

Recovery Focused Dietetic Care for Mental Health Admission for Eating Disorders

A Mental Health Unit admission provides the opportunity for individuals to re-learn and practice non-disordered eating behaviours in a supported setting, while also working towards targets such as weight restoration, medical stability, and reduction in compensatory behaviours. Recovery orientated admissions are person focused and aim to support a successful transition to the community.

This resource will help guide recovery focused nutrition rehabilitation and is designed for use by dietitians but can be used to support the wider multi-disciplinary team. It aligns with the leave level guidelines set by the treating team as outlined in the "[QuEDS Guide to Admission and Inpatient Treatment](#)" document.

This resource is to be used in consideration with dietitian's workload allocation, the local food service system and facilities in the mental health ward and includes suggestions and recommendations to be implemented as appropriate.

This resource is not designed for use during an acute medical admission for eating disorders.

Refer to the Recovery Orientated Language Guide¹ for further resources to support a person centred, recovery orientated approach.

Please note: These guidelines may not be appropriate for people with an Avoidant Restrictive Food Intake Disorder (ARFID) diagnosis and neurodivergent persons (e.g., autistic, ADHD). Refer to the Queensland Eating Disorder Service (QuEDS) Guidelines ARFID appendix for more information.

Nutrition Rehabilitation (Progress, Feedback, and Interventions)	Leave Level 0 (No Leave)	Leave Level 1 (2 x 30 minutes escorted)	Leave Level 2 (2 hours for meal/snack unescorted)	Leave Level 3 (5 hours for consecutive meal/snack unescorted) Leave Level 4 (Overnight unescorted)
Nutrition Goals	Explore individual’s nutrition goals with a focus on regularity and adequacy	Review individual’s nutrition goals with a focus on maintaining regularity and adequacy and working on variety (if ready) of eating on leave		Discuss nutrition goals for recovery post discharge
Nutrition Status	Dietitian to provide feedback on nutritional status and BMI band to consumer/support people and MDT			
Meal Plan	<ul style="list-style-type: none">Implement appropriate meal plan (3 step meal plan & Negotiating meal plans)	<ul style="list-style-type: none">Review meal plan issues/challenges, compensatory behavioursDiscuss nutrition recommendations (increasing or decreasing total nutrition should be discussed with MDT)		
	<ul style="list-style-type: none">Provide education to consumer and MDT about process of a 3-step meal planImplement plan to increase meal plan levels until goal meal plan is reached	<ul style="list-style-type: none">Support reduced use of step 2 (Oral Nutrition Support) if neededEncourage increase in variety of hospital items selected	<ul style="list-style-type: none">Negotiate plan for leave:<ul style="list-style-type: none">Access to/ purchasing of food itemsCooking/preparationSupport during & post mealtimesReview intake on leave and provide feedback to client, their supports and MDT	<ul style="list-style-type: none">Review intake on leave and provide feedback to client, their supports and MDTEncourage increase in variety with items consumed on leaveNegotiate meal plan for home - utilise COD-ED⁵ and REAL Food Guide³ examples as required
Supportive Meal Therapy (SMT)	<ul style="list-style-type: none">Patient participates in SMT⁴ and post meal support/supervision (coordinated by MDT)			
	<ul style="list-style-type: none">Patient selects meals/snacks with support from dietitian to align with meal plan	<ul style="list-style-type: none">Consider capacity to self-select snacks from list of pre-approved options, utilising default option if required	<ul style="list-style-type: none">Consider capacity to independently self-select main meals to align with meal plan on weekly menu, with feedback from dietitian as required	<ul style="list-style-type: none">Consider opportunities for social eating at café’s (in hospital or local cafes or meal delivery services)Consider unplanned snack (patient to select at time of snack rather than in advance) pre-approved by dietitian with support on the ward if appropriate

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		<ul style="list-style-type: none"> Educate support people on providing SMT during leave⁴ Participates in SMT off ward with staff utilising options pre-approved by dietitian from hospital dining precincts 	<ul style="list-style-type: none"> Negotiate use of food records (ideally photos) or Recovery Record/Brighter Bite app while on leave and how intake will be recorded by MDT daily Consider pre-approved snack items (on the ward) supplied by patient/support people (to be stored in locked space by staff) to challenge variety and increase confidence with familiar foods 	<ul style="list-style-type: none"> Consider reducing level of SMT and/or post meal supervision provided and/or utilising support people to provide this when visiting the ward Consider setting up supportive meal environment at home (with friends / support people / Eating Disorders QLD (EDQ) / etc) Consider participation in ward cooking groups with support from MDT member if appropriate
Nutrition Education (considerations only – consider patient’s capacity, length of admission and involvement with outpatient treatment)	<ul style="list-style-type: none"> Starvation syndrome Risks of eating disorders Understanding weight and set point Metabolism Regular eating for recovery³ RAVES Gastrointestinal changes 	<ul style="list-style-type: none"> Compensatory behaviours as relevant Why diets don’t work Normal vs disordered eating Key nutrients of concern (e.g., iron, calcium)³ 	<ul style="list-style-type: none"> REAL food guide CCI dietary guidelines during recovery resource Making sense of serving sizes A guide to self-monitoring³ Practical serving size education: <ul style="list-style-type: none"> Plate by Plate guide Utilising measuring cups and utensils to learn adequate portion sizes Support to move away from measuring devices as leave progresses 	<ul style="list-style-type: none"> Evaluating dietary advice Media and body image³ Serving size education: <ul style="list-style-type: none"> Self-portioning of meals with support from staff, if practical through Foodservice, or with loved ones/support people Grocery shopping skills (as able/appropriate): <ul style="list-style-type: none"> Online shopping Grocery shop visits on leave with support people Click and collect /delivery services Education around movement (if exercise is a compensatory behaviour)

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				<ul style="list-style-type: none"> o Safe Exercise at Every Stage o Mawdive
Dietetic Assistants	Engage as appropriate for the local facility (e.g., meal preferences, menu ordering)			
Engage Loved Ones / Support people (with consent)	<ul style="list-style-type: none"> • Set up communication pathway, engage client, and support people as appropriate² • Discuss in MDT if client not consenting for involvement of support people 	<ul style="list-style-type: none"> • Engage support people wherever possible and appropriate • Provide with EDQ Shared table resources 	<ul style="list-style-type: none"> • Engage support people wherever possible and appropriate, including planning for meals/snacks during leave and providing handover post leave • Provide with EDQ Shared table resources 	<ul style="list-style-type: none"> • Engage support people wherever possible and appropriate • Continue to work with patient/support people to meal plan for leave periods • Discuss nutrition needs with family/loved ones • Provide EDQ Shared table resource
Discharge Supports (Private Dietitian + community treatment team – with consent)	<ul style="list-style-type: none"> • Engage with private/community dietitian if already involved in care • Commence discussion around options for community dietitian support on discharge (utilise Connect.ED or Butterfly Foundation find clinician tools for suggestions) 			<ul style="list-style-type: none"> • Plan for community dietitian support on discharge (utilize Connect.ED or Butterfly Foundation find clinician tools) • Support/encourage patient to book first community dietitian appointment • Provide nutrition handover to community clinicians (specifying clear criteria for re-admission as decided by treating team)

References

- ¹ Mental Health Coordinating Council – [Recovery Orientated Language Guide](#)
- ² [QuEDS Family Support Guide](#)
- ³ [Centre for Clinical Interventions](#)
- ⁴ [Eating Disorders QLD “Shared Table” free online training for carers/loved ones \(clinician version also available\)](#)
- ⁵ [Collaboration of Dietitians in Eating Disorders \(COD-ED\) sample meal plans](#)
- ⁶ [COD-ED Negotiating Meal Plans with Eating Disorder Consumers in an Inpatient Setting](#)