Health
Murrumbidgee
Local Health District

# Developing a service plan for people with eating disorders

Prepared by Sam Pearce, Manager Strategic Planning & Innovation, and
MLHD Eating Disorder Implementation Working Party
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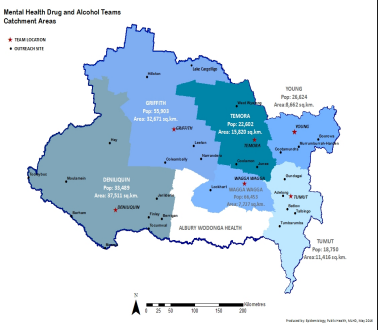
# Murrumbidgee LHD

- Population: 240,724
- Area: 125,561km2 & includes 29 LGAs
- Dispersed population & many smaller communities
- Outreach model spreads resources very thinly.
- Significant out of district flow for inpatient hospital events
- 1 Primary Health Network




# Case for change

**'Mary'**
•20 year old female with 5 year history of anorexia nervosa (restricting type) and GAD.
•Mary lives with her parents, is the eldest of 5 children, is enrolled in an Arts/Law degree & working part-time.

**'The Story'**
•Mary has struggled to meet university deadlines for the past 6 months. She did poorly in her end of year exams in 2014, has reduced her subject load for this semester & is considering deferring.
•Presented to headspace in February 2015 with postural hypotension, amenorrhea, anxious mood & sleep disturbance. BMI 15.
•GP referred to CH Psychologist due to complexity of presentation & 10 session limit for psychology services at headspace & CH Dietitian as headspace dietitian only available 1 day per week & had no experience with ED.
•In 2011, Mary had a 4 week admission to a private ED unit in a metropolitan area. Discharged into care of her GP but with no other follow-up. Stopped seeing a GP in 2012 when her GP left & practice stopped bulk billing. Over next 2 ½ years continued to lose weight, increased exercise levels & became increasingly anxious in most social situations.

**'Treatment Challenges'**
•In August 2015, the headspace GP sent Mary to the local Emergency Department for an ECG & medical review following an episode of fainting & 'exhaustion'.
•Mary returned 'normal' ECG and blood results & sent home by ED staff.
•More intensive support is indicated but options are limited. No private health insurance, there is no capacity for CH staff to increase frequency of sessions, a hospital admission difficult to coordinate & mental health advised they "do not see people with eating disorders".

# Goal

- To create a service plan to guide the development of ED services for MLHD.
- Facilitate access to coordinated & developmentally appropriate care for people across the lifespan with an ED with a focus on early & effective intervention

# Scope

- All MLHD community & hospital based services involved in the provision of care for people with ED and the Murrumbidgee PHN (including Wagga Wagga & Griffith headspace).

# Current service use

- Based on 4% point prevalence rate of clinically significant ED, at any one time there are approx. 9,529 people with ED in MLHD.
- Data for Jan-June 2014, 21 consumers with ED accessed community MHDA including 12 consumers with a principle diagnosis of an ED.
- 11 hospital admissions for ED attributed to 8 individuals.
- Only 0.2% of people with ED are interfacing with Mental Health Services (not including data from MLHD Community Health Services, headspace or private providers).
- Current data raises concerns about service **accessibility.**

"The stigma is so much stronger in regional cities, because there's a smaller population and people are afraid to speak out and ask for help" Consumer

"There's very little professional knowledge about the illness [ED] & no support, apart from putting the patient in hospital for a few weeks, which just isn't enough" Carer

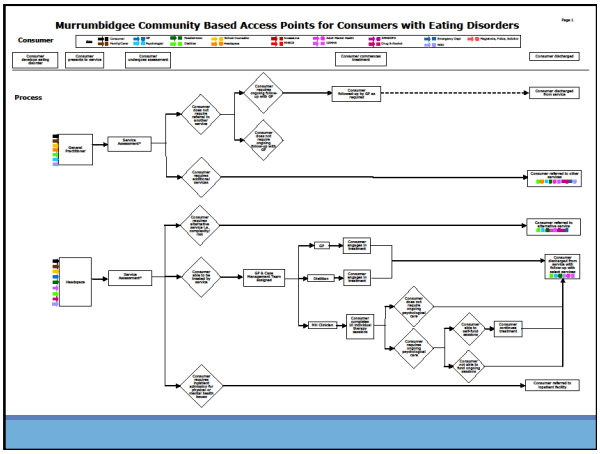
"There's not many services for people with eating disorders in regional towns. I'm very fortunate that I'm able to afford services to help with my recovery, because I know a lot of people in this area that can't" Consumer

# The planning process

- Murrumbidgee ED working party was established in June 2015.
- The Working Party included representatives from the MLHD, MPHN and headspace & was supported the ED Network & State Coordinators CEDD/ Sydney LHD.
- ED workshop facilitated by external consultant was conducted in August 2015.

# Objectives

- Identify current access points into services by mapping consumer journey;
- Ascertain what is being provided to people with ED when they present to different services;
- Examine interface between services, system strengths, service gaps & efficiency opportunities.




## Service Priorities

- Increase the equity of access to ED services across the MLHD
- Increase organisational awareness of the need to treat people with ED
- Increase community awareness about the range of services available for people with ED in Murrumbidgee

Development of a skilled workforce

Make better use of technology

Seamless partnership arrangements

## The Project Team

- Jenni Campbell, Executive Director of Mental Health, Murrumbidgee Primary Health Network;
- Rosalie Daniel, Clinical Nurse Consultant, Ward 9, Wagga Wagga Base Hospital;
- Angela Farrell, Senior Psychologist, Generalist Counselling, Wagga Wagga Community Health, MLHD;
- Jemma Flanagan – Dietitian, Deniliquin Community Health
- Graham Garland, MHDA Manager Drug and Alcohol/CAMHS/ PPEI/ Youth Mental Health, MLHD
- Kylie Hamblin, Clinical Leader, headspace, Wagga Wagga;
- Edwina Planten, Clinical Psychologist, Young MHDA, MLHD;
- Jacqueline Priestly, Senior Community Dietitian, Wagga Wagga Health Service & Nutrition and Dietetics Advisor for MLHD;
- Maria Roche, Rural Group Manager, Riverina Group, MLHD;
- Denise Rooney, MHDA Manager Mental Health Emergency Consultation Service (MHECS), MLHD;
- Ashlee Taylor, Senior Occupational Therapist, Mental Health Recovery Unit, Wagga Wagga; and
- Susan Wealands, Nurse Unit Manager, Wagga Wagga Health Service;
- Sam Pearce, Manager Strategic Planning & Innovation, MHDA, MLHD

## Additional information

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