

CEED Recommendations for Child and Youth Mental Health Service (CYMHS) – Anorexia/EDNOS-AN Treatment (Draft)

Services

- CYMHS will lead the system of care for their area and develop a recovery orientated service model, which includes support of Tier 1 & 2 services to promote early identification and treatment for young people with Anorexia Nervosa, as occurs with other mental health problems. CEED is available to support CYMHS in this leadership role in developing a system of care and a family inclusive recovery model. The service system strives towards an accessible, coordinated and quality response.
- Endorsement from clinical and operational service leaders for service system and organisational change with identified clinician ‘champions’ implementing the change is necessary for sustainable and systematic change.
- Anorexia/EDNOS-AN presents a physical and mental health crisis which requires an immediate and coordinated response across mental health and medical services. This involves - early recognition of the illness, immediate access to medical and mental health assessment (preferably integrated), immediate access to evidence based mental health treatment and ongoing medical monitoring, access to brief inpatient medical admission for medical stabilisation, active collaboration and liaison between inpatient and outpatient teams and clarity of respective care team treatment roles and functions.
- For families unable to engage in or not able to progress in Family Based Treatment (FBT), services and clinicians will provide other evidence based approaches. CEED seeks to support clinicians through providing consultation and information on alternative approaches.

Clinicians

- Quality outpatient provision of evidence based treatment (currently FBT) as the first line of intervention needs to be provided within a service context of the DHS Recovery Orientated Framework (2011) that promotes client centred, outcome focus ‘session by session’ and strengths based recovery.
- Developing an experienced and skilled multi-disciplinary (medical and psychiatric) team is essential to supporting and developing competent mental health clinicians.
- Completion of the 2 Days Introduction to Family Based Treatment (FBT) training, attendance at advanced FBT training and forums, regular supervision, support from a multi-disciplinary team and a well coordinated service system gives the best opportunity to develop confident and skilled mental health workforce.

Consumers

- In accordance with the DHS Recovery Orientated Framework (2011), services are encouraged to provide consumers and carers opportunities to advise the service about ways to enhance recovery and participate in peer support interventions for consumer and carers
- Services are encouraged to utilise consumer and carers support at Eating Disorder Victoria.

Rationale for Guidelines

- Eating Disorders are serious illnesses with physical and mental (emotional) aspects, and a high level of morbidity and burden of disease. They have a strong, negative impact on cognitive, physical, social and psychological aspects of health, and are associated with the highest risk of death among all psychiatric problems. Standardised mortality rates for eating disorders are 12 times higher than the annual death from all causes in females aged 15 to 24 years of age. Up to 10% will die as result of their disorder. (ANZAED, Position Paper 2009)
- The significant service system change needed to implement evidence-based treatment requires endorsement from clinical and operational leaders who support the identified 'champions' clinicians implementing the change.
- The social and economic burden of eating disorders is becoming more evident. Recent Research on Carer burden and needs indicates that:
 - there are more than 913 000 people with eating disorders in Australia in 2012, = total cost to the economy of \$69.7 billion
 - productivity impacts of ED's estimated at \$15.1 billion in 2012, similar to \$17.9 billion est. for anxiety & depression, 2010.
 - Carer's spend on average 12.4 hours per week looking after their loved one with an ED
 - 2012 Centrelink had 525 carers registered for carer payments due to family member with and ED.
 - 525 carers at 12.4 hours per week= opportunity lost for wages of estimated \$8.54 million

The Deloitte Access Economics/Butterfly Foundation- 'Paying the Price: The economic and social impact of eating disorders in Australia 2012'

***CEED Team
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