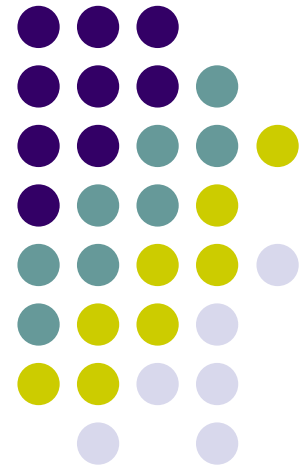
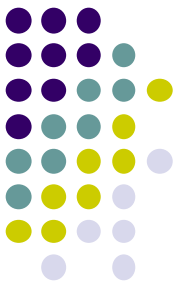


# Eating disorders service in primary health: A nurse led model

Te Ao Maramatanga NZ College  
of MH Nurses Conference 2017

Trudy Dent (Clinical Nurse Specialist)

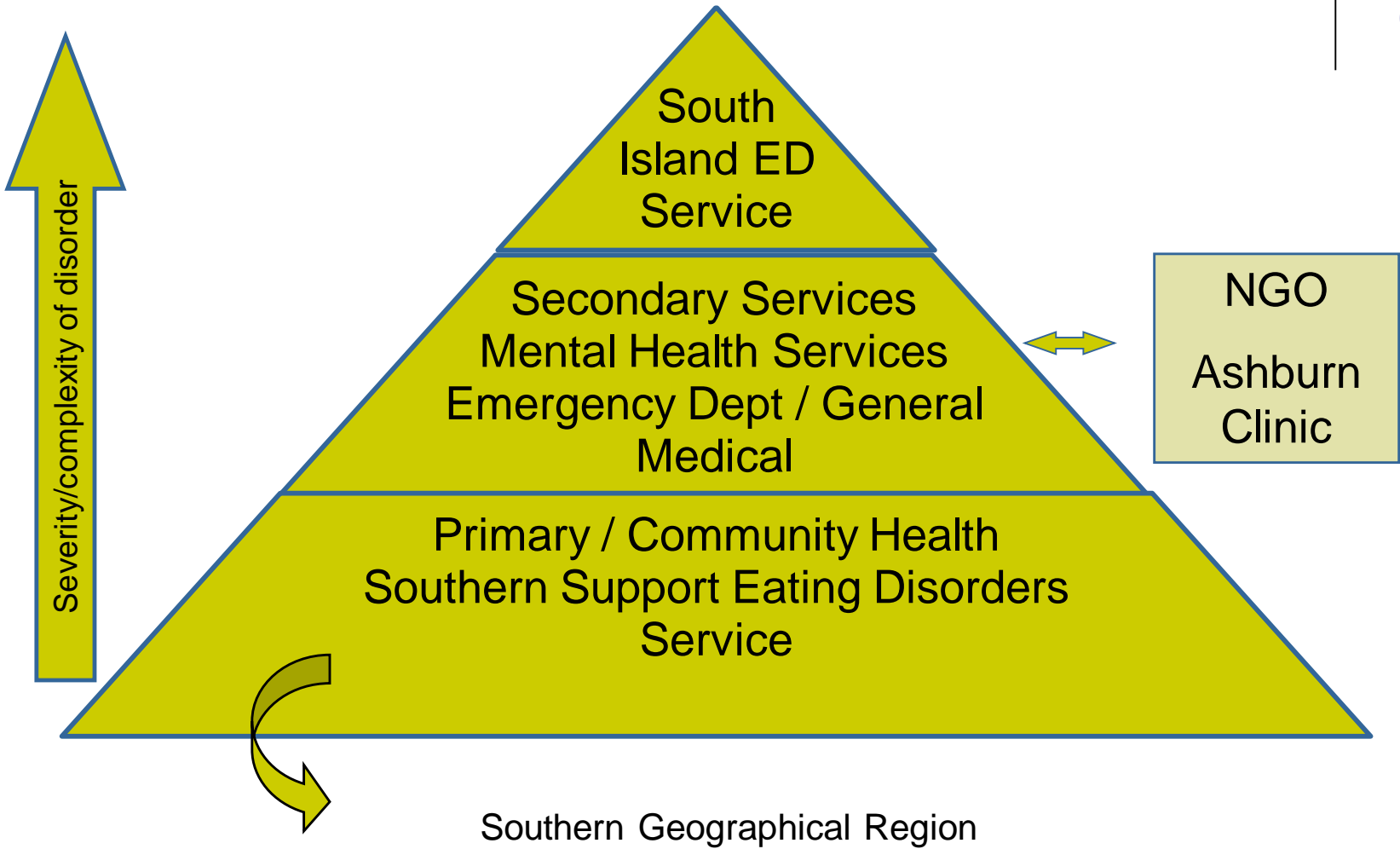
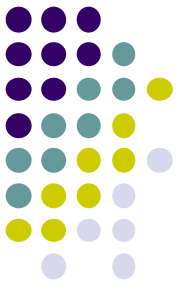


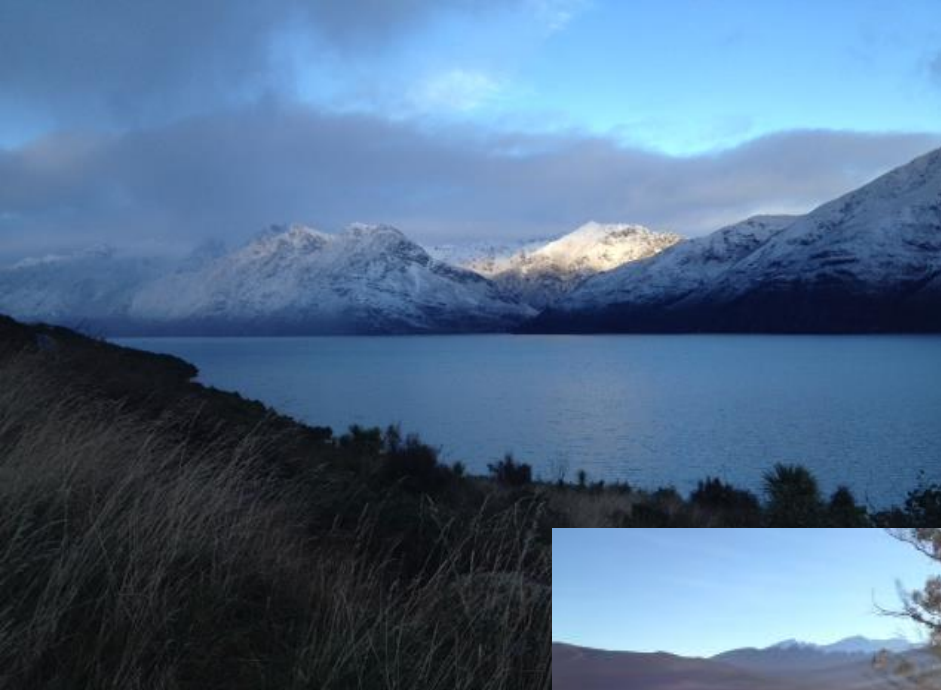


# Background

- 2004 Service Provision Framework (SPF) review
- 2004 onwards: Development of the Hub & Spoke model for the South Island
- DHB: ED Liaison role
- Working party/ED National Forum
- 2008 (Ministry of Health) Future Directions for Eating Disorders Services in NZ document
- 2010: SSED Service

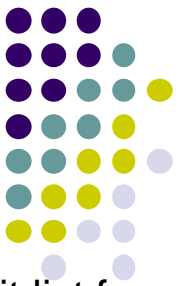
Service Provision: South Island





The view from my mobile office sometimes

# **SSED Service Objectives (Contract): “The service may include, but will not be limited to...assessment; treatment; intervention & support; review; discharge; consultation and liaison...”**



## **Clinical**

- **Counselling** and support and **regular monitoring** of progress and well being
- **Support** to service users, **including their family and whanau**, who are on wait list for speciality services.
- **Attention to matters in relations to early identification and treatment, maintenance of health, relapse prevention, problem prevention and promotion of good mental health.**
- **Advice** around the criteria and process for **referral** into clinical services
- **Education**, support and advocacy services **for family and whanau**
- **Culturally** responsive services and linkages with other health services

## **Research**

- Data Collection & Evaluations

## **Education**

- **Education, training and information to health workers, schools and others in the community about early identification and intervention, referral processes, prevention initiatives**

## **Liaison/Advice**

- Act as an **eating disorder resource for members of the public.**
- **Information about, and access to services within the community**
- **Liaison with other health professionals** involved in the care of the individual/family

## **Management**

- **Quarterly Reporting = Numbers & Narrative**
- Monthly meeting with Ashburn Management Team
- Strong links with other providers – across sector

## Referral Pathway—Stepped Care

Family / Whanau  
Child / Youth

Health Professionals and  
Others

Self

Medical Assessment (GP)

## Education and Training Pathway

Primary and Community Health  
Health Professionals / School Counsellors / Others  
Community Training Organisations / NGOs

## EATING DISORDERS SERVICE IN PRIMARY AND COMMUNITY HEALTH: A NURSE LED MODEL

Psycho-  
Edu-  
cation  
  
Support  
  
GP  
Involvement  
  
Referral

### Assessment

AN BN BED  
Disordered eating  
Physical health  
Mental state—risk  
EDEQ6  
SSCM  
BED-7

### Brief Intervention (6 sessions)

Guided self-help  
Psycho-education  
On line Resources  
Books

### Treatment models

SSCM; CBT; MI; Narrative; Mindfulness

Collabora-  
tive  
  
Co-working  
  
with other  
  
Providers  
  
Project Role  
  
Dietician

Discharge  
to  
GP only

Discharge to  
GP &  
Referral

### Education

#### Why

Early intervention  
  
Building capacity  
  
Informed clinical practice  
  
Crisis Management  
  
Research

### Knowledge Transfer

#### How

Training programmes  
  
Practice updates  
  
Individual 1:1 input  
  
Advice/Liaison  
  
Co-working  
  
Workshops / Conferences  
  
Nursing Supervision

### Core Service Priorities

- Nurse led
- Located in the primary / community health sector
- Stepped care continuum / seamless
- Contractual objectives
- Informed by: International / national / regional / local priorities for eating disorders

### District Mental Health Services

Child / Youth Mental Health  
Services  
(Maudsley Approach)

Adult Mental Health  
Services

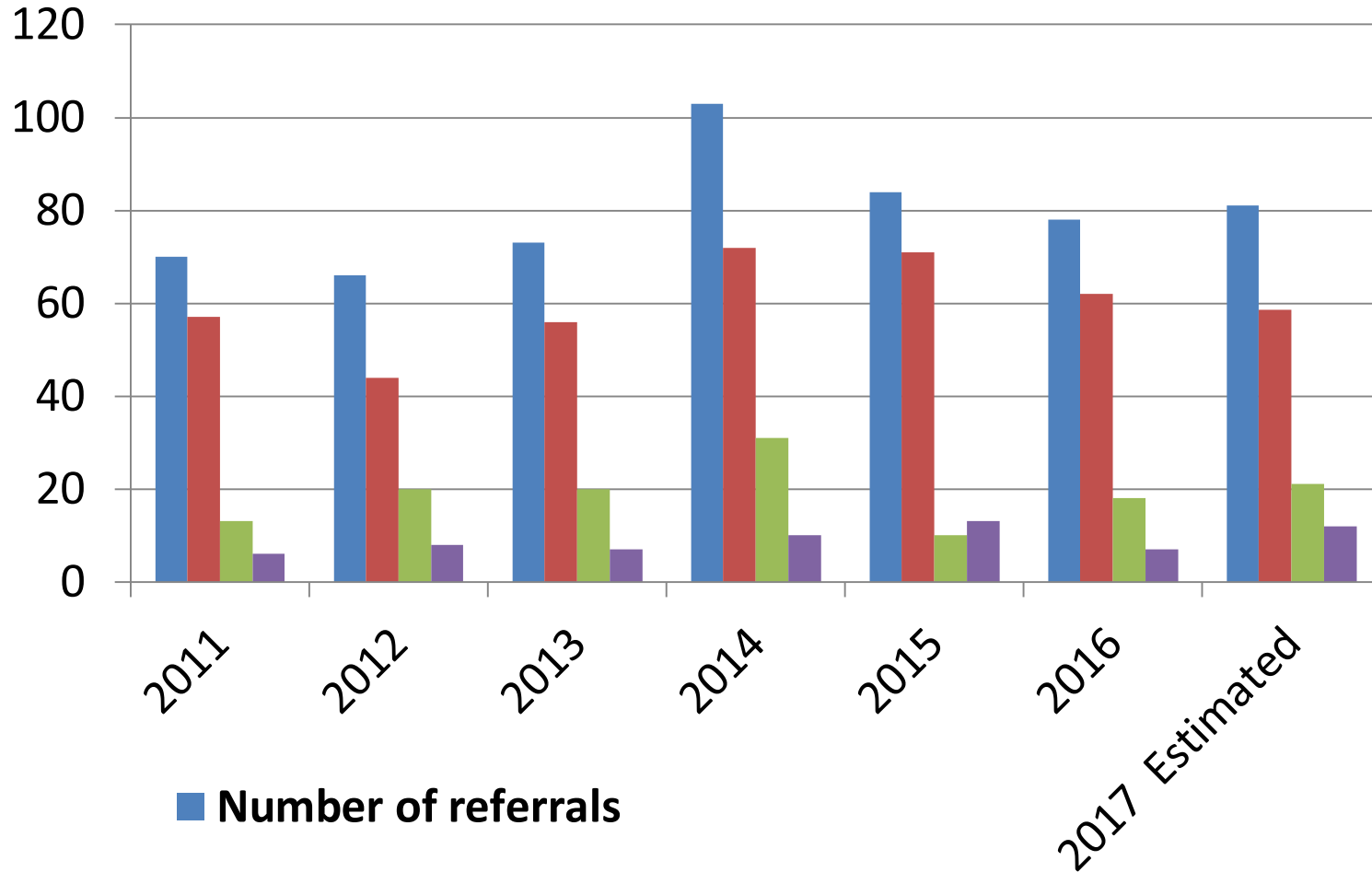
### Regional Specialist ED Service

Other

### Important External Links

- National ED Forum
- Primary Health Network Group(s)
- District Mental Health Services
- Advice / Education provided by Regional Specialist Service
- National priorities for mental health services in NZ

# SSED Service Referral History



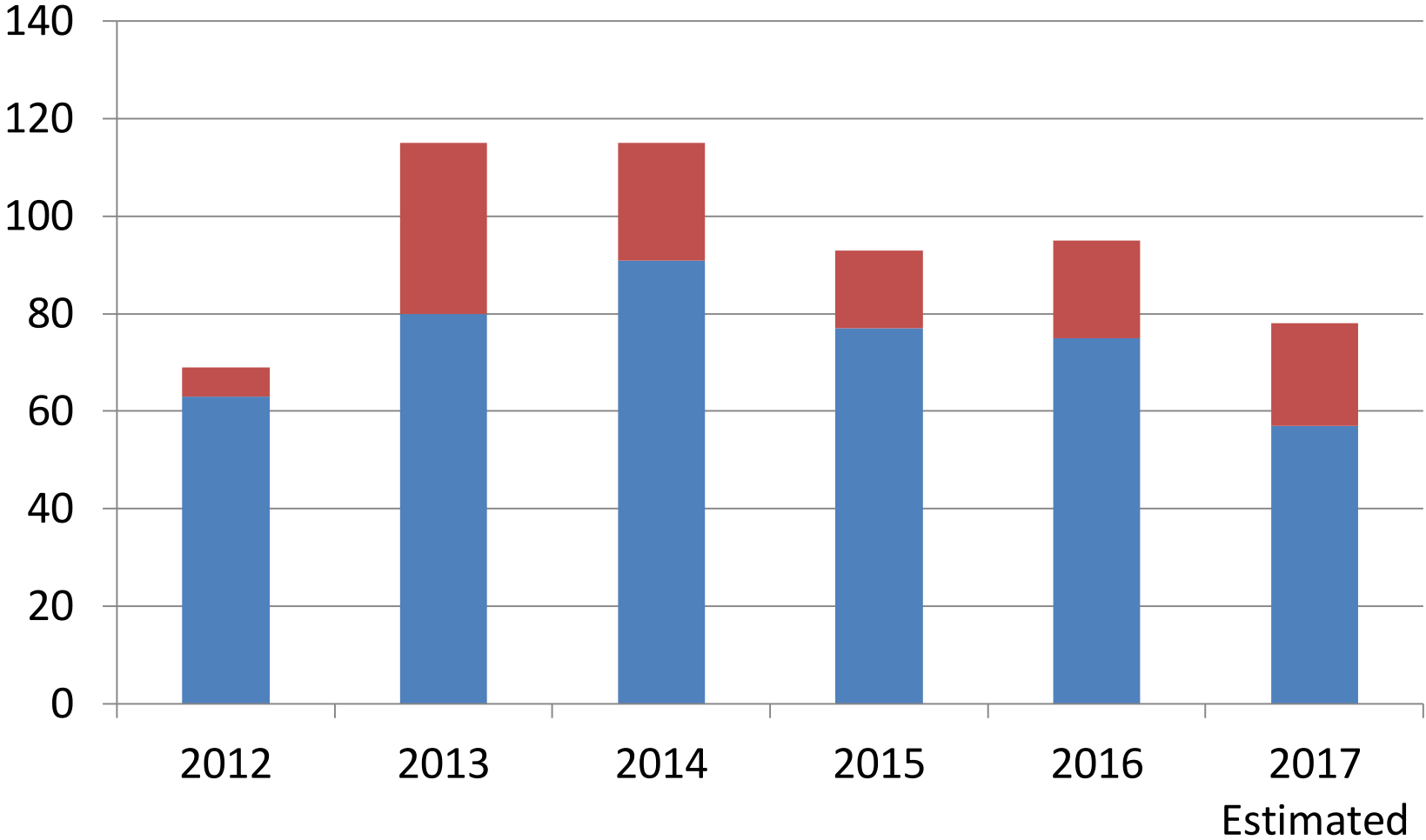
■ Number of referrals

■ Number referrals accepted

■ Number of referrals declined

■ Referred by SSED service to another healthcare organisation

# Consult Liaison Advice

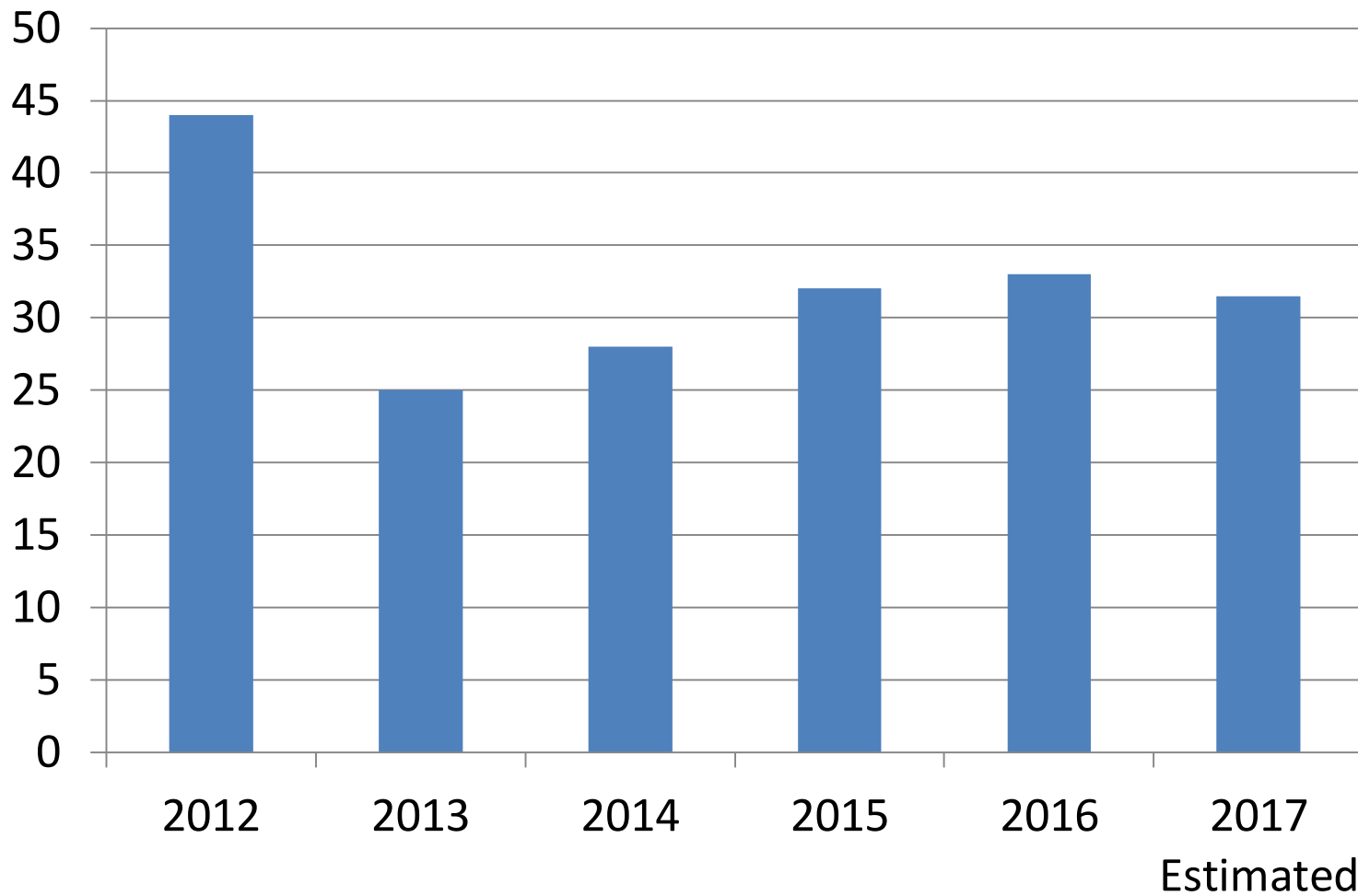


■ Public inquiries (0800 No. contacts)

■ Professional Consult Liason / Advice

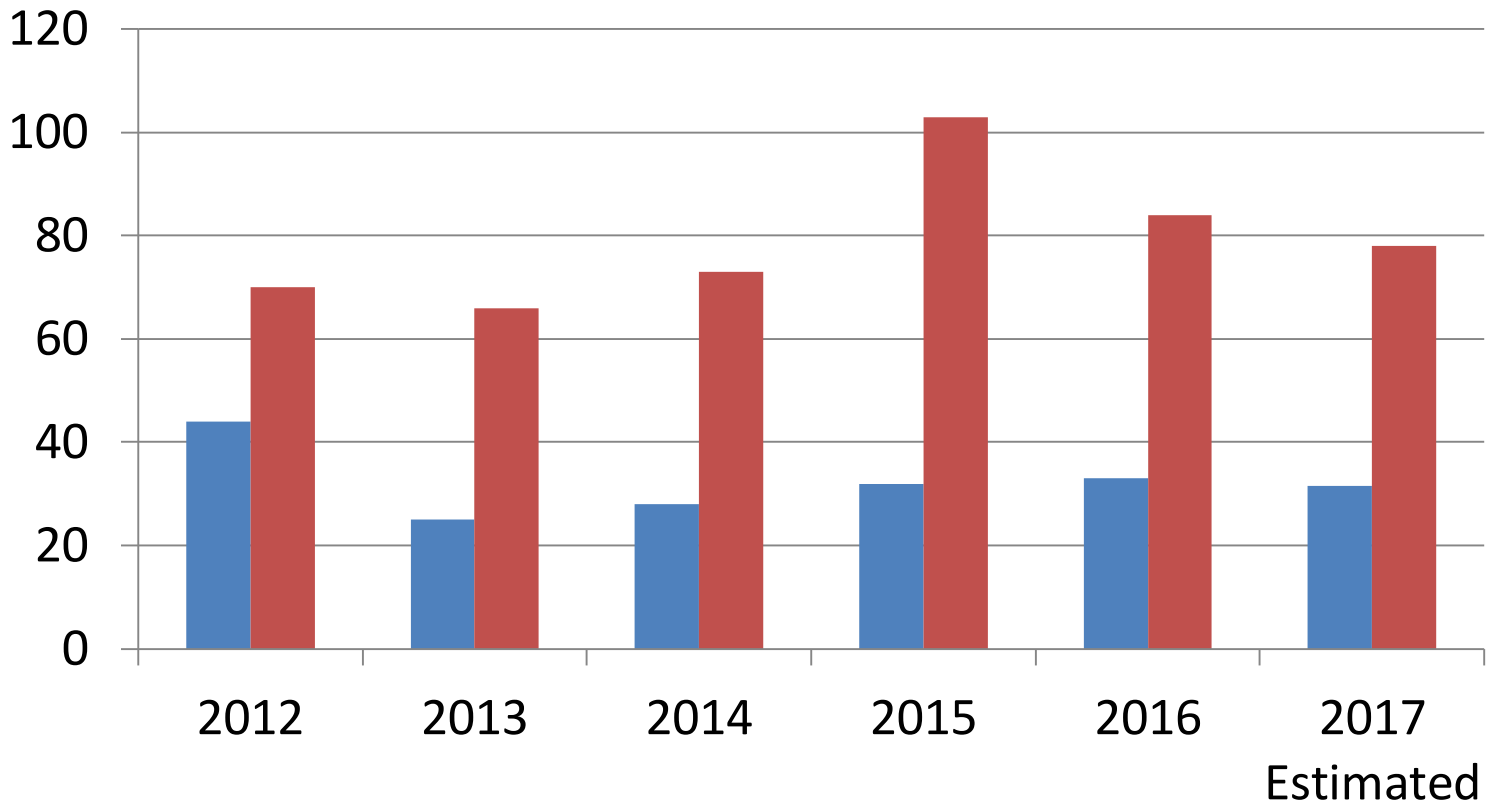


# No. of Education & Training sessions provided



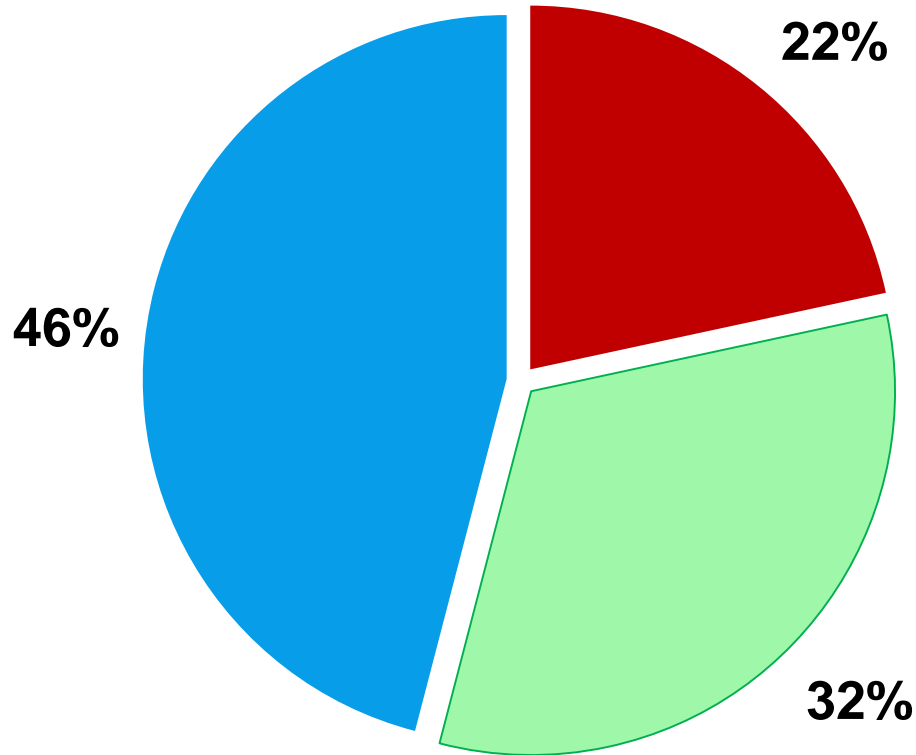
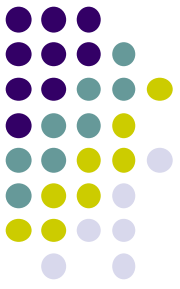
■ No. of Education & Training sessions provided

# Imbalance Between Education and Clinical Work level (Referrals)



- No. of Education & Training sessions provided
- Number of referrals

# Survey Respondent Discipline

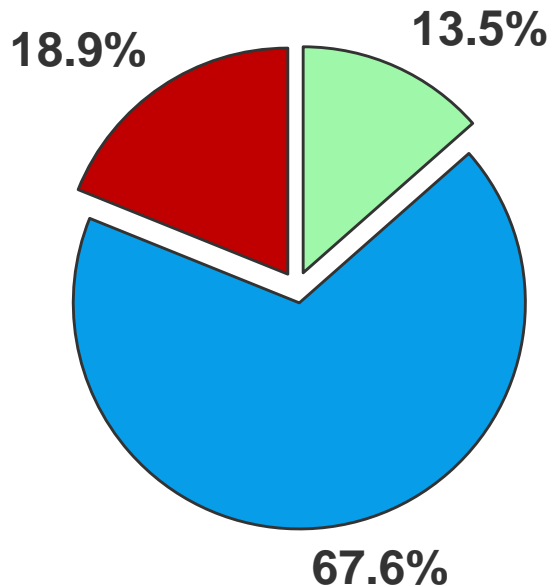


Total No. Surveys N=155 Returned N=37

# AN survey question results

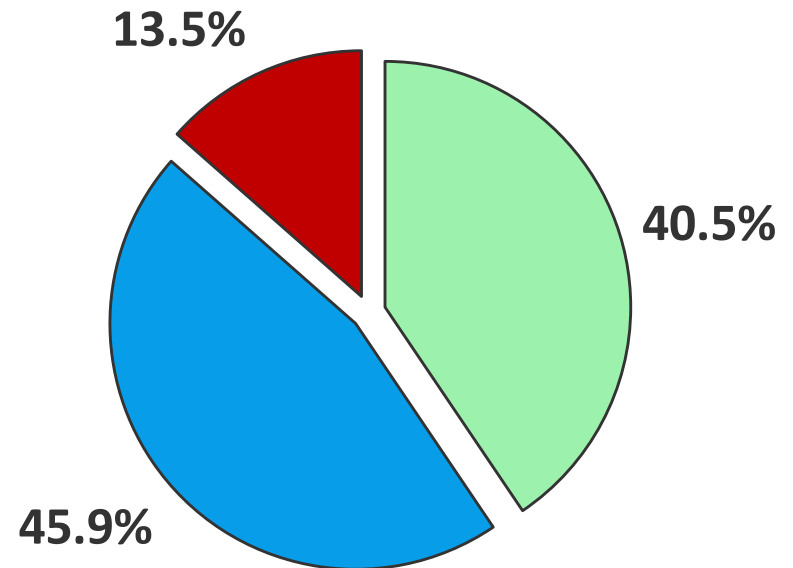


Confidence in specifying a diagnosis



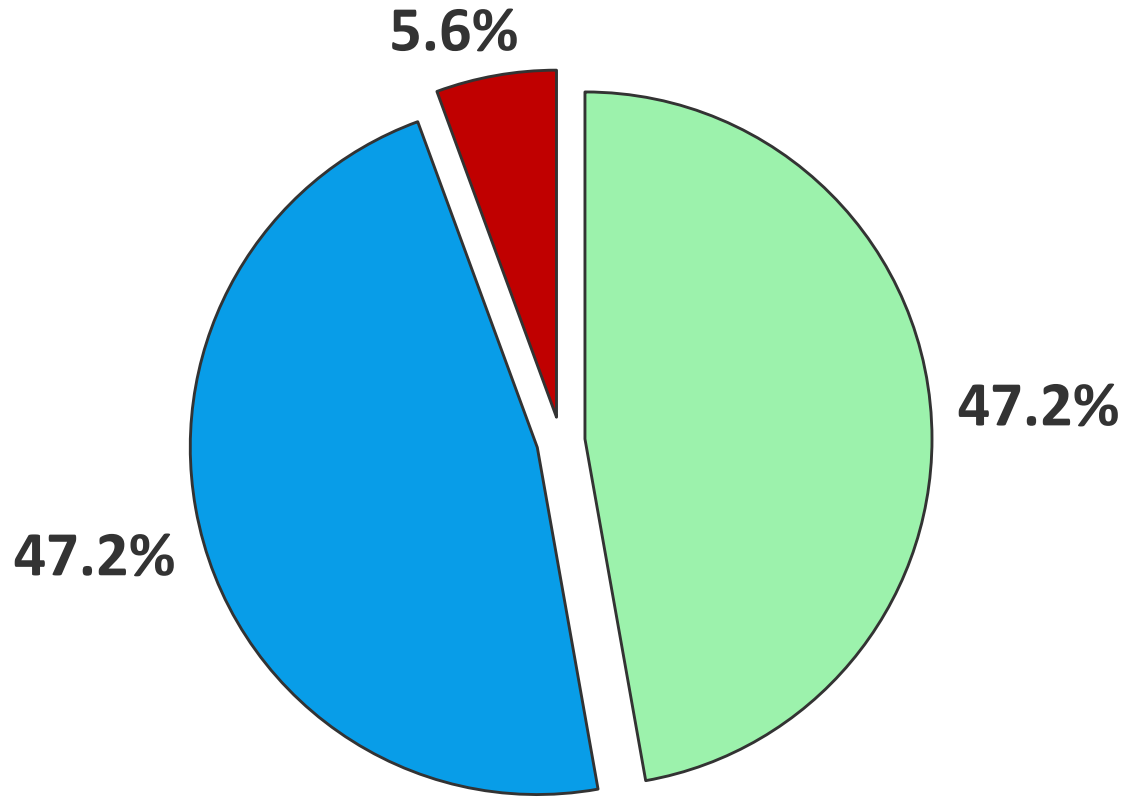
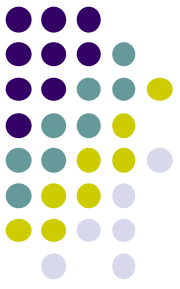
- not confident
- somewhat confident
- highly confident

Familiarity with physical health assessment



- not familiar
- somewhat familiar
- highly familiar

**Question:** Familiarity with best practice models for the treatment of ED applicable to children / young people under the age of 18 years?



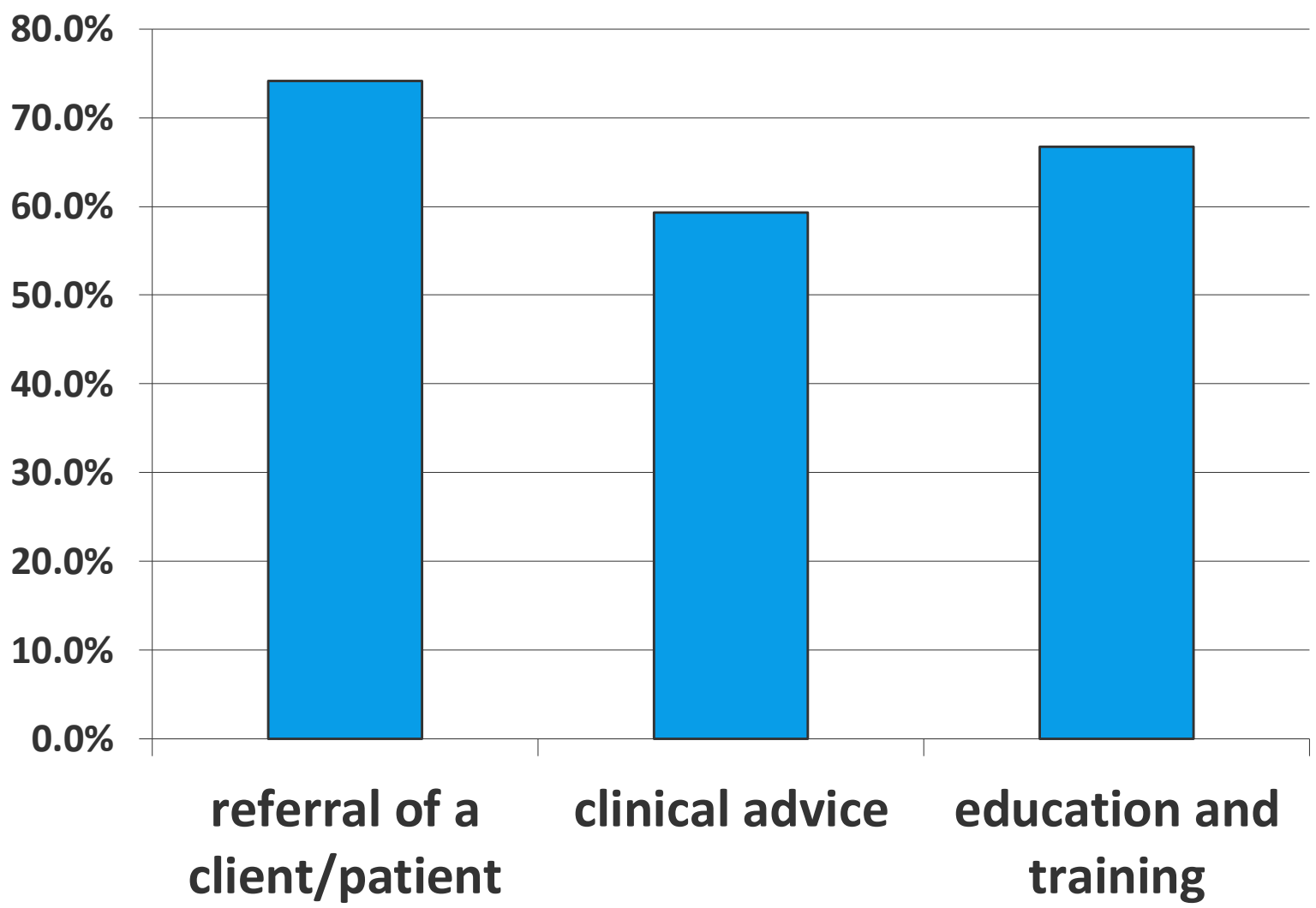
not familiar

somewhat familiar

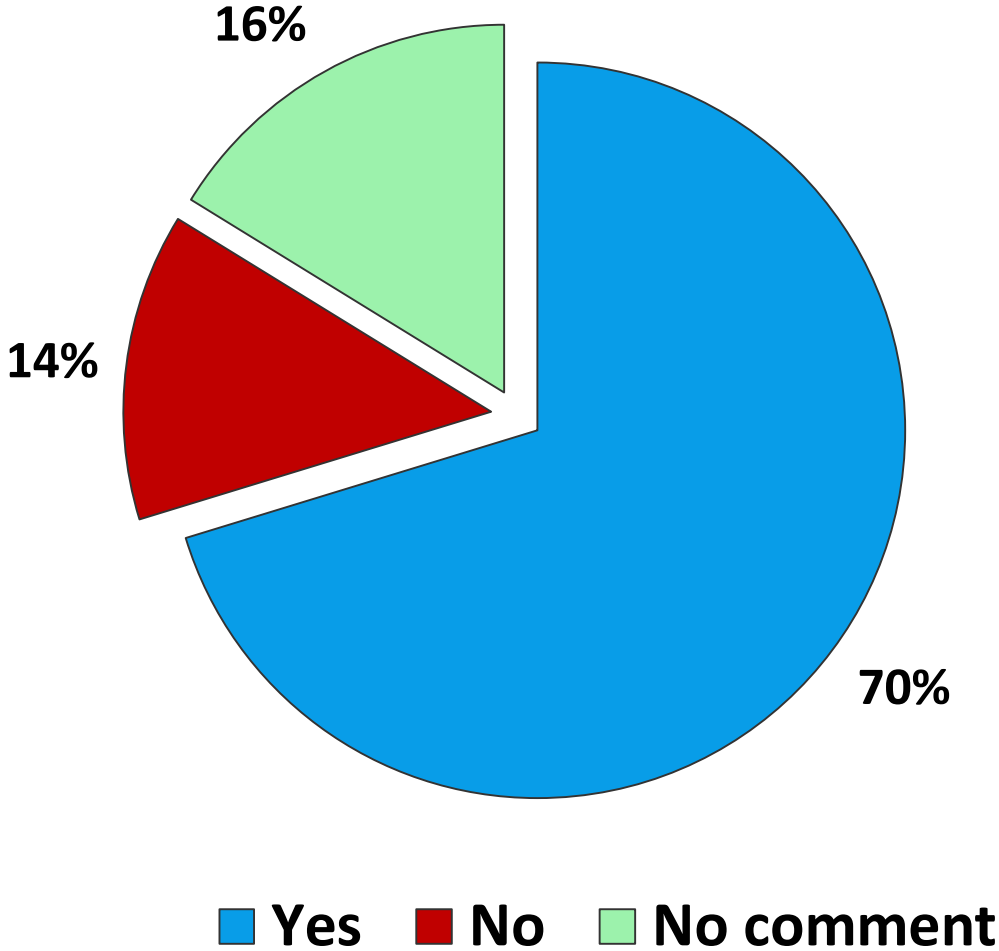
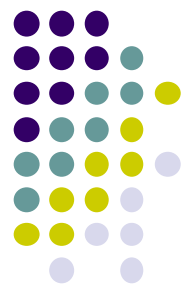
highly familiar



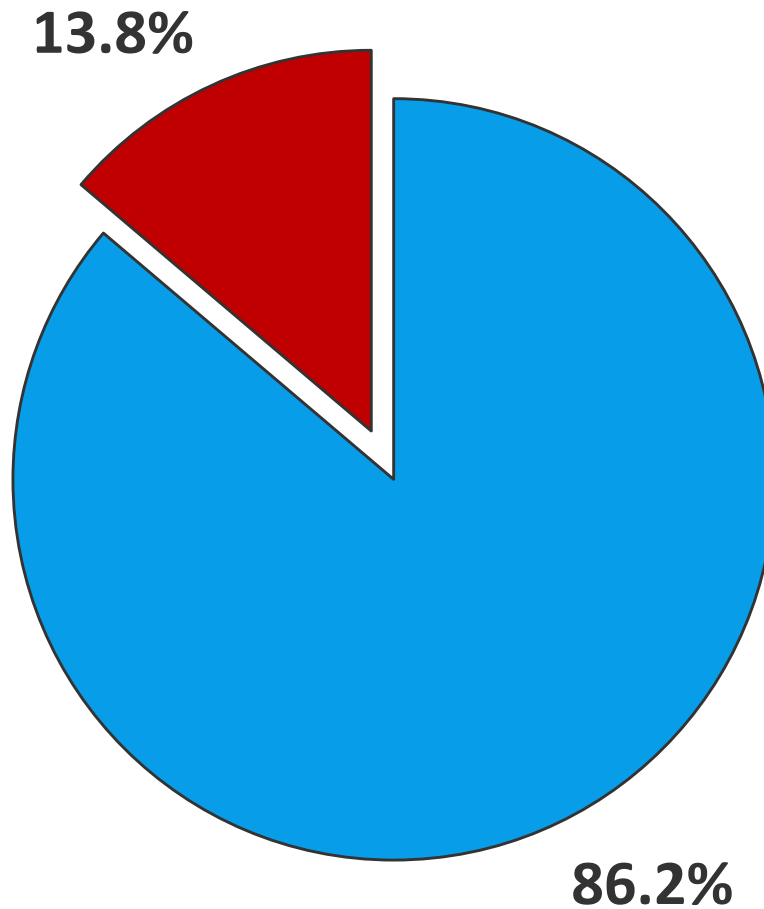
## Reason for contacting SSED Service - Was it for any of the following?



# Did your contact with the SSEd service meet your expectations?

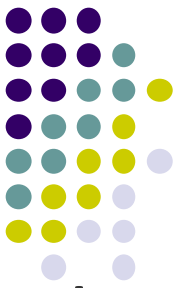


**Question:** Do you believe that the SSED Service model has made a difference as to how you manage people with eating disorders in your practice?

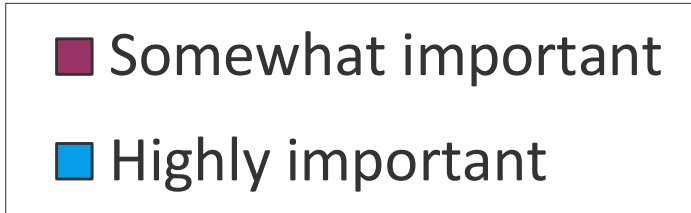
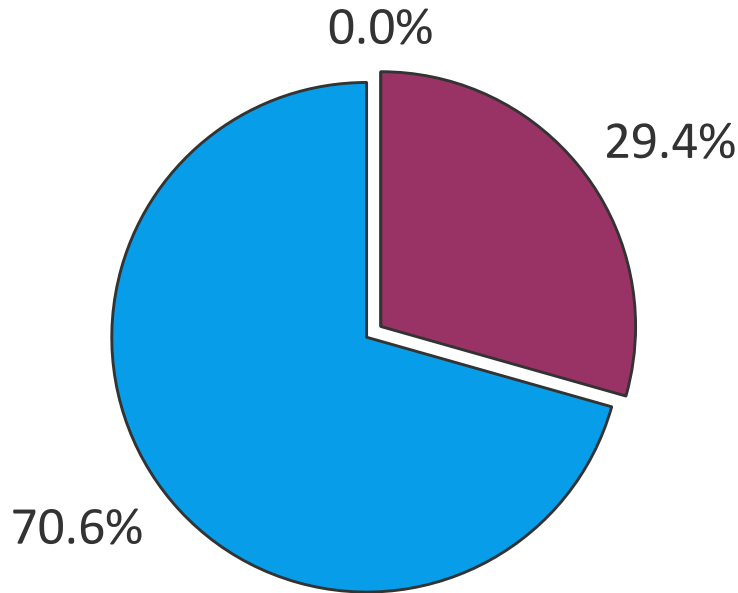




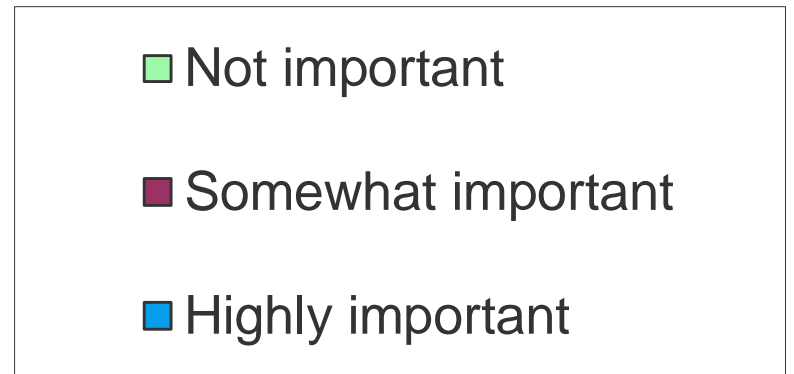
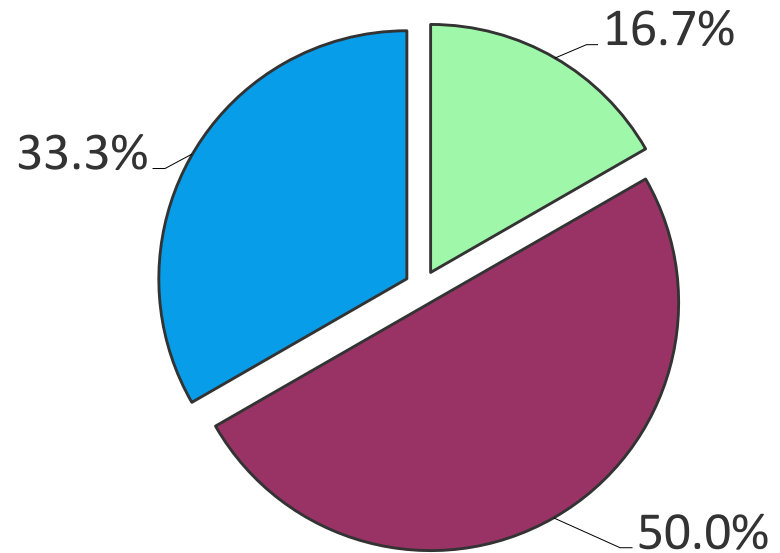
**Question:** How important is it to you for this service to be:



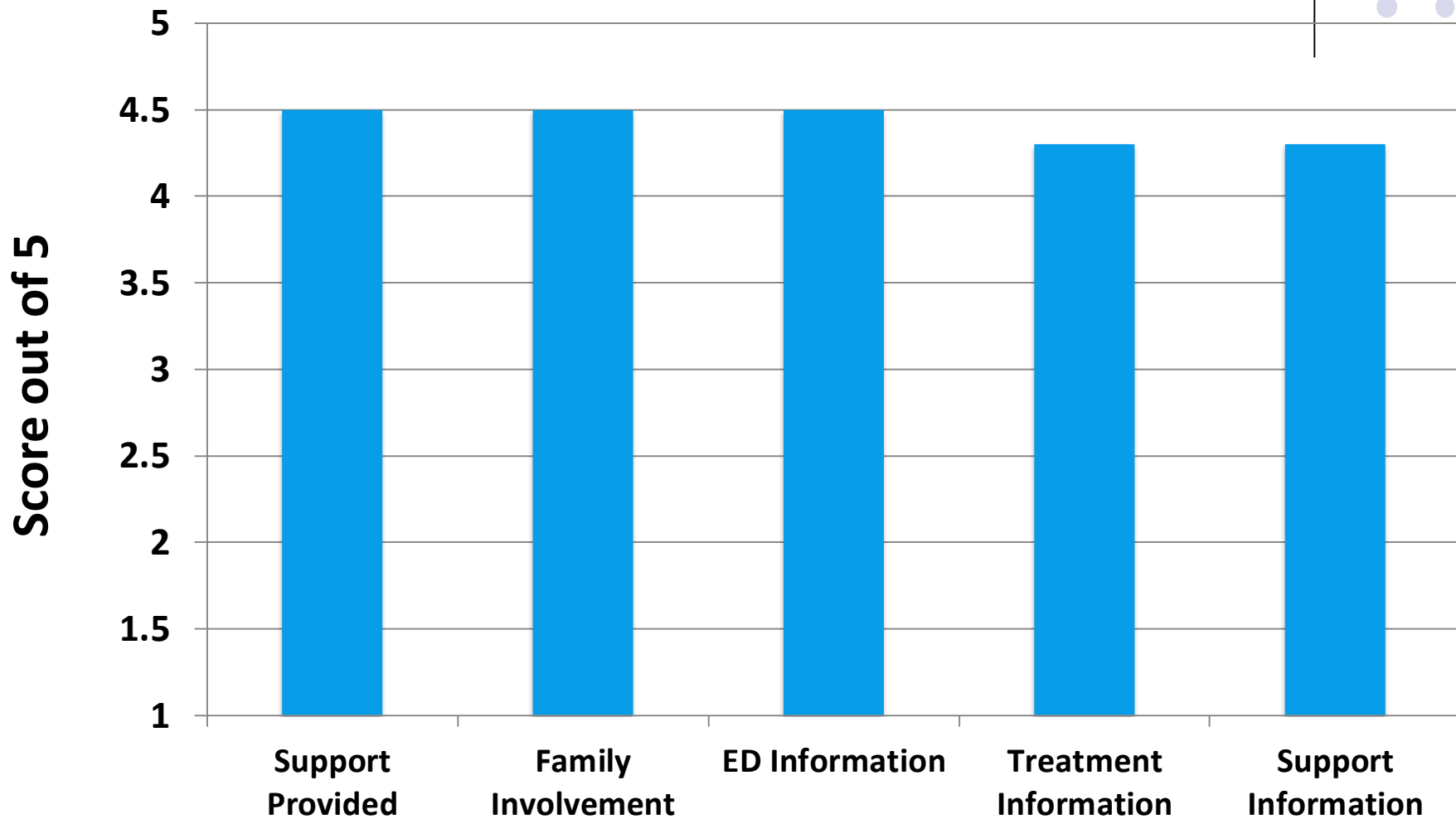
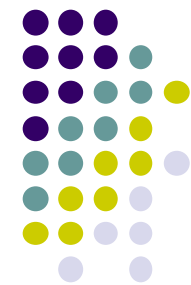
**Continued**



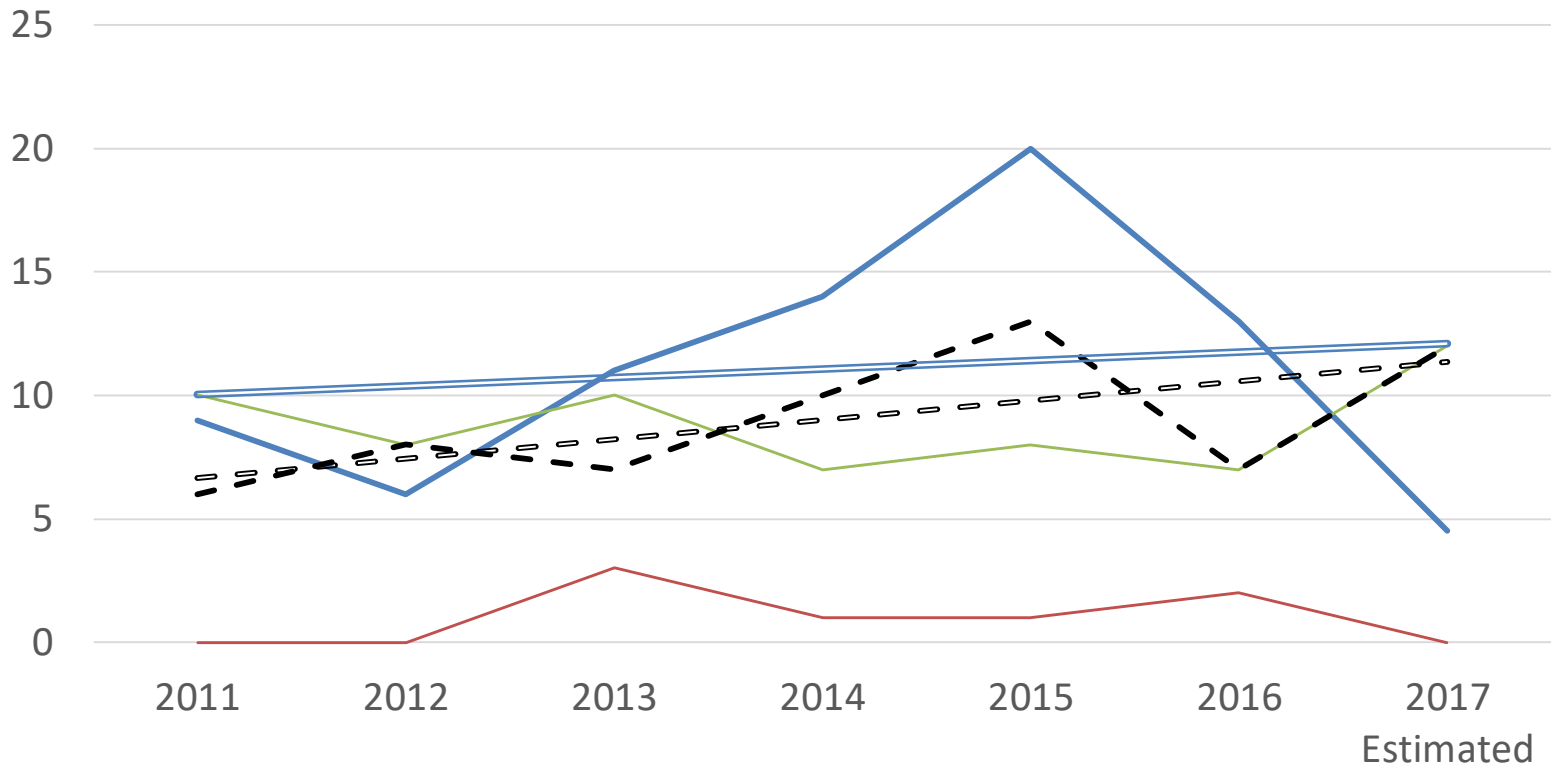
**Expanded / Reconfigured**



# Family Surveys 2014-2015



# Eating Disorder Diagnosis - Secondary Service Child and Youth Referrals



- Anorexia Nervosa
- Bulimia Nervosa
- Other, Not Specified
- - Referred by SSED service to another healthcare organisation
- = = Linear (Anorexia Nervosa)
- = = Linear (Referred by SSED service to another healthcare organisation)

# SWOT analysis



<b>Strengths</b>	<b>Weaknesses</b>
<p>Primary Health Stepped Care Accessible Educative focus Nursing Projects eg:</p> <ul style="list-style-type: none"><li>➤ GP Health pathways</li><li>➤ Student Population</li></ul>	<p>Current staffing level 1 fte for entire southern geographical region Sustainability Succession planning Resource limitations [eg: cost of licence for Recovery Record App]</p>
<b>Opportunities</b>	<b>Threats</b>
<p>Redevelopment of the model Build capacity/skill level - education Group approach eg: BED</p>	<p>Contract 2017-18: Funding cut by 5% Access to service for clients Sustainability Succession planning Imbalance between clinical [referrals] &amp; education</p>



## **Acknowledgements**

**Clients & Family/Whanau**

**Ashburn Management Team; Kate [Admin Assistance]; Annabel [Quality/Education Coordinator]**

**South Island Eating Disorders Service; Southern DHB  
Gary [tables & graphs-editing]**