treatment via the Eating Disorders Plan]
 Thank you for completing the survey.

35.If you have any further comments about eating disorders treatment, please share them here.

Trying to Seek Treatment through non-Eating Disorders Plan Means Section

[Display if “Trying to do so now for the first time ” selected in Question 13; Other Treatment or No Treatment Section]

- 14. How long did you have an eating disorders or eating disorders symptoms before you first tried to get treatment?
 - * 1 month or less
 - * 2 months
 - * 3 months
 - * 4 months
 - * 5 months
 - * 6 months
 - * 7 months
 - * 8 months
 - * 9 months
 - * 10 months
 - * 11 months
 - * 1 year
 - * 2 years
 - * 3 years
 - * 4 years
 - * 5 years
 - * 6-10 years
 - * More than 10 years

- 15.What are the reasons you have not yet been able to get eating disorders treatment? (tick all that apply)
 - * I only recently became aware of having an eating disorders
 - * I did not know treatment was available for the type of problem I have
 - * I did not know where to go to get treatment



- * I could not get an appointment with a doctor
- * I could not find a doctor who was knowledgeable about eating disorders
- * The doctor could not find a mental health professional or dietitian to refer me to
- * I could not afford to pay for treatment
- * Waiting lists for access to treatment are too long
- * I did not think that my eating concerns were serious enough to require treatment
- * I was not ready to seek treatment
- * I feared stigma or discrimination from seeking treatment
- * I had previous negative experiences in the health care system
- * I preferred to manage eating concerns on my own
- * I preferred to use social supports
- * Other reason/s (please specify):

The next questions are about The Eating Disorders Plan

Although you have not had eating disorders treatment you may be aware that treatment is available through the Medicare Eating Disorders Plan and you may have some thoughts about the way it works.

As described earlier, treatment through the Eating Disorders Plan is available for all people with anorexia nervosa and some people with other eating disorders, if they also meet a set of additional eligibility criteria. We are interested in what you think about who can and who cannot access the Plan. *Please answer as best you can based on your own experience and knowledge.*

Access to the Eating Disorders Plan is available to all people with anorexia nervosa.

In your opinion/experience, please rate how well this eligibility criterion captures the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions.

1	2	3	0
This criterion is too restrictive and prevents access to The Plan for some people who need it	This criterion provides appropriate access matched to need	This criterion is too open and allows more people to access The Plan than need it	Unsure



16. **Criterion.** Diagnosis of anorexia nervosa

* * * *

For people with bulimia nervosa, binge eating disorders, or “other specified feeding or eating disorders” to access the Eating Disorders Plan they must meet additional criteria. These are listed below.

In your opinion/experience, please rate how well each criteria capture the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions for people with these eating disorders?

	1 This criterion is too restrictive and prevents access to The Plan for some people who need it	2 This criterion provides appropriate access matched to need	3 This criterion is too open and allows more people to access The Plan than need it	0 Unsure***
17. Criteria A. A high score on the Eating Disorders Examination-Questionnaire (standard pencil-and-paper questionnaire about eating disorders symptoms)	*	*	*	*
18. Criteria B. Rapid weight loss or frequent (at least 3 times per week) binge eating or inappropriate compensatory behaviours	*	*	*	*
19. Criteria C. Clinically underweight with body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorders	*	*	*	*
20. Criteria D. Current or high risk of medical complications due to eating disorders behaviours and symptoms	*	*	*	*
21. Criteria E. Presence of other serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function	*	*	*	*
22. Criteria F. The person has been admitted to a hospital for an eating disorders in the previous 12 months	*	*	*	*
23. Criteria G. Inadequate treatment response to evidence-based eating	*	*	*	*



disorders treatment over the past six months despite active and consistent participation

24. The need to meet **both A and B** above and **at least 2 of the criteria presented in C to G** to be eligible for the Eating Disorders Plan

	*		*		*		*
--	---	--	---	--	---	--	---

25. Do you have other comments on the eligibility criteria?

Health services provided through the Eating Disorders Plan (determining eligibility and preparing the plan, treatment, and review) are intended to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders.

How important for is it for health professionals providing the following services through the Eating Disorders Plan to have appropriate knowledge, skills, and experience in providing eating disorders treatment?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
26. Preparing the Plan - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*
27. Providing psychological treatment sessions – Mental Health Professionals	*	*	*	*	*
28. Providing dietetic health sessions - Dietitians	*	*	*	*	*
29. Providing review sessions - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*

Treatment provided through the Eating Disorders Plan is intended to be limited to evidence-based eating disorders specific treatments. “Evidence-based” treatments are treatments that have been tested in research studies with people who have eating disorders and shown to be more effective at reducing eating disorders symptoms than no treatment or other available treatments.



We are interested in your thoughts about the general principle of using evidence-based treatments with the Eating Disorders Plan. You do not have to be familiar with the types of treatments that are or are not evidence-based to answer the following questions.

How important are each of the following in providing eating disorders services through the Eating Disorders Plan?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
30. Psychological treatment services are evidence-based?	*	*	*	*	*
31. Dietetic health services are evidence-informed?	*	*	*	*	*
32. Mental Health Professionals are trained in evidence-based specific eating disorders treatments	*	*	*	*	*
33. Dietitians are trained in evidence-informed dietetic practice for eating disorders	*	*	*	*	*
34. GPs, Psychiatrists, and Paediatricians who conduct reviews are trained in eating disorders-specific practice	*	*	*	*	*

35. Please feel free to comment about requirements for health professionals’ knowledge, skills, and experience in providing treatment to patients with eating disorders or training in evidence-based or evidence-informed eating disorders practice:

End of survey for those Trying to Access Treatment through the Eating Disorders Plan

[Display only for participants who are trying to receive treatment via the Eating Disorders Plan]
Thank you for completing the survey.

36. If you have any further comments about eating disorders treatment, please share them here.



No Treatment Section

[Display if “No” selected in Question 13; Other Treatment or No Treatment Section]

- 14. How long have you had an eating disorders or eating disorders symptoms?
 - * 1 month or less
 - * 2 months
 - * 3 months
 - * 4 months
 - * 5 months
 - * 6 months
 - * 7 months
 - * 8 months
 - * 9 months
 - * 10 months
 - * 11 months
 - * 1 year
 - * 2 years
 - * 3 years
 - * 4 years
 - * 5 years
 - * 6-10 years
 - * More than 10 years

- 15. What are the reasons that you have not had eating disorders treatment? (tick all that apply)
 - * I only recently became aware of having an eating disorders
 - * I did not know treatment was available for the type of problem I have
 - * I did not know where to go to get treatment
 - * I could not afford to pay for treatment
 - * Waiting lists for access to treatment are too long
 - * I did not think that my eating concerns were serious enough to require treatment
 - * I did not think that treatment would help
 - * I was not ready to seek treatment
 - * I feared stigma or discrimination from seeking treatment
 - * I had previous negative experiences in the health care system
 - * I preferred to manage eating concerns on my own
 - * I preferred to use social supports
 - * Other reason/s (please specify):



The next questions are about The Eating Disorders Plan

Although you have not received eating disorders treatment you may be aware that treatment is available through the Medicare Eating Disorders Plan and you may have some thoughts about the way it works.

As described earlier, treatment through the Eating Disorders Plan is available for all people with anorexia nervosa and some people with other eating disorders, if they also meet a set of additional eligibility criteria. We are interested in what you think about who can and who cannot access the Plan. *Please answer as best you can based on your own experience and knowledge.*

Access to the Eating Disorders Plan is available to all people with anorexia nervosa. In your opinion/experience, please rate how well this eligibility criterion captures the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions.

	1 This criterion is too restrictive and prevents access to The Plan for some people who need it	2 This criterion provides appropriate access matched to need	3 This criterion is too open and allows more people to access The Plan than need it	0 Unsure***
16. Criterion. Diagnosis of anorexia nervosa	*	*	*	*

For people with bulimia nervosa, binge eating disorders, or “other specified feeding or eating disorders” to access the Eating Disorders Plan they must meet additional criteria. These are listed below.

In your opinion/experience, please rate how well each criteria capture the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions for people with these eating disorders?

	1 This criterion is too restrictive and prevents access to The Plan for some people who need it	2 This criterion provides appropriate access matched to need	3 This criterion is too open and allows more people to access The Plan than need itd	0 Unsure***
17. Criteria A. A high score on the Eating Disorders Examination-Questionnaire (standard pencil-and-paper questionnaire about eating disorders symptoms)	*	*	*	*
18. Criteria B. Rapid weight loss or frequent (at least 3 times per week) binge eating or inappropriate compensatory behaviours	*	*	*	*
19. Criteria C. Clinically underweight with body weight	*	*	*	*



less than 85% of expected weight where weight loss is directly attributable to the eating disorders

20. Criteria D. Current or high risk of medical complications due to eating disorders behaviours and symptoms	*	*	*	*
21. Criteria E. Presence of other serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function	*	*	*	*
22. Criteria F. The person has been admitted to a hospital for an eating disorders in the previous 12 months	*	*	*	*
23. Criteria G. Inadequate treatment response to evidence-based eating disorders treatment over the past six months despite active and consistent participation	*	*	*	*
24. The need to meet both A and B above and at least 2 of the criteria presented in C to G to be eligible for the Eating Disorders Plan	*	*	*	*
25. Do you have other comments on the eligibility criteria?				

Health services provided through the Eating Disorders Plan (determining eligibility and preparing the plan, treatment, and review) are intended to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders.

How important for is it for health professionals providing the following services through the Eating Disorders Plan to have appropriate knowledge, skills, and experience in providing eating disorders treatment?

1	2	3	4	5
Not at all important	Marginally important	Somewhat important	Moderately important	Very important



26. Preparing the Plan - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*
27. Providing psychological treatment sessions – Mental Health Professionals	*	*	*	*	*
28. Providing dietetic health sessions - Dietitians	*	*	*	*	*
29. Providing review sessions - General Practitioners, Psychiatrists, or Paediatricians	*	*	*	*	*

Treatment provided through the Eating Disorders Plan is intended to be limited to evidence-based eating disorders specific treatments. “Evidence-based” treatments are treatments that have been tested in research studies with people who have eating disorders and shown to be more effective at reducing eating disorders symptoms than no treatment or other available treatments.

We are interested in your thoughts about the general principle of using evidence-based treatments with the Eating Disorders Plan. You do not have to be familiar with the types of treatments that are or are not evidence-based to answer the following questions.

How important are each of the following in providing eating disorders services through The Eating Disorders Plan?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
30. Psychological treatment services are evidence-based?	*	*	*	*	*
31. Dietetic health services are evidence-informed?	*	*	*	*	*
32. Mental Health Professionals are trained in evidence-based specific eating disorders treatments	*	*	*	*	*
33. Dietitians are trained in evidence-informed dietetic practice for eating disorders	*	*	*	*	*
34. GPs, Psychiatrists, and Paediatricians who conduct reviews are trained in eating disorders-specific practice	*	*	*	*	*



35. Please feel free to comment about requirements for health professionals’ knowledge, skills, and experience in providing treatment to patients with eating disorders or training in evidence-based or evidence-informed eating disorders practice:

End of survey for No Treatment Section

[Display only for participants who have not received treatment]
 Thank you for completing the survey.

36. If you have any further comments about eating disorders treatment, please share them here.

Unsure about Treatment Section

[Display if “Unsure” selected in Question 13; Other Treatment or No Treatment Section]

- 14. How long have you had an eating disorders or eating disorders symptoms? *
- 1 month or less *
- 2 months *
- 3 months *
- 4 months *
- 5 months *
- 6 months *
- 7 months *
- 8 months *
- 9 months *
- 10 months *
- 11 months *
- 1 year *
- 2 years *
- 3 years *
- 4 years *
- 5 years *
- 6-10 years *
- More than 10 years *

Your response to an earlier question in the survey indicated that you were unsure if you have had eating disorders treatment. To help clarify this, we are providing some more information on what eating disorders treatment typically involves.



Treatment for an eating disorders usually involves one (or combination) of the following:

- psychological therapy - talking therapy or counselling
- nutritional counselling - with a Dietitian
- medical and physical health monitoring - with a doctor

Fees for community-based treatment for an eating disorders can be subsidised through Medicare.

The Medicare funded **Eating Disorders Plan** provides up to 40 psychological treatment sessions and up to 20 dietetic health sessions over one year for people with anorexia nervosa and for some people with other eating disorders who also meet a set of additional eligibility criteria.

The Medicare funded **Mental Health Care Plan** via Better Access provides up to 10 psychological treatment sessions in a calendar year for anyone with a mental health disorder.

Other forms of eating disorders treatment may be through a public health setting (e.g., a community mental health centre) where there is no fee, a hospital for medical stabilisation, or full-fee private practice (that is, without a specific Medicare supported eating disorders or mental health care plan).

The next questions ask again about whether you think you have received treatment for an eating disorders, like the kind of treatment described above.

15. Have you had eating disorders treatment under the Eating Disorders Plan (up to 40 psychological treatment and/or up to 20 dietetic sessions within a year) now or in the past?	*	Yes	If selected, go to Eating Disorders Plan section
	*	No	If selected, go to Other or No Treatment section
	*	Trying to do so now for the first time	If selected, go to Trying to Seek Treatment via Eating Disorders Plan section
16. Have you received treatment from a health professional for an eating disorders or eating disorders symptoms now or in the past but not through the Eating Disorders Plan? Select all that apply.	*	Yes, with the Mental Health Care Plan (Better Access)	If selected, go to Other Treatment Section
	*	Yes, using public health services	If selected, go to Other Treatment Section
	*	Yes, using private health cover	If selected, go to Other Treatment Section
	*	Yes, using other means	If selected, go to Other Treatment Section
	*	No	If selected, exit from survey
	*	Trying to do so now for the first time	If selected, go to Trying to Seek Treatment from non-Eating Disorders Plan section



End of survey – Consumer section

[Display following items for all participants]

Thank you!

Thank you for participating in this survey - we appreciate you sharing your thoughts and time with us.

Gift Card

If you would like to receive a \$20 gift card as a thank you for your time and contribution, please follow the link below to provide your contact details. [note the voucher offer was later omitted from the survey due to severe problems with scamming]

Evaluation Findings

As you may remember, findings from this survey form part of a large, formal evaluation of the Eating Disorders Treatment and Management Plan. A final report of the Evaluation will be submitted to the Department of Health and Aged Care in early 2024. If you would like to be notified when the final report is released and to receive an electronic copy of the report, please follow the link below to provide your email address.

Link to Interview Invitation

One-on-one Interviews

And finally, as part of the larger Evaluation, we are also interested in talking with people in more depth about supporting others with eating disorders treatment, including treatment seeking attempts.

If you would like to talk with our colleagues at Deakin University in a one-on-one interview, please click the link below to provide your contact details to our colleagues.

Please note, the contact details you provide in the external link **cannot be connected to the anonymous responses you have provided in the current survey.**

Click [here](#) [link to be added] to provide your contact details for the gift card, to receive the report of the Evaluation, or to express your interest in participating in an interview.

Support

If this survey has raised any concerns for you, you can receive support from the following hotlines and find treatment providers for eating disorders:

- Lifeline (general mental health support): 13 11 14 / chat-online @ www.lifeline.org.au/crisis-chat
- The Butterfly Foundation Helpline (eating disorders or body image specific support): 1800 ED HOPE / 1800 334 673 / chat-online <https://butterfly.org.au/get-support/chat-online>
- ConnectOed to find support from a Credentialed Eating Disorders Clinician <https://connected.anzaed.org.au>



Appendix 6.3. Online survey – Health Professionals

Note. Blue text will not be visible to participants; question numbers will also not be visible to participants.

This document contains different versions of the survey for health professionals. The versions are relevant for different health professional disciplines and for different types of engagement with the eating disorders MBS items.

Introduction and Description of Eating Disorders Treatment and Management Plan (Eating Disorders – Medicare Benefit Schedule Items)

Purpose of the Survey

This survey is about your experiences and reflections on providing **screening and diagnosis, treatment, and/or coordination of care for people with eating disorders** and the different Medicare plans available to support treatment. We want to hear from **health professionals who use the Medicare Eating Disorders Treatment and Management Plan**.

Reminder about What is Involved in the Eating Disorders Treatment and Management Plan

Under the **Eating Disorders Treatment and Management Plan**, or “Eating Disorders Plan”, people with anorexia nervosa and some people with other eating disorders can receive eating disorders specific treatment that is wholly or partially funded by Medicare.

- The Eating Disorders Plan is prepared by a medical practitioner, e.g., general practitioner (GP), psychiatrist, or paediatrician, and may include referral for
 - Psychological treatment – up to 40 sessions with a psychologist, occupational therapist, social worker or GP
 - Dietetic health service – up to 20 sessions with a dietitian
 - GP Review – at or prior to having 10, 20, or 30 psychological treatment sessions, review by a GP to access the next 10 psychological treatment sessions
 - Specialist Review – at or prior to having 20 psychological treatment sessions, review by a psychiatrist or paediatrician to access more than 20 sessions

People with eating disorders can also receive treatment on a Mental Health Care Plan via Better Access (which provides up to 10 sessions with a psychologist, social worker, occupational therapist, or GP for anyone with a mental health disorder). These sessions are also wholly or partially funded by Medicare.

Survey Sections

The survey has six sections. Depending on your experience with providing eating disorders diagnosis, treatment and/or coordination of care, you may be asked some questions but not others. Depending on which questions are relevant for you, the survey will take between 10-20 minutes to complete.

You can also **Save & Return Later** if you do not want to complete the survey in one sitting. Just make sure you save the web address of the survey and open it on the same device.



Sections:

- *About you (e.g., age, gender, health professional background)*
- *Using the Eating Disorders Plan in your Practice*
- *Awareness of the Eating Disorders Plan*
- *How helpful the Eating Disorders Plan is for People with Eating Disorders and for Health Professionals*
- *The Eating Disorders Plan in general*
- *Professional Development Training*

1. Have you used the Medicare items for the Eating Disorders Plan (on at least one occasion)? Yes [proceed with survey] No [exit from survey]

The next questions are About You

Demographics

11. I identify my gender as: _____ (please specify)

12. What is your age [dropdown 16-100+]

13. What is the postcode where you work (your primary workplace): _____

14. What is your country of birth?

- Australia
- England
- India
- China
- New Zealand
- Philippines
- Vietnam
- Malaysia
- Italy
- Other, please specify:

15. Do you identify as being of Aboriginal and/or Torres Strait Islander origin?

- Aboriginal but not Torres Strait Islander origin
- Torres Strait Islander but not Aboriginal origin
- Both Aboriginal and Torres Strait Islander origin



Neither Aboriginal or Torres Strait Islander origin

165. How would you describe your sexual identity?
Please select all that apply


- Asexual
- Bisexual
- Gay or homosexual
- Lesbian
- Pansexual
- Queer
- Straight or heterosexual
- Something else (please specify)

- Don't know
- Prefer not to say

The Medicare Benefits Schedule classifies items under the Eating Disorders Plan according to professional background. These classifications are used below. For social workers and occupational therapists, we are also interested to know if you have a mental health specialisation

166. Please specify your profession

- Clinical Psychologist If selected, go to Allied Health Professional Section after question 12
- Dietitian If selected, go to Eating Disorders Plan Section after question 12
- General Practitioner If selected, go to GP, Psychiatrist, Paediatrician, Other Medical Practitioner Section after question 12
- General Practitioner – registered to provide focused psychological strategies If selected, go to GP, Psychiatrist, Paediatrician, Other Medical Practitioner Section after question 12
- Occupational Therapist If selected, go to Eating Disorders Plan Section after question 12
- Occupational Therapist – mental health endorsed If selected, go to Eating Disorders Plan Section after question 12
- Other Medical Practitioner If selected, go to GP, Psychiatrist, Paediatrician, Other Medical Practitioner Section after question 12
- Other Medical Practitioner - registered to provide focused psychological strategies If selected, go to GP, Psychiatrist, Paediatrician, Other Medical Practitioner Section after question 12

- 
- Paediatrician If selected, go to GP, Psychiatrist, Paediatrician, Other Medical Practitioner Section after question 12
 - Psychiatrist If selected, go to GP, Psychiatrist, Paediatrician, Other Medical Practitioner Section after question 12
 - Psychologist If selected, go to Eating Disorders Plan Section after question 12
 - Social Worker If selected, go to Eating Disorders Plan Section after question 12
 - Social Worker – Accredited Mental Health Social Worker If selected, go to Eating Disorders Plan Section after question 12
- If none selected, exit from survey

167. How long have you been practising in your current profession (years): _____

168. For how many of those years have you been seeing clients/patients with eating disorders:

169. Please indicate the most frequent eating disorders diagnoses you see in your practice.
Please select all that apply.
- Anorexia nervosa
 - Bulimia nervosa
 - Binge eating disorders
 - Other specified feeding and eating disorders (OSFED) - Atypical anorexia nervosa
 - OSFED - Subthreshold bulimia nervosa
 - OSFED - Subthreshold binge eating disorders
 - OSFED - Purging disorder
 - OSFED -Night eating syndrome
 - Avoidant/Restrictive Food Intake Disorder (ARFID)
 - Pica
 - Rumination Disorder
 - Unspecified feeding or eating disorders



170. Are you an ANZAED Eating Disorders Credentialed Clinician?
- Yes
 - No
 - Not applicable
 - Unsure

GP, Psychiatrist, Paediatrician, and Other Medical Practitioner Section

12. Which of the following best characterises your level of engagement in working with patients with eating disorders?
- I do limited work in eating disorders
 - I do a moderate amount of work in eating disorders
 - I do a lot of work in eating disorders
13. What type of work do you do with patients with eating disorders – under the Eating Disorders Plan or other pathways of care? Select all that apply
- I provide diagnosis and referral
 - I coordinate care, including providing medical monitoring
 - I provide mental health treatment (e.g., focused psychological strategies)
 - Other, please specify:

Please indicate if you would like to change your level or type of engagement in eating disorders care

14. In regard to the amount of work you do in eating disorders, which of the following best applies to you?

- Prefer to decrease my caseload by a lot**
- Prefer to decrease my caseload a little**
- Prefer no change to caseload**
- Prefer to increase my caseload a little**
- Prefer to increase my caseload by a lot**

The next question asks you to think about involvement in eating disorders care on a continuum from low to high involvement across Diagnosis and Referral to Coordination of Care to Provision of Treatment.



15. In regard to your involvement in the continuum of care for eating disorders, which of the following best applies to you?

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prefer much lower involvement across the continuum of care | Prefer slightly lower involvement across the continuum of care | Prefer no change to involvement across the continuum of care | Prefer slightly higher involvement across the continuum of care | Prefer much higher involvement across the continuum of care |

Eating Disorders Plan Section

The next questions are about Using the Eating Disorders Plan in your Practice

16. Have you provided services to patients/clients under the Eating Disorders Plan?
Please select all that apply
- | | | |
|----------------------------|--|---|
| <input type="checkbox"/> A | Yes – preparation of new Eating Disorders Plans | A: If this response selected go to Preparation of Eating Disorders Plan section |
| <input type="checkbox"/> B | Yes – provision of eating disorders dietetic services | B: If this response selected go to Dietetic services section |
| <input type="checkbox"/> C | Yes – provision of eating disorders psychological treatment services | C: If this response selected go to Psychological Treatment section
C-A: If this response and response A selected, go to Preparation of Eating Disorders Plan plus Psychological Treatment section |
| <input type="checkbox"/> D | Yes – review of Eating Disorders Plans | D: If this response selected go to Review of Eating Disorders Plan section
D-A: If this response and Response A selected, go to Preparation of Eating Disorders Plan plus Review of Eating Disorders Plan Section
D-C: If this response and Response C selected, go to Review of Eating Disorders Plan plus Psychological Treatment section |



No

D-A-C: If this response and Responses A and C selected, go to Preparation of Eating Disorders Plan plus Psychological Treatment section plus Review of Eating Disorders Plan section
If this response selected exit from the survey

Eating Disorders Plan: Preparation of Plan Section

17. Thinking about the past 12 months, what proportion of patients that you see with mental health issues have had an eating disorders?
- Few (0 – 19%)
 - Some (20 – 39%)
 - Moderate (40 – 59%)
 - Many (60 - 79%)
 - Almost all/all (80 - 100%)
18. What proportion of those patients (i.e., those with an eating disorders) would you be working with in relation to their eating disorders or conditions related to their eating disorders, rather than non-eating disorders issues they may also present with?
- Few (0 – 19%)
 - Some (20 – 39%)
 - Moderate (40 – 59%)
 - Many (60 - 79%)
 - Almost all/all (80 - 100%)
19. Thinking about the past 12 months, on average, how many Eating Disorders Plans would you **prepare** per month? Please provide your best estimate.
- 1 per month or fewer
 - 2 per month
 - 3 per month
 - 4 per month
 - 5 per month
 - 6 per month
 - 7 per month
 - 8 per month
 - 9 per month
 - 10 per month
 - 11 – 15 per month
 - 16 – 20 per month

- 21 – 25 per month
- 26 – 29 per month
- 30 or more per month

The next questions are about The Eating Disorders Plans you Prepare

Of the eating disorders plans you prepare (please estimate as best you can):

20. What proportion would be for patients who have anorexia nervosa?
- Percent
- 0 10 20 30 40 50 60 70 80 90 100
-
21. What proportion would be for patients who have other eating disorders diagnoses and meet the additional eligibility criteria?
- Percent
- 0 10 20 30 40 50 60 70 80 90 100
-

Of the eating disorders plans you prepare (please estimate as best you can):

22. What proportion of plans include referral for psychological treatment services?
- Percent
- 0 10 20 30 40 50 60 70 80 90 100
-
23. What proportion include referral for dietetic treatment services?
- Percent
- 0 10 20 30 40 50 60 70 80 90 100
-

Of the eating disorders plans you prepare that include referral for psychological treatment sessions:

24. For what proportion would there be an initial expectation/plan that the patient will access more than 20 psychological treatment sessions? (please estimate as best you can)
- Percent
- 0 10 20 30 40 50 60 70 80 90 100
-

25. Following the preparation of the plan, do patients tend to receive treatment sessions as initially expected/planned? Please tick all that apply
- Yes [skip next question]
 - No, patients typically receive fewer psychological treatment sessions than planned
 - No, patients typically receive more psychological treatment sessions than planned

- No, patients typically fewer dietetic sessions than planned
- No, patients typically receive more dietetic sessions than planned
- No, a high proportion do not receive treatment at all

Below are some reasons treatment may not proceed as planned. Please indicate the extent to which these tend to contribute to patients **receiving fewer treatment sessions** than planned.

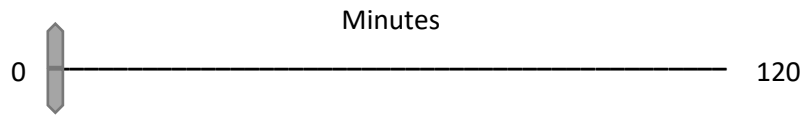
	Yes, this contributes to treatment not being received as planned	No, this does not contribute to treatment not being received as planned	Unsure if this contributes
26. The treatment (gap) fee is unaffordable/too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. The waitlist to access sessions is too long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Suitably experienced/knowledgeable providers are hard to find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. The provider disagrees with the treatment plan indicated in the referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. The 20-session Psychiatrist / Paediatrician reviews cannot be obtained at the right time to access further sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Further treatment is not recommended at the 20-session Psychiatrist / Paediatrician review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Patients find sessions to be unhelpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Patients find sessions to be very challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Treatment or support is accessed in another way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Patients do not engage with the referred services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about Preparing the Eating Disorders Plan

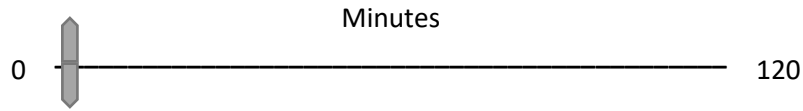
On average, in minutes, how much time does it take for you to prepare The Plan, considering each of the following components?



36. Patient consult(s) in which the required information is gathered



37. Writing the plan



[Display if General Practitioner - registered to provide focused psychological strategies selected in Question 7, About You section] The Medicare schedule fee for preparing Eating Disorders Plans varies from \$99.70 (20-40 minutes) to \$146.90 (40+ minutes) for GPs with mental health skills training.

Preparing the plan requires 1) an opinion on diagnosis, 2) treatment options and recommendations for the following 12 months, 3) provision of a copy of the plan to the patient and carer (if appropriate and with agreement), and 4) suitable education about the eating disorders.

38. To what extent does the Schedule fee that you receive for preparing The Plan provide appropriate remuneration for the required tasks and associated time?

- Fee is **much less** than required
 Fee is **somewhat less** than required
 About right [skip next question]
 Fee is somewhat **more** than required
 Fee is **much more** than required

[Display if General Practitioner selected in Question 7, About You section] The Medicare Schedule fee for preparing Eating Disorders Plans varies from \$78.55 (20-40 minutes) to \$115.60 (40+ minutes) for GPs.

Preparing the plan requires 1) an opinion on diagnosis, 2) treatment options and recommendations for the following 12 months, 3) provision of a copy of the plan to the patient and carer (if appropriate and with agreement), and 4) suitable education about the eating disorders.

39. To what extent does the Schedule fee that you receive for preparing The Plan provide appropriate remuneration for the required tasks and associated time?

- Fee is **much less** than required
 Fee is **somewhat less** than required
 About right [skip next question]
 Fee is somewhat **more** than required
 Fee is **much more** than required



[Display if Other Medical Practitioner - registered to provide focused psychological strategies selected in Question 7, About You section] The Medicare Schedule fee for preparing Eating Disorders Plans varies from \$79.75 (20-40 minutes) to \$117.50 (40+ minutes) for Other Medical Practitioners with mental health skills training. Preparing the plan requires 1) an opinion on diagnosis, 2) treatment options and recommendations for the following 12 months, 3) provision of a copy of the plan to the patient and carer (if appropriate and with agreement), and 4) suitable education about the eating disorders.

40. To what extent does the Schedule fee that you receive for preparing The Plan provide appropriate remuneration for the required tasks and associated time?

- Fee is **much less** than required Fee is **somewhat less** than required About right [skip next question] Fee is somewhat **more** than required Fee is **much more** than required

[Display if Other Medical Practitioner selected in Question 7, About You section] The Medicare Schedule fee for preparing Eating Disorders Plans varies from \$62.85 (20-40 minutes) to \$92.50 (40+ minutes) for Other Medical Practitioners. Preparing the plan requires 1) an opinion on diagnosis, 2) treatment options and recommendations for the following 12 months, 3) provision of a copy of the plan to the patient and carer (if appropriate and with agreement), and 4) suitable education about the eating disorders.

41. To what extent does the Schedule fee that you receive for preparing The Plan provide appropriate remuneration for the required tasks and associated time?

- Fee is **much less** than required Fee is **somewhat less** than required About right [skip next question] Fee is somewhat **more** than required Fee is **much more** than required

[Display if Psychiatrist selected in Question 7, About You section] The Medicare schedule fee for Psychiatrists for preparing Eating Disorders Plans is \$503.20.

Preparing the plan requires 1) an opinion on diagnosis, 2) treatment options and recommendations for the following 12 months, 3) provision of a copy of the plan to the patient and carer (if appropriate and with agreement), and 4) suitable education about the eating disorders.

42. To what extent does the Schedule fee that you receive for preparing The Plan provide appropriate remuneration for the required tasks and associated time?



- Fee is **much less**
than required
- Fee is **somewhat less**
than required
- About right [skip
next question]
- Fee is somewhat
more than
required
- Fee is **much more**
than required

[Display if Paediatrician selected in Question 7, About You section] The Medicare schedule fee for Paediatricians for preparing Eating Disorders Plans is \$293.40.

Preparing the plan requires 1) an opinion on diagnosis, 2) treatment options and recommendations for the following 12 months, 3) provision of a copy of the plan to the patient and carer (if appropriate and with agreement), and 4) suitable education about the eating disorders.

43. To what extent does the Schedule fee that you receive for preparing The Plan provide appropriate remuneration for the required tasks and associated time?

- Fee is **much less**
than required
- Fee is **somewhat less**
than required
- About right [skip
next question]
- Fee is somewhat
more than
required
- Fee is **much more**
than required

To what extent do the required tasks (below) and associated time contribute to the Schedule fee for preparing the Eating Disorders Plan being inappropriate?

	No contribution	Moderate contribution	Large contribution
44. Providing an opinion on diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Providing treatment options and recommendations for the following 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Providing a copy of the plan to the patient (and carer if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Providing education about eating disorders			

48. Please add any comments you have on the required (or additional unlisted) tasks, time, and remuneration provided for preparing the Eating Disorders Plan

49. What is your level of confidence in preparing the Eating Disorders Plan?

-
- Low confidence**
-
- High confidence**
-

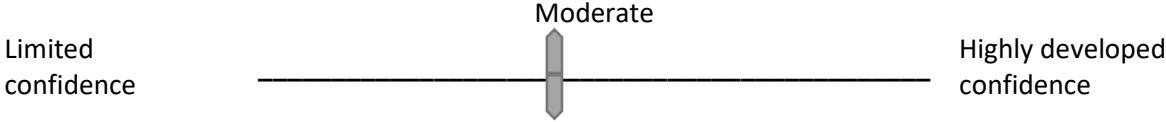


Very low confidence

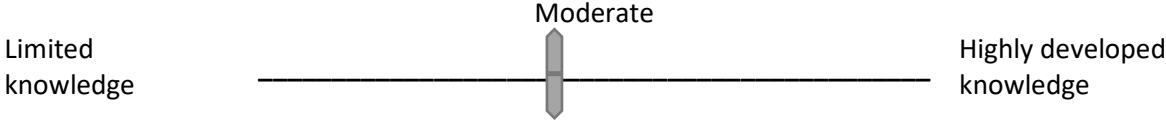
Moderate confidence

Very high confidence

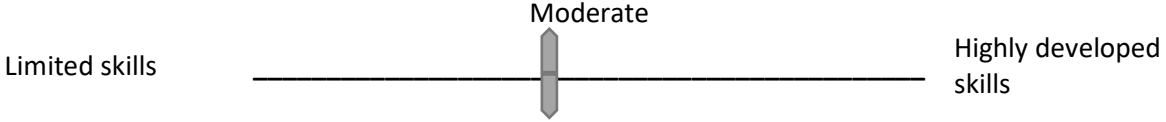
50. Overall, what is your level of **confidence** in providing safe and effective eating disorders diagnosis, referral, and coordination of care [slider response]



51. Overall, what is your level of **knowledge** in providing safe and effective eating disorders diagnosis, referral, and coordination of care [slider response]



52. Overall, what is your level of **skill** in providing safe and effective eating disorders diagnosis, referral, and coordination of care [slider response]



Providing support to patients via the Eating Disorders Plan requires several steps. For each step outlined below, in general, please indicate how easy or difficult it is to complete the step:

	Very easy	Easy	Neutral	Difficult	Very difficult
53. Determine patient eligibility for the Eating Disorders Plan – diagnose the eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Determine patient eligibility for the Eating Disorders Plan – additional criteria for patients with bulimia nervosa, binge eating disorders, or other specified feeding or eating disorders, e.g., EDE-Q global score; eating disorders behaviours, clinical indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 55. Determine **initial treatment recommendations/goals for psychological treatment sessions**
- 56. Determine **initial treatment recommendations/goals for dietetic services**

For the next questions, please note the Eating Disorders Plan requirement for services to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders.

Please indicate how easy or difficult it is to complete each of the following:

	Very easy	Easy	Neutral	Difficult	Very difficult
57. Select an appropriate provider for psychological treatment sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Find an appropriate provider with availability to provide psychological treatment sessions in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Select an appropriate provider for dietetic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Find an appropriate provider with availability to provide dietetic services in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Select an appropriate provider (Psychiatrist or Paediatrician) to conduct the 20 session review to access more than 20 psychological treatment sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Find an appropriate provider (Psychiatrist or Paediatrician) with availability to conduct a timely 20 session review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. Please comment on what would help to improve confidence or make it easier to prepare and implement the Eating Disorders Plan

The next questions are about Awareness of the Eating Disorders Plan

[Display this question only for GPs or Other Medical Practitioners]



64. Over the past 12 months, how well informed do you feel about how to use the Eating Disorders Plan and associated Medicare items?

- Not at all informed** **Slightly informed** **Moderately informed** **Highly informed** **Very highly informed**

65. Over the past 12 months, to what extent have mental health professionals to whom you wish to refer patients for psychological treatment been informed about how to use the Eating Disorders Plan and associated Medicare items?

- Not at all informed** **Slightly informed** **Moderately informed** **Highly informed** **Very highly informed** **Not applicable, I have not referred patients for psychological treatment**

66. Over the past 12 months, to what extent have dietitians to whom you wish to refer patients for dietetic health sessions been informed about how to use the Eating Disorders Plan and associated Medicare items?

- Not at all informed** **Slightly informed** **Moderately informed** **Highly informed** **Very highly informed** **Not applicable, I have not referred patients for dietetic sessions**

67. Over the past 12 months, to what extent have psychiatrists or paediatricians to whom you wish to refer patients for the 20-session review been informed about how to use the Eating Disorders Plan and associated Medicare items?

- Not at all informed** **Slightly informed** **Moderately informed** **Highly informed** **Very highly informed** **Not applicable, I have not referred patients for the 20-session review**

68. Over the past 12 months, what level of support have you had to provide to other health professionals, e.g., mental health professionals, dietitians, psychiatrists and paediatricians, to use The Plan and associated Medicare items to assist patients accessing treatment?

- No support** **Very little support** **Some support** **Moderate support** **A lot of support** **Not applicable, I have not referred patients for these services**

69. Please feel free to comment on your responses:

Eating Disorders Plan: Psychological Treatment Provision Section - Allied Health

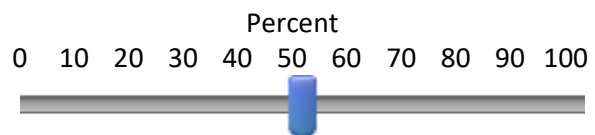
70. Thinking about the clients you have seen over the past year, what proportion have had an eating disorders?
- Few (0 – 19%)
 - Some (20 – 39%)
 - Moderate (40 – 59%)
 - Many (60 - 79%)
 - Almost all/all (80 - 100%)

71. What proportion of those clients (i.e., those with an eating disorders) would you be working with in relation to their eating disorders, as opposed to other issues?
- Few (0 – 19%)
 - Some (20 – 39%)
 - Moderate (40 – 59%)
 - Many (60 - 79%)
 - Almost all/all (80 - 100%)

72. Please indicate if you would like to change your level of engagement in eating disorders treatment:

- | | | | | |
|--|--|-------------------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prefer to decrease my caseload by a lot | Prefer to decrease my caseload a little | Prefer no change to caseload | Prefer to increase my caseload a little | Prefer to increase my caseload by a lot |

73. Over the past 12 months, what proportion of your eating disorders clients have been accessing treatment under the Eating Disorders Plan?



74. Thinking about the past 12 months, on average, how many clients with eating disorders would you see per month for eating disorders treatment under the Eating Disorders Plan? Please provide your best estimate
- 1 per month or fewer
 - 2 - 4 per month
 - 5 - 7 per month
 - 8 - 10 per month
 - 11 – 15 per month
 - 16 – 20 per month
 - 21 – 25 per month

- 26 – 29 per month
- 30 - 39 per month
- 40 - 49 per month
- 50 - 59 per month
- 60 r more per month

75. What are the reasons some of your clients with an eating disorders are not using the Eating Disorders Plan items to access treatment **(select all that apply?)**
- Not applicable, all clients are using the Eating Disorders Plan
 - Clients are ineligible
 - Clients use the mental health care plan (MHCP) instead
 - Clients access public services
 - Clients use private health cover instead
 - Clients have financial constraints:
 - Clients cannot access services due to long waiting lists
 - Clients are not aware of The Plan
 - Referring doctors are not aware of The Plan
 - Other reason/s (please specify):

The next questions are about How you Work with Clients under the Eating Disorders Plan

[Display if Clinical Psychologist selected in Question 7, About You section] The Medicare Schedule fee for Clinical Psychologists providing psychological treatment sessions in consulting rooms is \$109.25 (30-50 minutes) or \$160.40 (at least 50 minutes).

76. Please indicate whether you typically provide treatment in 30-50 minute sessions or in at least 50 minute sessions
- 30-50 minute sessions
 - At least 50 minute sessions

[Display if selected 30-50 minute sessions] Please indicate whether the 30-50 minutes is appropriate for provision of psychological treatment for eating disorders?

- | | Much too short | Somewhat too short | Appropriate length of time | Somewhat too long | Much too long |
|--------------------|--------------------------|---------------------------|-----------------------------------|--------------------------|--------------------------|
| 77. For assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



78. For ongoing psychological intervention

[Display if selected at least 50 minute sessions] Please indicate whether the sessions of 50 or more minutes duration is appropriate for provision of psychological treatment for eating disorders?

	Much too short	Somewhat too short	Appropriate length of time	Somewhat too long	Much too long
79. For assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. For ongoing psychological intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Display if Psychologist selected in Question 7, About You section] The Medicare Schedule fee for Psychologists providing psychological treatment sessions in consulting rooms is \$77.45 (20-50 minutes) or \$109.25 (at least 50 minutes).

81. Please indicate whether you typically provide treatment 20-50 minute sessions
 in 20-50 minute sessions or in at least 50 minute sessions At least 50 minute sessions

[Display if selected 20-50 minute sessions] Please indicate whether the 20-50 minutes is appropriate for provision of psychological treatment for eating disorders?

	Much too short	Somewhat too short	Appropriate length of time	Somewhat too long	Much too long
82. For assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. For ongoing psychological intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Display if selected at least 50 minute sessions] Please indicate whether the sessions of 50 or more minutes duration is appropriate for provision of psychological treatment for eating disorders?



	Much too short	Somewhat too short	Appropriate length of time	Somewhat too long	Much too long
84. For assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. For ongoing psychological intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Display if Occupational Therapist or Occupational Therapist – mental health endorsed selected in Question 7, About You section] The Medicare Schedule fee for Occupational Therapists providing psychological treatment sessions in consulting rooms is \$68.20 (20-50 minutes) or \$96.30 (at least 50 minutes).

86. Please indicate whether you typically provide treatment	<input type="checkbox"/>	20-50 minute sessions
in 20-50 minute sessions or in at least 50 minute sessions	<input type="checkbox"/>	At least 50 minute sessions

[Display if selected 20-50 minute sessions] Please indicate whether the 20-50 minutes is appropriate for provision of psychological treatment for eating disorders?

	Much too short	Somewhat too short	Appropriate length of time	Somewhat too long	Much too long
87. For assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. For ongoing psychological intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Display if selected at least 50 minute sessions] Please indicate whether the sessions of 50 or more minutes duration is appropriate for provision of psychological treatment for eating disorders?

	Much too short	Somewhat too short	Appropriate length of time	Somewhat too long	Much too long
89. For assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. For ongoing psychological intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Display if Social Worker or Social worker –Accredited Mental Health Social Worker selected in Question 7, About You section] The Medicare Schedule fee for Social Workers providing



psychological treatment sessions in consulting rooms is \$68.20 (20-50 minutes) or \$96.30 (at least 50 minutes).

91. Please indicate whether you typically provide treatment 20-50 minute sessions
 in 20-50 minute sessions or in at least 50 minute sessions At least 50 minute sessions

[Display if selected 20-50 minute sessions] Please indicate whether the 20-50 minutes is appropriate for provision of psychological treatment for eating disorders?

	Much too short	Somewhat too short	Appropriate length of time	Somewhat too long	Much too long
92. For assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. For ongoing psychological intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Display if selected at least 50 minute sessions] Please indicate whether the sessions of 50 or more minutes duration is appropriate for provision of psychological treatment for eating disorders?

	Much too short	Somewhat too short	Appropriate length of time	Somewhat too long	Much too long
94. For assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. For ongoing psychological intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Display if GP – registered to provide focused psychological strategies selected in Question 7, About You section] The Medicare Schedule fee for GPs with mental health skills training providing psychological treatment sessions in consulting rooms is \$101.60 (30-40 minutes) or \$145.35 (at least 40 minutes).

96. Please indicate whether you typically provide treatment 30-40 minute sessions
 in 30-40 minute sessions or in at least 40 minute sessions At least 40 minute sessions



[Display if selected 30-40 minute sessions] Please indicate whether the 30-40 minutes is appropriate for provision of psychological treatment for eating disorders?

	Much too short	Somewhat too short	Appropriate length of time	Somewhat too long	Much too long
97. For assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. For ongoing psychological intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Display if selected at least 40 minute sessions] Please indicate whether the sessions of 40 or more minutes duration is appropriate for provision of psychological treatment for eating disorders?

	Much too short	Somewhat too short	Appropriate length of time	Somewhat too long	Much too long
99. For assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. For ongoing psychological intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Display for all participants in this section]

101. To what extent does the Schedule fee that you receive for psychological treatment services provide appropriate remuneration for the required tasks and associated time?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fee is much less than required	Fee is somewhat less than required	About right [skip next question]	Fee is somewhat more than required	Fee is much more than required

To what extent do the tasks (below) and associated time contribute to the Schedule fee for preparing the Eating Disorders Plan being inappropriate?

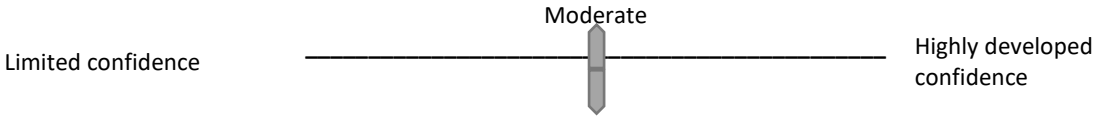
	No contribution	Small contribution	Moderate contribution	Large contribution
102. Initial consultation/assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Follow-up and reports after initial consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



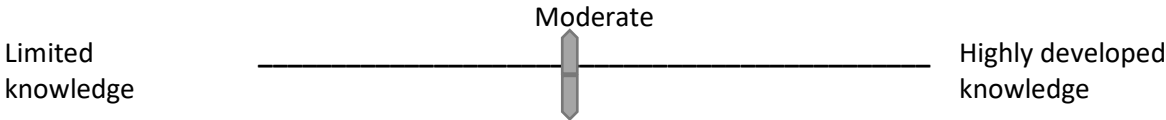
- 104. Contacts with family/supports of client
- 105. Communication with multidisciplinary care team, e.g., GP
- 106. Ongoing consultation sessions with client for delivery of psychological treatment sessions

107. What are the tasks you do to provide appropriate eating disorders treatment that cannot be done in the time/level of remuneration for psychological treatment sessions under the Eating Disorders Plan?

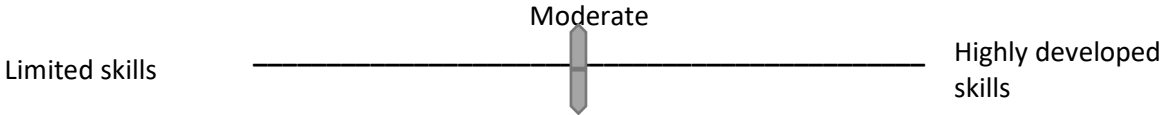
108. Please indicate your level of **confidence** in providing safe and effective eating disorders treatment [slider response]



109. Please indicate your level of **knowledge** in providing safe and effective eating disorders treatment [slider response]



110. Please indicate your level of **skill** in providing safe and effective eating disorders treatment [slider response]

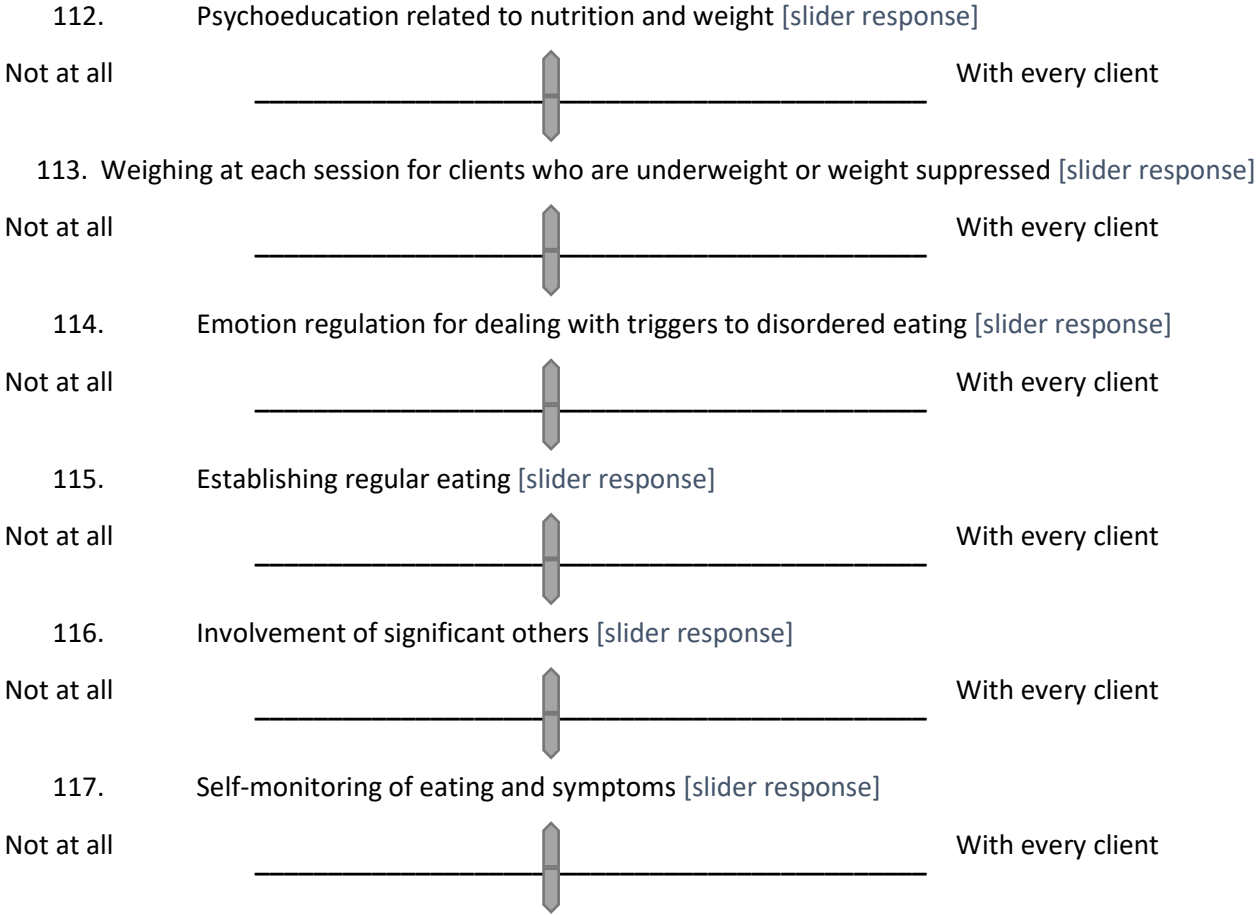


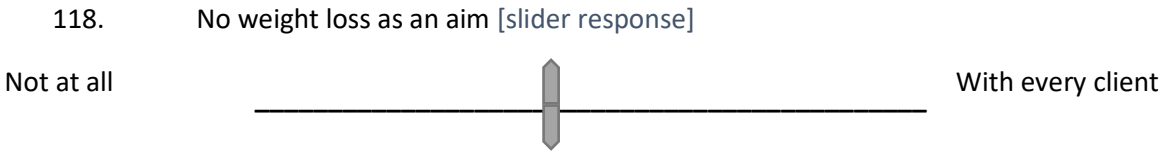
- 111. What treatment models do you use with your eating disorders clients? (select all that apply)
 - Family Based Treatment (FBT) for Eating Disorders
 - Cognitive Behaviour Therapy - Enhanced (CBT-E)



- Cognitive Behaviour Therapy - Guided Self-Help (CBT-GSH)
- Specialist Supportive Clinical Management (SSCM)
- Maudsley Model of Anorexia Treatment in Adults (MANTRA)
- Interpersonal Psychotherapy (IPT)
- Dialectical Behaviour Therapy (DBT)
- Acceptance and Commitment Therapy
- Adolescent Focused Therapy for Eating Disorders
- Focal Psychodynamic Therapy for Eating Disorders
- Schema Therapy
- Other (please specify):

To what extent do you use the following therapeutic techniques/approaches with your eating disorders clients under the Eating Disorders Plan?





119. Following referral to psychological treatment under the Eating Disorders Plan, do clients tend to receive treatment sessions as initially planned?
Please tick all that apply
- Yes [skip next question]
 - No, clients typically receive fewer psychological treatment sessions than planned
 - No, clients typically receive more psychological treatment sessions than planned
 - No, clients typically fewer dietetic sessions than planned
 - No, clients typically receive more dietetic sessions than planned
 - No, a high proportion do not receive treatment at all

Below are some reasons treatment may not proceed as planned. Please indicate the extent to which these tend to contribute to clients **receiving fewer treatment sessions** than planned.

	Yes, this contributes to treatment not being received as planned	No, this does not contribute to treatment not being received as planned	Unsure if this contributes
120. The treatment (gap) fee is unaffordable/too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. The waitlist to access sessions is too long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. The provider disagrees with the treatment plan indicated in the referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. Further treatment is not recommended at the 10, 20, or 30 session GP review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. The 20-session Psychiatrist / Paediatrician reviews cannot be obtained at the right time to access further sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. Further treatment is not recommended at the 20-session Psychiatrist / Paediatrician review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. Clients find sessions to be unhelpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 127. Clients find sessions to be very challenging
- 128. Treatment or support is accessed in another way
- 129. Clients do not engage with the referred services

Following referral for psychological treatment sessions, the Eating Disorders Plan requires a review of the client by a GP at 10, 20, and 30 sessions to access additional sessions and a review of the client by a psychiatrist or paediatrician for access to the final 20 psychological treatment sessions.

	Very easy	Somewhat easy	Neutral	Somewhat difficult	Very difficult	Not applicable, my clients have not required this review
130. How easy or difficult has it been to obtain a timely 10-session review by a GP or Other Medical Practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. How easy or difficult has it been to obtain a timely 20-session review by a GP or Other Medical Practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132. How easy or difficult has it been to obtain a timely 30-session review by a GP or Other Medical Practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. How easy or difficult has it been to access a psychiatrist or paediatrician with appropriate knowledge, skills, and experience in eating disorders for the 20-session review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. How easy or difficult has it been to obtain a timely 20-session review by a paediatrician or psychiatrist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. If your clients have experienced delays in accessing timely reviews, to what extent have these delays negatively affected their treatment progress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No negative effect at all	Slight negative effect	Moderate negative effect	Strong negative effect	Not applicable, my clients have not required reviews	



136. Do you currently have availability for new eating disorders clients? Yes, they can see me immediately [skip next question]

Yes, but I have a wait list

No, I have stopped taking on new clients [skip next question]

137. What is your current wait list time to accept new eating disorders clients?

Less than 1 month

Around 1 month

Around 2 months

Around 3 months

Around 4 months

Around 5 months

Around 6 months

Around 7 months

Around 8 months

Around 9 months

Around 10 months

Around 12 months

Around 12 months or longer

The next questions are about Awareness of the Eating Disorders Plan

138. Over the past 12 months, how well informed do you feel about how to use the Eating Disorders Plan and associated Medicare items?

Not at all informed **Slightly informed** **Moderately informed** **Highly informed** **5**
Very highly informed

139. Over the past 12 months, to what extent have referring doctors (e.g., GPs) been aware of the availability of the Eating Disorders Plan?

Not at all aware **Slightly aware** **Moderately aware** **Highly aware** **5**
Very highly aware

140. Over the past 12 months, how well informed do you feel referring doctors (e.g., GPs) are about how to use the Eating Disorders Plan and associated Medicare items?

Not at all informed **Slightly informed** **Moderately informed** **Highly informed** **5**
Very highly informed



141. Over the past 12 months, how well informed do you feel Psychiatrists and Paediatricians (required for the 20-session review) are about how to use the Eating Disorders Plan and associated Medicare items?

- | | | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|-----------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all informed | Slightly informed | Moderately informed | Highly informed | Very highly informed | Not applicable, my clients have not required this review |

142. Over the past 12 months, what level of support have you had to provide to referring doctors (e.g., GPs) to assist clients accessing the Eating Disorders Plan?

- | | | | | |
|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No support | Very little support | Some support | Moderate support | A lot of support |

143. Please feel free to comment on your responses on awareness and use of The Plan:

Eating Disorders Plan: Dietetic Health Services Provision Section

144. Thinking about the patients you have seen over the past year, what proportion have had an eating disorders?
- Few (0 – 19%)
 - Some (20 – 39%)
 - Moderate (40 – 59%)
 - Many (60 - 79%)
 - Almost all/all (80 - 100%)

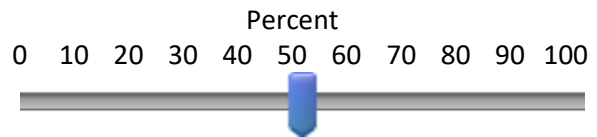
145. What proportion of those patients (i.e., those with an eating disorders) would you be working with in relation to their eating disorders, as opposed to other issues?
- Few (0 – 19%)
 - Some (20 – 39%)
 - Moderate (40 – 59%)
 - Many (60 - 79%)
 - Almost all/all (80 - 100%)



146. Please indicate if you would like to change your level of engagement in eating disorders care by selecting the option that best applies to you:

- | | | | | |
|--|--|-------------------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prefer to decrease my caseload by a lot | Prefer to decrease my caseload a little | Prefer no change to caseload | Prefer to increase my caseload a little | Prefer to increase my caseload by a lot |

147. Over the past 12 months, what proportion of your eating disorders patients have been accessing treatment under the Eating Disorders Plan?



148. Thinking about the past 12 months, on average, how many clients with eating disorders would you see per month for eating disorders treatment under the Eating Disorders Plan?
Please provide your best estimate
- 1 per month or fewer
 - 2 - 4 per month
 - 5 - 7 per month
 - 8 - 10 per month
 - 11 - 15 per month
 - 16 - 20 per month
 - 21 - 25 per month
 - 26 - 29 per month
 - 30 - 39 per month
 - 40 - 49 per month
 - 50 - 59 per month
 - 60 or more per month

149. What are the reasons some of your patients with an eating disorders are not using the Eating Disorders Plan items to access treatment **(select all that apply?)**
- Not applicable, all patients are using the Eating Disorders Plan
 - Patients are ineligible
 - Patients use the mental health care plan (MHCP) instead
 - Patients access public services
 - Patients use private health cover instead
 - Patients have financial constraints:
 - Patients cannot access services due to long waiting lists
 - Patients are not aware of The Plan
 - Referring doctors are not aware of The Plan

Other reason/s (please specify):

The next questions are about How you Work with Clients under the Eating Disorders Plan

The Medicare Schedule fee for Dietitians providing dietetic health services of at least 20 minutes duration is \$68.20.

Please indicate whether 20 minutes is appropriate for provision of dietetic intervention for eating disorders:

	Much too short	Somewhat too short	Appropriate length of time	Somewhat too long	Much too long
150. For nutrition assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151. For ongoing nutrition intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

152. To what extent does the Schedule fee that you receive for dietetic services provide appropriate remuneration for the required tasks and associated time?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fee is much less than required	Fee is somewhat less than required	About right [skip next question]	Fee is somewhat more than required	Fee is much more than required

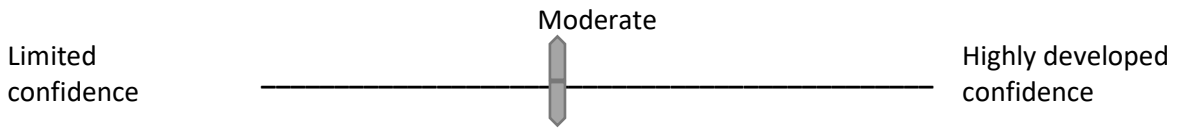
To what extent do the tasks (below) and associated time contribute to the Schedule fee for preparing the Eating Disorders Plan being inappropriate?

	No contribution	Moderate contribution	Large contribution
153. Initial consultation with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154. Follow-up and reports after initial consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155. Contacts with family/supports of patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156. Communication with multidisciplinary care team, e.g., GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157. Ongoing consultation sessions with patient for delivery of dietetic sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

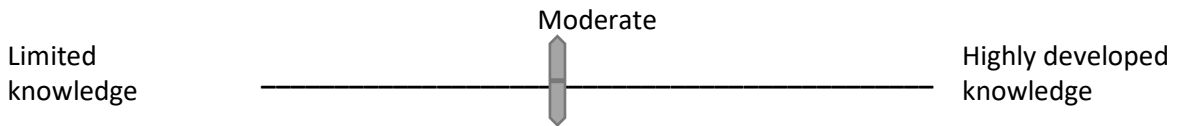
158. What are the tasks you do to provide appropriate dietetic care that cannot be done in the time/level of remuneration for dietetic health services under the Eating Disorders Plan?



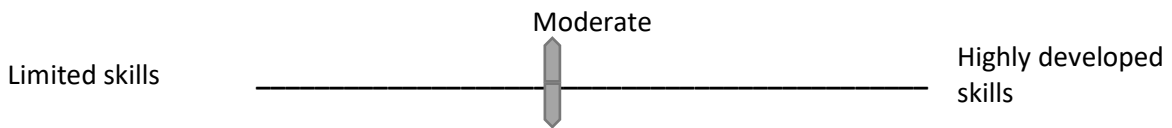
159. Please indicate your level of **confidence** in providing safe and effective eating disorders nutrition intervention [slider response]



160. Please indicate your level of **knowledge** in providing safe and effective eating disorders eating disorders nutrition intervention [slider response]



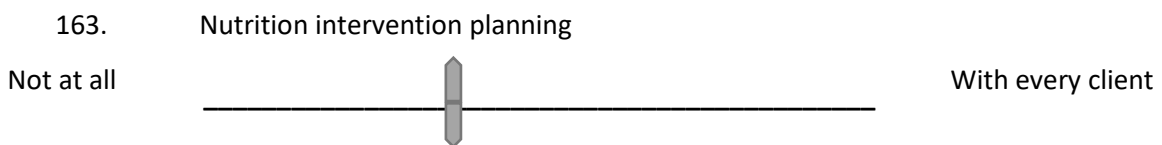
161. Please indicate your level of **skill** in providing safe and effective eating disorders eating disorders nutrition intervention [slider response]



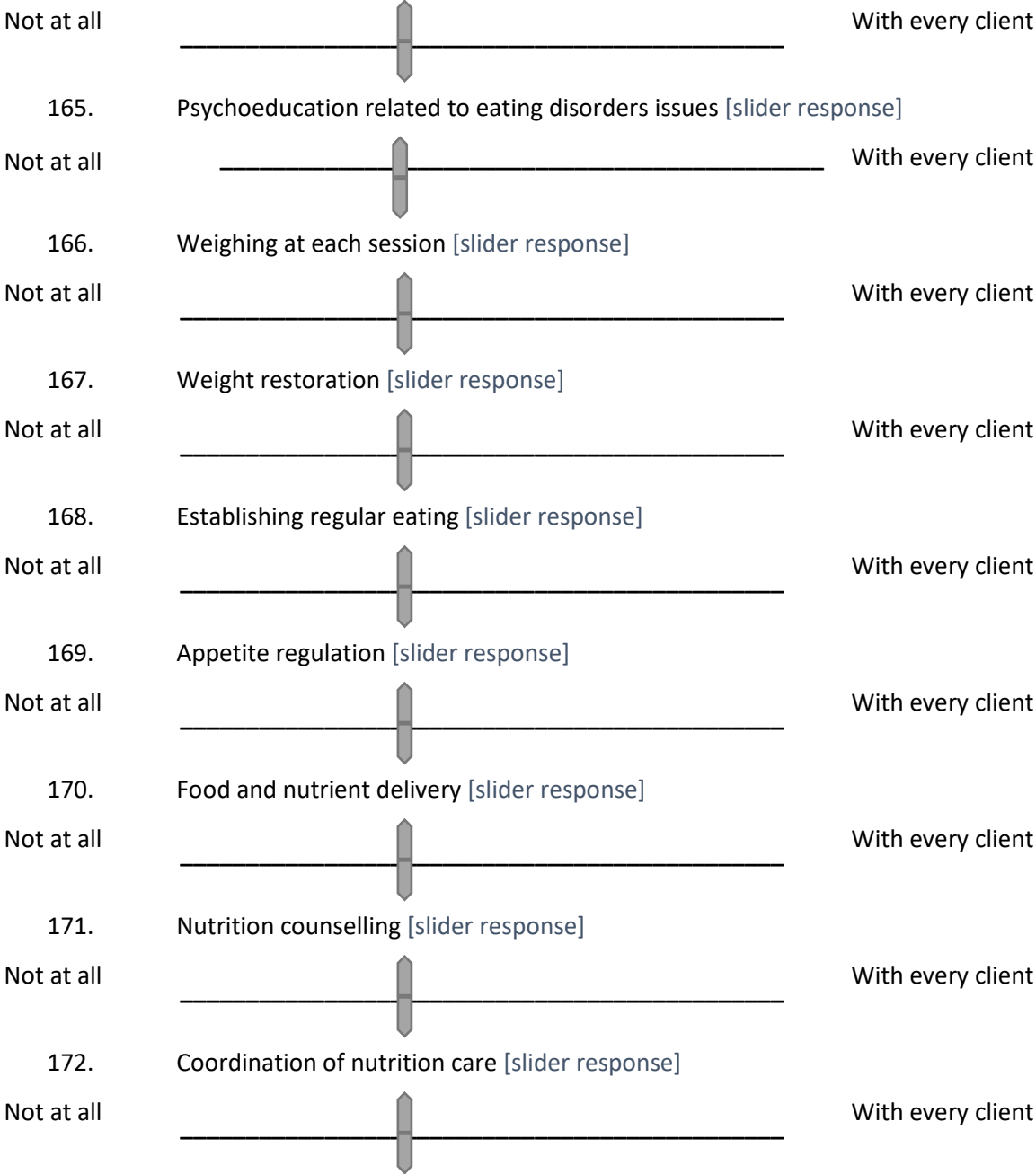
162. What components of dietetic-specific practice do you use with your eating disorders patients? (select all that apply)

- Nutrition assessment, e.g., history, anthropometric measurements, review medical/physical findings, assessment of eating disorders beliefs and behaviours
- Nutrition diagnosis (taking into account intake, clinical findings)
- Nutrition education
- Nutrition intervention
- Monitoring and evaluation
- Other, please specify: _____

To what extent do you use the following dietetic-specific nutrition intervention techniques/approaches with your eating disorders patients under the Eating Disorders Plan?



164. Psychoeducation related to nutrition and weight [slider response]



173. Following referral to treatment under the Eating Disorders Plan, do clients tend to receive treatment sessions as initially planned?
Please select all that apply
- Yes [skip next question]
 - No, patients typically receive fewer psychological treatment sessions than planned
 - No, patients typically receive more psychological treatment sessions than planned
 - No, patients typically fewer dietetic sessions than planned
 - No, patients typically receive more dietetic sessions than planned

No, a high proportion do not receive treatment at all

Below are some reasons treatment may not proceed as planned. Please indicate the extent to which these tend to contribute to patients **receiving fewer treatment sessions** than planned.

	Yes, this contributes to treatment not being received as planned	No, this does not contribute to treatment not being received as planned	Unsure if this contributes
174. The treatment (gap) fee is unaffordable/too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175. The waitlist to access sessions is too long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176. The provider disagrees with the treatment plan indicated in the referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177. Further treatment is not recommended at the 10, 20, or 30 session GP review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178. The 20-session Psychiatrist / Paediatrician reviews cannot be obtained at the right time to access further sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179. Further treatment is not recommended at the 20-session Psychiatrist / Paediatrician review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180. Clients find sessions to be unhelpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181. Clients find sessions to be very challenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182. Treatment or support is accessed in another way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183. Patients do not engage with the referred services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184. Do you currently have availability for new eating disorders clients?	<input type="checkbox"/>	Yes, they can see me immediately [skip next question]	
	<input type="checkbox"/>	Yes, but I have a wait list	
	<input type="checkbox"/>	No, I have stopped taking on new clients [skip next question]	
185. What is your current wait list time to accept new eating disorders clients?	<input type="checkbox"/>	Less than 1 month	
	<input type="checkbox"/>	Around 1 month	



- Around 2 months
- Around 3 months
- Around 4 months
- Around 5 months
- Around 6 months
- Around 7 months
- Around 8 months
- Around 9 months
- Around 10 months
- Around 12 months
- Around 12 months or longer

The next questions are about Awareness of the Eating Disorders Plan

186. Over the past 12 months, how well informed do you feel about how to use the Eating Disorders Plan and associated Medicare items?

- | | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 |
| Not at all informed | Slightly informed | Moderately informed | Highly informed | Very highly informed |

187. Over the past 12 months, to what extent have referring doctors (e.g., GPs) been aware of the availability of the Eating Disorders Plan?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 |
| Not at all aware | Slightly aware | Moderately aware | Highly aware | Very highly aware |

188. Over the past 12 months, how well informed do you feel referring doctors (e.g., GPs) are about how to use the Eating Disorders Plan and associated Medicare items?

- | | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 |
| Not at all informed | Slightly informed | Moderately informed | Highly informed | Very highly informed |

189. Over the past 12 months, how well informed do you feel Psychiatrists and Paediatricians (required for the 20-session review) are about how to use the Eating Disorders Plan and associated Medicare items?

- | | | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|-----------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all informed | Slightly informed | Moderately informed | Highly informed | Very highly informed | Not applicable, my clients have not required this review |



190. Over the past 12 months, what level of support have you had to provide to referring doctors (e.g., GPs) to assist clients accessing the Eating Disorders Plan?

- No support**
 Very little support
 Some support
 Moderate support
 A lot of support

191. Please feel free to comment on your responses on awareness and use of The Plan:

Eating Disorders Plan: Review of Plans (GPs and Other Medical Professionals Only) Section

Participants complete questions from the Eating Disorders Plan Section: Preparation of Plan and then move to this section.

The next questions are about Eating Disorders Plan Reviews

Under the Eating Disorders Plan, psychological treatment sessions are set up as separate courses of 10 sessions of treatment. According to the Medicare Benefits Schedule “a patient must have a review of the EDP to assess the patient’s progress against the EDP or update the EDP, as the patient is approaching the end of each course of treatment before they can access the next course of treatment.” Four reviews may be conducted if required. The first is completed by a GP as the patient approaches 10 sessions, the second and third are completed by a GP and a consultant psychiatrist/consultant paediatrician respectively, as the patient approaches 20 sessions, and the fourth review is completed by a GP as the patient approaches 30 sessions.

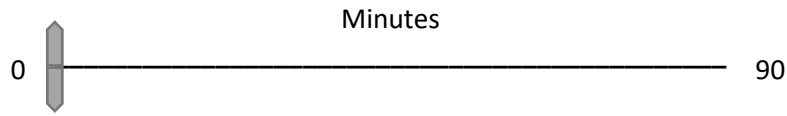
It is also expected “that the consultants providing services under these items should have the appropriate skills, knowledge and experience to provide eating disorders treatment.”

As a GP or Other Medical Professional, how frequently would you conduct reviews of the Eating Disorders Plan?

	Never	Rarely	Sometimes	Often	Very often
192. First review – approaching 10 sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
193. Second review – approaching 20 sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
194. Fourth review – approaching 30 sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



195. On average, how much time does it take for you to conduct a review?

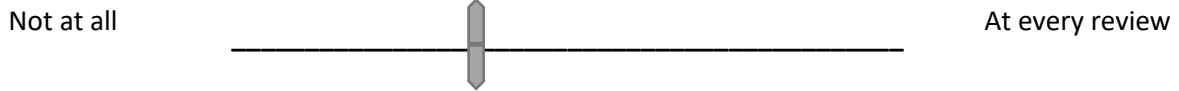


To what extent do you include the following when you conduct reviews under the Eating Disorders Plan?

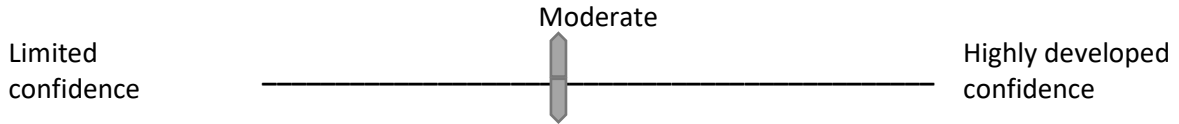
196. Record the patient's agreement for the review
- Not at all At every review
197. Refer to a psychiatrist or paediatrician for review if not initiated earlier [slider response]
- Not at all At every review (where relevant)
198. Review of the patient's progress against goals outlined in the Eating Disorders Plan [slider response]
- Not at all At every review
199. Discussion with the patient and or their family/carer as to whether the Eating Disorders Plan services are meeting their needs [slider response]
- Not at all At every review
200. Modification of the documented Eating Disorders Plan if required [slider response]
- Not at all At every review
201. Continuing eating disorders education [slider response]
- Not at all At every review
202. A plan for crisis intervention and/or relapse prevention if appropriate and not previously provided [slider response]
- Not at all At every review (where relevant)
203. Review reports from the allied mental health professional on the patients response to treatment [slider response]
- Not at all At every review



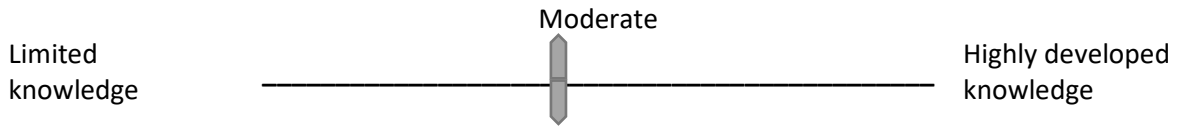
204. Documenting a recommendation on whether the patient should continue with another course of the psychological treatment sessions under the Eating Disorders Plan [slider response]



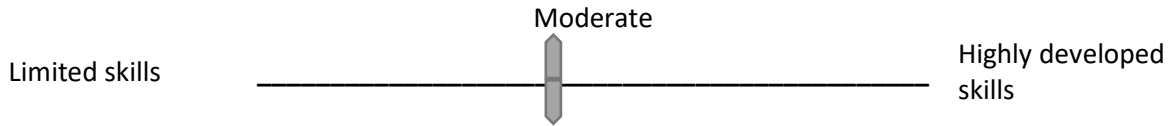
205. Overall, what is your level of **confidence** in conducting an Eating Disorders Plan review [slider response]



206. Overall, what is your level of **knowledge** in conducting an Eating Disorders Plan review [slider response]



207. Overall, what is your level of **skill** in conducting an Eating Disorders Plan review [slider response]



208. In your experience, how frequently is access to the next course of treatment **not recommended** at reviews?

- Rarely (0 – 19%)
- Some of the time 20 – 39%)
- About half of the time (40 – 59%)
- Much of the time (60 - 79%)
- Most of the time (80 - 100%)

209. What are the common reasons for further treatment not being recommended?



Please indicate how helpful the reviews conducted under the Eating Disorders Plan are for:

	Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful
210. Ensuring access to an adequate level of treatment for the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
211. Ensuring appropriate standards of treatment are provided to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
212. Facilitating collaboration between the multidisciplinary healthcare team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
213. Ensuring patients continue to meet criteria for access to the Eating Disorders Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
214. Monitoring for the need for a higher level of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
215. Monitoring for the need for emergency care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
216. Providing medical monitoring and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
217. Providing a timely “check-in” with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
218. Providing the opportunity to consider new or different treatment approaches to improve response to treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
219. Facilitating eating disorders recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
220. Contributing to positive patient outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please indicate to what extent the following occur with the conduct of reviews under the Eating Disorders Plan, and if they occur, what the impact is:

221. Long wait time to access reviews
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | Rarely | Sometimes | Often | Very often |
222. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No disruption | Mild disruption | Moderate disruption | Strong disruption | Severe disruption |
223. Limited availability of suitably knowledgeable, skilful, and experienced health professionals to provide the reviews
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | Rarely | Sometimes | Often | Very often |
224. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No disruption | Mild disruption | Moderate disruption | Strong disruption | Severe disruption |
225. Insufficient or inappropriate fee options under the Eating Disorders Plan to facilitate communication between the multidisciplinary care team at the time of the review
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | Rarely | Sometimes | Often | Very often |
226. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress
- 227.
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No disruption | Mild disruption | Moderate disruption | Strong disruption | Severe disruption |
228. Patients or families/carers cannot afford the treatment gap fee for psychiatrist/paediatrician review
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | Rarely | Sometimes | Often | Very often |



229. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress

- No disruption
- Mild disruption
- Moderate disruption
- Strong disruption
- Severe disruption

230. Limited/insufficient understanding of the review process by health professionals

- Never
- Rarely
- Sometimes
- Often
- Very often

231. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress

- No disruption
- Mild disruption
- Moderate disruption
- Strong disruption
- Severe disruption

232. Limited/insufficient understanding of the review process by patients or families/carers

- Never
- Rarely
- Sometimes
- Often
- Very often

233. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress

- No disruption
- Mild disruption
- Moderate disruption
- Strong disruption
- Severe disruption

234. Please indicate your preferences for the timing of reviews under the Eating Disorders Plan?
Please select all that apply
- A review is frequently necessary somewhat earlier within The Plan (e.g., after 5 sessions)
 - Reviews at 10 session intervals is appropriate
 - A review is not required until somewhat later in the plan (e.g., after 15 sessions)
 - Only a specialist review (by a Psychiatrist or Paediatrician) at 20 sessions is necessary
 - A specialist review (by a Psychiatrist or Paediatrician) is not necessary during treatment under The Plan for most patients



[Display if General Practitioner or General Practitioner - registered to provide focused psychological strategies selected in Question 7, About You section] The Medicare schedule fee for reviewing an Eating Disorders Plans is \$78.55.

As noted above, conducting a review includes several tasks.

235. To what extent does the Schedule fee that you receive for reviewing The Plan provide appropriate remuneration for the required tasks and associated time?

- Fee is **much less**
than required
- Fee is **somewhat less**
than required
- About right [skip
next question]
- Fee is somewhat
more than
required
- Fee is **much more**
than required

[Display if Other Medical Practitioner or Other Medical Practitioner - registered to provide focused psychological strategies selected in Question 7, About You section] The Medicare schedule fee for reviewing an Eating Disorders Plans is \$62.85.

As noted above, conducting a review includes several tasks.

236. To what extent does the Schedule fee that you receive for reviewing The Plan provide appropriate remuneration for the required tasks and associated time?

- Fee is **much less**
than required
- Fee is **somewhat less**
than required
- About right [skip
next question]
- Fee is somewhat
more than
required
- Fee is **much more**
than required

237. Please comment on the tasks that contribute to the remuneration for the review being inappropriate:

Eating Disorders Plan: Review of Plans (Psychiatrists and Paediatricians) Section

The next questions are about Eating Disorders Plan Reviews

Under the Eating Disorders Plan, psychological treatment sessions are set up as separate courses of 10 sessions of treatment. According to the Medicare Benefits Schedule “a patient must have a review of the EDP to assess the patient’s progress against the EDP or update the EDP, as the patient is approaching the end of each course of treatment before they can access the next course of treatment.” Four reviews may be conducted if required. The first is completed by a GP as the patient approaches 10 sessions, the second and third are completed by a GP and a consultant psychiatrist/consultant



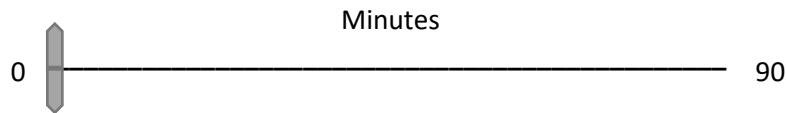
paediatrician respectively, as the patient approaches 20 sessions, and the fourth review is completed by a GP as the patient approaches 30 sessions.

It is also expected “that the consultants providing services under these items should have the appropriate skills, knowledge and experience to provide eating disorders treatment.”

As a Consultant Psychiatrist or Consultant Paediatrician, how frequently would you conduct reviews of the Eating Disorders Plan?

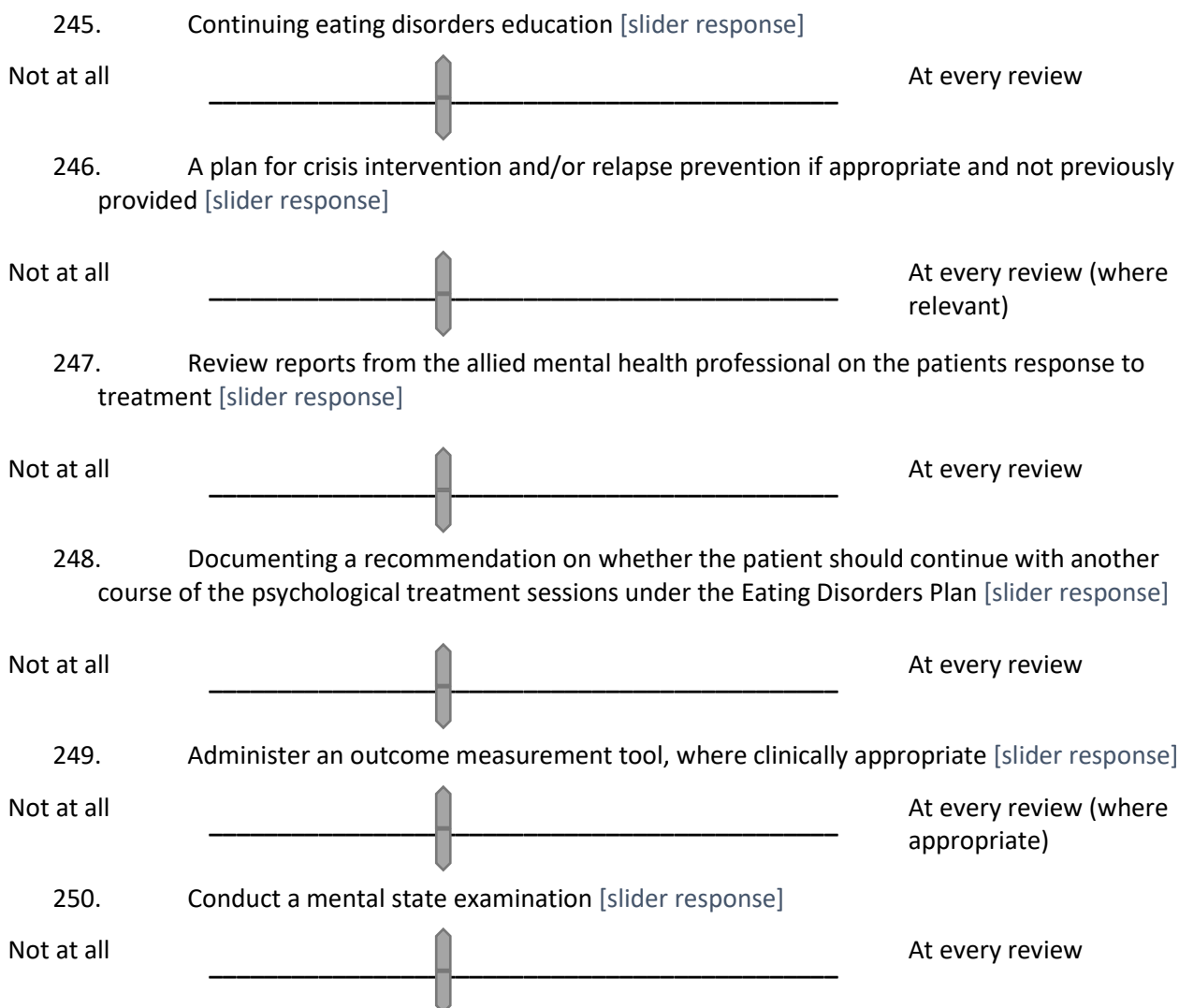
		Never	Rarely	Sometim es	Often	Very often
238.	“Third” review – approaching 20 sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

239. On average, how much time does it take for you to conduct a review?



To what extent do you include the following when you conduct reviews under the Eating Disorders Plan?

240.	Record the patient’s agreement for the review					
Not at all						At every review
241.	Refer to a psychiatrist or paediatrician for review if not initiated earlier [slider response]					
Not at all						At every review (where relevant)
242.	Review of the patient’s progress against goals outlined in the Eating Disorders Plan [slider response]					
Not at all						At every review
243.	Discussion with the patient and or their family/carer as to whether the Eating Disorders Plan services are meeting their needs [slider response]					
Not at all						At every review
244.	Modification of the documented Eating Disorders Plan if required [slider response]					
Not at all						At every review



251. In your experience, how frequently is access to the next course of treatment **not recommended** at reviews?
- Rarely (0 – 19%)
 - Some of the time 20 – 39%)
 - About half of the time (40 – 59%)
 - Much of the time (60 - 79%)
 - Most of the time (80 - 100%)



252. What are the common reasons for further treatment not being recommended?

Please indicate how helpful the reviews conducted under the Eating Disorders Plan are for:

	Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful
253. Ensuring access to an adequate level of treatment for the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
254. Ensuring appropriate standards of treatment are provided to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
255. Facilitating collaboration between the multidisciplinary healthcare team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
256. Ensuring patients continue to meet criteria for access to the Eating Disorders Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
257. Monitoring for the need for a higher level of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
258. Monitoring for the need for emergency care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
259. Providing medical monitoring and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
260. Providing a timely "check-in" with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
261. Providing the opportunity to consider new or different treatment approaches to improve response to treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
262. Facilitating eating disorders recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
263. Contributing to positive patient outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please indicate to what extent the following occur with the conduct of reviews under the Eating Disorders Plan, and if they occur, what the impact is:

264. Long wait time to access reviews
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | Rarely | Sometimes | Often | Very often |
265. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No disruption | Mild disruption | Moderate disruption | Strong disruption | Severe disruption |
266. Limited availability of suitably knowledgeable, skilful, and experienced health professionals to provide the reviews
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | Rarely | Sometimes | Often | Very often |
267. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No disruption | Mild disruption | Moderate disruption | Strong disruption | Severe disruption |
268. Insufficient or inappropriate fee options under the Eating Disorders Plan to facilitate communication between the multidisciplinary care team at the time of the review
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | Rarely | Sometimes | Often | Very often |
269. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No disruption | Mild disruption | Moderate disruption | Strong disruption | Severe disruption |
270. Patients or families/carers cannot afford the treatment gap fee for psychiatrist/paediatrician review



Never Rarely Sometimes Often Very often

271. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress

No disruption Mild disruption Moderate disruption Strong disruption Severe disruption

272. Limited/insufficient understanding of the review process by health professionals

Never Rarely Sometimes Often Very often

273. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress

No disruption Mild disruption Moderate disruption Strong disruption Severe disruption

274. Limited/insufficient understanding of the review process by patients or families/carers

Never Rarely Sometimes Often Very often

275. [Display if rarely, sometimes, often, very often selected] When this occurs, to what extent does it disrupt treatment progress

No disruption Mild disruption Moderate disruption Strong disruption Severe disruption

276. Please indicate your preferences for the timing of reviews under the Eating Disorders Plan?
Please select all that apply

- A review is frequently necessary somewhat earlier within The Plan (e.g., after 5 sessions)
- Reviews at 10 session intervals is appropriate
- A review is not required until somewhat later in the plan (e.g., after 15 sessions)



- Only a specialist review (by a Psychiatrist or Paediatrician) at 20 sessions is necessary
- A specialist review (by a Psychiatrist or Paediatrician) is not necessary during treatment under The Plan for most patients

[Display if Psychiatrist selected in Question 7, About You section] The Medicare schedule fee for reviewing an Eating Disorders Plans is \$314.60 (at least 30 minutes).

As noted above, conducting a review includes several tasks.

277. To what extent does the Schedule fee that you receive for reviewing The Plan provide appropriate remuneration for the required tasks and associated time?

- | | | | | |
|--|--|-------------------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fee is much less
than required | Fee is somewhat less
than required | About right [skip
next question] | Fee is somewhat
more than
required | Fee is much more
than required |

[Display if Paediatrician selected in Question 7, About You section] The Medicare schedule fee for reviewing an Eating Disorders Plans is \$146.90 (at least 20 minutes).

As noted above, conducting a review includes several tasks.

278. To what extent does the Schedule fee that you receive for reviewing The Plan provide appropriate remuneration for the required tasks and associated time?

- | | | | | |
|--|---|-------------------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fee is much less
than required | Fee is somewhat less
than
required | About right [skip
next question] | Fee is somewhat
more than
required | Fee is much more
than required |

279. Please comment on the tasks that contribute to the remuneration for the review being inappropriate:

Helpfulness of the Eating Disorders Plan Section

All participants who use the plan in any way will be asked these questions

The next questions are about How Helpful the Eating Disorders Plan is for Patients/Clients and for Health Professionals' Practice

Please indicate how helpful the Eating Disorders Plan is for:

	Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful
280. Increasing access to eating disorders treatment for those in need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
281. Meaningfully including carers/supports in treatment where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
282. Increasing patient/client motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
283. Providing an appropriate level of care for patient/client need (i.e., in terms of number/duration of sessions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
284. Providing access to multidisciplinary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
285. Providing treatment with health professional with a good understanding of eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
286. Relieving the financial burden on people with eating disorders and their carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
287. Reducing fear or doubts about the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
288. Good therapeutic alliance (connection with the therapist, counsellor, or dietitian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



289. Increasing client engagement (commitment to treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
290. Providing room to manage setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
291. Facilitating eating disorders recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
292. Reducing other patient/client difficulties (work/ education/ social) associated with eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
293. Reducing use of other health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How helpful is the Eating Disorders Plan for patients/clients with the following diagnoses?
 Please answer even if you do not see people with these diagnoses as we are interested in your opinion.

	Very unhelpful	Moderately unhelpful	Neutral	Moderately helpful	Very helpful	I don't know
294. Anorexia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
295. Bulimia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
296. Binge eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
297. Atypical anorexia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
298. Subthreshold bulimia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
299. Subthreshold binge eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
300. Purging disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
301. Night eating syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
302. Avoidant/Restrictive Food Intake Disorder (ARFID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



303. To what extent does the Eating Disorders Plan support co-ordinated, well-functioning multidisciplinary treatment?

- Not at all** **Marginally** **Somewhat** **Moderately** **Very much so**

304. To what extent does the Eating Disorders Plan facilitate communication between health professionals involved in provision of The Plan?

- Not at all** **Marginally** **Somewhat** **Moderately** **Very much so**

305. Over the time the Eating Disorders Plan has been available, in what way has your confidence to work with patients/clients with eating disorders changed

- Large decrease in confidence** **Small decrease in confidence** **No change in confidence** **Small increase in confidence** **Large increase in confidence**

306. Over the time the Eating Disorders Plan has been available, in what way has your capacity (e.g., skills/ability) to work with patients/clients with eating disorders changed

- Large decrease in capacity** **Small decrease in capacity** **No change in capacity** **Small increase in capacity** **Large increase in capacity**

307. Please comment on the ways that the Eating Disorders Plan helps you in your work with eating disorders:

308. Please comment on the ways the structure, requirements, and workload commitments of the Eating Disorders Plan is unhelpful for your work with eating disorders:

309. If the availability of the Eating Disorders Plan has not been helpful in supporting your practice in working with eating disorders, do you have suggestions of what would be more helpful?



Medicare items to support **Mental Health Case Conferences** are now available. Medicare items are available for by GPs, Psychiatrists, Paediatricians or non-GP medical practitioners to attend, organise, and coordinate the case conferences. Medicare items are available for allied health professionals to attend and participate in the case conferences. Patients/clients are eligible for case conferencing if their care is being managed under an Eating Disorders Plan.

310. To what extent does the availability of Mental Health Case Conferencing improve the ability of health professionals to provide well-functioning multidisciplinary treatment for patients/clients on an Eating Disorders Plan?

Not at all
 Marginally
 Somewhat
 Moderately
 Very much so
 Unsure - I was not aware these items existed

311. To what extent does the availability of Mental Health Case Conferencing improve the ability of health professionals to communicate with other health professionals involved in multidisciplinary treatment under the Eating Disorders Plan?

Not at all
 Marginally
 Somewhat
 Moderately
 Very much so
 Unsure - I was not aware these items existed

312. Please share any other comments you have about the role of the Mental Health Case Conferencing items with provision of treatment under the Eating Disorders Plan.

Requirements of the Eating Disorders Plan Section

All participants will be asked these questions

The next questions are about The Eating Disorders Plan in General

As described earlier, treatment through the Eating Disorders Plan is available for all people with anorexia nervosa and some people with other eating disorders, if they also meet a set of additional eligibility criteria. We are interested in what you think about who can and who cannot access the Plan.

Access to the Eating Disorders Plan is available to all people with anorexia nervosa. In your opinion/experience, please rate how well this eligibility criterion captures the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions.

This criterion is too restrictive and prevents access to
 This criterion provides appropriate
 This criterion is too open and allows more
 Unsure



	The Plan for some people who need it	access matched to need	people to access The Plan than need it	
313. Criterion. Diagnosis of anorexia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For people with bulimia nervosa, binge eating disorders, or “other specified feeding or eating disorders” to access the Eating Disorders Plan they must meet several additional criteria. These are listed below.

In your opinion/experience, please rate how well each criteria capture the need for up to 40 psychological treatment sessions and up to 20 dietetic treatment sessions for people with these eating disorders?

	This criterion is too restrictive and prevents access to The Plan for some people who need it	This criterion provides appropriate access matched to need	This criterion is too open and allows more people to access The Plan than need it	Unsure
314. Criteria A. A high score on the Eating Disorders Examination-Questionnaire (standard pencil-and-paper questionnaire about eating disorders symptoms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
315. Criteria B. Rapid weight loss or frequent (at least 3 times per week) binge eating or inappropriate compensatory behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
316. Criteria C. Clinically underweight with body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
317. Criteria D. Current or high risk of medical complications due to eating disorders behaviours and symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
318. Criteria E. Presence of other serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
319. Criteria F. The person has been admitted to a hospital for an eating disorders in the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
320. Criteria G. Inadequate treatment response to evidence-based eating disorders treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



over the past six months despite active and consistent participation

321. The need to meet **both A and B** above and **at least 2 of the criteria presented in C to G** to be eligible for the Eating Disorders Plan

[Display only for health professionals engaged in preparation of the Plan – Q1 Eating Disorders Plan Section]

In answering these questions, please remember that your responses to the survey are anonymous. Considering the eligibility criteria for patient access to the Eating Disorders Plan, to what extent do you feel pressure to

	No pressure at all	Low pressure	Moderate pressure	High pressure	Very high pressure
322. Put people on the plan who are not eligible due to having non-eligible eating disorders, e.g., ARFID, Pica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
323. Put people on the plan who are not eligible due to having an eating disorders or eating disorders symptoms at a lower level of complexity than permitted under the eligibility criteria					

[Display only for health professionals engaged in mental health or dietetic treatment – Q1 Eating Disorders Plan Section] Considering the referrals you have received over the past 12 months for providing treatment under the Eating Disorders Plan, to what extent have you observed the following?

	Never	Occasionally	Frequently	Very frequently
333. Referrals appropriately reflect the eligibility criteria for The Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
334. Referrals have not appropriately reflected the eligibility criteria for The Plan indicating misunderstanding of the eligibility criteria by referring doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
335. Referrals have not appropriately reflected the eligibility criteria for The Plan suggesting attempts to obtain treatment for people who have non-eligible eating disorders, e.g., ARFID, Pica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
336. Referrals have not appropriately reflected the eligibility criteria for The Plan suggesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



attempts to obtain treatment for people who have eating disorders or eating disorders symptoms at a lower level of complexity than permitted under the eligibility criteria

People with eating disorders can receive treatment on an Eating Disorders Plan or on a Mental Health Care Plan via Better Access.

337. Some patients/clients start eating disorders treatment via the Mental Health Care Plan even when they are eligible for the Eating Disorders Plan. Do you think there are any problems or benefits to starting on the Mental Health Care Plan?

338. Other patients/clients are not eligible for the Eating Disorders Plan and may use the Mental Health Care Plan for eating disorders treatment. To what extent do you perceive there to be an unmet need between these two programs, e.g., those who need more treatment than can be provided via the Mental Health Care Plan but are not eligible for the Eating Disorders Plan?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No unmet need [If selected, skip next question]	Slight unmet need	Moderate unmet need	High unmet need

339. Please comment on the needs (patient/client presentations) that are most frequently unmet due to this gap between the two support programs

340. Do you have other comments on the eligibility criteria or application of the Eating Disorders Plan?

The next questions are about other requirements of the Eating Disorders Plan

Health services provided through the Eating Disorders Plan (determining eligibility and preparing the plan, provision of treatment, and review) are intended to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders.



How important is it for health professionals providing the following services through the Eating Disorders Plan to have appropriate knowledge, skills, and experience in providing eating disorders treatment?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
341. Preparing the Plan - General Practitioners, Psychiatrists, Paediatricians, or Other Medical Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
342. Providing psychological treatment sessions – Mental Health Professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
343. Providing dietetic services – Dietitians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
344. Providing review sessions - General Practitioners, Psychiatrists, Paediatricians, or Other Medical Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment provided through the Eating Disorders Plan is intended to be limited to evidence-based eating disorders specific treatments. Evidence-based treatments combine three pillars: empirically supported treatment, client/patient values and preferences, and clinician expertise.

How important are each of the following in providing eating disorders services through The Eating Disorders Plan?

	1	2	3	4	5
	Not at all important	Marginally important	Somewhat important	Moderately important	Very important
345. Psychological treatment services are evidence-based?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
346. Dietetic health services are evidence-informed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
347. Mental Health Professionals are trained in evidence-based specific eating disorders treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
348. Dietitians are trained in evidence-informed dietetic practice for eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



349. GPs, Psychiatrists, Paediatricians, and Other Medical Practitioners who conduct reviews are trained in eating disorders-specific practice

350. Please feel free to comment about the Eating Disorders Plan requirements for health professionals' knowledge, skills, and experience in providing treatment to patients with eating disorders or training in evidence-based or evidence-informed eating disorders practice:

Questions for All – Professional Development

351. Have you completed **any** eating disorders specific professional development training (outside of your tertiary/higher education training)? Yes [skip to end of survey] No

352. Have you completed eating disorders specific professional development training **since the introduction of the Eating Disorders Plan in November 2019**? Yes No

353. Which professional development training have you undertaken? The list includes generic and some specific trainings that are available. Please select all that apply.
- Introduction to Eating Disorders for Health Professionals (mental health and dietetic)
 - Introduction to Eating Disorders for Health Professionals (mental health only)
 - Introduction to Eating Disorders for Health Professionals (dietetics only)
 - Introductory training – ‘The Essentials’ eLearning (introductory training)
 - Introductory training – Eating Disorders Core Skills eLearning for Mental Health Professionals
 - Introductory training – Eating Disorders Core Skills eLearning for GPs
 - Evidence-Based Treatment Model (mental health)
 - Evidence-Informed Dietetic Practice for Eating Disorders (dietetics)
 - Other, please specify: _____



354. In which eating disorders treatment model have you had training? (select all that apply)
- Family Based Treatment (FBT) for Eating Disorders
 - Cognitive Behaviour Therapy - Enhanced (CBT-E)
 - Cognitive Behaviour Therapy - Guided Self-Help (CBT-GSH)
 - Specialist Supportive Clinical Management (SSCM)
 - Maudsley Model of Anorexia Treatment in Adults (MANTRA)
 - Interpersonal Psychotherapy for Eating Disorders (IPT-ED)
 - Dialectical Behaviour Therapy for Eating Disorders (DBT-ED)
 - Acceptance and Commitment Therapy
 - Adolescent Focused Therapy for Eating Disorders
 - Focal Psychodynamic Therapy for Eating Disorders
 - Schema Therapy
 - Other (please specify):

End of survey –

[Display following items for all participants]

Thank you for completing the survey.


355. If you have any further comments about the Eating Disorders Plan or suggested changes to the Medicare items or processes that could improve outcomes for people with eating disorders and their carers/supports, please share them here.

Thank you!

Thank you for participating in this survey - we appreciate you sharing your thoughts and time with us.

Gift Card

If you would like to receive a \$20 gift card as a thank you for your time and contribution, please follow the link below to provide your contact details.



Evaluation Findings

As you may remember, findings from this survey form part of a large, formal evaluation of the Eating Disorders Treatment and Management Plan. A final report of the Evaluation will be submitted to the Department of Health and Aged Care in early 2024. If you would like to be notified when the final report is released and to receive an electronic copy of the report, please follow the link below to provide your email address.

Link to Interview Invitation

One-on-one Interviews

And finally, as part of the larger Evaluation, we are also interested in talking with people in more depth about supporting others with eating disorders treatment, including treatment seeking attempts.

If you would like to talk with our colleagues at Deakin University in a one-on-one interview, please click the link below to provide your contact details to our colleagues.

Please note, the contact details you provide in the external link **cannot be connected to the anonymous responses you have provided in the current survey.**

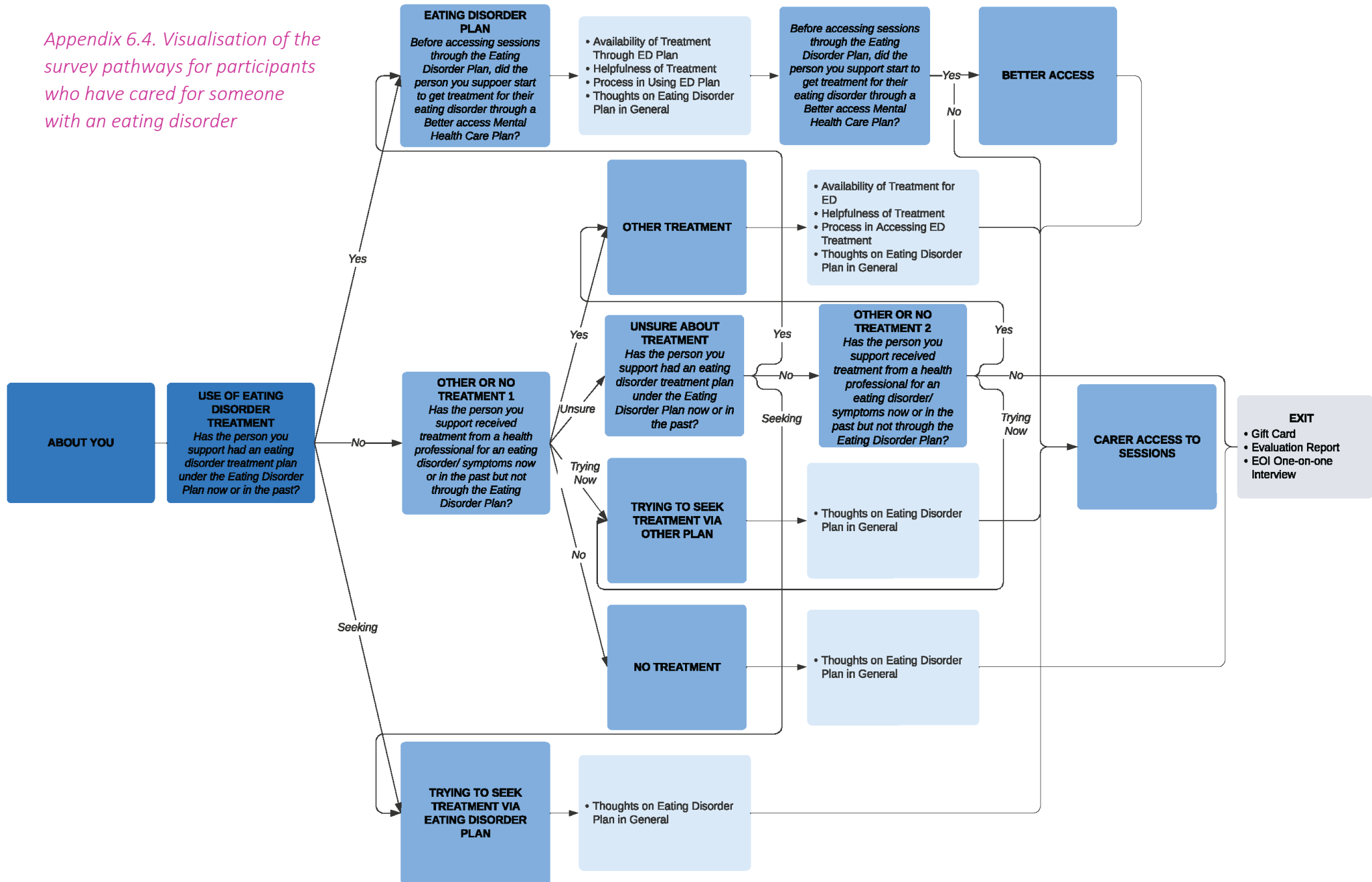
Click [here](#) [link to be added] to provide your contact details for the gift card, to receive the report of the Evaluation, or to express your interest in participating in an interview.

Support

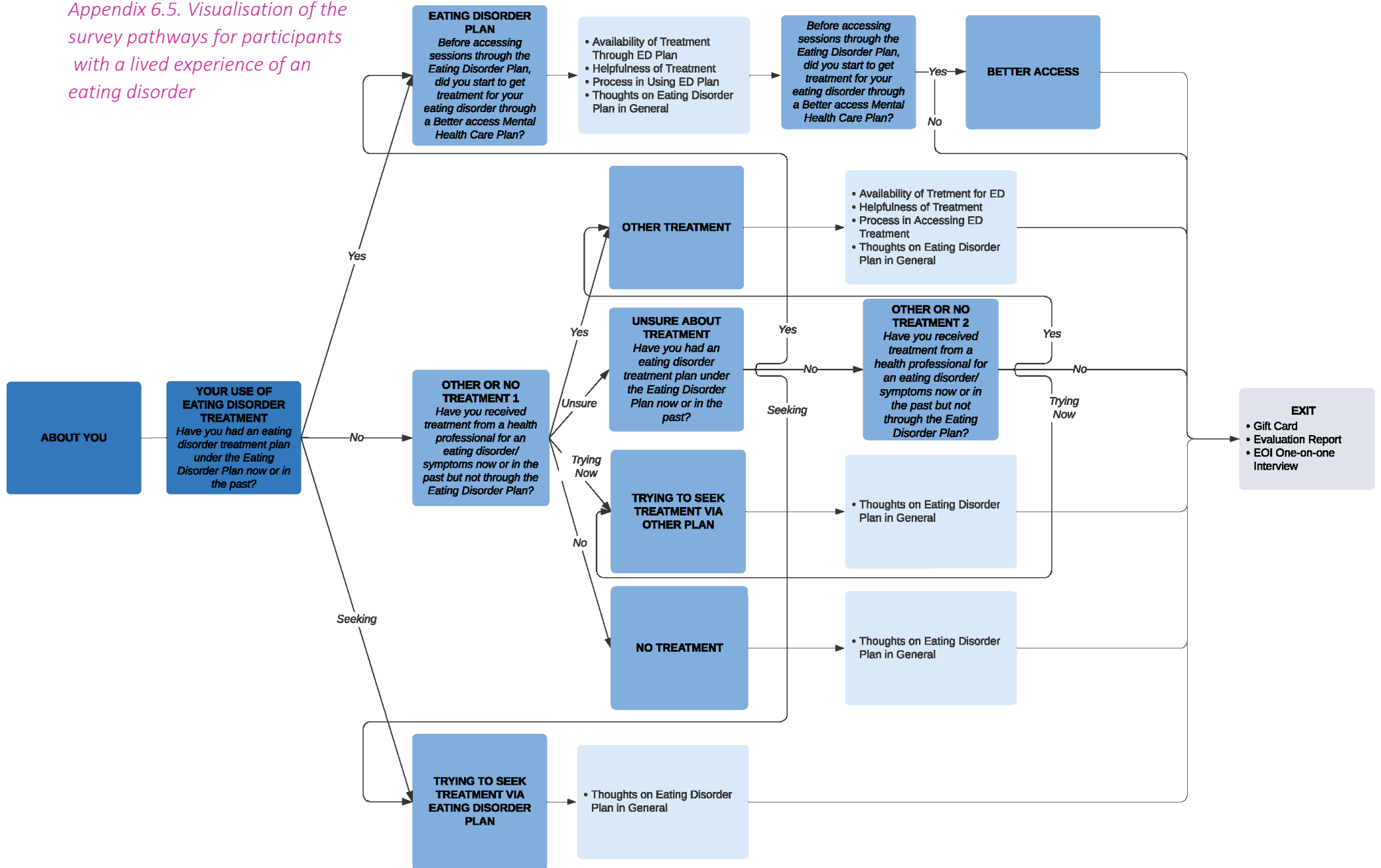
If this survey has raised any concerns for you, you can receive support from the following hotlines and find treatment providers for eating disorders:

- Lifeline (general mental health support): 13 11 14 / chat-online @ www.lifeline.org.au/crisis-chat
- The Butterfly Foundation Helpline (eating disorders or body image specific support): 1800 ED HOPE / 1800 334 673 / chat-online <https://butterfly.org.au/get-support/chat-online>
- Connected to find support from a Credentialed Eating Disorders Clinician <https://connected.anzaed.org.au>

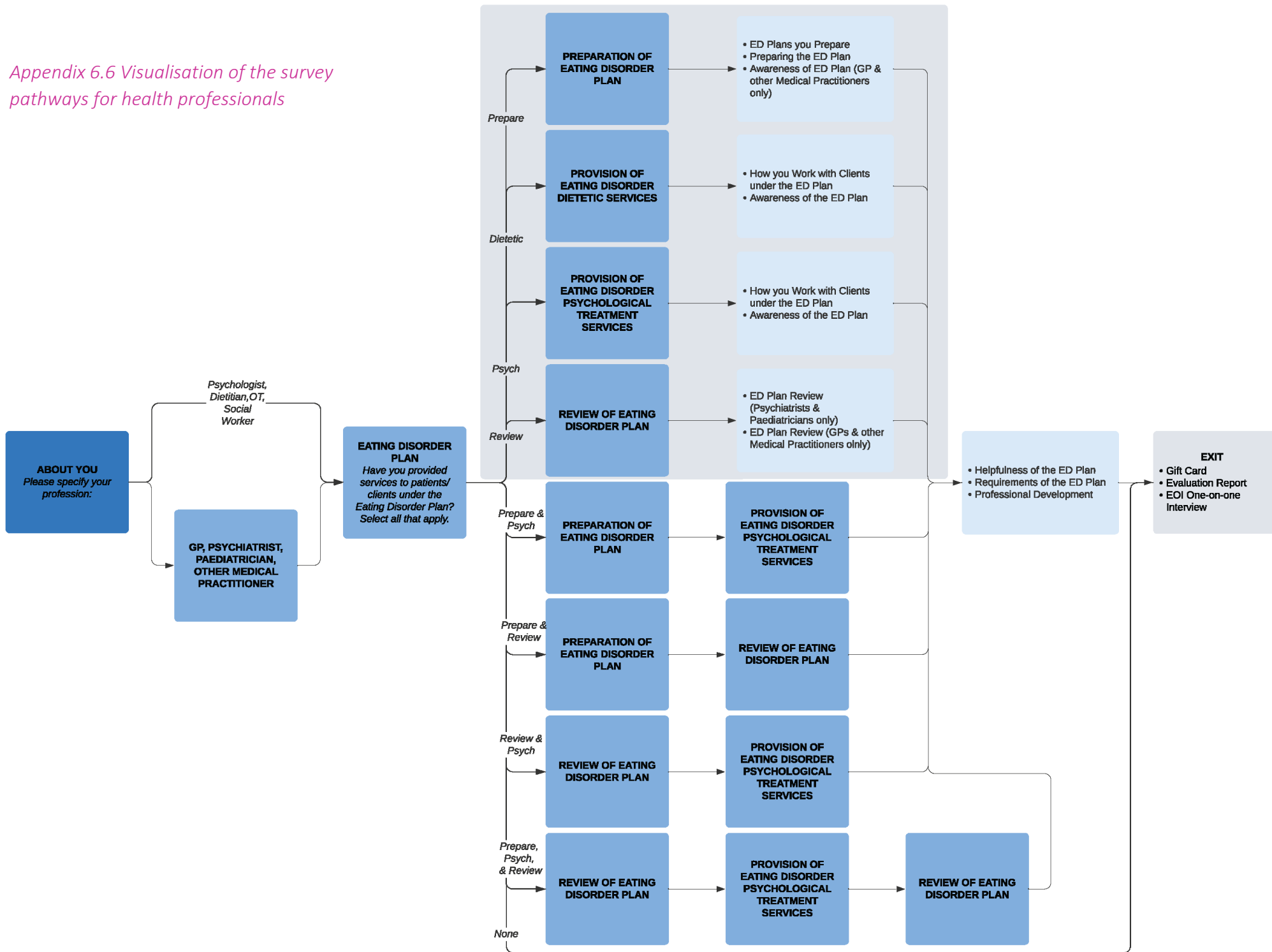
Appendix 6.4. Visualisation of the survey pathways for participants who have cared for someone with an eating disorder



Appendix 6.5. Visualisation of the survey pathways for participants with a lived experience of an eating disorder



Appendix 6.6 Visualisation of the survey pathways for health professionals





Study 7 Appendices

A qualitative inquiry into the Eating Disorders MBS items

Appendix 7.1. People with Lived Experience of Eating Disorders

Instruction for interviewer: Provide brief background to this study

As you know, in November 2019, new items were added to Medicare as part of the Eating Disorder Care Plan (EDCP). This was designed to provide access to additional rebated treatment sessions for Australians with a serious and/or complex eating disorder. The Eating Disorder Plan cover up to 40 mental health sessions and up to 20 dietetic sessions within a 12 month period.

To date, a full evaluation of whether the Eating Disorder Plans have enhanced treatment availability and outcomes for individuals living with an eating disorder has not been done. This project is designed to address this gap.

We are particularly interested in your perspectives as someone with an eating disorder.

Note to the interviewer: Just as a reminder, tell the participants the interview will be recorded for analysis purposes and verify they still consent to participate in the study and have their interview recorded.

Before starting our discussion about the new Eating Disorder Plan, I would like to ask you a few questions about yourself. This will help us describe the different groups of people taking part in the interviews. Can you tell me your...

- Age
- Gender
- Employment or if the person is studying
- Highest qualification or current level of education
- Type of work/study (full-time, part time)
- Home location/post code
- Diagnosis
- Illness duration (when was diagnosed, when started treatment)
- How long have they received eating disorder treatment
- Experience of Medicare eating disorder treatment before 2019 and post introduction of the new Eating Disorder Plan (*note to the interviewers: we want to know whether the person with the eating disorder received ED treatment before the Eating Disorder Plan were introduced in 2019 or only since their introduction and if their treatment was supported by the Eating Disorder Plan or some other means)

1. We are interested in understanding how consumers of services found out about the Eating Disorder Plan. Could you tell us how you found out about the Plan
2. We are interested in understanding your experiences since the introduction of the Eating Disorder Plan. Can you tell us for example, if you have been able to access and use treatment?

Prompts

- *Ask more specifically about psychological interventions, dietetic interventions, review of the eating disorder plan*
- *Are they on other Medicare supported plans?*
- *If yes, which one/s?*

3. If you have been through an EDP, can you tell us how it has been like for you to go through the entire process?

Prompts

- *Prompt as needed to find out more regarding the process, from the initial GP visit to receiving a treatment plan, to sessions with specialists, to review of progress, and potentially further sessions...*
- *What do you actually do/have to do?*
- *What is it like for your family/friends/chosen supports (if appropriate)?*

*note to the interviewers: If the person with an eating disorder has not accessed any treatment under the Eating Disorder Plan or any other means, ask the following questions:

- You mentioned that you did not access formal services and treatment, we are interested in understanding the reasons why you did not access services/treatment?
 - Were there specific barriers or challenges? Can you tell us a bit more about those?
 - What do you think would have been helpful?

*note to the interviewers: if the person with an eating disorder received treatment, but not the Eating Disorder Plan, ask the following questions:

You mentioned that you accessed treatment for your eating disorder, but not with the Eating Disorder Plan. We are interested in understanding the reasons why you did not access treatment via the Eating Disorder Plan

Prompts

- *What are some of the reasons*
- *What would need to change to improve access for you?*
- *Do you have any thoughts to share on barriers to access treatment via the Eating Disorders Plan in general?*

I would like to ask you to share what those treatment experiences were like.

Prompts

- *Prompt as needed to find out more regarding the process, from the initial recognition of the eating disorder through to how and through what pathways they accessed treatment ...*
- *What do you actually do/have to do?*
- *What was it like for you?*

4. Would you be able to describe the approaches used by the different healthcare professionals to support you? In particular, we would like you to comment on the approach to treatment of the GP, and where applicable, a mental health practitioner and dietitian.

Prompts

- *What therapeutic approaches/interventions did they use?*
- *Do you know how well these approaches/interventions align with Medicare requirements?*

*note to the interviewers: if treatment was not received through the EDP, there is a possibility that a GP was not involved

5. We know that there are different Medicare plans for supporting mental health in addition to the eating disorder plan. Have you also accessed treatment with support of any of these other plans?

Prompts

- *Does it matter/make a difference?*
- *If yes, how? If no, why not?*

6. When you are reflecting on when and how you received treatment based on the Eating Disorder Plan, were there parts of the process that were easier/clearer than others?

Prompts

- *Did it influence your level of confidence in using the plan to support your eating disorder treatment?*
 - *What would help increase your level of confidence?*

*note to interviewers: if the person with the eating disorder received treatment under a different pathway, ask this alternate question

When reflecting on the treatment you received, what parts of the process access and engagement with the treatment were easier/clearer than others?

Prompts

- *In what way did those elements influence your level of confidence in the implementation of treatment?*
 - *What would help increase your level of confidence?*

7. What skills/approaches are required during the entire process/implementation of the plan/sessions from the healthcare professionals (GP, mental health practitioner, dietitian)?

Prompts

- *Skills/approaches to engage the patient in the eating disorder plan?*
- *Skills/approaches to collaborate with you and with each other?*
- *What helps/hinders these collaborations?*


*note to the interviewers: If the person with the eating disorder did not receive treatment under the EDP ask this question instead: What skills/approaches do you think are required from the healthcare professionals (GP, mental health practitioner, dietitian) working with you/with people with eating disorders?

Prompts

- *Skills/approaches to engage the patient in the treatment?*
- *Skills/approaches to collaborate with you and with each other?*
- *What helps/hinders these collaborations?*

8. Overall, from your experience in attempting to get treatment through the Eating Disorder Plan or having treatment with the Plan, what do you think works and doesn't work with the Eating Disorder Plan?

Prompts

- 
- *Were there barriers or challenges/facilitators to accessing an EDP?*
 - *Were there barriers or challenges/facilitators around the review of the plan?*
 - *How did you find the coordination of efforts if you received care from a multidisciplinary team?*
 - *How did you find the level of support in navigating care/services recommended by the eating disorder treatment plan?*
 - *Can you comment on frustrations? Concerns? Positive experiences?*
 - *If you haven't an Eating Disorder Plan, what do you think the impacts were (if any)*

9. From where you stand, has the eating disorder plan helped in supporting you through treatment and recovery?

Prompts

- *Has it helped/supported engagement with treatment?*
 - *If yes, can you tell me a bit more about how it was helpful?*

10. In your experience, since the Eating Disorder Plan was introduced, has anything changed in relation to eating disorder treatment?

Prompts

- *If there have been changes, what are they?*
 - *Access to service?*
 - *Health outcomes?*
 - *Others?*

11. If you had the opportunity to provide feedback about the Eating Disorder Plan, and their potential influence on eating disorder services, what would that feedback be?

Prompts

- *What would you change/improve/keep/get rid of?*
- Thank you for taking the time to talk with me about your experience.
- Explain further why their participation was valuable.
- Explain how the information collected will be used

We will send you a transcription of this interview via email. This is to make sure that it is accurate. We will ask you to take a look at the transcript and return it to us via email within about two weeks.

Can we confirm your preferred email address?

Appendix 7.2. People with Lived Experience of Caring for Someone with an Eating Disorder

Instruction for interviewer: Provide brief background to this study

As you know, in November 2019, new items were added to Medicare as part of the Eating Disorder Care Plan (EDCP). This was designed to provide access to additional rebated treatment sessions for Australians with a serious and/or complex eating disorder. The Eating Disorder Plan cover up to 40 mental health sessions and up to 20 dietetic sessions within a 12 month period.

To date, a full evaluation of whether the Eating Disorder Plans have enhanced treatment availability and outcomes for individuals living with an eating disorder has not been done. This project is designed to address this gap.

We are particularly interested in your perspectives as a carer/support of someone with an eating disorder.

Note to the interviewer: Just as a reminder, tell the participants the interview will be recorded for analysis purposes and verify they still consent to participate in the study and have their interview recorded.


Before starting our discussion about the new Eating Disorder Plan, I would like to ask you a few questions about yourself. This will help us describe the different groups of people who take part in the interviews. Can you tell me your...

- Age
- Gender
- Employment
- Highest qualification
- Type of work (full-time, part time)
- Home location/post code
- Relationship with the person with the eating disorder (carers)
- Illness duration
- How long have they received eating disorder treatment
- Experience of Medicare eating disorder treatment before 2019 and post introduction of the new Eating Disorder Plan (*note to the interviewers: we want to know whether the person with the eating disorder received ED treatment before the Eating Disorder Plan were introduced in 2019 or only since their introduction and if their treatment was supported by the Eating Disorder Plan or some other means)

1. We are interested in understanding your experiences since the introduction of the Eating Disorder Plan. Can you tell us for example, if the person you support has been able to access and use treatment?

*note to the interviewers: there are different options. The carer can answer that 1) their loved one did receive treatment under the EDP, 2) they received treatment not under the EDP, or 3) they did access treatment under the EDP or any other means.

If the person with an eating disorder received treatment under the EDP:



Would you be able to describe the approaches used by the different healthcare professionals to support your loved one? In particular, we would like you to comment on the approach to treatment of the GP and where applicable, a mental health practitioner and dietitian.

Prompts

- *What therapeutic approaches/interventions did they use?*
- *Would you be able to talk to us about the review of the eating disorder plan?*
- *Do you know how well these approaches/interventions align with Medicare requirements?*

*note to the interviewers: if treatment was not received through the EDP, there is a possibility that a GP was not involved

If the person with an eating disorder received treatment but not under the EDP

You mentioned that your loved one has had treatment for their eating disorder, but not with the Eating Disorder Plan. I would like to ask you to share what those treatment experiences were like.

Prompts

- *Prompt as needed to find out more regarding the process, from the initial recognition of the eating disorder through to how and through what pathways they accessed treatment ...*
- *What therapeutic approaches/interventions did they use?*
- *What do you actually do/have to do?*
- *What was it like for your loved one?*

*note to the interviewers: if treatment was not received through the EDP, there is a possibility that a GP was not involved

If the person with an eating disorder has not accessed any treatment under the EDP or any other means.

- You mentioned that your loved one has not accessed formal services and treatment, what has it been like for you to support your loved one?
 - What do you think would make supporting your loved one easier?
- What were the reasons that your loved one did not use the Eating Disorder Plan to access treatment? What are/were the barriers?
- What would improve access?

2. What has it been like for you to support your loved one through the entire process of accessing treatment through the eating disorder plan?

Prompts

- *Prompt as needed to find out more regarding the journey, from the initial GP visit to receive a treatment plan, to sessions with specialists, to review of progress, and potentially further sessions...*
- *What do you actually do/have to do?*
- *What is it like for your loved one?*

*note to the interviewers: keep in mind that the nature of the relationship and the caring role can be different for each participant some questions might have need to be slightly modified

* Note to the interviewers: if the person with the eating disorder did not access treatment under the plan, don't ask this question

3. We know that there are different Medicare mental health plans to support mental health in addition to the eating disorder plan. Has your loved one also accessed treatment with support of any of these other plans?

Prompts

- *If yes, which one/s?*
- *Does it matter/make a difference?*
- *If yes, how? If no, why not?*

4. When you are reflecting on when and how your loved one received treatment based on the Eating Disorder Plan, were there parts of the process that were easier/clearer than others?

Prompts

- *Did it influence your level of confidence in the implementation of the items/plan?*
 - *What would help increase your level of confidence?*

*note to the interviewers: don't ask if the person with the eating disorder did not receive treatment under the EDP

*note to interviewers: if the person with the eating disorder received treatment under a different pathway, ask this alternate question

When reflecting on the treatment your loved one received, what parts of the process access and engage with the treatment were easier/clearer than others?

Prompts

- *In what way did those elements influence your level of confidence in the implementation of treatment?*
 - *What would help increase your level of confidence?*

5. What skills/approaches are required during the entire process/implementation of the plan/sessions from the healthcare professionals (GP, mental health practitioner, dietitian)?

Prompts

- *Skills/approaches to engage the patient in the eating disorder plan?*
- *Skills/approaches to collaborate with you and with each other?*
- *What helps/hinders these collaborations?*

*note to the interviewers: If the person with the eating disorder did not receive treatment under the EDP ask this question instead:

What skills/approaches do you think are required from the healthcare professionals (GP, mental health practitioner, dietitian, others) working with your loved one/with people with eating disorders?

Prompts

- *Skills/approaches to engage the patient in the treatment?*
- *Skills/approaches to collaborate with you and with each other?*



- *What helps/hinders these collaborations?*

6. Overall, from your experience in supporting your loved one, including through any attempts to get treatment through the Plan or treatment with the Plan, what do you think works or doesn't work with the Eating Disorder Plan?

Prompts

- *Were there barriers or challenges to accessing an EDP? Or impacts of not having an EDP?*
- *Were there barriers or challenges around the review of the plan?*
- *How did you find the coordination of efforts if your loved one received care from a multidisciplinary team?*
- *How did you find the level of support in navigating care/services recommended by the eating disorder treatment plan?*
- *Can you comment on frustrations? Concerns? Positive experiences?*

7. From where you stand, has the availability of the eating disorder plan helped in supporting your loved one through treatment and recovery?

Prompts

- *Has it helped/supported engagement with treatment?*
- *Has it helped/supported your needs in relation to being a carer?*
 - *Did you seek/get help for yourself?*
If yes, can you tell me a bit more about how it was helpful?

8. In your experience, since the Eating Disorder Plan were introduced, has anything changed in relation to eating disorder treatment?

Prompts

- *If there have been changes, what are they?*
 - *Access to service?*
 - *Health outcomes?*
 - *Others?*

9. If you had the opportunity to provide feedback about the Eating Disorder Plan, and their potential influence on eating disorders services, what would that feedback be?

Prompts

- *What would you change/improve/keep/get rid of?*

Thank you for taking the time to talk with me about your experience.

- Explain further why their participation was valuable.
- Explain how the information collected will be used

We will send you a transcription of this interview via email. This is to make sure that it is accurate. We will ask you to take a look at the transcript and return it to us via email within about two weeks.

Can we confirm your preferred email address?

Appendix 7.3 General Practitioners

Instruction for interviewer: Provide brief background to this study.

As you know, in November 2019, new items were added to Medicare as part of the Eating Disorder Plan (EDP). This was designed to provide access to additional rebated treatment sessions for Australians with a serious and/or complex eating disorder. The Eating Disorder Plan cover up to 40 mental health sessions and up to 20 dietetic sessions within a 12-month period.

To date, a full evaluation of whether Eating Disorder Plans have enhanced treatment availability and outcomes for individuals living with an eating disorder has not been done. This project is designed to address this gap.

We are particularly interested in your perspectives as a GP working with people with an eating disorder.

Note to the interviewer: Just as a reminder, tell the participants the interview will be recorded for analysis purposes and verify they still consent to participate in the study and have their interview recorded.


Before starting our discussion about the new Eating Disorder Plan, I would like to ask you a few questions about yourself. This will help us describe the different groups of people who take part in the research. Can you tell me your...

- Age
- Gender
- Highest qualification
- Number of years working in the field of eating disorder
- Workplace setting (hospital, community centre/clinic, private practice, eating disorder specific services, general mental health, public/private)
- Type of work (full-time, part time)
 - %FTE in clinical work
- Workplace location/post code
- How many patients with an eating disorder do you see per month?

1. I would like to start the interview by asking you to take us through the different steps you follow as a GP when using the Eating Disorder Plan with patients

Prompts

- *What do you actually do/have to do?*
- *How do you decide to use the Eating Disorder Plan?*
- *How do you determine which mental health professionals or dietitians are best equipped to deliver the treatment sessions (40 available psychological sessions; 20 available dietetic sessions)?*
- *How long does it take to prepare the plan, both in terms of time spent in consultation with the patient and then the additional/separate time to create/write the plan?*
- *What is it like for you personally?*

- 
2. We know that there are different Medicare plans for supporting mental health needs in addition to the Eating Disorder Plan. How do you decide to use the eating disorder plan instead of other Medicare supported plans?

Prompts

- *Do you also have clients on these other plans?*
- *Does it matter/make a difference?*
- *If yes, how?*

** Note to the interviewer: Q1 might have already covered this. If so, move to next question.*

3. When you reflect on your use of the Eating Disorder Plan, how confident are you in preparing the plan?

We know that GPs are also involved in coordinating care. Can you share reflections on your confidence in that role?

And what about the GP reviews that are required to access further psychological treatment sessions. What is your level of confidence like in that role?

Prompts

- *Are there parts of the process that are easier/clearer than others?*
- *Does this level of clarity influence your level of confidence?*
 - *What would help increase your level of confidence?*


4. What skills/approaches are required during the diagnosis process and the referral process?

Prompts

- *Your own skills/approaches*
 - *If you provide treatment, how well do you feel your approaches align with the Eating Disorder Plan requirements?*
[prompt if requirements are unknown; 1) For treatment to be evidence-based and 2) for treatment to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders]
 - *What training did you receive during your degree and as on-the-job professional development in this area?*
 - *Do you feel sufficiently trained/feel you need more training?*
 - *What skills/approaches do you need to engage the patient in the eating disorder plan?*
 - *What skills/approaches are needed for case management consultations with mental health professionals and dietitians?*
 - *What helps/hinders these collaborations?*

5. Having used the Eating Disorder Plan, what would you say about their applicability/relevance across different eating disorder subtypes and clinical presentations?

Prompts

- 
- *Do you think they are useful/helpful for people with different eating disorder diagnoses?*
 - *Are the Eating Disorder Plans meeting the needs of your patients? In what way?*

6. Overall, what works/doesn't work with the Eating Disorder Plan?

Prompts

- *Are there barriers or challenges/facilitators to developing the plan?*
- *Are there barriers or challenges/facilitators around the review of the plan, specifically?*

7. In hindsight, since the introduction of the Eating Disorder Plan to Medicare in 2019, what changes have you noticed for patients receiving treatment for an eating disorder?

Prompts

- *If there have been changes, what are they?*
 - *Access to service?*
 - *Health outcomes?*
 - *Others?*

8. If you had the opportunity to provide feedback about the Eating Disorder Plan, and their potential influence on eating disorders services, what would that feedback be?

Prompts

- *What would you change/improve/keep/get rid of?*

Thank you for taking the time to talk with me about your experience.

Prompts

- Explain further why their participation was valuable.
- Explain how the information collected will be used.

We will send you a transcription of this interview via email. This is to make sure that it is accurate. We will ask you to take a look at the transcript and return it to us via email within about two weeks.

Can we confirm your preferred email address?

Appendix 7.4. Psychiatrists/Paediatricians

Instruction for interviewer: Provide brief background to this study.

As you know, in November 2019, new items were added to Medicare as part of the Eating Disorder Plan (EDP). This was designed to provide access to additional rebated treatment sessions for Australians with a serious and/or complex eating disorder. The Eating Disorder Plan covers up to 40 mental health sessions and up to 20 dietetic sessions within a 12-month period and consults to prepare the plan and review progress by GPs, Psychiatrists, and Paediatricians.

To date, a full evaluation of whether Eating Disorder Plans have enhanced treatment availability and outcomes for individuals living with an eating disorder has not been done. This project is designed to address this gap.

We are particularly interested in your perspectives as a psychiatrist/paediatrician working with people with an eating disorder.

Note to the interviewer: Just as a reminder, tell the participants the interview will be recorded for analysis purposes and verify they still consent to participate in the study and have their interview recorded.


Before starting our discussion about the new Eating Disorder Plan, I would like to ask you a few questions about yourself. This will help us describe the different groups of people who take part in the research. Can you tell me your...

- Age
- Gender
- Highest qualification
- Number of years working in the field of eating disorder
- Workplace setting (hospital, community centre/clinic, private practice, eating disorder specific services, general mental health, public/private)
- Type of work (full-time, part time)
 - %FTE in clinical work
- Workplace location/post code
- How many patients with an eating disorder do you see per month?

1. I would like to start the interview by asking you to take us through the different steps you follow as a psychiatrist/paediatrician when using the Eating Disorder Plan with patients

Prompts

- *Which stages of the process have you been involved in? Preparation of EDP, formal specialist reviews, both?*
- *What do you actually do/have to do?*
- *If needed, how do you determine which mental health professionals or dietitians are best equipped to deliver the treatment sessions (40 available psychological sessions; 20 available dietetic sessions)?*
- *How long does it take to prepare the plan, both in terms of time spent in consultation with the patient and then the additional/separate time to create/write the plan? How does this compare to the formal specialist review process?*
- *When completing a formal specialist review after 20 sessions, how do you decide if further sessions will be granted?*
- *What is it like for you personally?*

- 
2. We know that there are different Medicare plans for supporting mental health needs in addition to the Eating Disorder Plan. How do you decide to use the eating disorder plan instead of other Medicare supported plans?

Prompts

- *Do you also have clients on these other plans?*
- *Does it matter/make a difference?*
- *If yes, how?*

** Note to the interviewer: Q1 might have already covered this. If so, move to next question AND only relevant to ask if the participant prepared the EDP.*

3. When you reflect on your use of the Eating Disorder Plan, how confident are you in preparing the plan?

We know that psychiatrists/paediatricians may also be involved in coordinating care. Can you share reflections on your confidence in that role?

And what about the progress and formal specialist reviews required to access further psychological treatment sessions. What is your level of confidence like in that role?

Prompts

- *Are there parts of the process that are easier/clearer than others?*
- *Does this level of clarity influence your level of confidence?*
 - *What would help increase your level of confidence?*

4. What skills/approaches are required during the diagnosis process and the referral process and review process?

Prompts

- *If involved in the preparation of an EDP:*
 - *When completing the diagnosis and referral process, how well do you feel your approaches align with the Eating Disorder Plan requirements?*
[prompt if requirements are unknown; 1) For treatment to be evidence-based and 2) for treatment to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders]
 - *What training did you receive during your degree and as on-the-job professional development in this area?*
 - *Do you feel sufficiently trained/feel you need more training?*
 - *What skills/approaches do you need to engage the patient in the eating disorder plan?*
 - *When completing a referral what skills/approaches are needed when consulting with mental health professionals and dietitians?*
 - *What helps/hinders these collaborations?*
- *If involved in the formal specialist review process:*
 - *How well do you feel your approaches align with the Eating Disorder Plan requirements?*
[prompt if requirements are unknown; 1) For treatment to be evidence-based and 2) for treatment to be delivered by health professionals with the knowledge, skills, and experience in providing treatment to patients with eating disorders]
 - *What training did you receive during your degree and as on-the-job professional development in this area?*
 - *Do you feel sufficiently trained/feel you need more training?*



- *What skills/approaches do you need to engage the patient during the review process?*
- *When completing a review do you consult with other mental health professionals and dietitians? If so, what skills/approaches are needed when completing this consultation?*
- *What helps/hinders these collaborations?*

5. Having used the Eating Disorder Plan, what would you say about their applicability/relevance across different eating disorder subtypes and clinical presentations?

Prompts

- *Do you think they are useful/helpful for people with different eating disorder diagnoses?*
- *Are the Eating Disorder Plans meeting the needs of your patients? In what way?*

6. Overall, what works/doesn't work with the Eating Disorder Plan?

Prompts

- *Are there barriers or challenges/facilitators to developing the plan?*
- *Are there barriers or challenges/facilitators around the review of the plan, specifically?*

7. In hindsight, since the introduction of the Eating Disorder Plan to Medicare in 2019, what changes have you noticed for patients receiving treatment for an eating disorder?

Prompts

- *If there have been changes, what are they?*
 - *Access to service?*
 - *Health outcomes?*
 - *Others?*

8. If you had the opportunity to provide feedback about the Eating Disorder Plan, and their potential influence on eating disorders services, what would that feedback be?

Prompts

- *What would you change/improve/keep/get rid of?*

Thank you for taking the time to talk with me about your experience.

Prompts

- Explain further why their participation was valuable.
- Explain how the information collected will be used.

We will send you a transcription of this interview via email. This is to make sure that it is accurate. We will ask you to take a look at the transcript and return it to us via email within about two weeks.

Can we confirm your preferred email address?

Appendix 7.5. Mental Health Clinicians and Dietitian

Instruction for interviewer: Provide brief background to this study

As you know, in November 2019, new items were added to Medicare as part of the Eating Disorder Plan (EDP). This was designed to provide access to additional rebated treatment sessions for Australians with a serious and/or complex eating disorder. The Eating Disorder Plan cover up to 40 mental health sessions and up to 20 dietetic sessions within a 12-month period.

To date, a full evaluation of whether the Eating Disorder Plans have enhanced treatment availability and outcomes for individuals living with an eating disorder has not been done. This project is designed to address this gap.

We are particularly interested in your perspectives as a healthcare professional working with people with an eating disorder.

Note to the interviewer: Just as a reminder, tell the participants the interview will be recorded for analysis purposes and verify they still consent to participate in the study and have their interview recorded.

Before starting our discussion about the new Eating Disorder Plan, I would like to ask you a few questions about yourself. This will help us describe the different groups of people who took part in the research. Can you tell me your...

- Age
- Gender
- Discipline
- Highest qualification
- Number of years working in the field of eating disorder
- Workplace setting (hospital, community centre/clinic, private practice, eating disorder specific services, general mental health, public/private)
- Type of work (full-time, part time)
 - %FTE in clinical work
- Workplace location/post code
- How many patients with an eating disorder do you see per month?

1. I would like to start the interview by asking you to take us through the different steps you follow as a psychologist/occupational therapist/social worker/dietitian when using the Eating Disorder Plan.

Prompts

- *What do you actually do/have to do?*
- *What is it like for you personally?*

2. As a mental health professional/dietitian, can you tell me how you support your clients/patients under the eating disorder plan?

Prompts

- *What therapeutic approaches/interventions do you use?*

- *How well do these approaches/interventions align with the MBS requirements (particularly regarding use of evidence-based/informed approaches)?*

* note to the interviewer: Q1 might have already covered this. If so, move to next question.

* note to the interviewer re MBS requirements: *the Department of Health stipulates its intentions with the EDCP are to: (1) support a model of best-practice evidence-based care for patients with eating disorders*

3. We know that there are different Medicare plans for supporting mental health needs in addition to the eating disorder treatment plan. Do you have clients also on these other plans?

Prompts

- *Does it matter/make a difference?*
- *If yes, how? If no, why not?*

4. When you reflect on your use of the Eating Disorder Plan, how confident are you in using this plan and navigating the Medicare scheme to support clients?

Prompts

- *Are there parts of the process that are easier/clearer than others?*
- *Does this level of clarity influence your level of confidence?*
 - *What would help increase your level of confidence?*

5. What skills/approaches are required during the entire process/implementation of the plan/sessions?

Prompts

- *Your own skills/approaches...*
 - *What training did you received during your degree and as on-the-job professional development in this area?*
 - *Do you feel sufficiently trained/feel you need more training?*
 - *What skills/approaches do you need to collaborate with mental health professionals or dietitians and GPs?*
 - *What helps/hinders these collaborations?*

*note to the interviewers: *We are trying to get to answers to KEQ 4.1 – while trying to be somewhat subtle in asking the question and certainly not making judgements about whether they do or do not use evidence-based techniques*

4.1. Which therapy techniques are being used by health professionals in the treatment of eating disorders under an Eating Disorders Treatment and Management Plan?


6. Having used the Eating Disorder Plan, what would you say about their applicability/relevance across different eating disorder subtypes and clinical presentations?

Prompts

- *Do you think they are useful/helpful for people with different eating disorder diagnoses?*
- *Are the Eating Disorder Plans meeting the needs of your patients? In what way?*

7. Overall, what works/doesn't work with the Eating Disorder Plan?

Prompts

- 
- *Are there barriers or challenges/facilitators to implementing the Eating Disorder Plan?*
 - *Are there barriers or challenges around the review of the plan?*

8. In hindsight, since the introduction of the Eating Disorder Plan, what changes have you noticed for patients receiving treatment for an eating disorder?

Prompts

- *If there have been changes, what are they?*
 - *Access to service?*
 - *Health outcomes?*
 - *Others?*

9. If you had the opportunity to provide feedback about the *Eating Disorder Plan*, and their potential influence on eating disorders services, what would that feedback be?

Prompts

- *What would you change/improve/keep/get rid of?*

Thank you for taking the time to talk with me about your experience.

- Explain further why their participation was valuable.
- Explain how the information collected will be used.

We will send you a transcription of this interview via email. This is to make sure that it is accurate. We will ask you to take a look at the transcript and return it to us via email within about two weeks.

Can we confirm your preferred email address?

Study 8 Appendices

Review of clinical guidelines

Appendix 8.1. Comparison of evidence based clinical guidelines in anorexia nervosa

Table 8.1. Comparison of evidence based clinical guidelines in anorexia nervosa in adults

	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
Recommendation					More geared towards under 18s but have some recommendations for adults		
Treatment Setting							
First-line treatment: outpatient	+	+	N.R.	+	+	+	N.R.
Criteria for day hospital treatment	N.R.	✓	N.R.	✓	✓	✓	N.R.
Criteria for hospitalisation	✓	✓	N.R.	✓	✓	✓	N.R.
Criteria for discharge	✓	✓	N.R.	✓	✓	✓	N.R.
Information on compulsory treatment	N.R.	✓	✓ (Advises to go to the mental health act if at risk of harm and declining treatment)	✓	✓	✓	N.R.
Treatment Modalities							
<i>Refeeding/nutrition</i>							
Recommended energy intake, per day	Begin at 6,000kj/day and increase by 2,000kj every 2-3 days	✓	N.R.	✓	✓ (provide decision tree to determine risk and recommended intake)	3,000 and 4,000 kcal/day	N.R.
Recommended weight gain per week, inpatient settings	500 - 1400g/week	500-1000g/week	N.R.	✓	✓ (provide decision tree to determine risk and recommended weight gain)	2-4 lb/week (900g - 1.8kgs)	N.R.

	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
Recommended weight gain per week, outpatient settings	N.R.	200-500mg/week	N.R.	✓	N.R.	1–2 lb/week (450g - 900g)	N.R.
Recommended supplements	✓ (Phosphate and thiamine)	✓ (Thiamine, riboflavin, niacin, folic acid, vitamin D, iron (if deficient), vitamin B1 if starting at low weight)	✓	✓	✓	✓ (vitamin D, calcium)	Weak evidence for zinc, polyunsaturated fatty acids, and tyrosine
Recommendations for artificial feeding	✓ (patients at high risk of refeeding syndrome)	✓	✓ (life saving measure, and adjunct to achieving healthy weight and reduce relapse)	✓	✓	✓	✓
Nutritional counselling	N.R.	✓ (but not as sole treatment)	N.R.	✓ (as part of multidisciplinary approach only)	+ (part of a multidisciplinary approach)	✓ (by registered dietitians)	N.R.
Psychological interventions							
In general	+	+ (evidence-based psychotherapy)	+	+	N.R.	+ (may be ineffective in starving patients)	N.R.
CBT	+	✓ (evidence-based psychotherapy)	+	+ (CBT-ED; typically consist of up to 40 sessions over 40 weeks, with twice-weekly sessions in the first 2 or 3 weeks)	N.R.	+ (CBT-E for those who are underweight and require weight restoration; 40 sessions over 40 weeks. For those who are not significantly underweight, usually delivered in 20 sessions over 20 weeks.)	N.R.
FBT	N.R.	N.R.	N.R.	(+) (if CBT is ineffective or contraindicated)	N.R.	N.R.	N.R.
Psychodynamic therapy	N.R.	✓ (evidence-based psychotherapy)	(+) (if CBT is ineffective or contraindicated)	N.R.	N.R.	+ (40–50 sessions that initially occur twice weekly and then weekly for 6 months, tapering	N.R.

	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
						to less frequent sessions)	
IPT	N.R.	N.R.	Consider if CBT is ineffective/unsuitable/unacceptable	N.R.	N.R.		N.R.
Other		Systemic psychotherapy	Maudsley Model of Anorexia Treatment, Specialist Supportive Clinical Management	Maudsley Model of Anorexia Treatment, Specialist Supportive Clinical Management	N.R.	Maudsley Model of Anorexia Treatment, Specialist Supportive Clinical Management	N.R.
Medications							
In general	N.R.	N.R.	Must consider physiological safety before providing medications and recommendation is to not to provide as the sole treatment	Not as the sole treatment and need to consider co-morbid conditions and impact of malnutrition on medication adherence	N.R.	No recommendation, does state that medication, if used, should be based on a patient's age and clinical presentation	✓
Antidepressants		–	N.R.	N.R.	N.R.	(+) (need to follow label warnings for emerging adults)	✓ (mirtazapine)
SSRIs		N.R.	N.R.	N.R.	N.R.	May be used persistent depressive, anxiety, or obsessive-compulsive symptoms	– (fluoxetine, citalopram, sertraline)
TCAs	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	– (amitriptyline, clomipramine)
MAOIs	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
Antipsychotics	(+) (olanzapine)	(+) (olanzapine; compulsions and obsessive thinking) – (weight gain)	✓ (olanzapine)	N.R.	N.R.	(+) (olanzapine, risperidone, quetiapine, chlorpromazine).	– (sulpiride, pimozide, quetiapine, amisulpride) (+) (haloperidol) + (olanzapine, aripiprazole)
Appetisers	N.R.	–	N.R.	N.R.	N.R.	N.R.	+
Lithium	N.R.	–	N.R.	N.R.	N.R.	N.R.	+



	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
Oestrogen	N.R.	N.R.	N.R.	N.R.	N.R.	Recommended for relevant patients	N.R.
Other medication	N.R.	– (benzodiazepines, oxytocin)	N.R.	N.R.	N.R.	– (benzodiazepines)	+ (valproate, metoclopramide, domperidone) – (endocrine medications, testosterone, cisapride)
Other treatments	N.R.	Mentions neuromodulation (rTMS, deep brain stimulation, tDCS) , but that is only play a role in research contexts thus far		– (transcranial magnetic stimulation, acupuncture, weight training, yoga or warming therapy)	✓	– (ECT)	N.R.
Special issues	Treatment should be multidisciplinary. Recommend a stepped care approach	Outpatient, day-hospital and inpatient treatments should take place in institutions or with therapists who have expertise in treating eating disorders	✓ (formal support be offered to all carers)		Parents/family should be involved with patients under 18		N.R.

Note. ✓ recommendation given; + explicit recommendation in favour; (+) cautiously recommended; – recommendation against; N.R. no recommendation. rTMS = Repetitive Transcranial Magnetic Stimulation. tDCS = Transcranial direct current stimulation

Appendix 8.2. Comparison of evidence based clinical guidelines in bulimia nervosa in adults

Table 8.2. Comparison of evidence based clinical guidelines in bulimia nervosa in adults

	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
Recommendation							
Treatment Setting							
First-line treatment: outpatient	+	+	+	N.R.	+	+	N.R.
Criteria for day hospital treatment	✓	✓ (Directs to RANZCP guidelines)	✓	N.R.	N.R.	N.R.	N.R.
Criteria for inpatient treatment	✓	✓ (Directs to RANZCP guidelines)	✓	N.R.	N.R.	N.R.	N.R.
Treatment Modalities							
Nutritional counselling	N.R.	✓	N.R.	N.R.	N.R.	✓	N.R.
Psychological interventions							
In general	+	+ (first line treatment when evidence based)	+ (first line treatment)	+ (first line treatment)	+	+	+
CBT	+	+ (CBT-E)	+ (first line treatment)	+ (CBT- E, CBT-BN)	Consider if self-help is ineffective/unsuitable /unacceptable	+ (first line treatment) (CBT-E)	N.R.
FBT	–	+ (second line treatment)	✓	N.R.	N.R.	✓ (emerging adults where family member or caregiver is present)	N.R.
Self-help	+ (guided CBT)	+ (first line treatment)	✓	N.R.	+ (first line treatment)	+ (may be used first but need to see improvement within 4 weeks before moving to other therapy)	N.R.
Psychodynamic therapy	N.R.	+ (first line treatment)	✓	N.R.	N.R.	N.R.	N.R.
IPT	N.R.	+ (second line treatment)	Consider if CBT is ineffective/unsuitable/ unacceptable	Consider if CBT is ineffective/unsuitable/unacceptable	N.R.	N.R.	N.R.
Other		Therapies with demonstrated efficacy for the treatment of AN	N.R.	Integrative cognitive-affective therapy, or schema therapy.	N.R.	Group CBT may be conducted. DBT may be used when there is	N.R.

	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
		(CBT-E, SSCM, Maudsley model of outpatient treatment (MANTRA), and focal psychodynamic therapy (FPT) should be considered as treatment options. DBT should be considered as second line treatment option).		Mentalisation-based therapy may be considered if the patient has comorbid borderline personality disorder.		other co-morbid disorders	
Medications							
In general	✓	✓	✓ (Not as the sole treatment and must be used in combination with psychotherapy)	✓	✓ (Not as the sole treatment and need to take into account co-morbid conditions and impact of malnutrition on medication adherence)	✓	N.R.
Antidepressants		✓	– (bupropion)	✓	N.R.	– (bupropion)	+ (trazodone)
SSRIs	+ (fluoxetine)	+ (fluoxetine)	+ (fluoxetine)	+ (fluoxetine)	N.R.	+ (fluoxetine with psychotherapy, or after 6 weeks if no improvement from therapy only) (+) (citalopram if fluoxetine is ineffective)	+ (fluoxetine, sertraline) – (citalopram)
TCA's	N.R.	N.R.	–	N.R.	N.R.	N.R.	+ (desipramine) – (amitriptyline, mianserin)
MAOI's	N.R.	N.R.	–	N.R.	N.R.	N.R.	+ (phenelzine, Isocarboxazid) – (brofaromine, moclobemide)

	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
Anticonvulsants	+ (topiramate)	– (states limited evidence in BN)	–	N.R.	N.R.	N.R.	+ (topiramate, lamotrigine, zonisamide) – (lithium, carbamazepine)
Lithium	N.R.	N.R.	–	N.R.	N.R.	(+)	– (no efficacy)
Other medication	+ (orlistat for weight loss)	(+) (Antipsychotics, can cause weight gain; orlistat for weight loss)	–	N.R.	N.R.	N.R.	+ (aripiprazole, methylphenidate, ondansetron) – (appetite suppressants, naltrexone, oxytocin)
Other treatments	Combine psychotherapy and pharmacology	Physical activity recommended, if compulsive exercise is present then an exercise physiologist needs to be engaged, Bariatric surgery is case by case recommendation	N.R.	N.R.	– (transcranial magnetic stimulation, acupuncture, weight training, yoga or warming therapy)	N.R.	N.R.
Special issues		Discuss cultural consideration and treatment of minority groups	Treatment for co-morbid disorders should be treated in line with the relevant treatment elements	Recommend formal support be offered to all carers			Evidence over a long period of time (more than 6 months) is lacking

Note. ✓ recommendation given; + explicit recommendation in favour; (+) cautiously recommended; – recommendation against; N.R. no recommendation.

Appendix 8.3. Comparison of evidence based clinical guidelines in binge eating disorder in adults

Table 8.3. Comparison of evidence based clinical guidelines in binge eating disorder in adults

	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
Recommendation							
Treatment Setting							
First-line treatment: outpatient	+	+	+	N.R.	N.R.	+	N.R.
Criteria for hospitalisation	✓	✓ (Directs to RANZCP guidelines)	✓	N.R.	N.R.	N.R.	N.R.
Treatment Modalities							
Nutritional counselling	+	+	+	N.R.	N.R.	+ (with a registered dietitian)	N.R.
Psychological interventions							
In general	+	+ (first line treatment)	+ (first line treatment)	+ (first line treatment)	✓	✓	N.R.
CBT	+	+ (CBT-E, CBT-AN)	+	+	✓	+	N.R.
FBT	–	+ (second line treatment)	N.R.	N.R.	N.R.	N.R.	N.R.
Self-help	+	+ (first line treatment)	+	N.R.	+	✓	N.R.
Psychodynamic	N.R.	+ (first line treatment)	+	N.R.	N.R.	N.R.	N.R.
IPT	N.R.	+ (second line treatment)	+	+	N.R.	+	N.R.
Other	N.R.	Therapies with demonstrated efficacy for the treatment of AN (CBT-E, SSCM, Maudsley model of outpatient treatment (MANTRA) and focal psychodynamic therapy (FPT) should be	✓ (Humanistic therapy)	✓ (dialectical-based therapy, integrative cognitive-affective therapy, brief strategic therapy or schema therapy)	N.R.	N.R.	N.R.



	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)	
		considered as treatment options. DBT should be considered as second line treatment option.						
		Medications						
In general	+	✓	✓ (when psychotherapy is refused)	– (not recommended either as an alternative or as an adjunct to psychological treatment)	✓ (Not as the sole treatment and need to take into account co-morbid conditions and impact of malnutrition on medication adherence)	✓ (Medication can be used if a patient prefers medication, or therapy alone is not sufficient)	✓	
Antidepressants	✓	✓	(+)	N.R.	N.R.	+	✓	
SSRIs	+ (fluoxetine)	+ (fluoxetine)	(+)	N.R.	N.R.		+ (citalopram, sertraline, fluvoxamine) – (escitalopram, fluoxetine, vortioxetine)	
TCAs	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	+ (imipramine, desipramine)	
Anticonvulsants	+ (topiramate)	N.R. (states limited evidence in BED)	(+)	N.R.	N.R.	(+) (topiramate)	+ (topiramate, zonisamide)	
Anti-obesity medications	+ (Orlistat for weight loss)	– (orlistat)	N.R.	N.R.	N.R.	N.R.	N.R. (orlistat)	
Other medication		(+) (lisdexamfetamine)	(+) (lisdexamfetamine)	✓	N.R.	✓ (lisdexamfetamine)	+ (lisdexamfetamine, atomoxetine, methylphenidate, Liraglutide) (+) (appetite suppressants, sodium oxybate) – (Naltrexone, Baclofen)	
Other treatments		(+) (physical activity recommended,	(+) (bariatric surgery is case by			– (transcranial magnetic stimulation,	N.R.	



AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
	bariatric surgery is case by case recommendation)	case recommendation)		acupuncture, weight training, yoga or warming therapy)		

Note. ✓ recommendations given; + explicit recommendation in favour; (+) cautiously recommended; – recommendation against; N.R. no recommendation.



Appendix 8.4. Comparison of evidence based clinical guidelines in anorexia nervosa in children and adolescents

Table 8.4. Comparison of evidence based clinical guidelines in anorexia nervosa in children and adolescents

	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
Recommendation							
Treatment Setting							
First-line treatment: outpatient	+	N.R.	+	+	N.R.	N.R.	+
Criteria for day hospital treatment	N.R.	N.R.	+	✓	N.R.	N.R.	✓
Criteria for hospitalisation	✓	N.R.	✓	✓	N.R.	N.R.	✓
Criteria for discharge	N.R.	N.R.	✓	✓	N.R.	N.R.	✓
Information on compulsory treatment	N.R.	N.R.	✓	✓	N.R.	N.R.	✓
Treatment Modalities							
<i>Refeeding/nutrition</i>							
Nutritional counselling	+	+	+	N.R.	N.R.	+ (with a registered dietitian)	N.R.
Recommended energy intake, per day	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	✓ (provide decision tree to determine risk and recommended intake)
Recommended weight gain per week, inpatient settings	N.R.	N.R.	N.R.	✓	N.R.	N.R.	✓ (provide decision tree to determine risk and recommended weight gain)
Recommended weight gain per week, outpatient settings	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
Recommended supplements	✓	N.R.	N.R.	N.R.	N.R.	N.R.	✓
Recommendations for artificial feeding	✓	N.R.	N.R.	N.R.	N.R.	N.R.	✓
Nutritional counselling	+	+	N.R.	+ (not as sole treatment)	N.R.	+	+ (part of a multidisciplinary approach)

	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
Psychological interventions							
In general							
CBT	+	+ (second line therapy)	✓ (Group or individual)	N.R.	✓	✓	N.R.
FBT	+ (first line therapy)	+ (first line therapy)	+	+ (first line therapy)	+ (first line therapy)	✓	N.R.
Psychodynamic therapy	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
IPT	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
Other	Consider individual therapy for older adolescents where FBT is not appropriate	+ (adolescent focused therapy as second line treatment)	Multi-family therapy, adjunctive yoga, or adolescent focused therapy may be a reasonable option (recommendation is weak)	N.R.	N.R.	+ (adolescent focused therapy if FBT is unsuitable)	N.R.
Medications							
In general							
	No sufficient evidence of anxiolytic or antidepressant medication in young people with AN	N.R.	Recommend more research to be conducted	N.R.	–	– (as the sole treatment)	N.R.
Antidepressants	–	N.R.	– (bupropion) (+) (mirtazapine)	–	–	N.R.	N.R.
SSRIs	–	N.R.	N.R.	(+) (fluoxetine)	(+) (fluoxetine)	N.R.	N.R.
TCAs	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
MAOIs	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
Antipsychotics	N.R.	N.R.	(+) (olanzapine, aripiprazole, quetiapine, risperidone)	N.R.	✓	N.R.	N.R.
Appetisers	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
Lithium	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
Oestrogen	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
Other medication	(+) (anxiolytic)	N.R.	– (SNRI's and mood stabilisers)	N.R.	N.R.	N.R.	N.R.
Transition to adult services	Recommend that this is carefully	N.R.	N.R.	✓	+	N.R.	✓



	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)	
	planned and that there are appropriate levels of support to ensure a smooth change in caregiver for the patient							
Other treatments						– (transcranial magnetic stimulation, acupuncture, weight training, yoga or warming therapy)		
Special issues	+ (multidisciplinary treatment) + (stepped care approach)			Parents/family should be involved with patients under 18			Parents/family should be involved with patients under 18	

Note. ✓ recommendations given; + explicit recommendation in favour; (+) cautiously recommended; – recommendation against; N.R. no recommendation.

Appendix 8.5. Comparisons in evidence based clinical guidelines in bulimia nervosa in children and adolescents

Table 8.5. Comparison of evidence based clinical guidelines in bulimia nervosa in children and adolescents

	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
Recommendation							
Treatment Setting							
First-line treatment: outpatient	N.R.	+	✓	N.R.	N.R.	+	First-line treatment: outpatient
Criteria for day hospital treatment	N.R.	+	✓	N.R.	N.R.	N.R.	Criteria for day hospital treatment
Criteria for inpatient treatment	N.R.	✓	✓	N.R.	N.R.	N.R.	Criteria for inpatient treatment
Treatment Modalities							
Nutritional counselling	✓	N.R.	N.R.	N.R.	N.R.	✓	Nutritional counselling
Psychological interventions							
In general	+ (first line treatment)	✓	+ (first line treatment)	N.R.	✓	✓	In general
CBT	+ (second line treatment)	✓	+ (first line treatment)	Recommended to be offered to adolescents	✓	✓	CBT
FBT	+ (first line treatment)	+	+	Recommended to be offered to adolescents	+ (bulimia specific family therapy)	✓ (emerging adults where family member or caregiver is present)	FBT
Self-help	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	Self-help
Psychodynamic therapy	N.R.	N.R.	N.R.	Could be considered if CBT and FBT are not acceptable	N.R.	N.R.	Psychodynamic therapy
IPT	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	IPT
Other	Include family in psycho education	✓ (multi-family therapy, DBT, adjunctive yoga, or adolescent focused therapy may be a reasonable option)	N.R.	N.R.	N.R.	N.R.	Other



	AUS (RANZCP)	GER	SCO	UK (NICE)	UK (MEED)	USA	WFSBP (2023)
Medications							
In general	– (as first line treatment)	✓	– (as sole treatment)	N.R.	– (as sole treatment)	✓	In general
Antidepressants	N.R.	– (bupropion)	– (bupropion)	N.R.	N.R.	Need to consider the warnings of using these in young people if they are being used	Antidepressants
SSRIs	N.R.	+ (fluoxetine)	N.R.	+ (fluoxetine)	N.R.	✓	SSRIs
TCA's	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	TCA's
MAOI's	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	MAOI's
Anticonvulsants	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	Anticonvulsants
Lithium	N.R.	Recommend against mood stabilisers	N.R.	N.R.	N.R.	N.R.	Lithium
Other medication	N.R.	Recommend against SNRI's	N.R.	N.R.	N.R.	N.R.	Other medication
Transition to adult services	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	Transition to adult services
Other treatments	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.	Other treatments
Special issues	Treatment should be multi-disciplinary	N.R.	If co-morbid conditions are present there needs to be treatment provided for these as well	N.R.	– (transcranial magnetic stimulation, acupuncture, weight training, yoga or warming therapy)	Caregiver should be involved in treatment	Special issues

Note. ✓ recommendations given; + explicit recommendation in favour; (+) cautiously recommended; – recommendation against; N.R. no recommendation.

Appendix 8.6. Comparison of evidence based clinical guidelines in binge eating disorder in children and adolescents

Table 8.5. Comparison of evidence based clinical guidelines in binge eating disorder in children and adolescents

	GER	SCO	UK (NICE)
Recommendation			Recommend the same treatment in children and adolescents as in adults
		Treatment Setting	
First-line treatment: outpatient	N.R.	N.R.	N.R.
Criteria for hospitalisation	✓	N.R.	N.R.
		Treatment Modalities	
Nutritional counselling	N.R.	N.R.	N.R.
		Psychological interventions	
In general	+ (therapy that includes caregivers/parents)	N.R.	✓
CBT		+ (offered to adolescents)	✓
FBT	+	+ (offered to adolescents)	N.R.
Self-help	N.R.	N.R.	+
Psychodynamic	N.R.	N.R.	N.R.
IPT	N.R.	+ (offered to adolescents)	N.R.
Other	N.R.	N.R.	N.R.
		Medications	
In general	–	–	✓ (Not as the sole treatment and need to take into account co-morbid conditions and impact of malnutrition on medication adherence)
Antidepressants	N.R.	N.R.	N.R.
SSRIs	N.R.	N.R.	N.R.
TCAs	N.R.	N.R.	N.R.
Anticonvulsants	N.R.	N.R.	N.R.
Anti-obesity medications	N.R.	N.R.	N.R.
Other medication	N.R.	N.R.	
Transition to adult services	N.R.	N.R.	– (transcranial magnetic stimulation, acupuncture, weight training, yoga or warming therapy)
Other treatments	N.R.	N.R.	N.R.
Special issues	N.R.	N.R.	N.R.

Note. ✓ recommendations given; + explicit recommendation in favour; (+) cautiously recommended; – recommendation against; N.R. no recommendation.