

Embedding treatment in core mental health community services

South Western Sydney Local Health District

NSW EATING DISORDERS FORUM 19 June 2017

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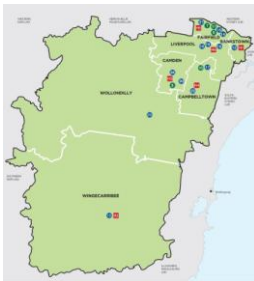
Overview

- SWSLHD Geography & Community Mental Health Services
- Existing Eating Disorder Services in SWSLHD
- SWSLHD Eating Disorders Model of Care
- Challenges
- Strategies for embedding services



South Western Sydney Local Health District (SWSLHD)

- Bankstown
- Fairfield
- Liverpool
- Camden
- Campbelltown
- Wollindilly
- Wingecarribee
- Major area of growth and development
- Approximate population of 921,718 (2014).
- Projected data estimate increase to 1.25 million people by 2021



SWSLHD Community Mental Health Services

- Community based Mental Health Services provided through facilities at Bankstown, Fairfield, Liverpool, Campbelltown, Tahmoor and Bowral.
- Services including:
 - Adult Mental Health Service (AMHS)- Care Coordination
 - Rehabilitation
 - Macarthur Assertive Treatment Team (MATT)
 - Youth Mental Health Service (YMHS)
 - Infant, Child and Adolescent Mental Health Services (ICAMHS),
 - Early Psychosis Intervention Program (EPIP)
 - Peri-natal and Infant Mental Health Service (PIMHS),
 - Specialist Mental Health Services for Older People (SMHSOP)
 - Out of Home Care Team



Existing Eating Disorders Services in SWSLHD

- Campbelltown Community Mental Health Service SWSLHD offers a stand alone specialised eating disorders outpatient clinic for adults.
 - Staffed by one Specialist Psychiatrist .2 FTE
 - Voluntary involvement of other community staff with limited resource allocation (usually 1 client).
 - Outpatient dietetics .2 Non-specific Mental Health (Macarthur)
 - Until recently, district wide.
- ICAMHS non-specialist eating disorder services integrated into core business. Consumers allocated to ED skilled clinicians where possible.



What are some reasons why eating disorder treatments have not been embedded into core community mental health services so far?



Moving Forward

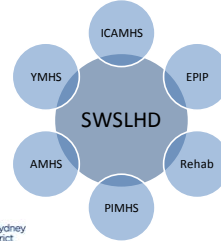
- NSW Eating Disorders Service Plan 2013-2018 has mandated that the treatment of eating disorders is to be integrated into core service delivery
- As with any other serious mental illness, embedding the treatment of eating disorders into community mental health service delivery, is the way forward.



SWSLHD Model of Care

MODEL

- Eating Disorder services will operate out of Bowral, Campbelltown, Liverpool, Fairfield and Bankstown Community Mental Health Services and **embedded into core practices** of existing services:



SWSLHD Model of Care

TEAM COMPOSITION & CARE

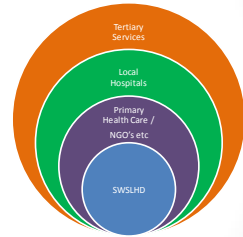


- Consumers will be treated within existing multidisciplinary teams
- Each team will have a sub-group of clinicians trained in developmentally appropriate, evidence based treatment of eating disorders, forming a virtual hub of expertise across the district.
- Eating disorder treatments will be embedded within the structure and daily work practices of existing mental health services, and form part of clinician core caseloads.

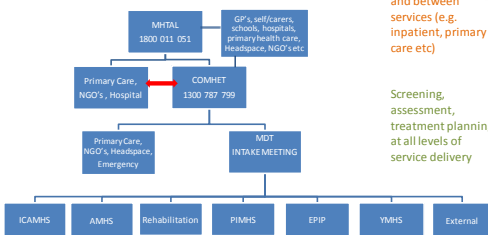


SWSLHD Model of Care

- Minimum treating team- psychiatrist, and an eating disorders trained clinician who will deliver evidence based therapy (e.g. psychologist, occupational therapist, mental health nurse etc).
- Integral to the consumers treatment will be strong links with external stakeholders e.g. GPs, Paediatricians, Obstetricians etc who will be responsible for the ongoing medical monitoring of the consumer.
- Dietetics involvement will be delivered as a result of partnerships with the LHD Dietetics teams.
- A stepped model of care will be adopted to match level of intervention according to the consumers needs, with seamless transition and formal processes across inpatient and outpatient settings and between settings (e.g. primary health care, child-adult services, hospital etc).



CMHS Referral Pathways



Clear referral pathways within and between services (e.g. inpatient, primary care etc)

Screening, assessment, treatment planning at all levels of service delivery

Medical/Psychiatric Risk Factors
Emergency or Planned admissions into
General Medical, Paediatric Wards, Psychiatric Units



Challenges

- Culture change:
 - Challenging stigma associated with ED's as being highly specialised area and difficult to treat.
 - We don't treat eating disorders.
 - Eating Disorders are not mental illnesses.
- Eating Disorder Coordinator role clarification- initial focus on service development
- MHTAL- clarifying referral pathways
- Resourcing issues- e.g. no community dietetics
- Clinician anxiety re: change e.g. extra work, too difficult etc.
- Training gaps- e.g. psychiatry
- Current lack of staff training in evidenced based practices- can't come soon enough!
- Once training is complete going to have to find ways to keep momentum going
- Still in process of developing system. Every now and again a service gap becomes apparent and requires attention (e.g. training, dietetics, wards not purpose built, can't train all staff etc.)
- A lot of service development occurring in SWSLHD at present- Strengths Based Model, IMR, Project Air. Staff feeling overwhelmed with a lot of change all occurring at once.
- Large job for a single coordinator to manage alone
- Yet to put together working parties to help with aspects of service plan



Strategies for Embedding Services

- NSW Service Plan and SWSLHD Service Plan
- Eating Disorders Coordinator position
- Leadership- Eating Disorders Steering Committee and Executive endorsement
- Reinforcing mandate from NSW Service Plan that treatment is to be core business
- Having access to immediate line manager support so that clinical and service delivery decisions can be made quickly when consultation has been requested- being effective!
- Understanding your mental health service and how it operates (both inpatient and community).
- Consulting with managers, team leaders, staff, and relevant stakeholders and seeking feedback regarding MOC (both community and inpatient) and discussing issues and problems
- Drafting up a Model of Care that represents Optimal Model (don't get distracted by gaps) but be realistic within the existing structures of your CMH Services.
- Having clear access points sorted and referral pathways opened early on
- Being strategic in identifying who looks after eating disorder clients now, and which teams/clinicians would be most suitable to target for further training and service delivery.
- Workforce development is key!!! Training opportunities offered by CEDD. Fill in gaps where necessary.
- Utilising existing and available resources in your LHD
- Appealing to clinician interests- clinical interest, training, and supporting ongoing supervision
- Reinforcing is NOT extra work if embedded into daily work practices
- Inservices to raise awareness of EDs and Service Plan
- Eating Disorders Coordinator being accessible to attend Complex Case Meetings, available to provide consultation and support, and receiving feedback/suggestions
- Dispelling myths and reinforcing that recovery is possible.
- Heavy advertising to keep it on peoples radars- Newsletters, Facebook, district wide emails, flyers etc.

• **Being enthusiastic and positive about it working!**






Masterclass for Psychiatrists:
RANZCP Clinical Practice Guidelines for the treatment of Eating Disorders and management of people in the general medical setting
Friday 30th June, 2017: 10.00a.m.-1.00p.m.
WEST: Level 1 meeting room | Macleay Clinical School | Camperdown Hospital in via South



The Masterclass will be led by Rebecca Phillip, PhD, Honorary Lecturer in Clinical Health, School of Health, Western Sydney University, 1588 Macleay Street, Camperdown NSW 2050.

Professor Phillip was one of the leading forces for the development of the first national clinical practice guideline for eating disorder treatment. Professor Phillip is a nationally recognised leader in the development of eating disorders in the UK, Hong Kong, and Australia and has co-authored the first (written) textbook about eating disorders.

LEARNING OBJECTIVES: Attendees will:

1. Obtain an appreciation of the current RANZCP guidelines for management of eating disorders
2. Obtain competency in the principles of medical rehabilitation for people with anorexia nervosa
3. Understand the roles of clients and other allied health treatment for people with anorexia nervosa in general medical settings
4. Understand the indications for medical and psychiatric admission for people with anorexia nervosa
5. Be aware of contemporary pathways and understand the continuum of care for people in the South West Sydney region

Key Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines for the treatment of eating disorders (RANZCP): [http://www.ranzcp.org/clinical-practice-guidelines-for-the-treatment-of-eating-disorders/](#) (http://www.ranzcp.org/clinical-practice-guidelines-for-the-treatment-of-eating-disorders/)

Guest Lecturing Doctors:
 Margaret Gill, MD FRAC
 • [http://www.health.westernsydney.edu.au/healthcare/clinical-practice-guidelines-for-the-treatment-of-eating-disorders/](#)
 • [http://www.health.westernsydney.edu.au/healthcare/clinical-practice-guidelines-for-the-treatment-of-eating-disorders/](#)
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TO REGISTER & FURTHER INFORMATION:
 Email your registration and request to the local Eating Disorders Coordinator
Linda.Lazar@swswhs.nsw.gov.au
 (02) 9618 4056, (m) 0472 865 265



For further information

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www.cedd.org.au

