



Government of Western Australia
Child and Adolescent Health Service



Welcome to the Eating Disorders Service



Information for
parents and
families



About us

The Eating Disorders Service (EDS) is a range of supportive treatment options to help children and young people with the difficulties they are experiencing in managing their health, particularly in relation to eating and exercise.

Most people with eating disorders experience fear about some parts of eating and body image dissatisfaction. Our team will support you and your young person to take steps towards health, assist with eating, manage fears and anxiety.

EDS is a part of the Child and Adolescent Mental Health Service (CAMHS) and are located at Perth Children's Hospital (PCH).

These services are made up of:

- **Outpatient service:** Appointments at our outpatient clinic, PCH Clinic K.
- **Day program:** Group-based day treatment in our outpatient clinic, PCH Clinic K.
- **Inpatient service:** Medical or mental health care on Ward 4A (medical) or 5A (mental health).

Your young person may be involved with some or all the different parts of our service, and this will depend on their needs and progress. You can see what the journey might look like on page 5.

Throughout your journey with us, you can ask questions and give feedback to your EDS Care Coordinator.



About eating disorders

An eating disorder is a serious and potentially life-threatening mental illness that affects physical health and requires treatment.

A person with an eating disorder has not made a 'lifestyle choice'. They are very unwell and need help.

There is no single cause of eating disorders and the reasons behind the development of an eating disorder will differ from person to person. We do know that genetics, personality, and a combination of environmental, social and cultural factors can play a role.

What we do know is that families do not cause eating disorders and they are our greatest allies in treatment. This means that during treatment you will need to insist that your young person does things they find highly distressing such as eating more and regaining weight. It is important to act early with young people to prevent long term illness, as only 10-15% of adults with anorexia nervosa achieve full remission.

The types of eating disorders

There are several different types of eating disorders - these are the main ones:

Anorexia nervosa: where someone is trying to lose weight or failure to gain weight by placing severe restrictions on the amount and type of food and drinks they consume. There is an intense fear of gaining weight and often behaviour to avoid weight gain such as excessive exercise.

Bulimia nervosa: where someone eats large volumes of food and then tries to get rid of the food (for example, by vomiting, excessive exercise or taking laxatives).

Binge eating disorder: where someone eats large volumes of food with a sense of loss of control while eating, followed by feelings of guilt.

Avoidant restrictive food intake disorder (ARFID): when someone only eats a small range or amount of food and doesn't get the nutrients they need. Generally, people with ARFID are not scared of weight gain, but often resist the need to eat because of the issues they have with eating.

Some people with an eating disorder show a range of symptoms from disorders, and some people experience symptoms of different eating disorders over time.





Assessment for an eating disorder

Your young person may not yet have a diagnosis of an eating disorder but has been referred to the Eating Disorders Service for an assessment.

To support our parents and carers, we offer a free parent education session called Eating Disorder Essentials, which will help you know what you can do to support your young person and explains the evidence based Family Based Treatment (FBT) for eating disorders. This workshop also allows you to connect with other parents and carers.

At the end of this guide we have also listed some resources to start thinking about what you might be able to implement now and what supports might be helpful for your family.

If your young person is receiving inpatient care at PCH, it is important to know the priority is medical treatment and stability. You will have access to psychological assessment and support from the clinical nurse specialist and psychiatric team, with the focus being on risk management and distress tolerance.

Next steps for your young person and family

The purpose of the assessment is to discuss the specific strengths and difficulties your young person and family are experiencing and will involve several members of our multidisciplinary care team. This will help us understand if your young person has an eating disorder that meets criteria for treatment with our service and what support your young person and family need moving forward.

Due to the serious nature of this condition, both parents/carers and siblings (where appropriate) to come to this assessment. At a minimum, one parent/carer is required to attend with their young person.

Need advice or have questions?

If you have any questions while you are waiting for assessment, you can contact the EDS triage team on 6456 0201 or speak to the Ward 4A Clinical Nurse Specialist.

The Eating Disorders Service

Outpatient Care

Assessment and treatment service using evidence-based outpatient therapies (primarily Family Based Treatment). Regular appointments at PCH Clinic K and shared care with your GP and other community providers.

Day Program

Intensive group-based day treatment (5 days/week) at PCH Clinic K. The Program offers group therapy, individual support, meal support, peer support and school.

Inpatient Care

Admission to inpatient ward (Ward 4A) at PCH to restore medical stability.

If you become concerned about your child's physical or mental health at any time, book an urgent appointment with your local GP or doctor.

Urgent help

If your young person experiences severe dizziness and fainting, this may be a sign that a person with an eating disorder needs immediate medical help and you should attend an Emergency Department.

For urgent mental health help or advice for children and young people, call **CAMHS Crisis Connect** on **1800 048 636**, 24 hours a day, 7 days a week or bring them to PCH Emergency Department or any hospital Emergency Department outside of these hours or at any time.

The care team

You will be meeting a range of doctors and health professionals from our multi-disciplinary team throughout your treatment journey.

It may help to record the name of each of the clinicians in your care team below:

FBT therapist/Care coordinator: _____

If you are receiving outpatient care through the Eating Disorders Service in PCH Clinic K, your FBT therapist/care coordinator will be your first point of contact for all your queries and the person who will be most familiar with your current treatment journey.

They will also be your primary Family Based Treatment (FBT) therapist.

All FBT therapists/care coordinators are mental health clinicians specialising in eating disorders treatment. In addition to the FBT treatment, they can:

- Help you better understand treatment and your role within it
- Develop a collaborative treatment plan with you
- Provide ongoing assessment of your young persons progress
- Coordinate transition between the various parts of treatment e.g. from hospital admission back to outpatient.
- Help with decision making about treatments and any changes to your young person's treatment team for example involving other clinicians such as a dietitian or physiotherapist.
- Discuss possible mental health risk issues and how to deal with them
- In collaboration with you, consult with your young person's school about managing education during treatment
- Provide you with advice on how you can access help for yourself
- Liaise with outside services or clinicians who might be involved in your young person's care.

Psychiatrist: _____

The psychiatrist will regularly review your young person's mental health and may help with managing distress associated with eating. They will provide assessment and treatment options for any other potential mental health challenges such as depression, anxiety disorders, obsessive-compulsive disorder and others.

Paediatric team: _____

Medical monitoring is an important part of treatment and regular appointments (initially more frequently such as once to twice weekly) will be scheduled.

Most families will receive a shared-care approach, whereby a paediatrician will see at PCH in conjunction with continued monitoring by the GP. Support will be provided to the GP through the medical team and liaison nurse.

Dietitian:

The dietitian will be able to give you guidance about which foods to feed your young person and how much, and whether you need to use high energy supplements for nutrition.

If you feel that you might need additional dietitian support for things like balancing food intake when your young person is returning to physical activity, this can be discussed with your FBT therapist/care coordinator.

Physiotherapist:

We encourage you to discuss having a physiotherapist involved in your young person's care with your doctor or FBT therapist/care coordinator and they can facilitate a referral and appointment.

In collaboration with your treating team, the physiotherapist will help your young person to safely and successfully return to activity and exercise as soon as is possible within the treatment journey.

Advice about returning to activity is based on the Safe Return to Activity Guideline for Young People with Eating Disorders.

The physiotherapist may be involved throughout the eating disorder journey through inpatient care and outpatient care both individually and in groups.

A young person with an eating disorder may need to see a physiotherapist for the following reasons:

- Safe reintroduction of exercise
- Rehabilitation for physical decline following malnutrition
- Management of continence issues
- Scar management
- Treatment of musculoskeletal problems
- Treatment of poor bone health
- Education about any of the above topics.

Your doctor:

Your young person's doctor or GP will be involved throughout the treatment journey. With your permission, the care team will work closely with your doctor and communicate any progress, concerns or requests by emailing, phoning or sending letters.

Your GP is also encouraged to contact the care team if there are any questions or further information is required.

School teacher:

Referrals to the School of Special Educational Needs: Medical and Mental Health (SSEN:MMH) teachers are available available through EDS. They work in collaboration with your school and the care team to support the educational needs of your young person throughout their time with the EDS.



Outpatient care

Family Based Treatment

The most likely treatment recommended for you and your young person at this stage is Family Based Treatment (FBT, also often called 'Maudsley method').

FBT is an intensive outpatient treatment that places parents at the centre of the young person's recovery. There are decades of research supporting FBT as the first-line treatment for anorexia nervosa in young people under 18 years of age with a duration of illness of less than three years. Occasionally, young people need hospital admissions for medical stabilisation - this does not mean that treatment is failing.

The length of treatment is usually around 12 months. With support, most parents can restore their young person's physical health and assist them to get back on track age-appropriate activities during that time. Some families need additional therapies or another form of treatment towards the end of FBT.

The three phases of FBT

Phase 1: Refeeding and weight restoration

Typically, sessions with the FBT therapist are at PCH on a weekly basis.

All family members attend each session (young person, parents, and siblings). Your young person will also have an opportunity to meet briefly with the therapist at the start of each session.

The goal of Phase 1 is to empower parents to work together to renourish your young person. Due to the impact of starvation on the brain and the psychological aspects of the illness, the young person is unable to make healthy and appropriate decisions regarding

their eating at these times. Parents are in control of all food choices, quantity, and preparation of meals. Constant supervision may be required to make sure your young person does not engage in any exercise and anorexic behaviours that use up energy and calories.

These decisions are made with the support and guidance of the FBT therapist who will:

- work with your family to understand the impact of the illness
- provide education about eating disorders
- understand and manage the young person's fear and distress during mealtimes.

Siblings play a crucial role in supporting the young person – this may be as simple as providing support or doing an activity together.

At this stage of treatment young people often have no insight into their illness. The reality is that your young person probably believes they are well, is probably reluctant to engage in treatment and has the desire to remain thin despite your persistent efforts to feed them.

It is not recommended that young people access individual psychological therapy during phase 1. If parents require additional support (e.g. consultation with a dietitian) this can be discussed with the FBT therapist. Often parents have very good instincts regarding renourishing their young person when provided with support. However, parents will need to be serving three adequate meals and three snacks to their young person every day – these meals and snacks are the medicine.

Phase 1 is typically the most challenging phase of treatment for the family and these sessions will be conducted weekly. Your young person is likely to feel very anxious and distressed, but it is important to keep going with the tasks of renourishment – this distress is a sign that you are challenging the eating disorder. Your young person needs to see that you can tolerate this distress and that you are stronger than the illness. You can be firm and kind, with consistent and persistent efforts in feeding and renourishing your young person. Your FBT therapist will help you find ways to manage your young person's distress, for example things that you can say or do during or between mealtimes.

Phase 2: Returning control of eating back to the young person

When parents take charge of re-nourishment, we can reduce the physical effects of starvation to allow your young person to be in a better position to think more clearly, to problem-solve and to regulate their emotions.

In phase 2, your young person should be eating a wide variety of foods and showing less resistance and distress at mealtimes. In this phase parents gradually hand back age-appropriate control of eating to their young person whilst at the same time helping to





manage any difficulties that arise. You may also still be working on increasing the variety of foods eaten.

Sessions with your FBT therapist will decrease to once every fortnight. While your young person's distorted thinking has not completely disappeared (and will take some time to do so), with good renourishment many young people are usually able to manage their eating behaviours and thinking more effectively.

For some young people, having gained weight is very difficult and you might see variations in mood. At this stage parents may report that their young person's mood has lifted, and they have become

more interactive. Many parents feel they are seeing more of their young person than the anorexia. These signs of recovery are individual for each young person and so starting phase 2 may vary with each family.

Phase 3: Treatment completion and identifying issues which may need to be addressed

During this phase it is assumed that the young person is weight restored and managing eating in an age-appropriate manner.

Often Phase 3 goals start towards the end of Phase 2, so you may find these phases overlap. The focus of this phase is to identify any areas of life that may be off track as a result of the eating disorder or that may have been present prior to the eating disorder developing. Your therapist will continue to work with the whole family to address any issues and to ensure that your young person is back on track developmentally and that your family is able to return to how it was before the eating disorder.

If your young person has experienced pre-existing mental health issues such as anxiety or obsessive-compulsive disorder, your therapist will discuss a plan for how these can be addressed following FBT. The main goal of this phase is for the family and young person to return to normal life without an eating disorder, and you might see your therapist monthly.

Physical activity guidelines

The physical and mental benefits of exercise are widely acknowledged. For young people with an eating disorder however, exercise can sometimes be harmful and unhelpful for overall progress. Your young person's doctor will restrict activity for some time until they are physically and mentally ready to resume.

The most common physical problems that may impact the activity your young person can do are:

- Medical instability
- Decreased bone density and low hormone levels
- Difficulty controlling bladder and bowel
- Musculoskeletal problems and injuries.

The decision to progress to the next stage of exercise depends on both the physical and mental health of your young person. It is discussed by your care team and considers the individual goals of your young person. This approach is safe, helps to avoid injury, and makes sure all the right supports are in place so the return to physical activity is a success.

If your young person has difficulty maintaining the requirements for a stage, they will be stepped back to the previous stage. The time spent in each stage will depend upon physical and mental health and wellbeing.

The following is a guide to help you to understand what is generally required for you to be able to return to normal activity, and the steps you may take to get there.

Stage	Medical progress	Exercise
Rest	Requiring frequent medical monitoring	<p>No exercise or school sport</p> <p>Activity may include:</p> <ul style="list-style-type: none"> • all non-essential walking, standing and physical activity • housework minimised and avoided if possible • daily personal care activities (showering, dressing) • sit outdoors for fresh air and sunshine • throw ball to dog from seated position • be driven to school or outings
<p>Stage A</p> <p>Goal: maintaining posture and joint range</p>	Medical stability	<p>Supervision is essential</p> <p>Intensity: normal talking and breathing</p> <p>Duration: up to 15 minutes</p> <p>Frequency: 6 times per week, 1 rest day</p> <p>Activity may include:</p> <ul style="list-style-type: none"> • gentle home static yoga • stretching or postural strengthening • breathing and mindfulness program (as provided by physiotherapist) • an outing outdoors <p>Management of specific musculoskeletal problems as required.</p>

Stage	Medical progress	Exercise allowed
Stage B Goal: strengthening, posture, stability	Medical stability Making steady progress with weight Managing meal plan	Supervision is essential Intensity: mildly short of breath, taking more effort to talk Duration: up to 30 minutes cumulative per day Frequency: 3 times per week An individualised exercise program is made in consultation with the physiotherapist and may include strengthening, gentle walking and light social recreation activities. Seeing the physio: fortnightly to monthly
Stage C Goal: Preparation for return to goal activity and participation in social sport/ recreation	Medical stability Weight maintenance phase Hormones at normal levels Managing 100% of their meal plan Able to add extra snacks for exercise as required	Flexible supervision (social partner encouraged) Intensity: Moderately short of breath, can only finish 1 to 2 sentences Duration: up to 60 minutes (combination of aerobic and strength program) Frequency: up to 5 days/ week (in consultation with physio) An exercise program is made in consultation with physiotherapist and includes a functional training program targeted towards the skills and physical requirements to allow a safe return to sport and your goal at stage D. Seeing the physio: fortnightly to monthly
Stage D Goal: participation in goal activity	Medical stability Weight restored (and stable) Return of period (females) and normal testosterone (males) Able to add extra snacks for exercise as required	Flexible supervision Intensity/ duration/ frequency: individualised, 2 rest days a week Exercise includes: Gradual progression to achieve your goals Seeing the physio: fortnightly, progressively decreasing to discharge



Day Program

How can the Day Program help?

The Day Program is a group-based day treatment that may be offered to your young person if they need intensive therapy and support to help them in their recovery from an eating disorder. The program will aim to help the young person successfully re-engage in treatment within outpatient services.

What can you expect from the program?

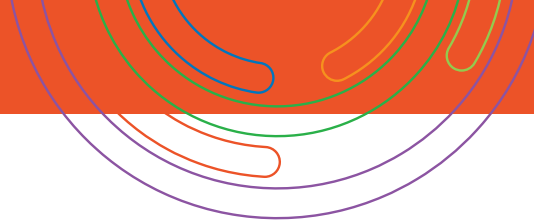
The program will run on weekdays between 9.00am and 3.45pm during the school term in Clinic K at Perth Children's Hospital. The program offers group therapy, individual support, meal support, peer support and school. The young people will participate in group therapy sessions in the morning and school studies in the afternoon. Meal support is provided for morning tea, lunch and afternoon tea.

Initially, young people will attend five days a week to make early gains and set them up for success. Young people's time in the program may reduce over time, and this will be arranged in collaboration with parents, the young person and their care team.

Getting ready for Day Program

The program has limited places and is only open to eight young people and their families at any one time. If your Care Coordinator believes your young person requires more intensive therapeutic support and would be suitable, they will complete a referral for the Day Program.

Before starting the program, parents will be asked to attend a meeting with their young person. The meeting will include goal setting and discussions around expectations of the young person and the parent/carer. The meeting will be led by the Day Program Coordinator and will involve the Psychiatrist and Dietitian.



The care team

The program is delivered by the multidisciplinary team which consists of a psychiatrist, mental health nurses, psychologists, dietitians, physiotherapists, occupational therapists, a body awareness therapist and peer support workers. Support is provided by Adolescent Medicine and the School of Special Educational Needs: Medical and Mental Health.

What group therapies are offered?

A range of group therapies are offered within Day Program which include:

Family Based Treatment (FBT)	Helps the whole family come together to assist the young person with the eating disorder to regain their health and return to normal adolescent development.
Cognitive behavioural therapy (Identity)	Helps the young person to identify links between their thoughts, feelings and behaviours in order to overcome unhelpful thinking patterns and modify eating disorder behaviour.
Radically Open Dialectical Behavioural Therapy (RO-DBT)	A therapy that targets traits of overcontrol associated with an eating disorder.
Cognitive remediation therapy (Thinking games)	A restorative therapy which aims to assist the young person and family to identify rigid thought patterns and behaviours, and over-attention on detail.
Creative therapy	Involves experiential creative arts therapies (ECAT) and mindfulness practice.
Physiotherapy	Education about the impact of malnutrition on the body, and the safe return to activity/exercise during and after treatment of an eating disorder. Young people are guided through mindful movement exercises.
Meal support	Provides a safe and consistent environment for young people to practice eating and decrease disordered eating behaviour.
Dietetic group	A discussion-based psychoeducation group to engage the young person in learning about nutrition and their needs.
Peer support groups	Provides hope for a future beyond one's current struggles and offers inspiration and motivation to work towards positive change while feeling understood and supported in the company of similar minded people.

How are parents/carers involved?

As a parent/carer you play a key role to support your young person's recovery. You will be actively involved in the program through weekly family meetings, psychoeducation, skills groups and peer support groups. We ask that you as the parent/carer attend all aspects of the program, which is approximately two full days per week.

Parent/Carer peer support group	Assists parents/carers with the skills needed to manage the challenges of caring for someone with an eating disorder, as well as provide emotional and social support.
Parent/Carer education group	Psychoeducation relating to aspects of care including psychiatry, physiotherapy, dietetics, psychology and youth peer support.
Parent/Carer skills group	A two-day workshop called Crisis Intervention Principles for Families supporting an Eating Disorder (CIP FED) provides parents and carers with skills to support young person with an eating disorder. Other skills groups cover the content of young people therapy groups, meal support, and planning for the weekend.

Transition back to outpatient care

The Day Program team will provide regular updates on the young person's progress and plans to transition them back to outpatient care. Prior to finishing the program, your young person may reduce the number of days attending the program so that they can start reintegrating back into their own school/place of education. When you, the team and your young person decide they are ready, transition back to regular outpatient appointments with your Care Coordinator will occur.





Inpatient care

When you need hospital care

Most young people with eating disorders will be managed through outpatient care. Young people are admitted to hospital if they are medically unstable, at high risk of refeeding syndrome or have ongoing weight loss despite outpatient support.

Refeeding syndrome is a series of reactions that can occur as the body responds to the reintroduction of nutrition after an extended period of starvation.

Features of medical instability include:

- low heart rate
- low temperature
- instability of heart rate and/or blood pressure
- biochemical abnormalities.

Admission to hospital is required to re-establish nutrition, restore medical and psychological stability and establish a trajectory of weight gain in a supportive environment. Once discharged from hospital, your young person will continue their recovery as an outpatient.

Please note: In the case of other complex and acute mental health issues admission to the mental health inpatient unit (Ward 5A) may be required.

Ward 5A is a recovery focused patient and family centred service offering a seven-day multidisciplinary service in a safe environment for voluntary and involuntary patients as authorised under the Mental Health Act (2014).

On Ward 4A, there is group program of care for EDS patients which is referred to as the Eating Disorders Medical Pod. This program has the capacity to support up to 8 inpatients. In the event of the program being full, your young person will be placed on the waitlist for intake into the program.

Whilst on the waitlist, your young person will continue to have access to the same level of input from the Multi-Disciplinary Team (MDT) which includes; Paediatricians, Psychiatrists, CNS (medical & mental health) and Dietitians. Where possible, your young person will also be allocated with a higher nursing ratio (1 nurse : 2 patients), so that nursing staff can provide increased support with your young person's meals and well-being. The MDT prioritises and ascertains suitability to the Medical Pod program as part of their clinical decision making.



The care team

Staff across Ward 4A are experienced at caring for young people with an eating disorder who need medical admission.

Doctors, nurses, dietitians, physiotherapists, mental health clinicians and teachers will form part of the multidisciplinary team to support and care for your young person.

Significant treatment decisions are made by a multi-disciplinary team (MDT) at a weekly meeting held on Mondays.

This helps ensure a consistent approach to the care your young person needs and both you and your young person will be able to meet with the team regularly to discuss progress and the treatment plan.

Nursing: The inpatient ward is led by the Clinical Nurse Manager, who together with the nursing team provides 24-hour care for your young person. There are two Clinical Nurse Specialists (CNS) on Ward 4A: one provides medical care coordination and clinical leadership for eating disorder patients, the other is a mental health specialist who provides mental health support for eating disorder patients. Both attend the weekly MDT.

Medical: You will see the same medical consultants as an inpatient that you see as an outpatient. They will also be working with their extended medical team that includes a specialist in training, registrar, resident medical officers (RMOs) and at times there may also be an intern and medical students.

Psychiatry: The mental health input on the ward will be led by the inpatient eating disorders psychiatrist. They will also work closely with a registrar and will see young person during their admission. The focus will be on psychiatric assessment and safety. Intensive therapy does not occur during a medical admission as when a young person is malnourished, they have difficulty thinking and engaging in this type of treatment.

Dietetics: The dietitian works closely with the medical team throughout each admission. They will meet with parent/carers as soon as possible in the admission to discuss the young person's eating and food preferences, assist parents/carers, order their young person's meals and provide education regarding nutritional requirements and how parent/carers can support their young person to eat.

Physiotherapy: If there any concerns about exercise, continence, muscles, bones or joints please discuss with your young person's doctor or at your weekly meeting for referral to physiotherapist. For those patients in Medical Pod, physiotherapy groups are run on a Tuesday and a Thursday.

School teachers: Education is provided by the School of Special Educational Needs. The teachers will meet with you and your young person and provide teaching support to maintain their education. This will also usually involve direct liaison with your child's enrolled school. When medically stable, your young person is expected to attend school in the school room. Attendance at school also provides distraction for the young person during treatment.

Rules and safety

In order to keep the young people, families and staff safe the following rules are in place:

1. Respect your own and others safety, space and values. Inappropriate language, bullying, aggressive and abusive behaviour is not tolerated at Perth Children's Hospital.
2. Permission may be requested to search your young person, their room, and/or belongings for unsafe items if needed.
3. Exercise is only permitted as per your young person's individual physiotherapy plan.
4. Appropriate clothing must be worn at all times (refer to pg 22 for specific details).

Ward rounds

Daily: All young people will be reviewed daily by a junior medical officer with a focus on body function stability, medical complications of malnutrition and refeeding, and evidence of self-harm. The results of any medical investigations will be reviewed at this time. Significant treatment decisions or changes to plans will only occur at the weekly MDT.

Weekly: The MDT will meet weekly on Mondays to review your young person's progress. Any decisions such as progress through levels of care, meal plan changes, family meal support options, leave arrangements, and discharge planning will be made at the MDT. The outcome of the MDT will be discussed with you at your weekly meeting or by phone conversation and to your young person as appropriate.

During the admission you may be invited to partake in a family meeting where there is space to discuss diagnosis and progress including weight gain, eating behaviours, medication, future care plans, and discharge planning. If you would like a patient advocate to be part of this meeting it can be arranged for you and is free of charge.

Please note: discussion about weight gain, increase in meal plans, progression through the levels of care and expected date of discharge may cause distress for your young person, yourself and your family.

Weekly meetings with you and any discussions held with your young person will be planned to occur when there is the best team support available.

Ward rounds start at 8:30am daily, after the MDT ward handover. Following this, a member of the medical team may call you to discuss your young person's progress.



Levels of care

During the admission we use three levels of care based on the young person's medical status, nutritional requirements and the activities recommended by the team.

Progression through the levels is based on a combination of weight gain, improvement in eating habits, medical stability and mental health as well as compliance with treatment. Your young person must achieve the goals or criteria at each level before progressing to the next level.

This is to prepare you for discharge by establishing meals and routines that can be successfully transitioned home. On some occasions where the young person is struggling with what is needed at a certain level of care, the decision may be made for them to go back to the previous level. This decision will be made as part of the weekly Monday MDT meeting.

Privacy, safety and managing risk

With an eating disorder, there can be an increased risk of vomiting or exercising after meals or when showering or toileting.

The need for support and distraction at these times is important. We may need to monitor more closely your young person's shower and toilet use but we always do our best to respect and maintain privacy.

Bathrooms are locked on Ward 4A and will be opened by a nurse when your young person needs to access the bathroom. Supervision may be required in line with their level of care, or if your young person is requesting access inside their post meal rest period.

Level 1 – Medical stability

Medical stability means the point at which your young person has reached a level of good physical health, with no health problems that need ongoing medical treatment beyond routine care.

Guidance for a young person on Level 1:

- Must be room based only
- Continuous nasogastric (NGT) feeds for three or five days
- Strict rest in bed, no activity is permitted
- Wheelchair to toilet
- Vital signs done every four hours (temperature, heart rate and breathing, blood pressure lying down and checked again after standing for 1 minute)
- Heart monitoring if needed
- To dress in appropriate warm clothing with use of sufficient blankets, Bair hugger required if temperature <35.5
- Daily blood tests
- Daily weight in hospital gown after passing urine in a pan
- Urine sample at 6am
- Mid-upper arm circumference on admission then measured weekly
- Bathroom supervision always
- Showers limited to five minutes
- Curtains need to remain open during the day and three-quarters drawn at night
- Window blinds to be up during the day.

The first three to five days of admission will require your young person to remain on bed rest and receive continuous nutrition through a nasogastric tube (a tube that passes through the nose into the stomach and generally stays in place for the whole inpatient stay).

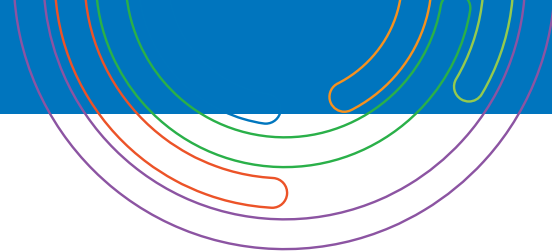
This is needed to restore their medical stability and protect against the physical and mental health consequences that come with malnutrition.

Some young people indicate that they would prefer to have a meal plan on admission rather than have a continuous nasogastric feed. Despite the young person's best intention and efforts, most people are unable to manage the amount of nutrition required during these first three to five days to restore medical stability. It is also possible that because the young person is so unwell, they may have difficulty making decisions about eating food. Continuous nasogastric feeds for the first few days is the safest way to recovery.

The nursing and medical team will:

- frequently monitor heart rate, blood pressure and temperature
- request frequent blood tests and prescribe vitamin and mineral replacements as these can fall dangerously low during the first days of admission.

Weights will be undertaken daily, and a measurement of the Middle Upper Arm Circumference (MUAC) will be undertaken when required. A mental health risk assessment will be completed within 24 hours of admission. This will help us understand what mental health supports your young person may need during the admission.



Refeeding syndrome and medications

Refeeding syndrome is a series of reactions that can occur as the body responds to the reintroduction of nutrition after an extended period of starvation.

Frequent blood tests are taken to monitor any changes over the first week. Medications will be prescribed to restore any minerals and vitamins that are depleted and to prevent refeeding syndrome.

Bed rest

Bed rest involves minimal use of energy and means that the young person is always asked to lie or sit on the bed and they need to use a wheelchair to go to the bathroom.

If medical and nursing staff are very concerned about the young person's medical state, a bedpan or urine bottle may be used. Showers can be offered with the use of a shower chair.

Level 2 – Meal support

Once the inpatient team has given medical clearance, the young person can start a meal support program, school and other activities such as physiotherapy. They may also be offered group meal support which provides an opportunity to practise eating with others in a supported way whilst limiting compensatory behaviours.

Guidance for young person on Level 2

- Ward based - no leave from the hospital
- Transition to meal plan and overnight nasogastric feeds
- Bathroom supervision
- Showers limited to five minutes
- Attend the school room and other organised activities
- Physiotherapy group focus will be balance, core strength, posture, stretching and relaxation strategies



- Twice daily vital signs (temperature, heart rate and breathing, blood pressure lying down and checked again after standing for one minute)
- Blood tests, weekly at a minimum
- Practise meals with parents or carers on the ward (group meal support may be offered)
- Curtains need to remain open during the day and three-quarters drawn at night
- Window blinds to be up during the day.

Level 3 – Transitioning home

Guidance for young person on Level 3

- Meal plans continue with overnight feeds reducing
- Reduced supervision – permission to attend Fun on Four for entertainment on Level 4
- To facilitate supportive eating as a family, leave over a meal and/or snack may commence upon consultation between the MDT.
- Attendance to school room and other organised activities
- Physiotherapy group focus will be balance, core strength, posture, stretching and relaxation strategies
- Twice daily vital signs (temperature, heart rate and breathing, blood pressure lying down and checked again after standing for one minute)
- Blood tests, weekly at a minimum
- Monday and Thursday: weight in hospital gown after passing urine in a pan and a urine sample at 6am
- Practise sharing meals with parents on the ward and outside of the hospital (group meal support may be offered)
- Curtains need to remain open during the day and three-quarters drawn at night
- Window blinds to be up during the day.

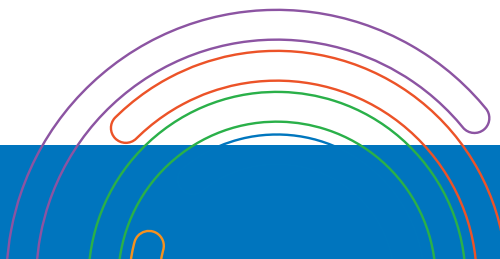
Inpatient meal support

Mealtimes can be very stressful for a young person with an eating disorder and their family.

We make mealtimes as structured and supportive as possible to allow the young person to practise regular eating while also managing their anxiety and distress. Nursing staff are there to provide support and guidance to both parents and young people during the meals.

Everyone is expected to eat the meal or meal supplements (nutritional drinks) as part of their plan. The aim is to make mealtime friendly and relaxing, with appropriate discussion topics that do not involve food, weight and shape.

Meal plans will provide balanced nutrition over six meals per day with feeds overnight with the right amount of protein and energy to restore health. They are standardised and graded from meal plan A through to D which allows a staged approach to the introduction of meals, balancing requirements across; food intake, meal supplements (nutritional drinks) and overnight feeds.



The meal plan and nasogastric feeds will be reviewed during Monday ward round. Decisions on progressing to the next meal plan are made by reviewing weight, heart rate and blood pressure and blood test results alongside patient's ability to manage the treatment plan.

No food (including gum and diet lollies) or drink (including soft drink) are allowed to be brought in from outside the hospital (unless directed by the inpatient team).

Group meal support rules

The nursing team will provide meal support during all mealtimes.

Meals and snacks will be supervised in the dining room, and your young person will need to walk to and from the room with the nurses.

Times for meals are as follows:		
	8.30am	Breakfast
	10.30am	Morning Tea
	12.30pm	Lunch
	3.30pm	Afternoon Tea
	5.00pm	Dinner
	7.00pm	Supper

Before the meal

You will be managing the meal ordering with support from the team dietitian, to support your young person's recovery to medical stability. Your young person will not be allowed to participate in this process.

If there are any questions about meals the nursing staff or dietitian can be contacted to help.

Patients are expected to:

- Use the bathroom prior to mealtimes
- Wear clothes without pockets or hoods
- Wear shoes that are ankle height or lower.

The nursing staff will check food against the meal plan prior to the meal, set up the meal and check the number cutlery items, recounting these items at the end of the meal. Once the meal is ordered, no swapping of the meal or meals between patients is allowed.



During the meal

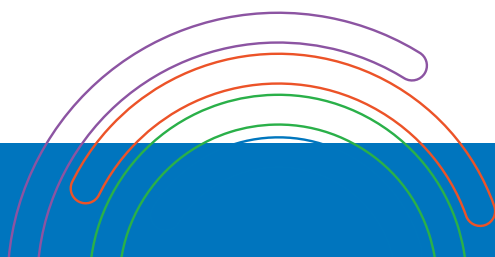
Patients are expected to:

- all start and finish at the same time
- remain seated throughout meal with hands on or above table at all times
- eat the meal as it is provided – no pulling apart, squishing, crumbling or mixing of food. This includes dipping of bread or biscuits into drinks.
- not talk about food, meal plans or body image during the meal
- remove all food items from their packaging – nursing staff will dispose of the packaging
- allow liquids to be poured into cups by nursing staff
- use cutlery appropriately – a knife and fork for hot meals, a spoon for cereals and desserts
- know that meals or meal items cannot be heated up
- finish all their meal or snack in the allocated time
 - if they can't finish, they will need to have a bolus feed via their nasogastric tube after their meal
 - 20 minutes is given for all snacks, 30 minutes for main meals.

During mealtimes nursing staff will provide time updates and prompts while supportively challenging any eating disorder behaviour and providing distractions, for example conversation, talking games or listening to music.

After the meal

- At the end of the meal, the nurses will dispose of all plates and cutlery
- Prior to washing hands, the young people will be required to show the nurse their hands and allow the nurses to check in their mouth
- The young person will not be permitted to use the bathroom for one hour after main meals and 30 minutes after snacks to discourage any compensatory behaviours such as purging
- If your young person requires a bolus feed this will be done back in their room.



Activity levels and ward leave

Once your young person is no longer requiring continuous nasogastric feeds, going to ward-based activities is encouraged.

The main difference between **Level 2** and **Level 3** is related to the activity level and leave periods.

During **Level 3** periods of leave away from the hospital will be encouraged so that the young person can practise eating a meal at home with parents or carers choosing what to eat and providing the mealtime support.

Day leave is for a period up to four hours (over a mealtime) once on a weekend to start with and progressing to twice over a weekend before discharge home.

Leave can only be with immediate family members. Parents/carers/legal carer are asked to monitor and restrict exercise and activity while the young person is on leave from the ward.

Leave for young people under the Mental Health Act can only be approved by the psychiatrist.

Readiness for increasing levels of activity and leave will be discussed at the MDT team meeting and approved by the medical and psychiatry clinicians.

School and group activities

All young people receiving Level 2 and 3 care are expected to attend school, which is in the Schoolroom on Level 4 between Wards 4A and 4B.

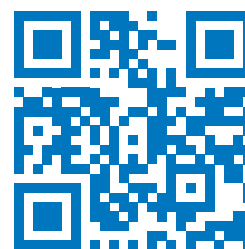
School times: 9.15am to 3.15pm, Monday to Friday

Livewire

Starlight Children Foundation's Livewire program provides in-reach support to Ward 4A and group activities in the Livewire room on Level 4 some evenings during the week.

Livewire facilitators provide dynamic activities that enhance personal development, encourage engagement and foster a sense of normality in a relaxed environment.

For more information see <https://livewire.org.au/>



Dress code

A lot of energy is required to maintain a stable body temperature. It is important to help keep your young person warm with appropriate layers, so the body can focus on recovery, e.g. covered arms and legs and shoes on their feet. Pyjamas or bedtime clothing is not acceptable for organised activities. Parents/carers will be requested to take home any clothes that are not deemed suitable e.g. shorts.

Please make sure clothes are appropriate for:

- The hospital
- Attending school



- Physiotherapy group:
 - Shoes must be worn to and from physiotherapy room (Clinic L)
 - Leggings, pants or shorts must be at least knee length
 - Appropriate length and fitting tops for exercise that does not expose midriff or gape when leaning forward
- Time of year e.g. warm clothing for winter.

What to bring to hospital

- Warm, casual and comfortable clothing
- Pyjamas and toiletries
- Schoolwork and books.

In the interest of safety, items such as weights and/or sharp objects are not permitted on the ward.

Medication

Young people admitted with an eating disorder are placed on vitamins and nutrient supplements. Other medication may be prescribed as necessary. This medication will be commenced after consultation with you and the MDT.

Mobile phones and electronic devices

Given the potential negative impact of the use of social media and messaging apps, we advise parents to remove mobile phones, prevent access to group messaging applications and social media, or monitor their young person's device.

If you choose to allow your young person to have access to their phone the following rules apply while an inpatient:

- We request that mobile phones are turned off at 9pm every day to rest
- All other electronic devices are to be turned off at 10.30pm
- Phones are not allowed during:
 - mealtimes
 - group therapy sessions
 - school.

Mobile phones may be used during the following times:

- Weekdays: 6am to 8am and 4pm to 9pm.
- Weekends: 6am to 9pm.

If your young person needs to make an urgent phone call outside of the above hours, they may ask to use one of the ward phones.

If you need to contact your young person urgently, please call the hospital switchboard on 6456 2222 and ask to speak to the Ward 4A Shift Coordinator.

Given the potential negative impact on your young person's recovery the use of exercise apps and step counting devices (Apple watches, FitBits) are not permitted for use while in hospital.

Visiting the ward

To ensure your young person can receive support and consistent care, we ask that immediate family (parents/carers and siblings) visit:

- After 4pm until 8pm weekdays
- At weekends 9.30am to 8pm.

Once at Level 3, other family and friends can visit during the times listed above.

For any visitors under the age of 18, we ask the parent/guardian to call ahead and speak to the Ward Shift Coordinator, to check that a visit is possible. Any visitor under the age of 18 years needs a guardian to be present also during the visit.

Progress to discharge

Discharge and integration back into home, school and outpatient services is a vital part of the admission and treatment process. Planning for this occurs from the beginning of the admission with you, your young person, the MDT and your care coordinator.

Generally, once nutritional restoration and medical stability has improved, the young person will be considered for discharge to continue recovery as an outpatient.



Support groups

There are several support groups run by the Eating Disorders Service for parents and families of young people in our program:

- Parents and Carers Support Group
- Mothers Support Group
- Fathers Group

Find out more and book on our website.



Parent and carer education

Eating Disorder Essentials

Parents, carers and families have an important role in supporting a loved one with an eating disorder. The Eating Disorders Essentials is a two-day workshop which aims to teach you:

- How an eating disorder affects physical health, emotions, developmental milestones and family relationships
- What you can do to support your young person their journey through an eating disorder towards recovery.

Attendance at this workshop is a requirement for all new parents and carers. It has been highly recommended by the previous parents and carers of young people with an eating disorder.

Bookings are required. Visit our website for more details.



Resources

We have collected a list of useful websites, recommended books and more under Eating Disorder Service on the PCH website.

Access this content at any time, and we'll continue to update it with new resources into the future.



Meal support at home

An important part of treatment for an eating disorder involves supporting your young person to resume 'normal' eating. It will take time to work out which approach and strategies are the most helpful in your family.

Why is eating so hard?

Eating disorders are fear-based disorders.

This means the person has an intense fear about facing food, eating, becoming fat, and have extreme concerns about their body shape and weight. As with anything that causes such intense fear, it is a natural human response to do whatever possible to avoid facing the fear.

When someone has an eating disorder their behaviours at mealtimes are mainly guided by their emotions, not logic. Trying to help your child eat, when the eating disorder is sending them a loud and clear message to do anything but eat, and cause a deep and terrifying fear, is not an easy task.

For a young person with an eating disorder food and mealtimes become a source of distress and anxiety, fuelled by the thoughts and beliefs their eating disorder tells them. Examples of some of the eating disorder thoughts young people may experience at mealtimes are:

"You don't need to eat this"

"You must not eat this"

"You don't deserve to eat this"

"They're just trying to make you fat"

"This is too much"

"This food will make you fat"

"Think of how much exercise you're going to need to do to make up for the food"

Why are they eating like this?

Eating disorder behaviours can provide short term and relatively quick relief from the distress.

Starvation causes the brain to become detail focused and inflexible, often making behaviours more pronounced. Supporting someone to eat and to stop eating disorder behaviours can be a challenging task. The person may feel angry about the help you are offering and anxious about changing the way they eat.



There are many eating behaviours which are typical of eating disorders and which you may notice during meal support. Some of these include:

- Stalling or trying to finish last
- Eating easiest food first and saving the most difficult foods for last
- Cutting or breaking food into small pieces
- Hiding food under the table or in pockets
- Eating very quickly, very small mouthfuls or very large mouthfuls
- Eating foods without utensils or with utensils which are inappropriate for the meal
- Going to the bathroom during or immediately after a meal to purge or to discard hidden food
- Purging or exercising after a meal.

These behaviours can be challenging to observe in your child.

It is important to recognise that these behaviours are associated with the eating disorder and are not signs of defiance or disobedience. We do encourage you to establish some boundaries around these behaviours, but remember they are partly caused by starvation, which will resolve with weight gain. Eating a meal that is adequate for weight gain is generally the most important goal at the beginning of treatment.



The 4C's of meal support:

Stay Calm Your young person will pick up on your anxiety, which will probably make them more anxious.

Be Confident The more confident you appear the more reassured they will feel.

Be Consistent Stick with what you've decided and don't negotiate.

Be Compassionate Understand they are doing something that is very difficult for them.

The goals of meal support are:

1. Helping your child to eat in the presence of an eating disorder
2. Creating a warm and supportive environment ready for eating

What is to be eaten

Planning is an essential component of meal support and is key to helping reduce anxiety and distress around food related decisions at mealtimes for your child and yourself.

When someone has an eating disorder, distress is especially heightened at mealtimes which makes it difficult for them to make healthy and appropriate choices. It is helpful to offer your child only minimal choices around their meal.

For example, it is not a choice whether to have a carbohydrate food or not, but instead would they like rice or pasta. Consider if the choices you give fit with what the family are eating. It is not recommended to make different meals for your child with an eating disorder and the rest of the family.

More distinct choices could be given around snacks if your child is able to make these. For example, "would you like a muesli bar or a tub of yoghurt?"

People with an eating disorder often report that if they know what they are having for meals in advance, it reduces anxiety as they can prepare themselves mentally.

Some families choose to plan a week's worth of meals in advance and have this displayed somewhere so there are no surprises come mealtime. Once a meal or snack has been planned, it is important that there is no re-negotiation at mealtimes or while eating.

Make sure that all foods that you will need for meals are available. This helps lessen worry at mealtime. Sometimes if a food item is not available at eating time, it can lead to panic and restricted food intake in someone with an eating disorder.

In order to restore weight, your young person will be eating more than they have previously and possibly more than other members of their family.

This is normal and a necessary part of the process. Please be mindful it is unhelpful to discuss portion sizes in front of your young person.

Who will prepare and serve the meal

Many families find it very helpful if the child with the eating disorder does not have access to the kitchen during meal preparation. The meal can then be plated and put on the table for eating. This can reduce anxiety in the lead up to the meal.

When is it to be eaten

Ensure that meals and snacks occur consistently, and at predictable times throughout the day. Having meals at approximately set times and sticking to this helps mealtimes become a routine and reduces anxiety for the person with an eating disorder. It also helps to re-establish hunger cues and regular eating patterns.

Where it will be eaten, and with who

Eating in a relaxed and comfortable environment can help reduce some stress. Mealtimes can be challenging, not only for the person with an eating disorder but for their family, friends and support people. It is not unusual for the person with an eating disorder to have been eating separately from family and friends for some time.

Beginning to eat with others may be new and stressful. Some families find that eating together as a family is the best strategy to help 'normalise' mealtimes. Others find initially this is too stressful and confronting both for the child with an eating disorder as well as for siblings. Families may decide to begin by having one caregiver provide meal support and eat with the child who has an eating disorder, whilst the rest of the family eat together in another room or at another time.

There is no wrong or right way to approach this. Think what would be most supportive and fits best with your family situation and give it a try. If meals are eaten separately, then later when your child is progressing with their recovery re-joining the family mealtime would be a goal to work towards.



What else can be helpful?

Role modelling

This involves demonstrating that you can safely eat a balanced meal from all the food groups. Demonstrating a relaxed and comfortable approach to eating and mealtimes, as well as modelling the social aspects of eating such as engaging in light conversation during the meal is helpful. It is unhelpful to consume diet foods, talk about 'good' and 'bad' foods or to be actively dieting when providing meal support to someone with an eating disorder.

Distraction during the meal

The use of distraction during mealtimes can be very helpful to reduce the anxiety of eating. Using conversation cards to prompt interaction at the table, watching TV shows with non-confrontational content, or doing puzzles etc can be useful strategies for distraction.

Communication

Try to demonstrate warmth and support at mealtimes. Tune in to your child's feelings which can be expressed through talking as well as behaviours. If you can see that your child is struggling, try to empathise with their emotional experience. For example, if they are having trouble starting their meal and appear distressed you might say, "I can see that this is very difficult and distressing for you. Just start with one mouthful."

Enjoy each other's company

Discuss neutral topics rather than focusing on food, calories, or weight during meal conversations. Try to talk about something fun, like your favourite sports teams, hobbies or music, and stay away from potentially confrontational topics such as school.

As difficult as it may be, try to keep mealtimes feeling natural, as similar as possible to before the eating disorder began. It is important to not criticise or respond punitively if your child is struggling with their meal. Be aware that praise may be misinterpreted by the eating disorder as a negative. It may be helpful to plan with your child what comments they find helpful and what they don't find helpful at mealtimes.

Prompting and coaching

Prompting is using clear and simple direction delivered in a calm manner such as “pick up your spoon” or “take another bite”. Coaching involves gently reminding your child of strategies they can use to manage their anxiety such as, “just focus on one mouthful at a time” or “remember to breathe”.

Coaching can also involve gently reminding your child of their goals to help motivate them to keep going with their meal. For example, “remember that eating this meal will bring you closer to your goal of returning to school.”

Setting boundaries

This involves establishing, communicating and implementing clear and consistent boundaries around mealtimes and eating disorders behaviours. Boundaries create a sense of predictability and safety for the young person. Some examples of meal support boundaries are:

- Pre-arranged food choices will not be re-negotiated at mealtimes
- All the meal needs to be eaten
- There is allocated timing for meals, such as 30 minutes for meals and 15 minutes for snacks
- Time updates and prompts are provided to help with eating at an appropriate pace
- Remain sitting appropriately throughout the meal
- Toilet stops are to be taken prior to the meal or snack
- Eating disorder behaviour will be challenged in a supportive way.

After mealtimes

The time immediately following meals is often associated with heightened anxiety and physical discomfort.

The person might have worry, seek assurance with comments such as “do I look fat?”, try to exercise, purge, pace, self-harm or in other ways try to compensate for eating and to appease the eating disorder’s demands.

It is important that you validate and empathise with your child’s feelings and avoid rationalising. It can be helpful to acknowledge the struggle between the eating disorder thoughts and the non-eating disorder thoughts.

Immediately post-meals it is helpful to spend 30 to 60 minutes with your child to help them manage their distress and try to ensure they do not engage in unhelpful compensatory behaviours like purging. This is a good time to use distraction and other anxiety management skills. For example, playing a board game together or watching a favourite TV show.

This is another good thing to discuss with your young person during ahead of time so you can have ideas of things they might find helpful to do post-meals.



Meals during the holidays

When your child is struggling with an eating disorder, the holidays can be a complicated time for the whole family. With that in mind, we're sharing some tips to help your family have a calm and connected holiday season.

Keep your celebrations simple

Focus on taking care of yourself, your family, and your family member experiencing or recovering from an eating disorder. Make a concerted effort not to fall into striving for the perfect family holiday.

ED has changed your day-to-day life, so your traditions and the way you approach the holidays may be different this year. Families have found that it helps to keep things simple. Time spent together enjoying simple activities, puzzles, jigsaws, movies and board games. Singing holiday music increases endorphins and creates connections to others, which is another protective factor in keeping their eating disorder quieted. Families have used this time for connecting to others in a peaceful manner, and to catch up on rest.

Plan ahead

Think about the challenges that may eventuate and have some thoughts together on strategies for dealing with them.

- follow meal plans and discuss what will happen for Christmas day meals
- anticipate difficulties (eating with others, extended family conversations etc)
- have a backup plan for food if eating away from home becomes too difficult.
- create anti-anxiety/calming kit together with the person with the eating disorder – include something they can touch, feel, smell and see.

Even siblings can benefit from having their own kit for crisis situations. Speak to your care coordinator or treating team for other ways to plan for individual situations.

Seek support when needed

Prioritise health and wellbeing over external obligations. Families have found it helpful to get support for siblings during the holiday period. Family and friends can provide much needed respite for siblings by facilitating fun days out and including siblings in family events that may cause the young person with the eating disorder too much distress to attend.

Preparation is everything

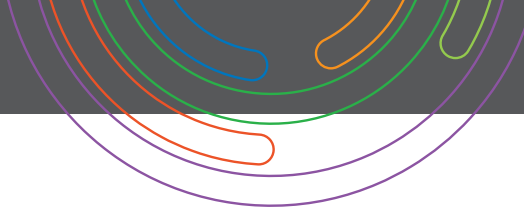
Prepare for possible challenges. Your young person can be fearful and often overwhelmed. Call and talk to relatives in advance, explain what is helpful and what is not. Always have a plan for if things don't go well and let your young person know you understand just how hard the holidays can be.

Avoid comparisons

Have compassion for yourself, your partner, your loved one experiencing an eating disorder, and your entire family. You are all under stress, and emotions can manifest themselves in ways you haven't experienced before. Try to set realistic expectations. This year may not be on your holiday season top ten list, but you can still experience happiness, laughter, and gratitude with the people you love. Families have found it helpful to discuss concerns and to work out a plan that would balance family togetherness and tradition with each person's individual needs.

Try not to compare this holiday to others. You are where you are and with help, you will figure out how to get through it. Allow yourself and your family some indulgences that feel good even if they are not part of your tradition – an afternoon of movie-watching, a game night with another family, think of making a new family tradition. Be flexible and loving. Prepare for the complications and plan your response.





Providing feedback about your experience

We welcome your feedback, both positive and negative. It helps us to provide a better service that meets our vision of healthy kids, healthy communities.

Speak to someone first

The first thing we encourage you to do is discuss your concerns directly with the person you are unhappy with, or with their manager. This is usually the quickest and easiest way to resolve an issue.

Still concerned?

If you don't feel like your issue has been addressed, you can give feedback through our Consumer Engagement team or our website.

Consumer Engagement team

Phone: 6456 0032

Email: cahsfeedback@health.wa.gov.au



What we will do with your feedback

Respond: Once we have received your feedback, we may contact you to talk to you about your experience. All compliments are fed back to the relevant areas and shared with staff. All complaints are acknowledged within five working days and investigated and responded to within 30 working days. If there is a further delay due to the complexity of your feedback, we will let you know.

Take action: Your feedback drives improvements to the services we provide to children and families of Western Australia.

Making a complaint will not impact negatively on any future service, care or treatment you may receive.

Eating Disorders Service

Phone: 6456 0201

Email: CAMHS.PCHOutpatientsEDP@health.wa.gov.au

Call PCH Switch on 6456 2222 and ask to be put through to the ward.

For urgent mental health help or advice for children and young people, call CAMHS Crisis Connect on 1800 048 636, 24 hours a day, 7 days a week. Bring them to PCH Emergency Department or any hospital Emergency Department outside of these hours or at any time.



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Government of **Western Australia**
Child and Adolescent Health Service



For language assistance, please speak to one of our staff or call the Translating and Interpreting Service (TIS) on 131 450 to facilitate your call.

This document can be made available in alternative formats on request for a person with a disability.

Produced by: Eating Disorders Service, CAMHS.

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