

Canterbury

District Health Board

Te Poari Hauora o Waitaha



**Nelson Marlborough
District Health Board**



**South Canterbury
District Health Board**



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini



S O U T H E R N

A L L I A N C E



**South Island
Shared Service Agency Limited**

Supporting the South Island District Health Boards

E tautoko ana ngā Pōari Hauora ki Te Waipounamu

**Revised Draft South Island Regional
Eating Disorders Plan and response to
the Ministry of Health's Future
Directions document.**

February 2009

*Prepared By: South Island Regional Eating Disorders
Working Group*

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1 **Executive Summary**

The Future Directions for Eating Disorders Services in New Zealand published by the Ministry of Health in April 2008 sets out a challenge for the South Island to develop a regional plan for the provision of Eating Disorders Services.

A Regional Eating Disorders Working Group was established to develop the South Island Regional Eating Disorders Plan to provide detail of local and regional initiatives to improve eating disorders services that are guided by the Ministry of Health document "Future Directions for Eating Disorders Services in New Zealand."

The general approach agreed to by the Eating Disorders Working Group was to adopt a realistic and pragmatic stance to delivering Eating Disorders Services within the South Island as planned initiatives would need to be developed within current funding and be prioritised by DHBs as part of their overall planning of Mental Health Services. Emphasis has been put on working collaboratively to ensure the South Island DHBs are responsive to the needs of current and potential eating disorders consumers whilst minimising disparity in the local delivery of care.

Much of the tiered service delivery model recommended in the Ministry of Health document is already in place in the South Island. The South Island DHBs have confirmed the value of these and strive to make changes that will improve these aspects of the model.

The Regional Eating Disorders Working Group had much discussion on the tertiary inpatient service delivery for youth. Initially four options were identified by the working group and Canterbury DHB representatives were asked to consider them in depth. Following feedback from the Ministry of Health on the initial plan, the Canterbury DHB were tasked with further consideration of the four options. Canterbury DHB propose to the six South Island DHBs a change in tertiary inpatient service delivery for youth with eating disorders that meets the Ministry of Health's guidelines and the Government's commitment to UNCROC. It is Canterbury DHBs intention that young people aged 18 years and below (or 19 if still at school) who require eating disorders tertiary inpatient services will reside within the Child, Adolescent and Family Services; and receive specialist eating disorders service input. There are a number of consultative processes yet to be worked through to determine how this will be operationalised. An agreed access pathway for this client group will be developed between the six South Island DHBs over the next six months.

The Eating Disorders Working Group believe that this South Island Regional Eating Disorders Plan will improve eating disorders services to the South Island Population and

meet the expectations of the Ministry of Health as provided in the Future Directions for Eating Disorders Services in New Zealand document.

The working group have made several recommendations that can be implemented by the South Island region;

- Ensure roles and responsibilities of the Liaison Role include supporting primary services staff, NGO, child and family specialist mental health service staff and adult specialist mental health service staff dealing with eating disorders.
- Formalise the Liaison Role by having a dedicated component of an FTE according to the model developed as estimated by the current district liaison person.
- The Regional service continues to provide education and supervision to the Districts both via regular visits and the use of videoconferencing.
- The Regional service investigates the provision of an experiential training programme for District staff.
- Engage Clinical Training Agency and/or Te Pou to support the Otago University, Christchurch School of Medicine Postgraduate paper on Eating Disorders (Eating Disorders PSMX418) as the recognised training for South Island mental health clinicians on the assessment and treatment of eating disorders and financially.
- Six South Island DHBs agree an access pathway for youth to tertiary inpatient services that meet the Ministry of Health's guidelines and the Government's commitment to UNCROC.
- Training in eating disorders is made available to all South Island health professionals who practice across the spectrum of mental health services.
- Support the concept of a national forum that has infrastructural support and funding via Te Pou.

And some that are best led nationally through the Ministry of Health;

- South Island DHBs support the development of clinical guidelines for use by general and paediatric services.
- Ministry of Health amend the document and remove the terminology "low-intensity eating disorder".
- The South Island support two tertiary eating disorders services, one based in Christchurch and the other in Auckland, as long as current access agreements and level of service remain the same for the South Island DHBs.
- A research and development component is added to the tertiary eating disorders service specification.
- Grant or scholarship process is led by the Ministry of Health to manage the research and development initiatives and the funding attached.

2 Background / Overview

2.1 Purpose

To develop a South Island Regional Eating Disorders Plan that details local and regional initiatives to improve eating disorders services that are guided by the Ministry of Health document "Future Directions for Eating Disorders Services in New Zealand."

2.2 Method

2.2.1 Working Group

A Regional Eating Disorders Working Group was established to develop the South Island Regional Eating Disorders Plan. This group was supported by the South Island Regional Mental Health Network and the South Island Planning and Funding Network. Membership of the group was determined by the South Island Regional Mental Health Network; ensuring all South Island DHBs were provided the opportunity to be represented and incorporating the following functional groups; Clinical Leadership, Operations Management, and Planning and Funding. The South Island Shared Service Agency Mental Health Team Leader facilitated the Regional Eating Disorders Working Group.

The development of the South Island Regional Eating Disorders Plan was largely a clinically focussed process to determine where current service provision aligns with the guidance document from the Ministry of Health and where there are gaps.

The South Island Shared Services role in the process was to support the SI DHBs to develop a regional response, by:

- facilitating, chairing and supporting the Regional Working Group
- providing administrative support i.e. receiving and collating the District responses
- negotiating an extension of time with the Ministry
- providing feedback to the South Island Regional Mental Health Network and the South Island Planning and Funding Network.

2.2.2 Consultation

As is standard practice for South Island DHB regional processes, each DHB was responsible for engaging with key stakeholders at a District level within the given timeframe.

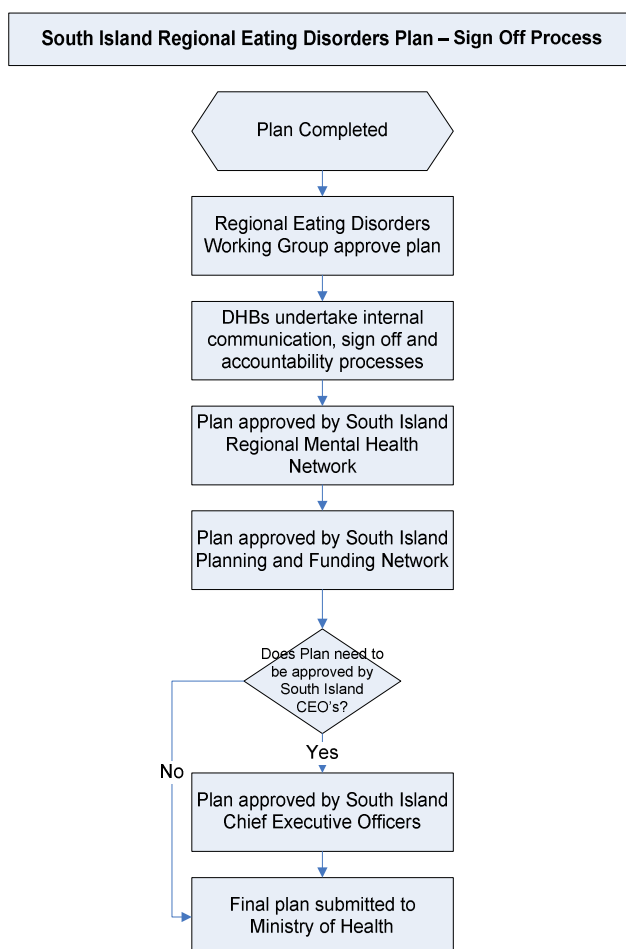
2.2.3 Reference Group

The South Island Regional Mental Health Network was a reference group to the working group, providing advice and guidance as required.

2.2.4 Sign Off Process

The first plan submitted to the Ministry of Health in August 2008, was developed by the Regional Eating Disorders Working Group, supported by the South Island Regional Mental Health Network and endorsed by the South Island Planning and Funding Network.

This second revised plan is the result of feedback from the Ministry of Health, and further discussions by the Regional Eating Disorders Working Group. The plan's status is "Draft" as it still has to go through the South Island DHBs consultation and sign off processes as shown in the flowchart below. DHBs are responsible for managing internal communication, sign off and accountability processes.



2.3 Assumptions

There are several activities that may impact on the development and implementation of this Regional Eating Disorders Plan, these include:

- South Island Regional Mental Health Strategic Plan 2008 - 2011
- The Nationwide Service Framework review.
- District Annual Planning
- District Strategic Planning
- Blueprint funding allocations
- South Island Regional Mental Health project reviewing the regional mental health services
- Canterbury DHB Inpatient Services Review; Child, Adolescent and Family Services April 2008-07-31

The Ministry of Health have noted that planned initiatives for eating disorders services will be developed within current funding and will be prioritised by DHBs as part of overall planning for mental health and addictions services.

2.4 Risks and Mitigations

- Several South Island District Health Boards are over their blueprint funding.
- DHBs prioritise other areas of mental health over investment in and expansion of eating disorders services.
- Regional Eating Disorders Plan lists a number of key actions that may not be implemented due to funding restrictions.
- Primary health and community representatives were not part of the working group.
- The Regional Eating Disorders Plan's intentions are advised to communities through each DHB's CPHAC committees.
- DHBs consider this service for their next DAP/Mental Health Blueprint Round and/or re-allocation of funding.

2.5 High Level Principles

The Regional Eating Disorders Working Group identified key high level principles that underpin Eating Disorders Service provision.

- All people have the right to expect the same level of access to mental health services.
- Consumer's needs for mental health care and their ability to benefit from these interventions should govern their access to services.
- Consumers should be accommodated in facilities that match their need.
- Services should be client focussed, enhancing wellbeing and preserving dignity.
- Services should be culturally appropriate.
- Services should involve whanau and families.
- Where possible, services should be delivered as close to a consumer's home as safely as possible.
- Eating disorder services will offer service users:
 - A sense of autonomy over their lives
 - Respect
 - Confidentiality
 - Anonymity
 - A supportive and empathetic atmosphere
 - Recognition and treatment as an individual
 - A Service where former mental health service users have been involved in the planning and development of treatment services

3 Description of Current Services

3.1 Description of Service

The Southern region's population as at the 2006 census was 967,902, which constitutes 24.2% of the population of New Zealand (source: Statistics New Zealand).

3.1.1 Current Regional Services

The South Island DHBs purchase 7.8 inpatient beds and consult liaison services from the regional eating disorders services based at The Princess Margaret Hospital in Christchurch. The regional eating disorders service is part of the Canterbury DHB Mental Health Services. The tertiary inpatient service is co-located with the Regional Mothers and Babies service, which allows flexibility in terms of bed availability.

The majority of service users are managed within community based services within their District. Referrals to the tertiary inpatient beds are accepted via referral from the District Liaison person and Consultant Psychiatrist. One of the criteria for inpatient admission is that the service user has not successfully been treated via outpatient treatment. Patients aged 14 and older with a provisional diagnosis of an eating disorder as defined by Diagnostic and Statistical Manual of mental disorders (DSM IV) for whom specialist assessment and treatment is required are referred to the Eating Disorders Service. Patients aged less than 14 years of age are referred to the Regional Child and Family Inpatient Unit.

The treatments offered by the multidisciplinary team include psychiatric assessment and review, family therapy, cognitive behavioural therapy (CBT) underpinned by attention to dynamic and family issues, psycho-education, weight-gain programme, family education, meetings and support. The Regional Eating Disorders Team applies treatment underpinned by the National Institute of Clinical Excellence Guidelines (UK), Psychiatric Association Practice Guidelines, as published by The American Journal of Psychiatry 150:2. February 1993 pages 207 – 228 and The Royal Australia & New Zealand College of Psychiatry. The Regional Eating Disorders team continually monitor internationally recognised guidelines and constantly reshape their service delivery to align with these guidelines.

The Eating Disorders Service also provides a consult liaison service. Referrals are accepted from South Island Consultant Psychiatrists for patients with a provisional diagnosis of an eating disorder as defined by the DSM IV and where there is a clear issue related to the patients eating disorder/treatment. The consult liaison service also provides on a case by case basis, visits to the district services based on clinical requirements. These visits are usually optimised by including education and supervision.

Additionally the Canterbury DHB Eating Disorders service provides to each district; monthly clinical case review and consultation via videoconference, twice yearly visits to provide education, clinical teaching and clinical case review and regular ongoing clinical support by telephone.

3.1.2 Current District Services

Consumers with a diagnosis of an eating disorder are treated under the framework of policies and processes that apply to all clinical services within the District's Mental Health Services.

Not all consumers that present with an eating disorder will be assessed or treated within the District's Mental Health Service. An unknown percentage of consumers are treated medically in the Emergency Department or general areas of the hospital, primary care, or mental health NGOs and not referred to the Mental Health Service. EAT is a community-based NGO in Canterbury providing support, counselling, and information to people dealing with food and body image issues and to their families and friends. EAT also provides education and training sessions about eating disorders and food and body image issues to professionals, facilitates programmes and workshops in schools, and runs support groups and workshops for both individuals and family members. The service is partly funded by the Canterbury District Health Board.

The District mental health services provide acute inpatient assessment and treatment for consumers with a range of mental illnesses, including eating disorders who are admitted to an inpatient treatment setting. The Districts provide crisis interventions such as medical stabilisation of an acute physical illness associated with low weight and physical compromise, assessment and treatment of mental illness, commencement of a re-feeding process and consultation and liaison with community treatment providers.

The District mental health services also provide outpatient treatment for people with an eating disorder, however the focus of treatment is not specialist and is reliant on the skill and knowledge of individual clinicians and/or clinicians access to appropriate clinical leadership and support.

Each District mental health service has a nominated senior clinician to provide a liaison function between all aspects of their District service (i.e. primary care, child and family services and adult general mental health services) and the regional service (see Appendix One). The District liaison person may also consider Ashburn Clinic as a provider of eating disorders services. This option is usually considered for service users who are also staff of mental health services. However, they do note that Ashburn Clinic does not provide naso-gastric feeding.

The Ministry of Health's, Travel and Accommodation Assistance scheme is used to facilitate easy transitions between services.

In the Canterbury DHB the regional service provides outpatient clinics with an assessment offered to people with a suspected Diagnostic Standards Manual eating disorder who are aged 13 and over.

4 Service Development Intentions / Initiatives

4.1 Role of Eating Disorders Liaison Person

4.1.1 Current Context

South Island Eating Disorders Service(s) provision aligns with the model recommended by the Ministry of Health.

The six South Island DHBs who access the regional eating disorders service provided by Canterbury DHB each have a nominated senior clinician who undertakes the role of eating disorder liaison person. Each of these liaison people is based in the secondary service of the District mental health service, and is an informal arrangement within the District. The roles and responsibilities of this role are documented and agreed by the Districts and the regional service (see Appendix One). The roles and responsibilities have recently been reviewed, and being available to support primary care, child, youth, family mental health services and adult general mental health services were considered beneficial. Additionally the Regional Eating Disorders Service has a senior clinician who undertakes the role of liaison person for the Districts (see Appendix Two).

The South Island DHBs aim to improve their hub and spoke service delivery model by formalising the FTE allocation for the eating disorders liaison role in each District. The time components involved in this role were identified in table form (see Appendix Three). Based on the expert knowledge of each Districts Liaison person, time was allocated to each component to identify the required formalised FTE allocation for each District as shown in Table 1.

Table 1 District Liaison FTE allocation, by DHB

DHB	Hours per week	FTE Allocation
Otago DHB	10	0.25 FTE
South Canterbury DHB	4	0.1 FTE
West Coast DHB	3 - 4	0.075 – 0.1 FTE
Southland DHB	4	0.1 FTE
Nelson Marlborough DHB	8	0.2 FTE

4.1.2 Recommendations

1. Ensure roles and responsibilities of the Liaison Role include supporting primary services staff, child and family specialist mental health service staff and adult specialist mental health service staff dealing with eating disorders.

2. Formalise the Liaison Role by having a dedicated component of an FTE as recommended in the Ministry of Health model (the model) and as estimated by the current district liaison person and confirmed by DHB Planning and Funding Divisions.

4.2 Role of Care Coordinators

4.2.1 Current Context

South Island Eating Disorders Service provision aligns with the model. For those consumers who are referred to South Island secondary mental health services, all DHBs use case management that ensures treatment planning is implemented, monitored and updated and that relevant information is communicated across services. Some consumers initially present to general or paediatric services and are not referred to secondary mental health services. These case coordinators are encouraged to access the district liaison person whenever an eating disorder is diagnosed.

The South Island DHBs recognise the General Practitioner as part of the wider treatment team and in various DHBs they may be included by attending or being given an opportunity to contribute to review meetings, or involvement in complex case conferences.

4.2.2 Recommendations

3. South Island DHBs support the development of clinical guidelines for use by general and paediatric services.

4.3 Primary and Community Services (Level One)

4.3.1 Current Context

The Future Directions for Eating Disorders Services in New Zealand document states that:

“All staff in primary services should have the skills and experience to recognise people who may have an eating disorder (or who show early warning signs and/or risk factors). Staff should be able to provide support, information, early intervention, and referral services. In particular, general practitioners and other health professionals in primary services need to have the skills to recognise, monitor and alleviate low-intensity eating disorders as well as to facilitate a person’s access to secondary services and/or tertiary services (when needed). However, because further workforce development (which is

not a short term process) is needed, DHB's eating disorders liaison people should be available to advise and guide staff in primary services."

The District mental health liaison people are available to advise and guide staff in primary services. It is acknowledged that there are some primary care staff with good knowledge of eating disorders and the interfaces between primary and secondary services provides support for these primary care staff. The primary mental health initiatives in place around the South Island also enable primary care staff to provide support, information, early intervention, and referral services. However ongoing education for primary care staff is an issue.

The South Island DHBs support primary care staff in the role of providing support, information, early intervention, and referral services; and also believe there is a role for primary care staff in caring for the person with an eating disorder post discharge from the mental health services, which is not discussed in the Ministry of Health document. Twice yearly visits by the regional service to the Districts to provide education, clinical teaching and clinical case review have been made available to primary care staff in some Districts. This could be made available to all Districts.

The South Island DHBs **do not** support the terminology used in the Ministry of Health document "*low-intensity eating disorders*", a person either has an eating disorder as defined by DSM IV or they do not, there is no definition for 'low-intensity'.

4.3.2 Recommendations

4. Ministry of Health amend the document and remove the terminology "low-intensity eating disorder".

4.4 Secondary Outpatient and Inpatient Services (Level Two)

4.4.1 Context

Current service delivery is described in sections 3.1.1 Regional Services and 3.1.2 District Services. The Ministry of Health document states that outpatient staff will have appropriate experience and skills to support service users with an eating disorder, and that inpatient staff must have specific assessment and intervention skills and clinical experience in managing people with eating disorders.

The District liaison person is available to provide advice and support for outpatient and inpatient staff working with people with eating disorders, and the regional service is available for consult liaison with regional visits optimised by including education and supervision. However it is acknowledged that gaining appropriate clinical experience

and education is a challenge, and District and Regional services recognise that developing expertise in the multi-disciplinary team is important.

All South Island DHBs have facilities available to provide accommodation to family/whanau of the service user whilst they are receiving treatment. These may be available onsite or offsite. Some DHBs have the facility for family/whanau to stay on the ward with the consumer if this is clinically warranted.

4.4.2 Recommendations

5. The Regional service continues to provide education and supervision to the Districts both via regular visits and the use of videoconferencing.
6. The Regional service investigates the provision of an experiential training programme for District staff.
7. Engage Clinical Training Agency and/or Te Pou to support the Otago University, Christchurch School of Medicine Postgraduate paper on Eating Disorders (Eating Disorders PSMX418) both as the recognised training for South Island mental health clinicians on the assessment and treatment of eating disorders and financially.

4.5 Tertiary Services (Level Three)

4.5.1 Current Context

Current service delivery is described in section 3.1.1 Regional Services and in general aligns with the model recommended by the Ministry of Health with the exception of tertiary inpatient services for youth aged 14 – 17 years inclusive.

The South Island commenced a regional access project in 2002 to develop and implement clear protocols for access to regionally provided specialist services to ensure that all areas in the South Island have equitable, appropriate and timely access to inpatient beds, consultation/liaison and other specialist services as required. The deliverable for eating disorders was the development of a regional eating disorders service provision framework that documents policies, procedures, processes and roles and responsibilities for service delivery to the region. Utilisation of the inpatient beds are monitored quarterly by the South Island Regional Mental Health Network as can be seen in Table 2.

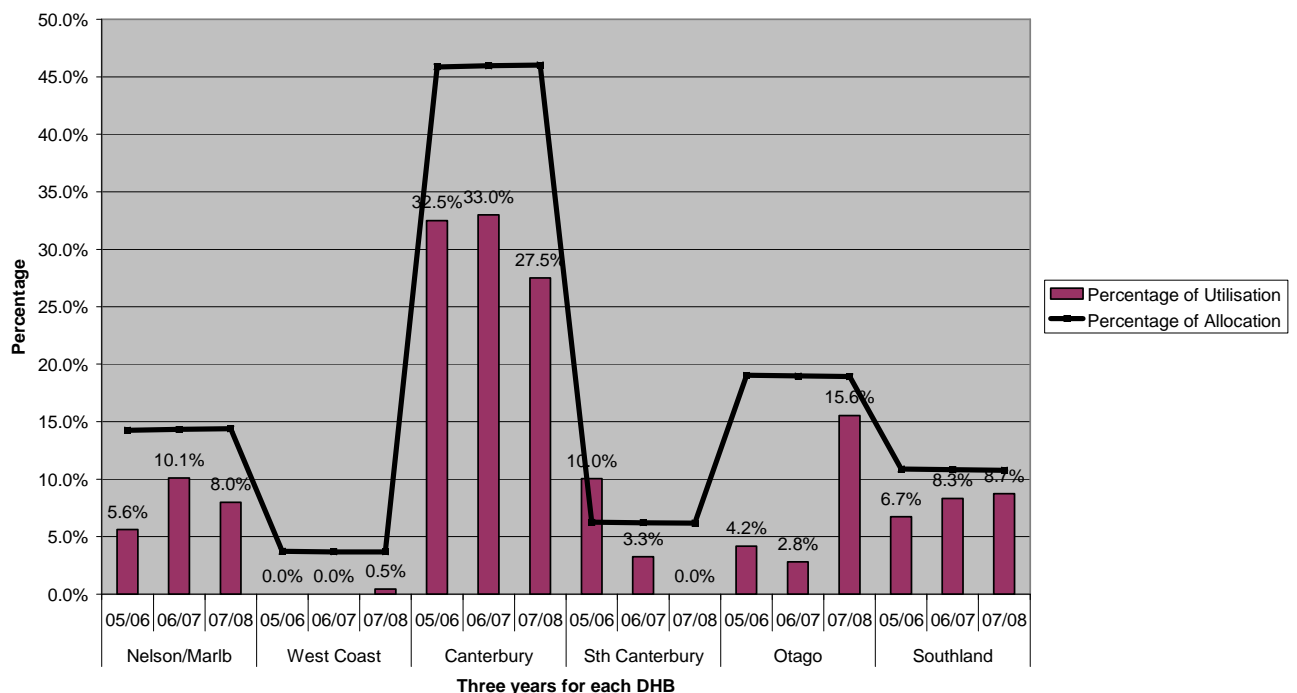
Table 2 Utilisation of regional eating disorders inpatient beds, July 2005-December 2008, by DHB

Service Period	Nelson Marlborough		West Coast		Canterbury		South Canterbury		Otago		Southland		North Island DHBs		Totals		
	No of IP	Bed Days	No of IP	Bed Days	No of IP	Bed Days	No of IP	Bed Days	No of IP	Bed Days	No of IP	Bed Days	No of IP	Bed Days	No of IP	Bed Days	%
1 July 05 to 30 June 06	3	160	-	-	31	925	1		2	119	2	192	1	133	40	1,815	63.8
1 July 06 to 30 June 07	4	288	-	-	35	939	2		3	80	8	237	-	-	52	1,637	57.5
1 July 07 to 30 June 08	3	228	1	13	33	783	-		5	443	1	249	-	-	43	1,716	

It would appear the number of inpatients is significantly high for Canterbury DHB, due to Canterbury's use of the facility for acute short term medical admissions (as other Districts would admit to their own acute beds) as well as for specialist inpatient treatment that other DHBs use the tertiary service for. The actual number of bed days used by Canterbury is well below their population based formula allocation as can be seen in Figure 1 below.

Figure 1 Utilisation against PBF allocation

Utilisation for three years from 1 July 2005 - 30 June 2008 against PBF allocation



Children aged less than 14 years of age with a diagnosed eating disorder requiring specialist inpatient treatment are referred to the Child and Family Inpatient Unit based at Princess Margaret Hospital provided by the Canterbury District Health Boards Mental Health Service. This aligns with the model by having a separate service for children.

Youth aged 14 to 17 years old inclusive with a diagnosed eating disorder requiring specialist inpatient treatment are currently referred to and treated by the Adult Regional Eating Disorders Service. This **does not** align with the model as the adolescent population is not separate to the adult population. Of note the median age for inpatients in the 07/08 year was 20 years of age, and the age range was between 14 years of age and 46 years of age. The average age for this same time period was 23 years of age.

The Regional Eating Disorders Working Group had much discussion on the tertiary inpatient service delivery for youth aged 14 to 17 years of age inclusive. The Eating Disorders Working Group identified four options for service delivery to be considered in more detail by the Canterbury DHB representatives, taking into account the advantages and disadvantages, feasibility of clinical service delivery, research available, risks, the patient group and workforce issues. The four options considered were:

1. Status quo with services for the group aged 13 and under remaining with Child and Family Inpatient Unit and those aged 14 and over in the Eating Disorders Service.
2. Status quo as above, with additional adolescent clinical input for those patients aged 14– 18.
3. Child and youth services (0 – 17 years of age inclusive) provided by Child and Family Service and adult services (18 years of age and over) provided by the Eating Disorders Service.
4. All patients in the Eating Disorders Service with an integrated pod for child and youth patients.

Following feedback from the Ministry of Health on the initial plan, the Canterbury DHB were tasked with further consideration of the four options, in light of the Ministry of Health's guidelines and the Government's commitment to implementing the principles of the United Nations Convention on the Rights of the Child (UNCROC).

Canterbury DHB will propose to the South Island DHBs, a change in tertiary inpatient service delivery for youth with eating disorders that meets the Ministry of Health's guidelines and the Government's commitment to UNCROC. It is Canterbury DHBs intention that young people aged 18 years and below (or 19 if still at school) who require eating disorders tertiary inpatient services will reside within the Child, Adolescent and Family Services; and receive specialist eating disorders service input. There are a number of consultative processes yet to be worked through to determine how this will be

operationalised. An agreed access pathway for this client group will be developed between the six South Island DHBs over the next six months.

The South Island DHBs note that nationally work is currently being undertaken to develop new service specifications and these will contribute to the determination of how services are purchased and provided in the future.

4.5.2 Recommendation

8. The South Island support two tertiary eating disorders services, one based in Christchurch and the other in Auckland, as long as current access agreements and level of service remain the same for the South Island DHBs.
9. Six South Island DHBs agree an access pathway for youth to tertiary inpatient services that meet the Ministry of Health's guidelines and the Government's commitment to UNCROC.

4.6 Guidelines for Providing Eating Disorders Services

4.6.1 Context

Each DHB undertook to assess themselves against the guidelines documented in the Ministry of Health Document:

- Guidelines for assessment, treatment and management
- Guidelines for services for children and adolescents
- Considerations for families/whanau

Support groups for family/whanau are not always feasible due to geographical distance and the prevalence of the disorder. Each DHB does however provide education and support for family/whanau through various means e.g. family advisors in each District, Supporting Families (SF) and general mental health support groups.

- Considerations for parents and caregivers with eating disorders
- Considerations in relation to involuntary treatment

The assessment can be seen in Appendices Four– Seven.

4.7 Workforce Development

4.7.1 Context

Tauawhitia Te Wero Embracing the Challenge: the National Mental Health and Addiction Workforce Development Plan 2006-2009 sets out a framework for workforce

development that emphasises a systemic approach to mental health workforce development across five strategic imperatives:

1. **workforce development infrastructure** refers to national centres and programmes, regional co-ordinator positions, education and training positions and programmes, research and policy organisations and groups, scholarships and governance bodies.
2. **organisational development** - aims to help services develop the culture and systems necessary to support and sustain their staff including culture, leadership, management and design.
3. **recruitment and retention** - recruitment is about attracting and choosing people who are capable of performing well in an organisation. Retention is about making sure that staff stay with an organisation long enough to make an effective and valued contribution. It is about ensuring that staff are supported to grow and develop with the organisation.
4. **training and development** - includes all aspects of education and training focused on developing the knowledge, skills, and attitudes of people to work in mental health and addiction services, as well as ongoing training and development once people are working in the sector. It includes tertiary education in mental health and addiction, post-entry clinical training (PECT), and other training in aspects of mental health and addiction treatment, support and care.
5. **research and evaluation** - research in this context means investigating aspects of the mental health and addiction sector in order to add to our knowledge and understanding of the workforce and workforce development. Evaluation is about assessing the effectiveness of an initiative or project in achieving its stated aims.

The South Island DHBs support the Ministry of Health led review of the eating disorders service specifications through the Nationwide Service Framework to allow for flexibility of service provision e.g. recognising the role of Community Support Workers for this population. They believe that training in eating disorders should be mandatory for all health professionals who practice across the spectrum of mental health services from health promotion and prevention, primary care, secondary care and tertiary care in both hospital services and NGO services, and look forward to seeing the Ministry of Health's plan to build and strengthen the eating disorders workforce through its ongoing mental health and addiction workforce development programme.

4.7.2 Recommendation

10. Training in eating disorders is made available to all South Island health professionals who practice across the spectrum of mental health services.

4.8 Eating Disorders Forum

The South Island DHBs support the concept of a national forum as proposed in the Future Directions for Eating Disorders Services in New Zealand. In particular we support a forum focussed on the needs of the eating disorders sector, which is structured, has an agenda, a nominated chairperson and is reviewed regularly. The forum should aim to provide education, case studies and introduce new research with both local and overseas speakers.

This workforce development initiative will need infrastructural support and funding to ensure its success and the South Island DHBs would support Te Pou, the National Mental Health and Addictions Workforce Development Programme, taking on this role.

4.8.1 Recommendations

11. Support for the national forum concept that has infrastructural support and funding via Te Pou.

4.9 Research and Development

The South Island DHBs support the concept of research and development as proposed in the Future Directions for Eating Disorders Services in New Zealand. In particular we support promoting New Zealand research and suggest that the tertiary centres of excellence have a research component as part of their service specification.

The research and development concept needs to be led or influenced by the Ministry of Health and we suggest that a grant or scholarship process be put in place to manage both the process and the funding that will need to be attached.

4.9.1 Recommendations

12. A research and development component is added to the tertiary eating disorders service specification.
13. Grant or scholarship process is led by the Ministry of Health to manage the research and development initiatives and the funding attached.

5 Implementation plan for recommendations

Recommendation	Responsible	When
Role of Eating Disorders Liaison Person		
1. Ensure roles and responsibilities of the Liaison Role include supporting primary services staff, child and family specialist mental health service staff and adult specialist mental health service staff dealing with eating disorders.	Canterbury District Health Board in conjunction with other South Island DHBs	July 09
2. Formalise the Liaison Role by having a dedicated component of an FTE according to the model developed as estimated by the current district liaison person.	All South Island DHBs	09/10
Role of Care Co-ordinators		
3. South Island DHBs support the development of clinical guidelines for use by general and paediatric services.	Ministry of Health	
Primary and Community Services (Level One)		
4. Ministry of Health amend the document and remove the terminology "low-intensity eating disorder".	Ministry of Health	
Secondary Outpatient and Inpatient Services (Level Two)		
5. The Regional service continues to provide education and supervision to the Districts both via regular visits and the use of videoconferencing.	Canterbury District Health Board	Ongoing
6. The Regional service investigates the provision of an experiential training programme for District staff.	Canterbury District Health Board	09/10
7. Engage Clinical Training Agency and/or Te Pou to support the Otago University, Christchurch School of Medicine Postgraduate paper on Eating Disorders (Eating Disorders PSMX418) as the recognised training for South Island mental health clinicians on the assessment and treatment of eating disorders and financially.	SISSAL	November 09
Tertiary Services (Level Three)		
8. The South Island support two tertiary eating disorders services, one based in Christchurch and the other in Auckland, as long as current access agreements and level of service remain the same for the South Island DHBs.	Ministry of Health	
9. Six South Island DHBs agree an access pathway for youth to tertiary inpatient services that meet the Ministry of Health's guidelines and the Government's commitment to UNCROC.	All South Island DHBs	July 09

Recommendation	Responsible	When
Workforce Development		
10. Training in eating disorders is made available to all South Island health professionals who practice across the spectrum of mental health services.	All South Island DHBs	Ongoing
Eating Disorders Forum		
11. Support the concept of a national forum that has infrastructural support and funding via Te Pou.	Ministry of Health initially	
Research and Development		
12. A research and development component is added to the tertiary eating disorders service specification.	Ministry of Health	
13. Grant or scholarship process is led by the Ministry of Health to manage the research and development initiatives and the funding attached.	Ministry of Health	

6 Glossary

Regional Provides service to the six South Island DHBs

District Six South Island DHBs who access the regional service provided by Canterbury DHB (Southland DHB, Otago DHB, South Canterbury DHB, West Coast DHB, Nelson Marlborough DHB and Canterbury DHB)

7 Appendix One – Roles and Responsibilities of the District Liaison Person

PRINCIPAL OBJECTIVES

- Provide specialist coordination between the District staff involved in the treatment of people with eating disorders and the specialist Eating Disorders Team in Christchurch.
- To develop and maintain links between the Eating Disorders Team and the District Services.

KEY PERFORMANCE OBJECTIVES

Consult/Liaison

- Accessible to the District Service for which they are the Liaison Representative.
- Be available for consultation and educational support for District clinicians who manage consumers with eating disorders.
- Participate in multidisciplinary team assessments and provide recommendations regarding management of eating disordered patients.
- Provide guidance and assistance with assessment and development of treatment plans.
- Review of treatment formulations for patients with eating disorders.
- Participate in reviews of Eating Disorder Team patients at District level.
- Participate in case reviews in the District and with the Regional Consultation Programme.
- Arrange for additional specialist Eating Disorder Team input as required, for example a Dietitian or a Consultant discussion. This may happen with local services or accessing Regional Specialist Services.

Education

- Maintain a file of educational material which clinicians in their Districts may find useful to underscore their provision of treatment.
- To keep on file and provide as needed the education packs provided by the Specialist Service, this includes the Family Information pamphlet, as well as the Admission to The Princess Margaret Hospital for Treatment package.
- To organise and coordinate the biannual visits of the speciality Eating Disorders Service.
- To participate in discussion about the educational needs of their District.

Coordination and Administration

- Coordinate the monthly Telemedicine link for case reviews.
- Maintain and insure adequate access for clinicians and primary health care providers from the District Service to the Regional Service.
- Coordinate the Regional multidisciplinary team visits on two occasions a year and as required.
- Maintain documentation for Regional Interface Audit purposes.
- Maintain a clinical record of referrals and contact with the Regional Service.
- Maintain a file of educational material which clinicians in their districts may find useful to underpin their provision of treatment.
- To keep on file and provide as needed the Family Information Pack, and the Information for Admission to the Princess Margaret Hospital Information Pack, as well as referral sheets.

- To participate in discussions about the educational needs of their District clinicians.
- Participate in discussions about service quality improvements and changes in policy that may affect regions.
- Work with District management teams to ensure that the Eating Disorders Service provided by the specialist service fulfils the needs of the individual District.
- To communicate with District staff about upcoming events which are related to the treatment of eating disorders.
- To provide information to general practitioners and NGOs in the Districts about the process of referral and the appropriateness of treatment for patients in the Region.

8 Appendix Two – Position Description of Regional Consult Liaison Person

The teams will utilise a Multi-Disciplinary Team approach to fulfil these responsibilities

EACH TASK LISTED BELOW WILL OCCUR AS NEGOTIATED BETWEEN THE CDHB AND THE DISTRICT, ACCORDING TO PATIENT NEED.

Purpose:

- Provide specialist Eating Disorders Team support and guidance to district service staff.
- Develop and maintain links between Eating Disorders Team and district services.

Responsibilities:

Consult/liaison

- Accessible to the district service by phone/telemedicine
- Complete assessments and provide recommendations regarding management of Eating Disorders Team patients
- Provide guidance and assistance with assessments and development of treatment plans
- Review of treatment formulations
- Participate in reviews of Eating Disorders Team patients at district level
- Participate in case reviews
- Arrange for additional specialist Eating Disorders Team input, as required e.g. dietitian/consultant consultation/discussion
- All district consult/liaison presented to Eating Disorders Team MDT for review/guidance
- Meet regularly with Eating Disorders Team consultant to discuss all consult/liaison patients
- Maintain records for consult/liaison
- Visit districts at a regular minimum timeframe of:
- Visit each district 2 times a year
- Identify and provide education and training to District staff. Record kept of education delivery, dates, content and attendance.

Education

- Develop an education pack in consultation with the districts
- Provide education/information to staff monthly (at a minimum)
- Keep records of education delivery, dates, content and attendance
- Co-ordinate visits and practical experiences for designated Eating Disorders Team district person
- Develop and maintain email distribution list for information, educational material, publications, conferences and presentations etc

9 Appendix Three - Estimation of Liaison Hours

Duties	Activity	Estimated Weekly Time
Clinical	Crisis/Triage Consultations	
	MDT Reviews/Clinical Assessments	
	Coordinate and present Complex Case reviews	
	Specialist consultations (including "second opinions")	
	Provide Clinical Supervision	
	Coordinate access from primary health providers with district and regional services	
	Attend clinical team meetings	
	Telephone consultations/calls	
	Coordinate monthly video-link for clinical case review	
	Obtain client records/results	
	Liaise with NGOs/GPs/Provider Arm Services	
	Maintain all forms of documentation – Regional/District Services e.g. treatment plans/clinical record/discharge letters	
	e.g. Family/Whanau meetings – if not included above	
Other clinical activities – please specify		
Non-clinical		
	Participation in staff education – including medical/nursing students	
	Administrative tasks (no associated with clinical duties) e.g. liaison with other DHB liaison persons, arrange additional input e.g. dietician	
	Coordination of and participation in Regional visit to District	
	Audit/QA	
	Service Quality improvement activities	
	Other activities associated with own professional development	
	Other e.g. Research	
Total		

10 Appendix Four – Guidelines for assessment, treatment and management

Guideline	Implementation with DHB (yes/no)						Comments (for when response is no)
	CDHB	ODHB	WCDHB	NMDHB	SCDHB	SDHB	
1. Assessment occurs as soon as possible	Y	Y	Y	Y	Y	Y	
2. Assessment is undertaken by specialist with clinical experience	Y	N	Y	Y			Assessment maybe undertaken by a Registrar/Consultant Psychiatrist but not necessarily with expertise in Eating Disorders, or a community mental health nurse with experience and qualification in eating disorders.
3. Assessment is comprehensive	Y	Y	Y		Y	Y	
4. Treatment planning occurs as soon as possible	Y	Y	Y	Y	Y	Y	
5. Planning is undertaken in partnership	Y	Y	Y		Y	Y	
6. Care is coordinated by a care coordinator							
7. Treatment planning is regularly reviewed and involves the services user and family/whanau	Y	Y	Y	Y	Y	Y	
8. Treatment evolves and is personalised to each service user	Y	Y	Y	Y	Y	Y	
9. Service users and their family/whanau have access to support groups	Y	N	N	N	N	N	No support groups or limited access to support available locally.
10. Treatment planning ensures a service user has social support systems	Y	Y	Y	Y	Y	Y	
11. Each multi-disciplinary team has input from a range of practitioners	N/A	Y	Y	Y	Y	Y	
12. Assistance is sought from secondary or tertiary services are required	Y	Y	Y	Y	Y	Y	
13. DHBs have comprehensive written policies and procedures	Y	Y	Y	Y	Y	Y	
14. Services provide work or school re-entry and social rehabilitation programmes		Y		Y	Y	Y	

11 Appendix Five - Guidelines for services for children and adolescents

Guideline	Implementation with DHB (yes/no)						Comments (for when response is no)
	CDHB	ODHB	WCDHB	NMDHB	SCDHB	SDHB	
1. Clinicians are suitably qualified to work with children and adolescents with eating disorders	Y	Y/N	Y	Y	Y	Y	Clinicians may not have specialist knowledge of eating disorders in young people.
2. Multi-disciplinary team is supervised by clinician with expertise in treating children and adolescents with eating disorders	Y	Y/N	Y		Y	Y	
3. Children and adolescents with eating disorders received inpatient treatment separately from adults with eating disorders	Y	Y/N	Y	N	N	N	Children are treated in Paediatric departments. Adolescents are treated in a general adult mental health service
4. Inpatient treatment of children and adolescents with eating disorders is developmentally appropriate	Y	Y/N	N	N	NA	NA	Treatment is provided in either Child Family Mental Health Service (CAFMS) or in the Youth Mental Health Service (YSS). No child/adolescent inpatient facility on West Coast
5. Children and adolescents with eating disorder are treated as close to their usual place of residence as possible	Y	Y	N		Y	Y	All efforts would be made to ensure ongoing family closeness is maintained.
6. Adolescents who excessively restrict or purge food intake, or binge are referred for specialist assessment	Y		Y	Y	Y	Y	
7. Children and adolescents with eating disorders have access to education and recreation programmes	Y	Y	Y	Y	Y	Y	As per inpatient or outpatient treatment plan.
8. Children and adolescents discharged from inpatient treatment receive intensive outpatient support		Y	Y	Y	Y	Y	
9. Education of, and liaison with, school nursing and counselling staff is important		Y	Y	Y	Y	Y	

12 Appendix Six – Guidelines for the involvement of service users' family/whanau in their treatment and recovery

Guideline	Implementation within DHB (yes/no)						Comments (for when response is no)
	CDHB	ODHB	WCDHB	NMDHB	SCDHB	SDHB	
1. Care coordinator ensures family/whanau members are included during the service user's treatment and recovery		Y	Y	Y	Y	Y	
2. Eating disorders professionals work in partnership with and support family/whanau			Y	Y	Y	Y	
3. Communication is clear and open		Y	Y	Y	Y	Y	
4. Families/whanau, particularly parents, are educated to support the service user		Y	Y	Y	Y	Y	
5. Families/whanau of service users have access to psychological support		Y	N	Y	Y	Y	No support groups or limited access to support available locally. A wait list may delay access to a psychologist or psychological support would come from the immediate treatment team.

13 Appendix Seven – Guidelines for when a parent or caregiver has an eating disorder

Guideline	Implementation within DHB (yes/no)						Comments (for when response is no)
	CDHB	ODHB	WCDHB	NMDHB	SCDHB	SDHB	
1. Children's safety and welfare are paramount		Y	Y	Y	Y	Y	
2. Needs of children of a parent or caregiver with an eating disorder must be considered		Y	Y	Y	Y	Y	
3. Parents or caregiver's treatment team involves professionals to address children's needs		Y	Y	N	Y	Y	Services to support children with any mental illness being planned.
4. Parents and caregivers with eating disorders are treated as close to their usual place of residence as possible		Y	? Not tested at this stage	Y	Y	Y	Access alternative accommodation, i.e. Ronald McDonald House for long-term use, if possible.

14 Appendix Eight – Blueprint Analysis

14.1 Assumptions

- Updated for 2006 census population projections.
- Updated contracts as at January 2008.
- Changed the volume to indicative volume – derived from total revenue divided by average price (local where available).

14.2 Blueprint Analysis – Community Teams

07/08 South Island Blueprint SISSAL Analysis – Feb 08 Update				
Purchase Unit	Blueprint Description	Unit of Measure	Target per 100,000 pop	
MHCS09	Eating Disorders – Community Teams	FTE	2.4	
			Blueprint Volumes	07/08 Indicative Volumes
Specific Districts				
Nelson Marlborough			3.2	0.2
West Coast			0.8	0
Canterbury			11.8	5.9
South Canterbury			1.3	0.2
Otago			4.45	0.3
Southland			2.65	0.2
Total			24.2	6.8

14.3 Blueprint Analysis – Inpatient Services

07/08 South Island Blueprint SISSAL Analysis – Feb 08 Update				
Purchase Unit	Blueprint Description	Unit of Measure	Target per 100,000 pop	
MHIS12	Eating Disorders – Inpatient	Bed Days	0.5	
			Blueprint Volumes	07/08 Indicative Volumes
Specific Districts				
Nelson Marlborough			0.7	1.1
West Coast			0.2	0.3
Canterbury			2.5	3.6
South Canterbury			0.3	2.2
Otago			0.93	1.5
Southland			0.55	0.8
Total			5.18	9.5