

Clinical mental health service responses for people with eating disorders in Victoria

Program management circular

Key message

Mental health services have a responsibility to address the needs of the identified target population of individuals with eating disorders and their families. Policies and procedures and clinical practice should be developed that enable this service provision.

Purpose

This Program Management Circular describes and guides the role of public specialist mental health services in responding to the needs of Victorians of all ages who experience eating disorders.

Service system context

Background

Mental health service reforms in the 1990s established systemic roles and functions for new mental health service configurations in Victoria. In April 1994, *Victoria's Mental Health Service: The Framework for Service Delivery* was released. This cornerstone document specified target populations to be in receipt of mental health services. Amongst the stipulated groups were those with eating disorders.

Since that time there has been significant growth in demand for mental health services as well as many noteworthy changes in the service environment. Three important developments related to eating disorders have been the Government funding of the Victorian Centre of Excellence in Eating Disorders, the introduction of Primary Mental Health and Early Intervention teams in 2001 and establishment of rural eating disorder services in Geelong and Bendigo.

In 2005/2006, *The Report on the Parliamentary Inquiry into Body Image (BII)*, and a subsequent mapping of eating disorder services undertaken on behalf of the Department of Human Services, have each highlighted that mental health and other services need to be more accessible and responsive to the needs of people with eating disorders. Both these reports called for strengthened prevention and early intervention and for a systematic hierarchy of treatment responses.

Introduction

More broadly, a large number of services, both public and private, play a role in promoting healthy nutrition, including early years services, schools and community organisations. Early recognition of problems associated with eating allows individuals to seek help from a range of public and private services. These include GPs and community health counselling services, as well as school counsellors, and private paediatricians, physicians, psychologists and psychiatrists.

Public specialist mental health services have a responsibility and role in treating people with eating disorders. While recognising that specialist eating disorder services provide assessment and bed based treatment for the most acute and severe presentations, this should be provided in conjunction with input through AMHS for adults, adolescents and children. This Program Management Circular has been written to acknowledge that responsibility and to clarify associated roles and expectations.

Specialist mental health services and eating disorders

Which groups of clients with eating disorders should receive mental health services?

The table below defines and gives examples of mental health service eating disorder client groups. It also identifies and matches the expected type of mental health service response.

Client Group	Examples	Service Response
<p>The Initial early intervention client group is composed of individuals, of any age, experiencing significant life disruption and functional impairment due to disordered eating where interventions available through primary health and related services alone are unable to address their needs.</p>	<p>Initial Early Intervention Partial syndromes (EDNOS) causing major impairment. (While not necessarily meeting full diagnostic criteria for an eating disorder individuals may present a high risk of experiencing further and/or rapid deterioration in the absence of appropriate psychiatric and medical intervention). Early onset (within three years) anorexia, bulimia nervosa</p>	<p>CAMHS, and Adult AMHS including PMH&E teams. Assessments, treatment planning and referral Shared care Family based interventions PMH&E teams and CAMHS also educate GP's and others about the assessment, treatment and support needs of people with eating disorders.</p>
<p>Moderate to severely affected individuals with a diagnosed eating disorder present a complex amalgam of factors, which increase their vulnerability in terms of their physical and psychological health as well as their psychosocial adjustment and required levels of support.</p>	<p>Moderate Complex history and psychosocial issues e.g.</p> <ul style="list-style-type: none"> • History of abuse/trauma, instability in family/ domestic violence • Co morbid mental health issues/disorders • Physical decline with compromised general health-medical complications • Isolation from regular supports • Unable to participate, or relinquishing of, regular activities • Risk of self harm • Chronic and unremitting condition (over five years duration) <p>Severe</p> <ul style="list-style-type: none"> • Co morbid alcohol and drug abuse/dependency • Co morbid acute mental health disorder including personality disorder and high prevalence mood disorders • Co morbid pre-existing physical health condition 	<p>CAMHS CAMHS deliver outpatient and inpatient treatment for children and young people to the age of 18 affected by eating disorders, including delivery of evidence based family focused interventions.</p> <p>Adult Services All adult area mental health service types may be accessed as appropriate for moderately to severely affected clients with eating disorders.</p>
<p>Critically affected individuals are at grave risk both in terms of their physical condition and mental state.</p>	<p>Critical</p> <ul style="list-style-type: none"> • Severe emaciation • Rapid and /or life-threatening deterioration from previous state of already compromised health • Grave risk of self harm/ suicide 	<p>Specialist eating disorder treatment for children and adolescents The care of children and younger adolescents, when critically required, is shared between CAMHS and acute hospitals that provide paediatric medical treatment.</p> <p>Adult tertiary specialist eating disorder services are located within designated hospitals and may deliver inpatient, day program and outpatient services to those individuals over the age of 16 who are at grave risk when referred to the service.</p>

Clinical services and program responsibilities

What role do mental health services play?

Public specialist mental health services play an important role in assessing and treating people with severe and complex mental health problems and disorders, including eating disorders.

Primary Mental Health and Early Intervention Teams (PMH&EI Teams)

PMH&EI Teams are an integral part of specialist area mental health services (AMHS) with links to primary care. They accept referrals from GP's and other health care providers and are well placed to undertake initial assessment and to provide advice regarding referral pathways outside of, and within public mental health services for those with eating disorders. This role relies on PMH&EI teams maintaining close relations with CAMHS as well as with the adult programs for their AMHS.

PMH&EI teams deliver secondary consultation to primary health providers who request assistance in the management of their clients with eating disorders. They may formulate management plans and assist the primary care provider to access the most appropriate level of care for their patients with eating disorders. It is especially important that PMH&EI teams also establish and maintain strong community based referral networks with allied health and other providers who are able to deliver treatment through the Medical Benefits System for those with eating disorders and their families.

PMH&EI teams may also participate in the delivery of eating disorder training and information programs and may do this in conjunction with others, such as CAMHS.

Child And Adolescent Mental Health Services (CAMHS)

CAMHS receive inquiries and referrals from GPs, paediatricians, teachers and sometimes parents and young people themselves. PMH&EI teams will also facilitate some referrals to CAMHS.

CAMHS provide assessment, treatment, management and referral of clients with eating disorders up to the age of 18 years. They provide a range of interventions (individual, group and family based), delivered through community based programs and inpatient services. CAMHS also deliver consultation and liaison services to some acute hospital paediatric/medical units.

When children and adolescents with eating disorders need medical stabilisation they are to be admitted to an acute hospital paediatric/medical facility.

It is preferable that, as is appropriate, all avenues to deliver community based treatment and paediatric medical inpatient treatment are explored, before admitting a child or adolescent with an eating disorder to a mental health CAMH service inpatient bed. In some cases, depending on the clinical judgement of the treating teams and according to the predominant presentation and risks, a CAMHS bed may be most appropriate. It is to be noted that regional and rural CAMHS do not have local age based inpatient beds. Should a child or young person require admission to a CAMHS inpatient unit for an eating disorder, each regional/rural CAMHS is linked with a Metropolitan CAMHS, which will accept referrals for admission. This process is described in the 2003 Program Management Circular titled, *Rural-Metropolitan Child & Adolescent Mental Health Services (CAMHS): Inpatient Arrangements*.

CAMHS services are involved with local PMHEI teams in supporting promotion and early intervention activities with schools, primary care providers and others. These activities will incorporate a focus on eating disorders.

Adult Mental Health Services¹

Initial early intervention eating disorder clients may be assessed and receive interventions through the continuing care program, or the PMH&EI team of Adult AMHS.

Adults with moderate to severe eating disorders can expect to receive crisis intervention as well as continuing care from area mental health providers, if required, with service access through the AMHS triage and referral systems.

Adult mental health services deliver responses for those with moderate to severe eating disorders across the range of service types encompassing community and inpatient treatment. Service responses are delivered through crisis assessment and treatment, consultation and liaison, continuing care, mobile support and treatment and inpatient services.

Acute hospital medical inpatient treatment will be necessary for physically compromised individuals requiring medical stabilisation. Medical stabilisation is not necessarily an expectation of treatment within adult acute mental health inpatient units and requires close collaboration with colleagues in acute medical units. Indeed, it is preferable, where appropriate, that all avenues to deliver community based treatment are considered and tertiary eating disorder service and medical bed based treatment explored, prior to admission of eating disordered individuals to an adult acute inpatient service.

Tertiary Specialist Eating Disordered Services

Specialist tertiary adult eating disorder services (16 years and over) are available within designated acute hospitals to provide treatment to those clients whose severity and complexity are unable to be managed by AMHS. These services, with access to onsite medical expertise, may deliver inpatient, day program and outpatient services to those clients most critically affected by eating disorder when referred.

There are three tertiary services covering Victoria. At this stage, they do not each have the capacity to deliver inpatient, outpatient and day program responses. The Royal Melbourne Hospital accepts clients from central, northwest and western metropolitan Melbourne and the western regions of the state. Monash Medical Centre is responsible for clients from Southern Metropolitan Melbourne and Southeast Regional Victoria, while the Austin Hospital is responsible for clients from the Eastern and Northeastern suburbs of Metropolitan Melbourne and the Northeast regions of the state.²

Children and adolescents critically affected by eating disorders require specialist medical treatment. They are treated in paediatric and medical inpatient facilities under shared care arrangements with CAMHS and often in conjunction with other health care providers such as a paediatrician, dietician and GP.

Southern Health Butterfly Day Program

A new specialised eating disorders day program for youth (aged 12-24 yrs), developed by the Butterfly Foundation in partnership with Southern Health, commenced operating in March 2007 as part of the range of public mental health services provided by Southern Health. A team that can provide psychiatric, paediatric and dietary expertise staffs the day program. It delivers a three-month group program for 10 to 12 young people at a time and can be accessed by AMHS clients falling within the target group and living in the Southern Metropolitan Region of Melbourne.

1 The two rural /regional eating disorder services at Geelong and Bendigo have unique pathways to service access. However, in both instances, adult mental health services and CAMHS have responsibilities in meeting the clinical needs of these clients.

2 The Austin Hospital Tertiary Eating Disorder Service is co-located within the Austin's adult acute inpatient unit. This service environment dictates that the Austin has additional responsibility to develop and deliver a clearly articulated model of care that ensures appropriate treatment and management of eating disorder clients, with particular attention to their safety over the period of admission.

Statewide and specialist support services

CEED www.ceed.org.au

The Centre of Excellence in Eating Disorders (CEED) is recurrently funded as a key program within the government's response to the provision of quality services for those with eating disorders. It was recurrently funded in 2007, as a statewide service, to provide leadership and support to public mental health services (Adult and CAMHS) and their programs. CEED is to undertake strategies to build quality, sustainable eating disorder treatment responses delivered by public specialist mental health services.

CEED provides secondary consultation on request to assist mental health services in assessment, treatment planning and management, of eating disorder clients. CEED conducts training programs for mental health service staff and engages with services to determine the types of resources and training to best meet AMHS requirements.

EDFV www.eatingdisorders.org.au

The Eating Disorders Foundation of Victoria (Inc)(EDFV) is a Victorian Government funded non-clinical statewide and not for profit organisation. It aims to support those whose lives are affected by anorexia and bulimia nervosa and other eating disorders and seeks to better inform the community about these disorders. EDFV provides a range of support and information services including a referral list of eating disorder treatment options and other relevant services available in Victoria.

Other health services

Close collaboration between specialist public mental health programs and acute health services is required to ensure a shared understanding of the client's condition and their needs for medical and psychiatric treatment. It is important that the mental health services involved, maintain contact with eating disorder clients and their families when medical hospitalisation occurs.

Next steps

What needs to be done?

AMHS need to identify, or where not in place, implement, mechanisms (in both community and inpatient service contexts) which enable them to provide quality care for individuals with eating disorders and their families.

Pathways and shared care

Local pathways between specialist mental health services, regional tertiary eating disorder services, and acute health medical and paediatric inpatient providers, should be clearly understood by all services to enable the smooth transition of treatment and care for individuals when they are most severely compromised. As well, specialist mental health service relationships with GPs and other primary and private care providers need to be articulated to address the changing care needs of clients with eating disorders, so that they will be responded to in a systematic and co-ordinated way. Pathways and programs will need to take account of the client's age and development.

Service Entry and Engagement

All mental health services will put in place and communicate processes that ensure clients with eating disorders obtain mental health triage, assessment, and a service response, either through the mental health service or via an appropriate referral. This will of necessity involve a number of mental health service entry points, including Triage, ECAT and PMH&EI.

Eating Disorder Coordination

Each AMHS should designate a key contact clinician from within the staffing complement to coordinate this portfolio area. The role may be undertaken by any profession/discipline within CAMHS, Adult or PMH&EI programs. This clinician is to coordinate the AMHS's approach to working with this client group and facilitate

About program management circulars

The information provided in this circular is intended as general information. Mental health service management should ensure that policies and procedures are developed and implemented to govern the delivery of services for people with eating disorders and their families.

increased capacity to provide clinical services to eating disordered clients. He/she is the point of contact for professional development and support delivered through CEED and the key contact with other services. It is important that the person in this role work closely with the authorised and consultant psychiatrists to provide local leadership for clinicians from the various AMHS program areas.

AMHS Eating Disorder Coordinators support clinical staff from all program areas (Adult and CAMHS) and are central to ensuring that appropriate mental health service responses are developed and delivered.

CEED

In its second phase CEED has been positioned to support mental health services to work with clients with eating disorders.

As a statewide service, CEED will provide leadership and support to public mental health services (Adult and Child and Adolescent Mental Health Services- CAMHS) and their programs including Primary Mental Health and Early Intervention (PMH&EI) teams and Consultation and Liaison (C&L) services. It will also work to facilitate closer networking of specialist eating disorder services delivered by Monash Medical Centre, Austin Health and the Royal Melbourne Hospital and the Regional Eating Disorder programs provided through Barwon Health and Bendigo Health and the Southern Health Day Program.

CEED will focus its attention on the specialist mental health service sector so that the sector gains access to expert eating disorder advice, consultation, staff development and systematic maintenance of knowledge and skills of mental health clinicians. CEED will keep abreast of research developments and promulgate good practice to AMHS.

CEED's three roles directed to Specialist Mental Health are:

- Consultation
- Education, training *and*
- Resource development

A substantial amount of its activity will be in the area of providing secondary, some primary and limited tertiary consultation to AMHS. It will develop and deliver training to meet the needs of the mental health workforce including organising expert forums to stimulate system readiness.

CEED will establish and maintain an up to date statewide listing of AMHS Eating Disorder Coordinators as its main service contact mechanism with AMHS.

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