Developing and Training Your Local Workforce to

Treat Eating Disorders

NSW EATING DISORDERS SERVICE DEVELOPMENT FORUM 23 FEB 2015

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Victorian Centre of Excellence in Eating Disorders (CEED)

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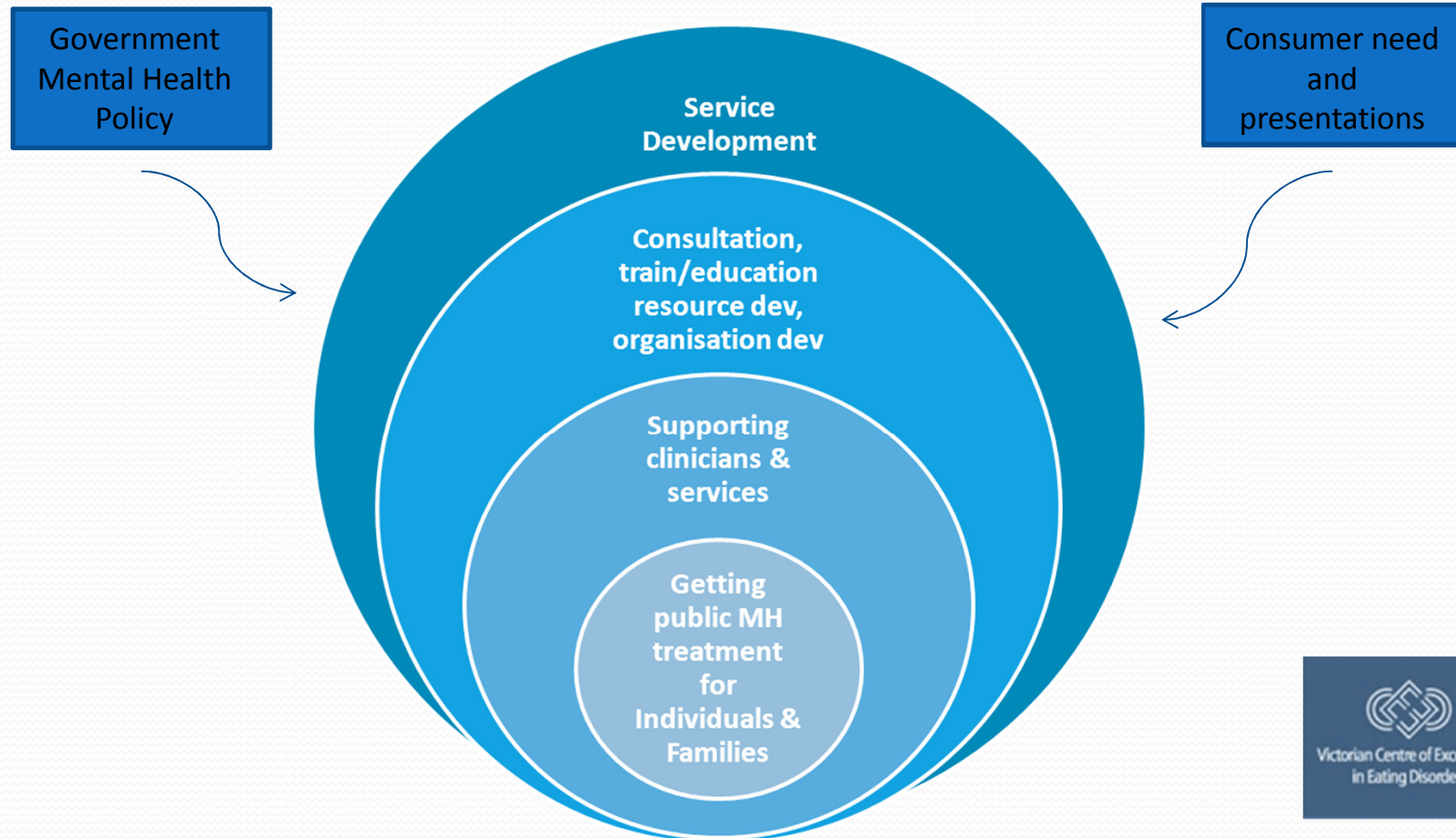in Eating Disorders

Overview of today's session

1. CEED & what informs our work

2. Who is the Eating Disorders workforce?

3. What knowledge and skills do they need?

4. Training the Eating Disorders workforce

5. Case example: Barwon

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CEED Role & Services

- CEED -a state-wide service

- CEED provides support and training for public mental health services treating eating disorders

- CEED services include:

  - Consultation- primary, secondary and tertiary
  - Education and Training- on calender, on request, in house or open application
  - Resource development
  - Service development

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CEED's Framework

Government Mental Health Policy

Consumer need and presentations

Service Development

Consultation, train/education resource dev, organisation dev

Supporting clinicians & services

Getting public MH treatment for Individuals & Families

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CEED history

- Dept. of Health & Human Services state-wide project, to improve & strengthen responses to ED's

- Directed by DHHS workplans, reflective of govt policy

- 2002-2007: CEED services targeted broadly & primary care

- 2008+: strategic focus on public MH services

- Mandated role but respond to need/request beyond this

- Top down & Bottom up approach to service development

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CEED Philosophical Stance

- **All public health services** have a role in ED identification and treatment

- **Early intervention** is pivotal

- **Accessibility**- to family and community

- **Equity**- Eating Disorders recognized as eligible for funded services e.g. state mental health services

- **Quality**- Evidence based, client-centred, outcome

    oriented treatment

- **Carer & consumer** informed and inclusive practice

Policies/Organizations that inform

Victorian:

- Program Management Circular 2007
- *Framework for Recovery-Oriented Practice*, DoH Aug 2011
- *Victorian Eating Disorders Strategy* DoH Oct 2014
- *Vic Specialist Mental Health Workforce Framework. Strategic Directions 2014-24*, DoH Sept 2014
- Other state-wide training/consultation org's.

National:

- NEDC- *ED: The Way Forward-An Australian National Framework*
- ANZAED
- PEDANZ
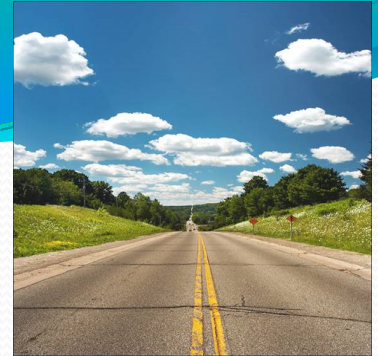
Theories/paradigms that inform

- Consumer & carer choice informed
- Recovery oriented
- Strengths based
- Family inclusive
- Collaboration- all parties
- EBT as first line
- Community & network based Tx and care
- Consultation theory
- Case leadership and management central

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CEED training journey

- PMC with Eating Disorders Coordinator roles, but could only start with 'scattergun' training
- Service system work took time→

then regional & packages, ED Working Parties

- Central and on-site training
- Case consultation available
- Technology- online, skype, webinars→ blended learning
- Collaborations across relevant services
- Embedding- providing regular group supervision
- Carer consultant- part of team and training

CEED Key Learnings

- All CEED training needs to sit in service system context
- Train for work role
- Early intervention is the holy grail!
- ED service response - swift & evidence-based & outcome oriented
- First point of contact for clients needs to be effective
- Clear pathway to tertiary services
- Consultation & supervision support
- Consumer & carer focused
- …. and **thus training & workforce development designed to meet these aims, embedded within systems planning & development**

Who is the Eating Disorders Workforce?

And what do they need to know?

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Who may be first contact for ED client?

- Primary Care / GPs
- Tertiary Health Services (Mental Health)
- Headspace
- Carer Consumer Agencies
- ED client & family
- CHS Counselling
- Schools
- Psychologist / Counsellors
- Dietitians

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The Goal?

"Every Australian at risk has access to an effective continuum of Eating Disorders prevention, treatment, care and ongoing recovery support"

The National Eating Disorders Collaboration:

The Way Forward - An Australian National Framework

Fiona

Friendly pleasant girl and excellent student
Large circle of friends
Lovely parents – long term patients of the GP practice
Fiona brought in by worried mother

- 9kg weight loss over 9 months
- Increasingly "health conscious"
- Increasingly rigid & ritualised eating pattern
- Loves rowing (5x per week)
- Denies exercise in bedroom
- Denies any body image issues or recent stressors
- Nil menstruation last 5 months
- Excited about 14th birthday in 3 days
- "Feels well, only a little cold", "mum is over reacting"

Medical Role – GP/Paediatrician

- **Screen**, **Assess**, **Refer** :

Understand ED's and evidence – risk, warning signs, course, impact, presentations, medical issues, co-morbidities;

Be able to to initiate discussion with patient and/family about eating habits –non-judgementally; use screening and assessment tools

Do relevant medical examinations; refer to appropriate mental health treatment

Understand evidence-based treatment models for ED's

- **Contribute to ongoing management in mental health & medical care team**

Provide ongoing medical monitoring and medical crisis management

Work collaboratively with multidisciplinary team and with patient and family

Provide information and support and model an understanding, supportive stance

Understand the role of, and manage hospital admissions where needed

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Emergency Department staff

Screen, **Assess**, **Refer**

- ✓ Understand ED's and evidence – medical and psychiatric risk, warning signs, course, impact, presentations, medical issues, common co-morbidities, patient ambivalence re treatment
- ✓ Use evidence based assessment questions for eating disorders
- ✓ Do relevant medical examinations; refer to appropriate acute health or out-patient mental health & medical treatment
- ✓ Provide emergency medical management
- ✓ Assess for risk of suicide and self harm
- ✓ Be able to apply the Mental Health Act for involuntary admission
- ✓ Understand the need for mental health & medical treatment
- ✓ Know local pathways and referral options

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Medical Ward staff

Assess & Treat

Contribute to Treatment and Management of Eating Disorders

- Understand ED's and evidence – medical and psychiatric risk, warning signs, course, impact, presentations, medical issues, common co-morbidities, patient ambivalence re treatment
- Manage the medical emergency of acute malnutrition and other crisis medical presentations
- Understand the role of hospital admission for the patient
- Understand the purpose of weight gain for patients with very low BMI
- Understand re-feeding syndrome and strategies to reduce the risk of re-feeding syndrome
- Be able to provide meal support, supplemental feeding and/or naso-gastric feeding as required
- Liaise with family and treatment team
- Ensure referral on discharge to out-patient mental health & medical team

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Mental Health

Community Treatment

Screen, Assess, Treat

Contribute to Treatment and Management of Eating Disorders

- Understand ED's and evidence – medical and psychiatric risk, warning signs, course, impact, presentations, medical issues, common co-morbidities, patient ambivalence re treatment
- Model an understanding and supportive attitude
- **Ensure all patients have ongoing mental health & medical treatment**
- Conduct assessment and document clinical history
- Work collaboratively with patients and their families or other supports
- Be able to use therapeutic strategies to enhance motivation to change
- Be trained in, and able to implement an evidence-based treatment model appropriate to age of patient and stage of illness
- Monitor progress and measure outcomes
- Ensure that the interdisciplinary treatment team are
  "on the same page"
- Support transfer between services and between community and acute care

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Psychiatric Ward Staff

Assess & Treat

Contribute to Treatment and Management of Eating Disorders

- Understand ED's and evidence – medical and psychiatric risk, warning signs, course, impact, presentations, medical issues, common co-morbidities, patient ambivalence re treatment
- Manage presentations of EDs with acute psychiatric risk and other co-morbid psychiatric problems
- Understand the role of hospital admission for each patient
- Understand the purpose of weight gain for patients with very low BMI
- Understand re-feeding syndrome and strategies to reduce the risk of re-feeding syndrome
- Be able to provide meal support as required
- Liaise with family and treatment team
- Ensure referral on discharge to out-patient mental health & medical team

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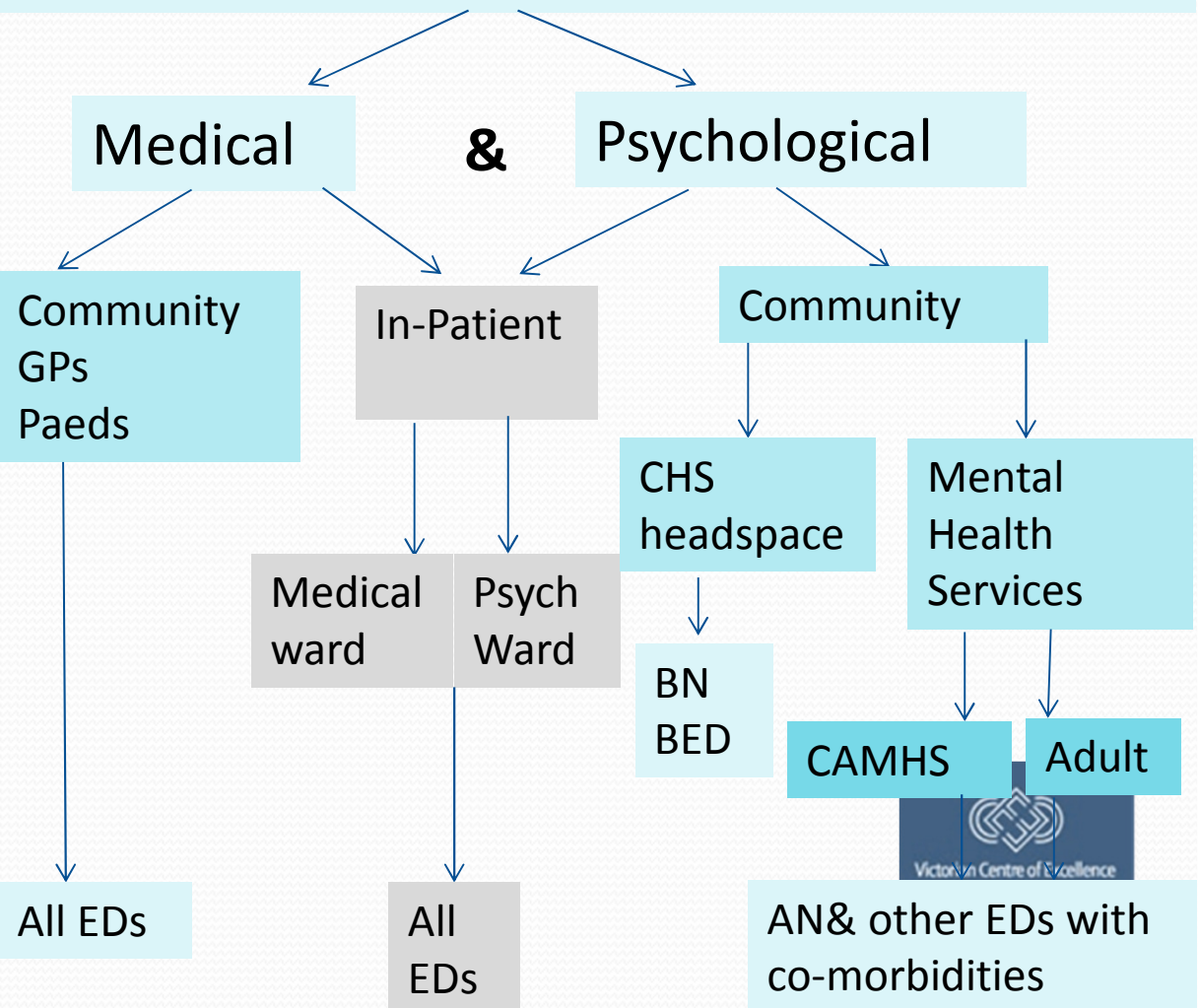
Who is the workforce? They either:

Screen, Assess, Refer

GP's

Community Health

headspace

Emergency Dept

Mental Health Triage

All need to know about kinds of eating disorders; how to talk to someone who may have an eating disorder and have current local referral info.
+ skills specific to role

OR   Screen, Assess, Treat

Medical **&** **Psychological**

Community GPs Paeds

In-Patient

Community

CHS headspace

Mental Health Services

Medical ward

Psych Ward

BN BED

CAMHS

Adult

All EDs

All EDs

AN& other EDs with co-morbidities

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Training the ED workforce

Training for the whole ED workforce

- Introductory ED training – understanding eating disorders, using screening tools
- Local referral and ED service pathway information

Training Delivery Methods

- Train the trainer- create a local training forum, invite reps from every part of system
                    (e.g. those on diagrams)
- Online learning & face-to-face (blended learning)
- Mandatory & in orientation phase for staff
- Embed in trainings in all parts of professional and service system e.g. GP networks, Hospital training systems, Discipline groups e.g. Psychologist
- Whole of / In house and focused, to train for the role of the service and individual clinician
- State-wide training/consultation org's. e.g. CEDD training
- Partnerships with other training orgs. E.g. Uni, Mental Health Clusters

Training Resources

- Online learning introductory modules- NEDC, CEDD
- Mental Health First Aid for Eating Disorders- available online
- Mental Health Professional Online Development (Mhpod ED module in final development)
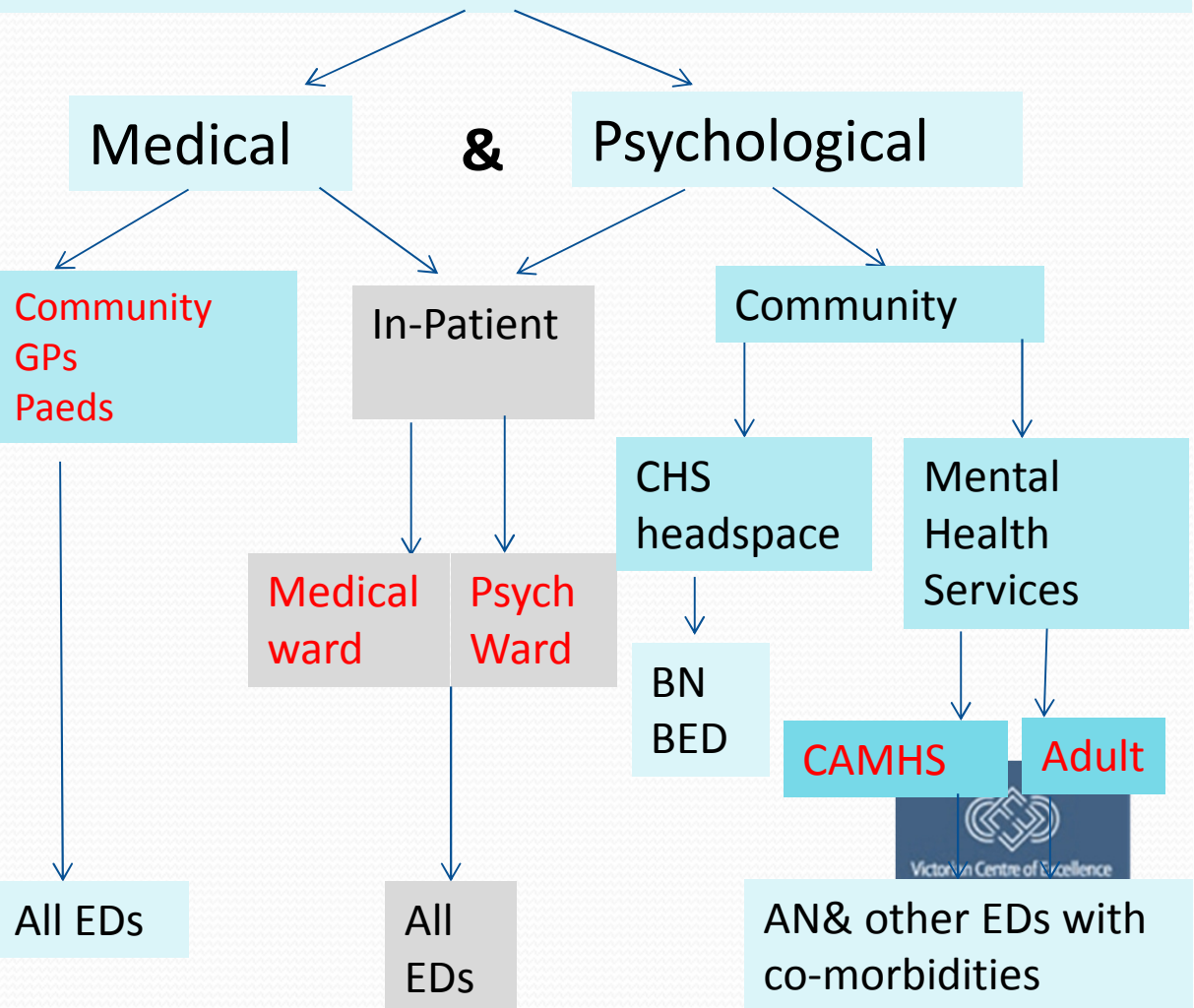- Local Educators. E.g. Nurse educators, Comm. Health Services educators

Training the local workforce

Screen, Assess, Refer | **OR Screen, Assess, Treat**

GP's

Community Health

headspace

Emergency Dept

Mental Health Triage

All need to know about kinds of eating disorders; how to talk to someone who may have an eating disorder and have current local referral info.
+ skills specific to role

Medical **&** Psychological

Community
GPs
Paeds

In-Patient

Community

Medical ward

Psych Ward

CHS
headspace

Mental Health Services

BN
BED

CAMHS

Adult

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All EDs

All EDs

AN& other EDs with co-morbidities

Training for Community GP's & Paediatricians

- Local **mental health referral** and **in patient service pathway** information
- **Medical management of eating disorders**

Training Delivery options

- Online & face-to-face (with CPD points)
- GP training lunches and dinner,
- Training includes local mental health services

Training Resources

- GP local networks, train their colleagues
- CEDD and CEED websites
- NEDC http://www.nedc.com.au/files/Resources//GPs%20Resource.pdf

RANZCP Clinical Practice Guideline for the treatment of eating disorders 2014

- https://www.ranzcp.org/Files/Resources/Publications/CPG/Clinician/Eating-Disorders-CPG.aspx

Training for Triage & Intake- all services

- Local **mental health referral** and **in patient service pathway** information
- **Risk Ax- determine urgency for med or psych referral**
- **Screening tools**

Training Delivery options

- Online – introductory (with CPD points)
- Face-to-face - 2 hour to ½ day Triage specific training
- Include as part of broader service training, e.g. Adult Community MH training, or as the Community Health Services training

Training Resources

- Screening tools relevant to age group, e.g. SCOFF, EAT-26, ABOS
- BMI charts, percentile charts, Medical risk screening (CEED)
- CEDD and CEED websites

Training for Community Mental Health

Common training- Local medical and in patient service pathway information

Therapeutic strategies to enhance motivation to change

Online learning intro modules for basic knowledge (CEDD)

Nutrition for MH professionals

Supports- Ongoing support & supervision built in system e.g. group supervision

Evaluation & outcome measures built into system-

Feedback for clinicians & clients. ED specific, client specific e.g. Scott Miller, ORS & SRS

CAMHS

- Family-Based Treatment (Evidence-based treatment) as first line Tx model

Training Delivery options
- 2 day Introduction to FBT +supervision

Training Resources
- CEED developed resources & CEED website-

    Assessment docs., weight charts, nutrition for MH workers, Case management,
- Maudsley Parents
- FEAST
- Local MH learning cluster services
- Educators in the current systems

Adult

- Cognitive Behavioural Therapy-Enhanced (CBT-E) (Evidence-based treatment), other therapies (in research, e.g. SSCM, ACT)
- Guided self help programs e.g. CCI

Training Delivery options
- Introduction to CBT-E (or other)
- Dr C Fairburn online CBT-E training (UK)

Training Resources
- CEDD and CEED website
- CCI

http://www.cci.health.wa.gov.au/about/index.cfm
- Local MH learning cluster services
- Educators in the current systems

Training for In patient: Psychiatry & Medical

Local leaders determine role of each inpatient unit & develop protocols →train

- Local referral and ED service pathway information
- Therapeutic strategies to enhance motivation to change
- Online learning intro modules for basic knowledge (CEDD)
- Meal support & meal supervision

Training Delivery options

- Online learning intro modules for basic knowledge (CEDD)- Inpatient Management module
- Package training specific to Psych or med wards
- Regular on site PD meetings in response to issues arising

Training Resources

- CEDD & CEED website
- Kings College London
- KeltyMentalHealth Channel (C & A)

http://www.youtube.com/playlist?list=UUGHwOGU4HVQi4ImFfYsItJg&feature=plcp

Planning & Implementation timelines

0 month

Executive and service leaders start & support process (engage internal & external stakeholders & and supports)

1 month

ED Working Party established & plan regular meetings 3/12,
Identification of service plan & training needs for roles, Intake planning, timely access

3 month

Training Project implementation group (3/12)– identify leaders & champions, clinicians supports
Intro training (online) for all & embedding ED training in Orientation of staff

4 month

Role specific training- FBT, CBT-E, Med Management, Triage, Meal support
Carer support systems/groups est. & plan

5 month

Clinician support – reg. group supervision
Training Project implementation group meet

10 month

Advanced trainings (e.g. FBT, CBT-E) & updates (e.g. Med Mx)

12 month

Service wide Forum and review

18 month

Further advanced trainings & updates

Summary-
Setting up a training & evaluating outcomes

- Liaison and partnership with local stakeholders about all aspects of training

- Use of blended learning: online learning as basis, and face-to-face builds to build skills

- Training across service region, linking up services involved in clinical collaboration e.g. CAMHS and Paeds in FBT

- In house and focused, to train for the specific set up of a service e.g. Meal support for nurses

- Use of other training systems e.g. cluster, MH training units- to finance, embed and mainstream the training

- Have on-line or single module as part of orientation to the service for new employees. E.g. MHpod

- Use of technology- online learning. Skype, Go To Meeting

- Regular supervision groups

- Connecting, supporting and co-training like services.
  e.g. Community Health and headspace

- Evaluation - of training sessions and overall training projects embedding

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Group Discussion

- How does this relate to your area?
- What would you see as challenges and enablers?

Challenges to Workforce Training

- "Mandated" ED work-
  - Client stories, current Tx pathways mapped →Whole of/within service issue
  - Purchase and collaborate with others e.g. Partnerships with other training orgs. E.g. Uni, MH Clusters
- Anxiety- re treating EDs
  - affirmation of use of current Mental Health knowledge + new ED-specific knowledge
  - Consultation & supervision- regularly available
  - Team formation & care teams
  - Clarity re role & care team roles e.g. GP covers medical risk, Mental Health cover psych risk
- No extra funding-
  - Cost analysis of ED clients currently, without trained system
    - Do own analysis, or seek info from those who have
  - Reallocation of resources, planning improved use of current
  - Cross sector pooling of resource e.g. shared money for position
  - Grants- e.g. pilot study, innovation grant
- Outcome measures / Data sets & evaluation-
  - new sets of data to be gathered, for outcome measurement in ED's

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Enablers to Workforce Training

- Leadership involvement and support- clinical and managerial
- Vision and service plan- Eating Disorders Working Group
- All stakeholders included
- 'buy in' and support from all key people/services.
- Local champions...bottom up & top down leadership
- Carer and consumer involvement
- Agreement on roles of parts of workforce

e.g. Are all CAMHS workers doing ED work or specialist team?

  Are there ED designated beds in PAEDS ward?

  Who manages in-patients and transitions?

- Technology expansion- wider reach & availability of training & connections nationally and internationally
- Tools & resources

Interview with Hollie

- Your thoughts about the key issues the service/region faced?

- How did you decide on first steps, and then how did you work towards these?

- The challenges, and how you dealt with these?

- What worked and what assisted it to work?

- How did the clinicians get 'deliberate practice', so that skills taught in training could be embedded?

- What supports were useful , and would have been useful to your workforce training?

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Discussion