

Eating Disorders: Pathway For Wales

Executive Summary

This document sets out the National Public Health Service for Wales proposed framework for how the NHS in Wales should respond to eating disorders. In section 1 the framework;

- emphasises the importance of identifying and responding to potential eating disorders at an early stage.
- points out approach that effective services for people with eating disorders are reliant as much on community, primary care, local mental health services and access to physical health expertise as they are on highly specialised eating disorders services or facilities.
- reinforces the crucial roles of staff working in primary and community health care services across all disciplines, and it clarifies what these roles are.
- recognises, however, that, for staff in community, primary and secondary care settings to feel confident and competent in fulfilling their legitimate assessment and treatment roles, they need to know that they have a readily available source of specialist advice and expertise. Proposals are therefore included for *specialist teams* operating across Wales in partnership with staff from local mental health services.

In Section 2, the framework;

- provides an indication of the levels of clinically significant eating disorders likely to be present in the populations of the unified health organisations to be established during 2009.
- stresses the need for services to identify and respond to eating disorders on the basis of assessed clinical risk across the whole range of physical and psychological risks, not simply relying on narrow criteria such as Body Mass Index (BMI) alone.

Section 3 sets out in more detail the six key strands which run through the framework namely:

- a. **Screening and Risk Assessment.** This is a theme which needs to run through all levels, and needs a comprehensive approach to avoid gaps/duplication.
- b. **Primary Care.** This section discusses what might be reasonably expected from primary care teams and what support they need to be able to meet those expectations.

- c. **Local mental health services.** This section considers the role of local generic mental health services and identifies in particular the urgent need for local services to deal with the unacceptable gaps experienced at the critical period of transition into adulthood. (There is inconsistency across Wales in the extent to which community and inpatient psychiatric services respond).
- d. **Co-morbidity.** A very significant proportion of people with an eating disorder also suffer from other forms of mental disorder, but the impact of this is not recognised in the way some services currently respond.
- e. **Physical health risks.** There are very severe physical health risks and consequences arising from eating disorders which need to be taken into account at all tiers. (This section will need consideration and action by physical health staff across a range of disciplines).
- f. **Workforce, capacity and training issues.** These also run throughout the framework and there are particular issues related to access to dietary and nutritional expertise and psychological therapies. The framework recommends an all-Wales perspective.

To assist emerging health organisations review and address the situation locally, Section 4 sets out the 4-tier model which the Welsh Assembly Government proposes to use as the strategic framework for NHS planning and service development.

These tiers are relevant across the entire age range, and particular attention will need to be taken to identify and remove any potential gaps between services for young people and those for adults.

The model confirms that, as with other mental health problems, most people with an eating disorder should be seen at Tier 1. The majority of people with an eating disorder should be cared for through a combination of services that deliver functions that fall into Tiers 1 and 2. (The framework is not suggesting that they should have the total responsibility for complex cases, but it does suggest that this workforce is well placed to offer or secure meaningful assessment and intervention for people at a much earlier stage and before they develop severe anorexia nervosa etc.)

Some patients will of course require rather more specialised services from specialist eating disorders teams and others may require periods of admission if their physical health is at risk or if there are particular mental health and psychological matters to address.

Crucially, the tiered approach needs to be considered in respect of physical health care as well as mental health services, and the roles of paediatricians and staff on acute medical wards are discussed in this section.

Section 4 concludes with summaries of the characteristics and implementation issues for each tier for local health bodies to consider in partnership with user and carer groups for their localities.

Section 5 contains some interim Standards for the key activities in primary care, local mental health services and acute or general medical services. These Standards stress the crucial role for active involvement of user and carer groups both in determining the local arrangements for implementing the Framework and in monitoring its effectiveness. They also suggest a role for the proposed vice chairs of the new local health boards in monitoring the progress and effectiveness of local arrangements.

Finally, the framework includes an appendix describing a proposed model for providing the specialist (Tier 3) service which is considered essential to enable staff operating in Tiers 1 and 2. The Welsh Assembly Government proposes to use the additional funding announced for community eating disorders services from 2009/2010 onwards to fund the core staff described in this model. The model envisages three teams across Wales, working with the relevant local health bodies, which complement this core team with their own clinical leads and staffing for both adult and child and adolescent mental health services.