Government of Western Australia
Department of Health

Eating Disorders Mental Health Sub Network Establishment Report

Including outcomes of the Eating Disorders Mental Health Sub Network inaugural Open Meeting

1 December 2015

better health ▪ better care ▪ better value

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Executive Summary

Eating Disorders Mental Health Sub Network

The Mental Health Sub Networks were established to support the Mental Health Network (MHN) in engaging with and delivering outcomes for specific cohorts.

This report outlines the process of establishment of the Eating Disorders Mental Health Sub Network Steering Group, with a focus on the outcomes of the Open Meeting that will inform the Group's work.

Open Meeting

The MHN in conjunction with the Mental Health Commission (MHC) hosted the Eating Disorders Mental Health Sub Network Open Meeting on 1 December 2015.

The Open Meeting was attended by 44 people, including mental health service consumers, families, carers, mental health advocates, health professionals, university academics, service providers and organisations. The participants were highly engaged and motivated throughout the meeting and actively contributed to information collected.

The Open Meeting program is available in Appendix A.

The points below capture the common issues raised during the plenary and in the workshop, as identified by the Open Meeting facilitator:

- Need to better skill and equip General Practitioners to deal with early signs and intervention for eating disorders.
- Inadequate staff numbers and multidisciplinary skill mixes to treat complex eating disorder cases.
- Lack of training, education and support for staff.
- Low or narrow awareness of conditions (for example, just anorexia) within health and mental health services.
- Need for proper tools and processes, including standardised questionnaires, screen tools for other conditions (for example, depression), criteria for discharge from day programs.
- Too much focus is placed on Body Mass Index.
- Poor and inconsistent use of existing resources.
- Greater education and support for people is needed.
- Consumer and carer input into the planning of service delivery and discharge planning is lacking.
- Lack of resources, including no day program in the public system, no residential service, no specialised adult beds.
- Need for consolidation of information (one-stop-shop) and increased places to refer patients.
- Lack of step up, step down options.
- Need for more individualised, tailored approaches to cater to age, gender and lifestyle needs of people.
- Need for better integration of medical and psychiatric services, and consistency across levels of service and age spectrums.
- More emphasis needs to be placed on recovery focused approaches and real life settings to develop healthier lifestyles.

The themed outcomes from the workshop session are outlined under Workshop outcomes with the detailed participant input available in Appendix B.

Steering Group

At the conclusion of the Open Meeting, expressions of interest were called for from individuals to join a Steering Group to help drive the work of the Sub Network.

All nominations were considered by the Implementation Group and the names of the successful applicants presented to the MHN Executive Advisory Group for final approval. A list of the Inaugural Steering Group for the Eating Disorders Mental Health Sub Network is available in Appendix C.

The information collected from the Open Meeting workshop will be used to guide the Eating Disorders Mental Health Sub Network Steering Group in the development of their work plan and to inform and support the MHC in the delivery of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (Plan). The Eating Disorders Mental Health Sub Network will also be engaged to support consultation undertaken by the Department of Health on the planning of health services.

Introduction

Mental Health Network

The establishment of the Mental Health Network (MHN) was undertaken by the Department of Health with the support of Professor Bryant Stokes, Acting Director General, Department of Health in partnership with Mr Timothy Marney, Mental Health Commissioner, Mental Health Commission (MHC).

The MHN was launched during Mental Health Week in October 2014. The MHN is led by Co- Leads Dr Helen McGowan and Ms Alison Xamon.

The MHN Executive Advisory Group (EAG) membership includes consumer and carer representatives as well as representatives from the Department of Health, MHC, Office of Mental Health, Primary Care, Mental Health Clinician Reference Group, Office of the Chief Psychiatrist, Western Australian Primary Health Alliance (WAPHA) and the Western Australian Association of Mental Health.

The objective of the MHN EAG is to support and guide the MHN to undertake the following:

- Contribute to improving the mental health and wellbeing of Western Australians.
- Draw upon a community of practice approach to share information, engage with the sector and community, foster collaboration and develop partnerships.
- Engage with organisations and individuals to support innovation and change.
- Develop an agreed set of strategic priorities across the mental health sector.
- Promote system change including continued development of a person-centred and recovery orientated culture, with better integrated and connected services.
- Promote adoption of recognised best practice across the sector.

The Mental Health Sub Networks structure was created to support the MHN to meet these objectives.

Mental Health Sub Networks

The Sub Networks are intended to focus on the needs of a particular cohort, be task orientated and to deliver products by bringing together the right people, from the community sector, Health, consumers, carers and other interested parties. A structured approach was taken to engagement and the establishment of each of the Sub Networks.

A prerequisite to the establishment of each Sub Network included confirmed sponsorship from a health service, identified co-ordinators and support of key stakeholders within the sector prior to progressing the development of the Sub Networks.

The MHN Co-Leads took a leadership role in networking with individuals and organisations to identify and establish the Sub Networks.

An Implementation Group of key stakeholders was then formed to assist in the organisation of an Open Meeting, including the selection of appropriate panellists to provide snapshots of key sector issues. The aim of the Open Meeting was to give the broad community the opportunity to actively participate in the formation of the Sub Network and provide critical input to shape its priorities moving forward.

At the conclusion of the Open Meeting, expressions of interest were called for from individuals to join a Steering Group to drive the work of the Sub Network.

Each Mental Health Sub Network Steering Group was required to have representation from:

- consumers
- carers or family members
- community managed organisations
- public community mental health services
- inpatient public mental health services
- inpatient and community private mental health services
- primary health services
- agencies delivering prevention and promotion programs and initiatives
- MHC
- mental health professionals from a range of disciplines including:
  - peer workers
  - allied health
  - nursing
  - medical
  - psychology
  - psychiatry
- individuals and agencies working in regions across the state including:
  - rural and remote and metropolitan districts/regions (particularly relevant for cross-sectoral working groups)
- individuals and agencies working with different age cohorts (relevant for cross-age cohort working groups), including:
  - infant children
  - adolescents
  - youth
  - adults
  - older adults
- the sponsoring organisation.

All nominations were considered by the Implementation Group and the names of the successful applicants presented to the MHN EAG for final approval. In order to keep the Steering Groups at workable sizes, applicants were selected on the basis of their ability and willingness to represent the concerns of multiple cohorts.

A list of the Inaugural Steering Group for the Eating Disorders Mental Health Sub Network is available in Appendix C.

Eating Disorders Mental Health Sub Network Open Meeting

Stakeholders for Eating Disorders mental health services in Western Australia (WA) met for the inaugural open meeting of the Eating Disorders Mental Health Sub Network at The Rise, Maylands on 1 December 2015.

A total of 44 people attended the Open Meeting including mental health service consumers, families, carers, mental health advocates, health professionals, university academics, service providers and organisations.

- 65 people registered to attend the Open Meeting.
- 44 people attended the Open Meeting (68% of those that registered).
- 38 organisations were recorded as having representatives at the meeting.

Open meeting process

The energy and good will demonstrated throughout the establishment of the Eating Disorders Mental Health Sub Network continued to develop momentum throughout the Open Meeting.

The Open Meeting program is available in Appendix A.

Following the acknowledgement to country given by Mental Health Co-lead Alison Xamon, the Open Meeting heard overviews from Dr Helen McGowan, regarding the MHN; Mr Timothy Marney provided an overview of Mental Health – The Big Picture, and Dr Anthea Fursland regarding the eating disorders mental health sector.

Panellists recommended by the Eating Disorders Mental Health Sub Network Implementation group then shared snapshots of key issues and perspectives in the eating disorders mental health sector.

Following a networking break the meeting resumed with a workshop session facilitated by an external provider.

The outcomes of the panel discussion and workshop session as captured by the facilitator are themed and summarised below.

Panel discussion

The panel consisted of representation from the following perspectives:

- Consumer — Ms Tara Reale
- Carer — Mr Don Irvine
- Community sector — Ms Mandy Stringer
- General Practitioner — Dr Sue Marti
- Psychiatrist — Dr Vash Singh
- Program Manager Eating Disorders Program Specialised Child and Adolescent MHS — Ms Julie Potts

Workshop outcomes

Participants were asked to consider the panel presentations and take into account their own knowledge and lived experience of the sector to answer the following questions:

- What do you see as key issues that are still to be resolved?
- For this issue, what potential solutions would you propose?

Participants were particularly asked to consider responses in five focus areas:

- outreach
- day program
- outpatient assessment clinic
- inpatient beds

- residential.

Responses were shared in real time via GroupMap technology - allowing cross pollination of ideas from all participants. The participants were highly engaged and motivated throughout the meeting and actively contributed to the discussions and information collected.

The following points were captured during the workshop session by the facilitator, summarised and themed as follows:

Early intervention services:

- Need a register of General Practitioners (GP) equipped to deal with eating disorders.
- Lack of clinicians with the skills to assess and treat (for example GPs).
- GPs need training on eating disorders (ED) to identify early signs and management of EDs.
- Improve GP skills and referral pathways and protocols. Lack of GP time, availability and interest.
- Lack of capacity, skills and time for early intervention and care (for example school, GP and other community services).

Staffing and multidisciplinary skills required to treat complex eating disorder cases:

- Need a multidisciplinary team to treat a person involving psychologists, psychiatrists, dieticians, community nurses, Occupational Therapists (OTs) and GPs etc.
- Lack of training for doctors, allied health and nursing staff.
- Staff in public hospitals, both medical and psych wards, are very undertrained and have very little understanding of eating disorders.
- Staff skill mix is inadequate to deal with complex cases.
- Inadequate staffing numbers, skill mix and time.

Education and support for staff:

- Lack of support and education.
- Lack of adequate staff training and education.
- Lack of education at the tertiary level.

Awareness of EDs within health and mental health services:

- Low awareness of addictions.
- Need education of all eating disorders, not just anorexia.
- Lack of awareness around EDs amongst broader mental health services.

Tools and Processes:

- Need for proper assessments and standardised questionnaires.
- Lack of screening tools for individuals presenting for unrelated conditions (e.g. depression, anxiety, Diabetes Mellitus [DM]).
- Lack of criteria for discharge from day program.
- Models of care for use within the day program are needed.

Body Mass Index (BMI):

- Too much focus is placed on BMI.
- People discharged before they're ready and / or still at very low BMI.

Education and support for carers and other support people:

- Greater education and support for support persons is needed.
- Need for peer support services.

Consumer and carer input into the planning of service:

- Consumer and carer input into the planning of service delivery is lacking.
- Discharge planning needs to include primary and support persons.
- Lack of carer ownership in community and inpatient settings.
- Rural and remote families need residential support to adequately access day programs.
- Lack of carer involvement across the board.

Current Resources:

- Poor and inconsistent use of existing resources.
- Poor use of technology and lack of knowledge and understanding of telecommunications.
- Lack of resources and options, both should be a component of all adult mental health services.
- No day program at all in the public system.
- No residential program at all, this is a gap.
- Need specialised hospital beds.
- Lack of remote and rural beds.
- Rural and remote needs are specific.
- Need for adult specialised beds.
- No special EDs program in public psych wards or public hospitals.
- More services need to be made available to binge eating disorders.

Information and referral:

- Need increased places to refer to.
- Geographical accessibility, don't have all the treating staff in one place.
- No one-stop-shop.
- Need consolidation of information.

Step up, step down options:

- Lack of options for both step-up and step-down from day programs.
- Provision of step-down services to decrease acute lengths of stay.
- Sheer volume of referrals is restrictive.

Person-centred care:

- Need to tailor services to the age, gender and lifestyle needs of people.
- Clinical for Centre Interventions (CCI) is the only service available and may not be for everyone - need variety of options and CCI does not take those severely unwell.
- Need an individualised approach.

Integration and consistency across services:

- Need for better integration of medical and psychiatric services.
- Consistency across the age spectrum is lacking i.e. from children to youth to young adults.
- Care can be very inconsistent in public hospitals and people can be discharged without a service to go to.
- Hospitals focus purely on re-feeding and not the psychological aspect.

- Not needing acute medical support but psychological intervention.
- Brief intervention service.
- Mental state assessment doesn't address physical concerns.

Recovery Focus:

- Real life setting is needed to assist the transition from inpatient settings back to home life.
- Longer term support and care is needed.
- More focus on developing a healthier relationship with food and developing a healthier lifestyle.
- Need to treat the cause not the symptoms.
- Need a recovery focused approach.

The detailed participant responses are available in Appendix B.

Next steps

The information collected from the Open Meeting workshop will be used to guide the Eating Disorders Mental Health Sub Network Steering Group in the development of their work plan and inform the MHC to support the delivery of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (*Plan). The Eating Disorders Mental Health Sub Network will also be engaged to support consultation undertaken by the Department of Health to advise on the planning of health services.

In addition to working on identified projects, the Steering Group will work to foster engagement and communication in the Eating Disorders mental health sector.

Developments, issues for broader discussion and achievements will be reported back to the broader Eating Disorders Mental Health Sub Network membership and the broader MHN via the Health Networks.

Appendix A: Open Meeting program

Department of Health
Mental Health Commission
GOVERNMENT OF WESTERN AUSTRALIA

Eating Disorders Mental Health Sub Network Inaugural Open Meeting

Tuesday 1st December, 2015

Venue – The RISE, 28 Eighth Avenue, Maylands

Registrants of this event will have the opportunity to find out how they can actively participate in the Eating Disorders Mental Health Sub Network and help shape its priorities.

Time	Program	
2:00 pm	Registration	
2:30 pm	Introduction Acknowledgement to Country	MC – Ms Alison Xamon
2:35 pm	Mental Health-The Big Picture.	Mr Timothy Marney
2:45 pm	Overview of Mental Health Network	Dr Helen McGowan
2:55 pm	Overview of Mental Health Eating Disorders Sub Network and early work	Dr Anthea Fursland
3:05 pm	Identifying issues and possible solutions. Panel comprising: carer, consumer, community managed organisation, general practitioner and psychiatrist representatives	Mr Don Irvine Ms Tara Reale Ms Mandy Stringer Dr Sue Marti, Dr Vash Singh
3:25 pm	Update on current services and planning	Dr Lisa Miller
3:30 pm	Networking break	
4:00 pm	Reflect & build on themes relating to components of services	Mr Will Bessen
4:45 pm	Joining the Eating Disorders Sub Network & Steering Group	Ms Alison Xamon
4:55 pm	Concluding remarks and acknowledgements	Ms Anthea Fursland
5:00 pm	**Close and Networking**	

Appendix B: Detailed participant input

The tables below capture the individual issues and respective solutions raised by participants within each component of care.

Day program

Issue	Potential solution
• Lack of criteria for discharge from day program.	
• Different skillsets need to be used within the day program setting.	• Provide opportunities for individual, group and family work.
• Greater education and support for support persons is needed.	• Provide education and support for all members of the family. • Ensure a person centred approach which encompasses the family and wider community. • Provision of meal support. • Expanding on meal support with support for meal planning, healthy eating and social eating.
• Lack of options for both step-up and step-down from day programs.	• Provide a step-up, step-down model and referral pathways based on need.
• Lack of resources and options, should be a component of all adult mental health services.	• Focusing discussions needed around what options people have when transitioning between services and provide information. • All mental health wards, outpatient community mental health clinics, dental, gynaecology etc. to address eating disorders. Provide clear protocols to allow and guide this.
• Models of care for use within the day program are needed.	
• No day program at all in the public system.	

Issue	Potential solution
• Peer support is needed.	• Needs funding across the board.
• Sheer volume of referrals is restrictive.	
• Staff skill mix is inadequate to deal with complex cases.	• A multi-disciplinary team is necessary, particularly in the treatment of eating disorders.
• Need to tailor services to the age, gender and lifestyle needs of people.	

Inpatient beds

Issue	Potential Solution
• Need for better integration of medical and psychiatric services.	
• Care can be very inconsistent in public hospitals and people can be discharged without a service to go to. Hospitals focus purely on re-feeding and not the psychological aspect.	• The Royal Australian and New Zealand College of Psychiatrists (RANZCP) guidelines - Keeping someone until they are psychologically better is not a realistic goal, enforcing the importance of effective discharge planning and ongoing community involvement. • It's difficult for the consultation liaison to manage both the non-negotiable and the psychotherapy and support.
• Consumer and carer input into the planning of service delivery is lacking.	• Consumer Advisory Group involvement in all levels of service planning and implementation.
• Discharge planning including primary and support persons.	
• Education and support for support people is needed.	• More peer support, self-led support, learning by mistakes and group discussion.

Issue	Potential Solution
• Too much focus is placed on BMI.	• Use BMI banding rather than BMI cut offs. • RANZCP guidelines - Develop other protocols than just BMI.
• Lack of adequate staff training and education.	• Utilisation of telecommunications and online services and education. Hub and spoke allows for peer teaching between tertiary sites and 'spokes'. • Focus on the importance of guidelines and standardised assessment tools to prompt less experienced professionals.
• Lack of education at the tertiary level.	• Greater involvement of specialised clinicians in the development of learning outcomes and program development.
	• Stronger communication between universities and leading specialists. • The development of competencies for practitioners managing Emergency Department patients.
• Lack of remote and rural beds.	
• Need for adult specialised beds.	
• No special EDs program in public psych wards or public hospitals.	• WA needs dedicated eating disorder beds and wards with programs that target EDs during the day.

Issue	Potential Solution
• People discharged before they're ready and / or still at very low BMI.	• RANZCP guidelines and agreed transitions between medical and psych, there is strong need for an endorsed guidelines. • Right place, right person, right service approach. • Create discharge criteria. • Continuity of care with step-down and step-up options. • Eating disorder champions that can assist with patient advocation and discharge planning.
• Need for peer support services.	• Expand to rural areas. • Increased online support chats.
• Provision of step-down services to decrease acute lengths of stay.	
• Staff in public hospitals, both medical and psych wards, are very undertrained and have very little understanding of eating disorders.	
• Need specialised hospital beds.	

Outpatient beds

Issue	Potential Solution
• Need a register of GPs equipped to deal with EDs.	
• Low awareness of addictions.	
• CCI is the only service available and may not be for everyone - need variety of options and CCI does not take those severely unwell.	
• Lack of clinicians with the skills to assess and treat (for example, GPs).	
• Need consolidation of information.	
• Need education of all conditions, not just anorexia.	
• Geographical accessibility, don't have all the treating staff in one place.	
• GPs need training on EDs to identify early signs and management of eating disorders.	
• Improve GP skills and referral pathways and protocols. Lack of GP time, availability and interest.	
• Need increased places to refer to.	
• No one-stop-shop.	

Issue	Potential Solution
• Need for proper assessments and standardised questionnaires.	• Develop clinical pathways for outflow from assessment. • Assessment needs to be paired with and have strong linkages with treatment services. • Economies of scale are needed for services and an assessment clinic can be a gatekeeper to specialised services. • Need navigation support and capacity for follow up assessment and review. • Need to close the loop with feedback and referrals to safeguard access and engagement. • Must take a state-wide scope i.e. Telehealth.
• Need to treat the cause not the symptoms.	• A holistic approach including mental and physical health is the only way. • Excellent outpatient assessment can help individualise services going forward and help in navigating and prioritising services.

Outreach

Issue	Potential Solution
• Lack of carer involvement across the board.	• Make carer involvement available and emphasise the necessity from the start. • Educate professionals on the need for carer involvement.
• Need an individualised approach.	
• Brief intervention service.	• Embed in existing mental health services (for example, Child and Adolescent Mental Health Service, adult community mental health).

Issue	Potential Solution
• Consistency across the age spectrum is lacking i.e. from children to youth to young adults.	• Include all age groups in the discussion and service development and reconsider transition ages.
• Education and support for support people is needed.	• Make information about available groups easily accessible to support people. • Develop more local groups.
• Inadequate staffing numbers, skill mix and time.	
• Lack of awareness by the rest of the mental health services.	• Make it everyone's business.
• Lack of capacity, skills and time for early intervention and care (e.g. School, GP and other community services).	• Raise awareness and provide training for school nurses and psychiatrists. • Raise awareness of the available resources and training at the school and Education Department level.
• Lack of carer ownership in community and inpatient settings.	• Jointly developed care plans with consumer, carer and health provider input.
• Lack of screening tools for individuals presenting for unrelated conditions (e.g. depression, anxiety, DM).	
• Lack of support and education.	• Make training easily accessible, inform of available training and resources, and support training organisations within the sector.
• Lack of training for doctors, allied health and nursing staff.	• Inform of available training resources (e.g. Eating Disorders Training and Evaluation Centre (EDTEC)).

Issue	Potential Solution
• Mental state assessment doesn't address physical concerns.	
• More services need to be made available to binge eating disorders.	
• Need a multidisciplinary team to treat a person involving psychologists, psychiatrists, dieticians, community nurses, OT and GPs etc.	• Support development of more comprehensive clinics in the community (for example, GP network and headspace).
• Poor and inconsistent use of existing resources.	• Raise awareness of available resources (for example, EDTEC) and promote the resource directory.
• Poor use of technology and lack of knowledge and understanding of telecommunications.	
• Rural and remote needs are specific.	• Use technology and improve funding for outreach (e.g. travel).

Residential

Issue	Potential Solution
• Education and support to all support	
• More focus on developing a healthier relationship with food and developing a healthier lifestyle.	• Provide food shop, cook, menu plans and social eating.
• Longer term support and care is needed.	• Case by case approach (individualised). • Goal based self-determination and progress. • Involve the patient in the decision around readiness of change.

• No residential at all, this is needed.	
• Not needing acute medical support but psychological intervention.	• Clear stage of readiness assessments. • Provide peer group sessions.
• Peer support services are needed.	
• Real life setting is needed to assist the transition from inpatient settings back to home life.	• Home based style with menu planning, cooking and meals together. • Next step is about moving onto a more self-promoted goal system.
• Need a recovery focused approach.	• Holistic. • Involve family. • Intimate groupings. • Assessment and progress based.
• Rural and remote families need residential support to adequately access day programs.	• Need more funding. • Provide rural groups of psychiatrists, dieticians, doctors and counsellors.

Appendix C: Inaugural Eating Disorders Mental Health Sub Network Steering Group

At the conclusion of the Eating Disorders Mental Health Sub Network Open Meeting, expressions of interest in joining the Steering Group of the Sub Network were called for. The Sub Network Implementation Group selected the following representatives to form the inaugural Eating Disorders Mental Health Sub Network Steering Group:

- Anthea Fursland (co-chair)
- Betty Steamer
- David Wray
- Desley Davies
- Don Irvine
- Gail Sabbatini
- Kate Fleming
- Lisa Miller
- Mandy Stringer
- Mary Bronson
- Nicole Nannen
- Sue Martin
- Tara Reale
- Uli O'Sullivan
- Vash Singh (co-chair

Appendix D: Acronyms

Acronym	Definition
BMI	Body Mass Index
CCI	Centre for Clinical Interventions
DM	Diabetes Mellitus
EAG	Executive Advisory Group
ED	Eating Disorder
EDTEC	Eating Disorders Training and Evaluation Centre
GP	General Practitioner
MHC	Mental Health Commission
MHN	Mental Health Network
OT	Occupational Therapist
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
WA	Western Australia

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