Statewide Eating Disorders Service Framework

This document was prepared by the Project Implementation Committee in response to the feedback from the state wide consultation process

June 2013
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Section 1: Preamble

Service Model: South Australia State-wide Specialist Eating Disorder Services was released in August 2011 which proposed the development of services across a continuum of care in the prevention, early intervention and treatment of eating disorders, including the establishment of a day program.

As a result, the South Australian government promised funding for a new Specialist Eating Disorder Team (SEDS), based on the recommendations of the above report. In total, $1.3 million was committed for the first year of operation, with $1.2 million in recurring annual funding. This resulted in the production of two working party documents (Eating Disorder Team and Day Programs) in 2012, which were the focus of extensive consultation sessions in early 2013.

This document responds to issues identified in the consultation process and provides an integrated paper describing the SEDS and its relationship with existing eating disorder services across South Australia. It is recommended that it is read in conjunction with the two discussion papers “Hub Team” and “Day Program” available via the SA Health website.

The principles guiding the development of the SEDS remain as previously articulated:

- A whole of health philosophy where services seek to build up resilience and health across physical, psychological, spiritual and social domains. By definition, this service is client-centred and services will be provided across the lifespan: from child to adult and integrated spectrum of service delivery recognises the importance of the services being part of the overall client journey through stepped care treatment offered for eating disorders (e.g. inpatient, outpatient, individual or single family sessions, group family training) requiring a central point of communication along the spectrum associated with a care co-ordinator, and a central patient register.

- Capitalising on pooled expertise that focuses the SEDS in a shared space and setting up structures that can encourage meaningful integration and clear communication channels of this team with all services that offer treatment for eating disorders (i.e. spokes).

- Evidence-based practice and the integration of practice and evaluation recognising that in eating disorders “early intervention is absolutely crucial and therefore access to evidence based best practice is essential” (An Australian National Framework, March 2010).
Section 2: Service development

The Specialist Eating Disorder Service will have a three phase development approach.

**Phase I: Foundation Development**

The foundation of the SEDS will develop a basic framework of staff representing care requirements of a specialist multidisciplinary team for spoke supported eating disorder care. This foundation design recognises initial budget restraints.

The focus in Phase I will be on development of clinical resources, tools and guidelines and then building capacity within community based spoke service via the development and implementation of appropriate education and training packages.

Phase I will also include the development of a group therapy day program for individuals aged 15+ and an outpatient Family Based Therapy (FBT) program.

**Phase II: Towards Excellence**

The necessary development of the SEDS will see core staffing expand to meet demands and move towards a centre of excellence approach. This phase will see expansion with focus of additional resources within spoke services and the introduction of the multi-family group therapy (MFGT) into the Day Program, based on demand and evidence base.

**Phase III: Reassessment**

A further review will be required to guide reinforcement and expansion of the SEDS.

Section 3: The Model

A hub and spokes model is to be adopted, where links are established between the central health care resource and all other health care providers, thereby increasing efficiency of health care delivery, professional support and information exchange.

This model includes:

1. Development and implementation of ‘child to adult’ therapeutic interventions.
2. Use of a consultation and liaison clinical delivery model
3. Support and development of the bed based services.
4. Development of consistent best practice care for medical stabilisation in medical units across SA.
5. Development of an appropriate workforce development strategy to ensure appropriate training of skilled clinicians.
The model and the components (below) are described on the following pages:

<table>
<thead>
<tr>
<th>State-wide Eating Disorder Service</th>
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<tbody>
<tr>
<td><strong>Day Program Services</strong></td>
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<tr>
<td>≥15 years of age (Phase I)</td>
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<tr>
<td>Group Therapy</td>
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<td>Supervised meals</td>
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<td><strong>The Hub</strong></td>
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<tr>
<td>Dedicated Adolescent (Maudsley based Family Therapy) &amp; Adult</td>
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<tr>
<td>Professional Support to other teams and services</td>
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<tr>
<td><strong>Bed Based Services</strong></td>
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<tr>
<td>Dedicated Beds</td>
</tr>
<tr>
<td>Support to spoke tertiary hospital based facilities for management of complex care requiring intensive follow-up.</td>
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**Spoke Services:**
- CAMHS/LHNs/Country Health/EDLCs/Private Services
- Out-Patient Psychotherapy/Child to Adult Medical Complication Care

**Section 4: Team composition**

Recurring funding will support the establishment of an initial team of approximately 8.4 FTE staff including a Team Manager who will have operational management of The Hub, the Day Program and the 6 dedicated inpatient eating disorder beds currently located in Flinders Medical Centre.

The Hub and Day Program staff will comprise of a nurse practitioner, several ‘multi-class’ clinicians (such as RNs, OTs, SWs, clinical psychologists or other suitably qualified mental health clinicians) and administrative support, along with input from a consultant psychiatrist and a dietitian. There will also be a research position that has a formalised partnership with local universities to assist with on-going review of the service, support implementation of evidence based practice and to carry out evaluation of the overall SEDS.

As a result of feedback from the consultation sessions the role of peer workers is to be considered. A range of options will be explored such as using a ‘peer family’ to introduce FBT, to utilising existing NGO peer worker services. A further option is to have a peer worker contracted as a member of the team to enhance service delivery.

The service will combine with the current FMC Weight Disorder Unit multidisciplinary team enabling a richer experience mix, expertise and broader team across the service.
An example of the proposed team composition and its relationship to the wider service is depicted below;

**Phase I: Foundation Development**

It is recognised that the foundation development of the service is only an initial structure and seed development within a tight budget. This initial development should provide a structure for future expansion and development. In the initial phase of the service there will be several multi-class positions, open to RNs, occupational therapists, clinical psychologists and social workers or other suitably qualified mental health clinicians. These are not generic positions but due to limited funding there is no scope to have positions from each discipline.

Positions will be offered to those who, during the recruitment process, are deemed to have the most experience and expertise to enhance the service. While some work will be in common across any position (e.g., assisting in supervised meal times), team members will also retain the focus of their own specific discipline and be expected to meet all appropriate registration requirements of their professional bodies.

Team members will be expected to be flexible, providing support across The Hub and Day Program as required. Whilst this will mean a wide skill set, the service will provide a degree of training, mentorship and staff development to all team members. Core competencies and foundation training needs will be identified and managed in the initial staffing of the SEDS.
Given the amount of funding, a goal of the service is to start small, introduce services of excellence which also builds up capacity in the spokes.

The next step will be to modify the services in the light of evaluation and feedback, with the hope that further funding in the future will permit expansion of services.

**Phase II: Towards Excellence**

It is recognised that during the second stage it would be important to further develop staffing positions to enable further assessment, treatment and multidisciplinary care capacity. It will be also necessary to develop increased treatment services within the community mental health and CAMHS teams.

**Phase III: Reassessment**

Development of the SEDS towards a ‘Centre of Excellence’ will require a broadening of the multidisciplinary team mix.

**Section 5: Accommodation**

It is intended that The Hub and Day Program team will share administration and clinical accommodation situated close to clinical, academic, transport and community hubs. The initial State-wide service will be sited within the Southern Adelaide Local Health Network but will retain a state-wide approach, ensuring appropriate access and support to clients across South Australia.

Additional funding will be required to develop a purpose built base and will potentially take up to three years to complete – in the interim, temporary accommodation has been identified. It is possible that further hubs may be developed in the future based upon demand, evaluation and funding.

**Section 6: The Hub**

The Hub will provide a dedicated resource for people with eating disorders in South Australia;

- A ‘One Stop Shop’ for clients, carers and professionals, providing assessment and treatment referral advice
- A consultation and liaison model that provides a vehicle for integrated client care across the treatment and recovery journey
- Professional development and supervision of spoke embedded eating disorder liaison clinicians (EDLCs)
- Assessment and treatment of patients with complex and comorbid treatment needs who require focused, skilled, multidisciplinary care.
• Seamless integration with Day Programs and Bed Based Service

• Provision of evidence based clinical care for youths and adults with eating disorders

• Provision of Family Based Treatment (FBT) for children and youths with high care or complex needs, in conjunction with the EDLCs. The intent is to move towards Multi-Family Group Therapy (MFGT) which will be flexible to meet family needs but could include families meeting together for shared supervised meals and family training sessions.

• The term, The Hub may be revised at a later point to reflect the evolving function of this service component.

**Section 7: Day Program**

Clients and carers have identified a gap between the current provision of intensive inpatient care and regular outpatient therapy. Many wish to work on recovery outside of inpatient care but require more support than a standard clinical care regime to make and sustain changes toward recovery.

As a result of client, carer and professional feedback the Day Program model was chosen to address this gap as it represents an economically sensible “step up, step down” approach that can reduce the need for some intensive hospitalisations.

This model has been evaluated across five different studies in Australia, Canada, USA, Germany and the United Kingdom and found to significantly improve a range of eating disorder symptoms, increase body mass index (BMI) and improve quality of life.

Many such programs have been and are currently being, set up across Australia and New Zealand and the Day Program provision will be modelled on what has worked in these settings. Consultation with existing programs to date suggests that these work best when:

• a motivational stage of change is incorporated into the admission criteria,

• clients are aged at least 15 years and up, although this may be moved upwards depending on the suitability of services for youths,

• it incorporates at least one supervised meal and two snacks along with regular supervised meals outside of the Day Program setting,

• it is available at least 4 days a week,

• it is based on group therapy work informed by psycho-education, cognitive behaviour therapy, dialectical behaviour therapy and motivational interviewing.
Section 8: Dedicated Bed Based Service

Throughout the consultation process a number of concerns were raised regarding the future of bed based services.

Bed based services are integral to a State-wide Eating Disorder Service, they provide a range of support from medical rescue to weight restoration programs across the age spectrum and complement the proposals of The Hub and Day Program service.

It is not the intention that the SEDS will replace inpatient care and there are no current plans to close existing eating disorder in-patient services. Rather, there will be a seamless integration with existing bed based care and the outpatient therapy provided as part of the FMC Weight Disorder Unit care model.

Bed based services are focused upon the six dedicated eating disorder beds in the Weight Disorder Unit, FMC. Additional resources are available via regularly occupied beds in the paediatric services at WCH and FMC and medical beds across the public inpatient sector, however these do not fall within the scope of the State-wide Eating Disorder Service. Patient care in non-dedicated and other beds across SA will be contributed to, but not led, by the State-wide Eating Disorder Service.

All bed based services will be reviewed to ensure the SEDS integrates seamlessly, promoting a shared philosophy, vision and model. A closely integrated, state-wide eating disorder service enables an appropriate step-up/step-down approach to care ensuring the right level of support is offered at the right time by the right part of the service.

It would be expected that the introduction of a specialist service would have some impact upon inpatient care and this impact will be monitored by the research carried out as part of the SEDS.

Section 9: The Spokes

Crucial to the success of the SEDS is the relationship between the service and the spokes. Spokes are services/teams providing support/treatment to clients with an eating disorder outside of the SEDS. Spoke services can be sited anywhere within SA from the public and private healthcare sectors.

Rural Services

Rural clients are a priority for SEDS support. Large rural health hubs will be identified by the SEDS as points for early establishment of EDLCs, service awareness campaigns, complex case management and educational support.

Of particular consideration is the access for rural and remote clients to the SEDS. Use of Information Technology will be fully explored to minimise disruption to clients
and their families and the SEDS intends to be an early adopter of the National Broadband Network rollout to facilitate effective home based tele-psychiatry.

Developing and supporting ‘local’ services is a crucial component of a ‘hub and spoke’ model that the SEDS will develop.

**Eating Disorder Liaison Clinician (EDLC)**

Key roles within the spoke services will be the EDLCs. These will not be additional positions but existing mental health clinicians identified from within the mental health and CAMHS spoke services, acting as a liaison between teams and/or services and The Hub. They will have a newly developed relationship with the SEDS to receive specialised education, training, supervision and support.

EDLCs will be locally based clinicians who provide treatment for patients and families whilst remaining linked to the SEDS.

The EDLCs will undertake treatment and care co-ordination of clients with eating disorders under the guidance, supervision, liaison and support from the SEDS.

The role of the EDLCs is further defined within the Service Model (pg 42) and includes;

- Processing and triage of referrals with support from The Hub,
- Liaison with SEDS,
- Oversight of client management engaged with CAMHS/LHN MHS,
- Liaison with Primary Care Providers and other clinicians in their team
- Undertake case management and provide treatment for patients with eating disorders
- Coordinating/facilitating referrals to the SEDS where further treatment options are required.