Health
Hunter New England
Local Health District

Embedding treatment in core mental health community services
The HNE Experience

Mel Hart
HNELHD Eating Disorders Coordinator
Project Lead HNE Eating Disorders Service Plan

NSW Eating Disorders Forum 19.6.17

Background – HNE Health

- One of the largest Health Districts in NSW
- Covers a significant geographic area (over 130,000 square kilometres or 16% of the area of NSW)
- Major metropolitan centre (Newcastle), several regional population centres, along with rural and remote communities

Background – HNE Health

- Population in the 2011 census was 875,573, or 12% of the population of NSW
- Significant population increase anticipated
- The Aboriginal people represent approximately 4.6% of the population
- Ancestry data indicates a significant culturally and linguistically diverse population
- Key challenge - ensuring equity of access across a widespread and diverse population

Initial Consultation and Planning

- Initial stakeholder feedback; patient activity data; review of literature, reports, service models, relevant policies & strategic directions
- Development - extensive consultation with internal and external stakeholders (metropolitan, regional, rural and remote) – begin engagement
- Face-to-face interviews, email feedback and face-to-face workshops
- Consumers/carers -important component of development. Key partner in the Plan

Health
Hunter New England
Local Health District

The Top Three Service Plan Priorities

1. Treatment of adults in the severe stage of illness
2. Early detection and referral to appropriate care
3. Provision of consistent, evidence-based care across the District

Other priorities

- Care for vulnerable or high risk groups
- Transition
- Workforce development
- Promotion and prevention
- Integrated models to address both mental health and medical needs
- Working in partnership
- Recording and reporting of service activity

Service Plan Implementation

- Endorsed by the District Executive Leadership Team 2016
- The Plan provides direction to ensure people with an eating disorder and their families receive early, timely and appropriate interventions regardless of their level of severity, age or area of residence
- So, how do we embed treatment in mainstream community mental health teams?

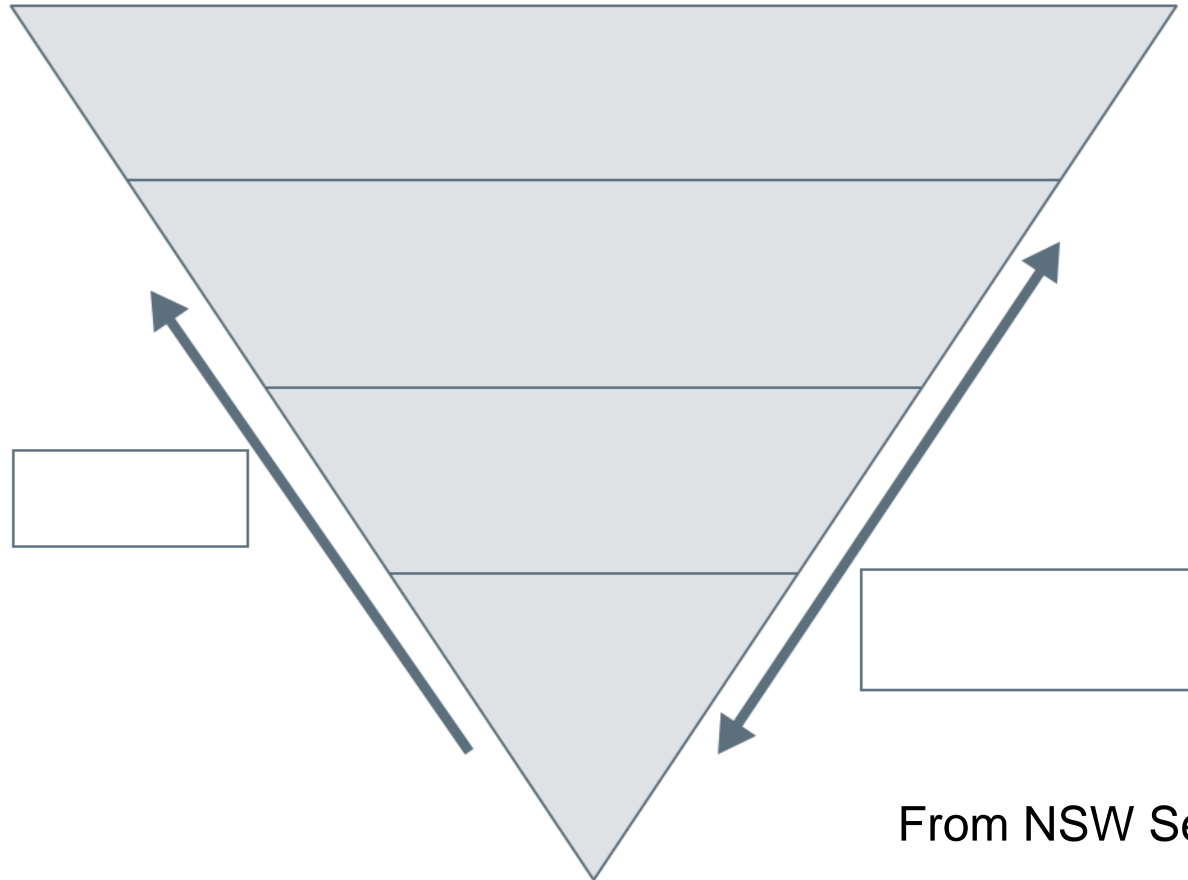
Key Learning - Leadership

- Leaders are key to have on board – Directors, General Managers, Service Managers, Coordinators, Coordinators, Doctors, Team Leaders
- Promote vision, reinforce key messaging, facilitate culture change, prioritise implementation and facilitate implementation – strategic level
- Provide – vision, clear pathway for moving forward, clear role of leader, build ownership

Key Learning - Leadership

- Mandate from NSW Ministry of Health
- Eating disorders are core business – detection, early and timely referral and treatment provision
- Currently, cost-ineffective system
- Recovery is possible and evidence-based treatments are available to be delivered locally
- The framework is there - community mental health teams; skilled mental health workers; already seeing patients; feeling unsupported and burdened

Cost-ineffective system



From NSW Service Plan

Key Learning - Governance

- Governance structure need to be on board (Service Plan governance and within each team) – Doctors, Clinical Coordinators, Rehab Coordinators, Team Leaders etc
- Promote vision, reinforce key messaging, facilitate culture change, prioritise implementation and facilitate implementation – operational level

- Provide – vision, clear pathway for moving forward, clear role of governance, build ownership

Governance Structure

- District Steering Committee (3 monthly)
- Adult Implementation Group (monthly)

  Community working party (Clinical Coordinators, Rehab Coordinators, Service Managers, Eating Disorders Coordinator, Project Officer)
- Child and Adolescent Implementation Group (monthly)

  Regular development meetings (CAMHS Clinical Director, Service Manager & Clinical Coordinator, Eating Disorders Coordinator, Project Officer)
- Clinical governance within each team

Family Based Therapy (FBT) in CAMHS

- Align with District CAMHS Plan
- Treatment Stream under the CAMHS Plan
- Phases of FBT align with CAMHS clinical pathway (assessment, clinical governance and review)
- Building model – entry and discharge criteria, building interface with inpatient services, GPs, schools, Youth Mental Health, Youth Health, FACS, Headspace and private practitioners

CBT-E and Rehabilitation in AMHS

- Align with District Adult Mental Health Model of Care Plan and District Mental Health Rehabilitation Plan
- Treatment Stream under the AMH Plan
- Align CBT-E and rehabilitation model with AMHS clinical pathway (assessment, clinical governance and review)
- Building model – entry and discharge criteria, building interface with inpatient services, GPs, Youth Health, Headspace and private practitioners

Key Learning – Clinician Engagement

- Clinicians – essential to process
- Face to face consultation regarding:
  - Service Plan
  - Providing evidence-based treatments in community mental health teams
  - Current issues in providing care
  - Potential solutions to embedding evidence-based treatments
  - How to develop the model practically

How have we progressed this in HNE

- Top down AND ground up approach
- Building partnerships, engagement and ownership
- Securing resources to assist implementation – not a one person job; Coordinator can assist the process