



National Clinical
& Integrated Care Programmes
Person-centred, co-ordinated care



HSE Mental Health Services

Irish National Eating Disorder Conference
February 23th 2018:

HSE National Clinical Programme For Eating Disorders

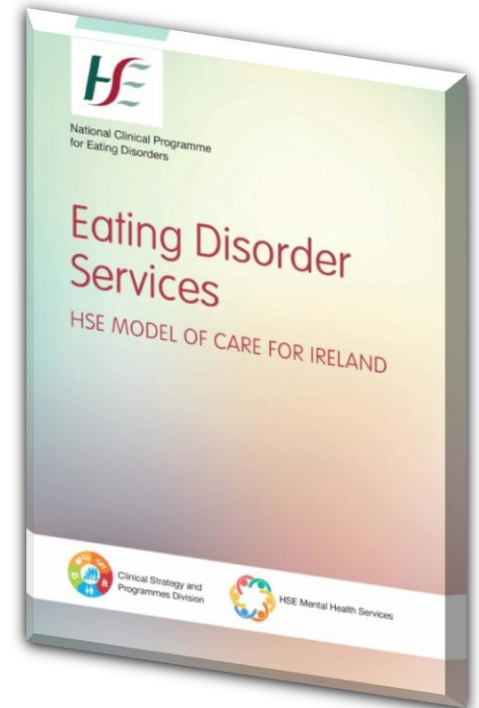
What parents and carers can expect

Dr Sara McDevitt,
National Clinical Lead for the HSE Clinical Programme for Eating Disorder

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Programme for Eating Disorders

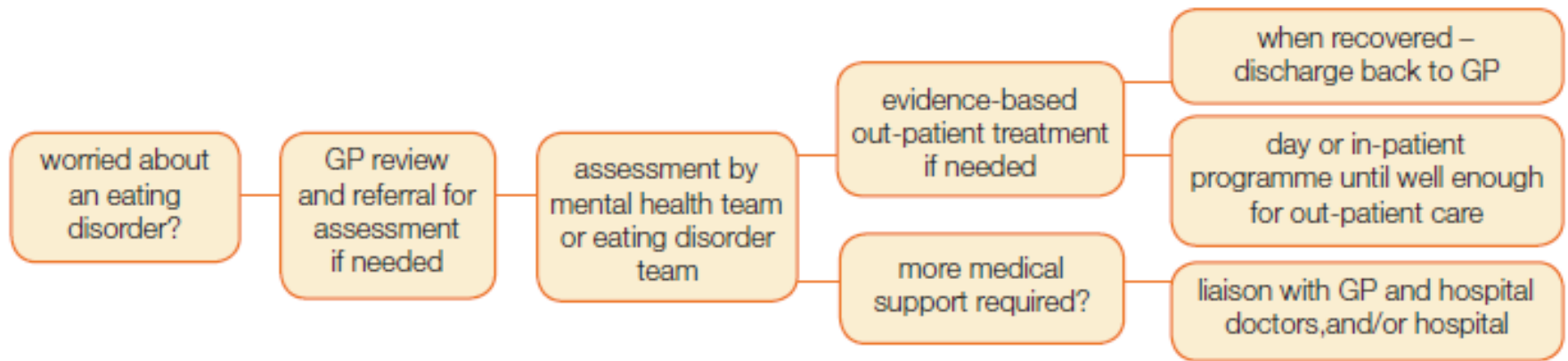
Overview

- The patient journey
- Patient and family centred care
- Exercise



The patient journey

The patient journey




Level 1: Primary care



- GP training and resources will mean your GP will be prepared and confident
- Your GP will have access to telephone consultation with the ED team
- There will be a single point of referral in each hub region
- Person/ family recommended to contact Bodywhys from the outset

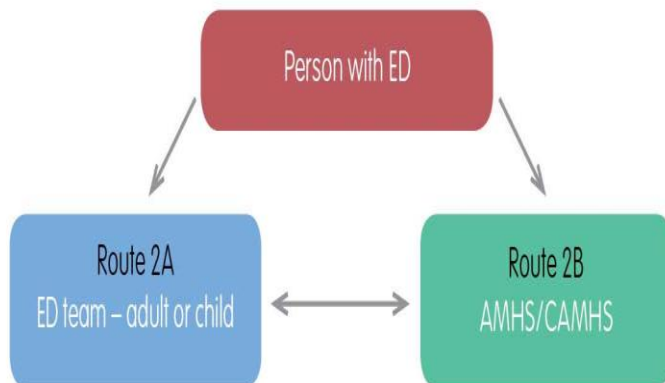
Waiting.....

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- Some goals
 - First assessment maximum of 4 weeks
 - Treatment within maximum of 4 weeks of assessment
 - ‘Active waiting’

Level 2: outpatient treatment

Greater access to eating disorder assessment and treatment- 2 options

Referral options for access to Level 2 outpatient ED treatment



The core of our eating disorder programme

- Multidisciplinary assessment
- Multidisciplinary treatment
- Core team- dietetics, therapist, psychiatrist
- ‘Keyworker’
- Individual, family and group
- Bodywhys support for person and family
 - E.g. PILAR

Level 3: Day programmes



- When more support is needed for a time
- also delivered by the ED team
- Less research here, so options being developed and researched
 - Likely to be different versions depending on diagnosis
 - Full time or part time (numbers permitting)
 - E.g. MFG- AN, CBT-E for BN programme, intensive refeeding programme; Kelty programme, meal coaching, parent support groups, individual and group;
- 6-10 people attend
- 8 nationally
- Bodywhys support e.g. PILAR

Level 4: Inpatient programmes



- Generally when people are so physically compromised that they need inpatient care
- Medical admissions
- Mental health units
 - (4 adult; 5 adolescent). Programmes > beds
- Same as intensive day programme
 - Focused on physical stabilisation, refeeding, meal coaching, parent support, education, CRT
- Aim to move to day programme once safe and stable enough to try
- Bodywhys support

Evaluation



- Experience of service is part of quality
- So is service user participation in care planning
- The programme will include patient and family experience in its routine evaluation
 - What:
 - Questionnaires for person, parents
 - When? Real time
 - At assessment, 6 weeks, 3 months, 6 monthly, discharge.

Exercise: your experience



- Write down
 - One word that summarises what is most important to you to get from your clinical team/ service.
 - One insight based on your experience of being a parent/ carer of eating disorders for us to take away from today.

Thank you!

