The Victorian Centre of Excellence in Eating Disorders

CEED

- Launched in January 2002 as part of the Victorian Government's commitment to improving the health care for people with Eating Disorders

DOUTTA GALLA COMMUNITY HEALTH

MELBOURNE HEALTH

Eating Disorders FOUNDATION OF VICTORIA Inc.

CEED Mission

- To reduce the risk duration and impact of eating disorders in people of all ages by building the capacity of existing services; through the provision of ***education, training, consultation and research.***

Aim of Consultation Service

- CEED will provide consultation support to primary care providers, specialist service providers and other health welfare professionals to assist them in the early detection and treatment of people with eating disorder or emerging eating disorder. (DHS, Mental Health Branch)

CEED Consultation Strategies

1. Consultation support to primary care providers through a collaboration of specialist services and Primary Mental Health Teams
2. Training in the identification, assessment and management of eating disorders
3. Dissemination of practice guidelines and evidence-based practice resources
4. Provision of interactive discussion fora- CEED website & special interest groups

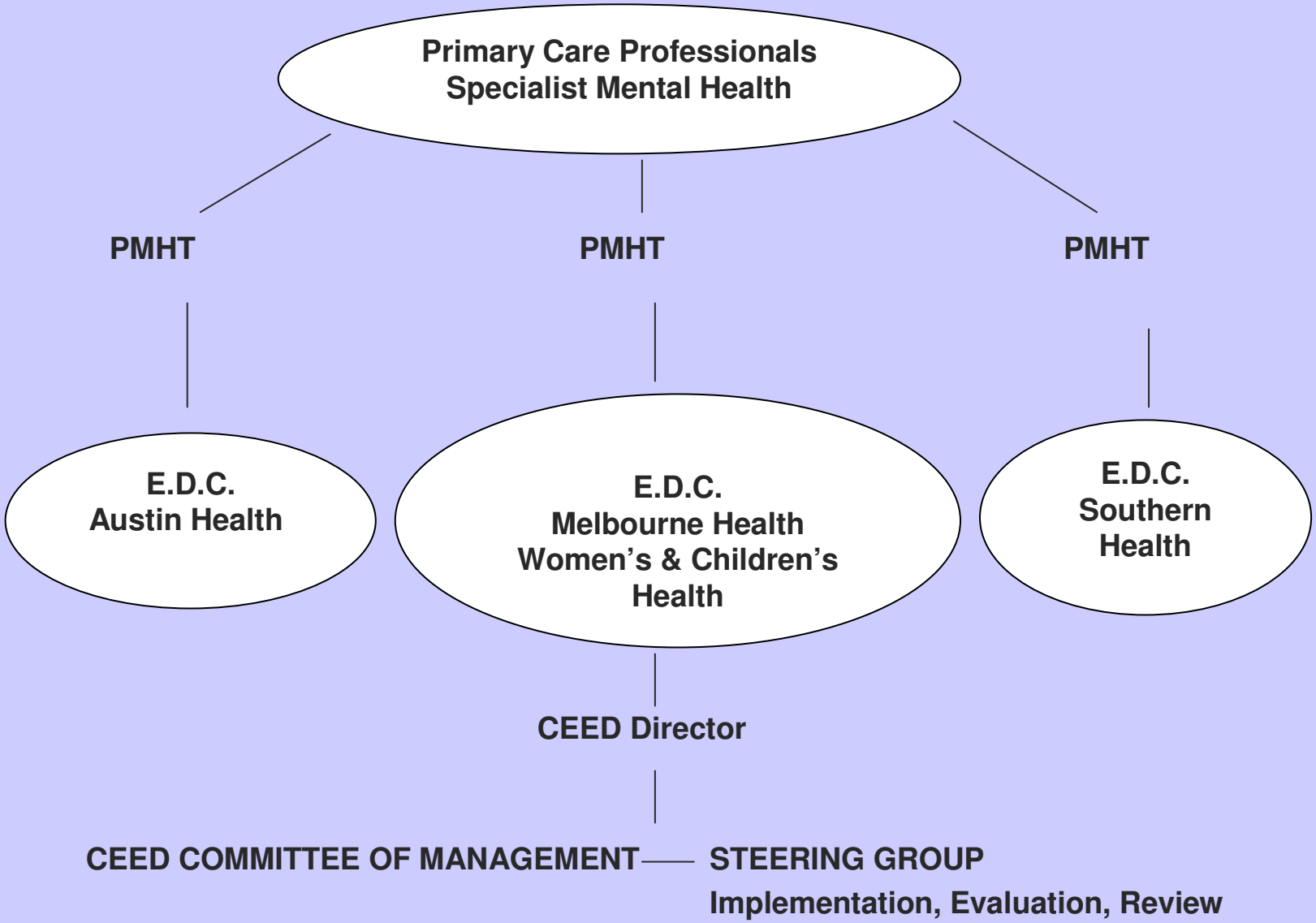
Role of ED Consultant

- To build ED skills within the PMH Teams through joint assessment; and training
- To facilitate consultation liaison between specialist services, PMHT and Primary care providers
- To coordinate education and training programs for health professionals

Types of Consultation

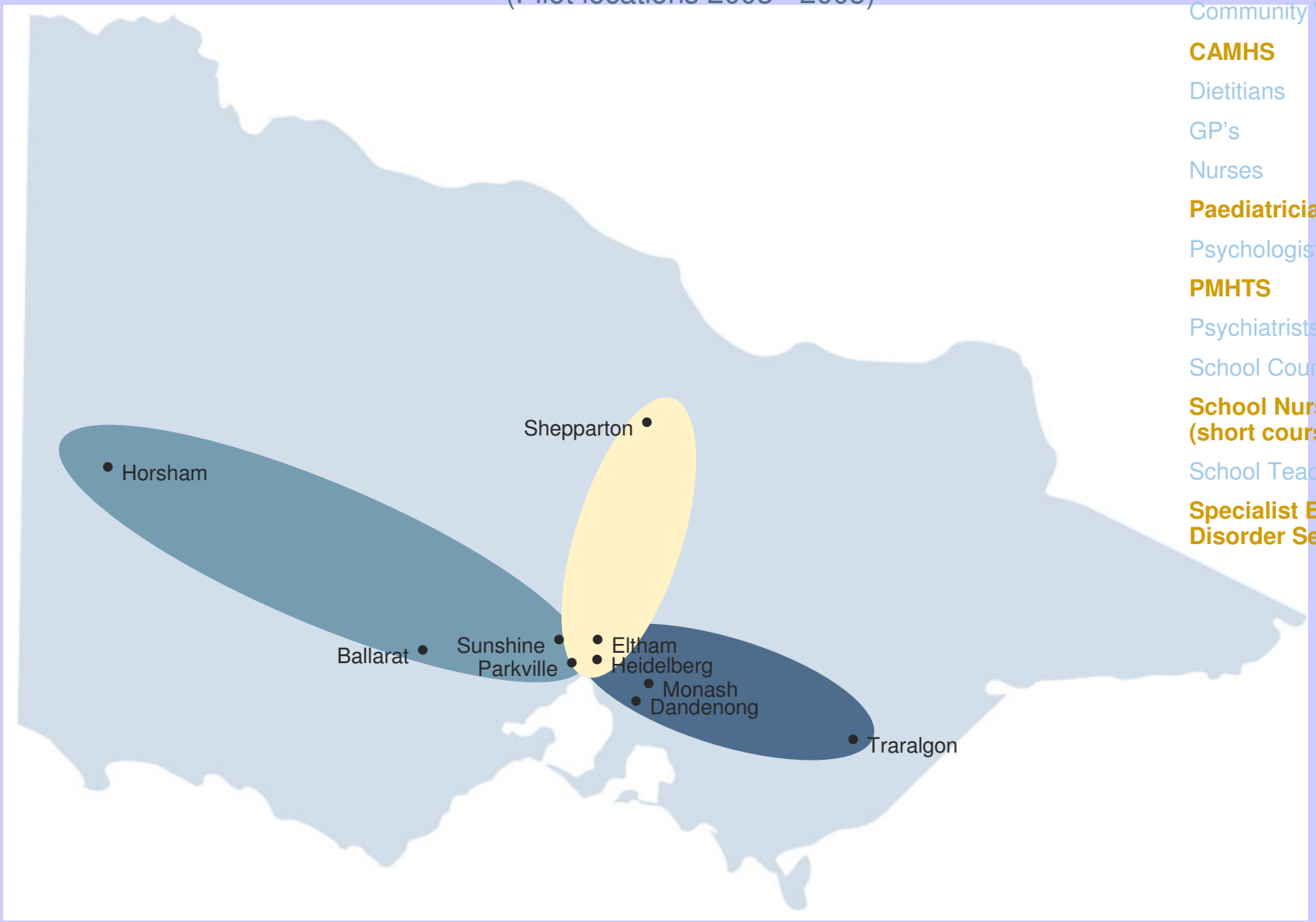
- Mental Health Consultation (Caplan, 1963)
- Behavioural Consultation (Bergan, 1995)
- Organisational Consultation (Schmuck, 1976)
- Instructional Consultation (Rosenfield, 1987)
- Collaborative Consultation (Idol, et al, 1995)

CEED Consultation Model



CEED Consultation Project

(Pilot locations 2003 - 2005)



Who is involved?

Allied / Youth / Community Workers

CAMHS

Dietitians

GP's

Nurses

Paediatricians

Psychologists

PMHTS

Psychiatrists

School Counsellors

School Nurses (short course)

School Teachers

Specialist Eating Disorder Services

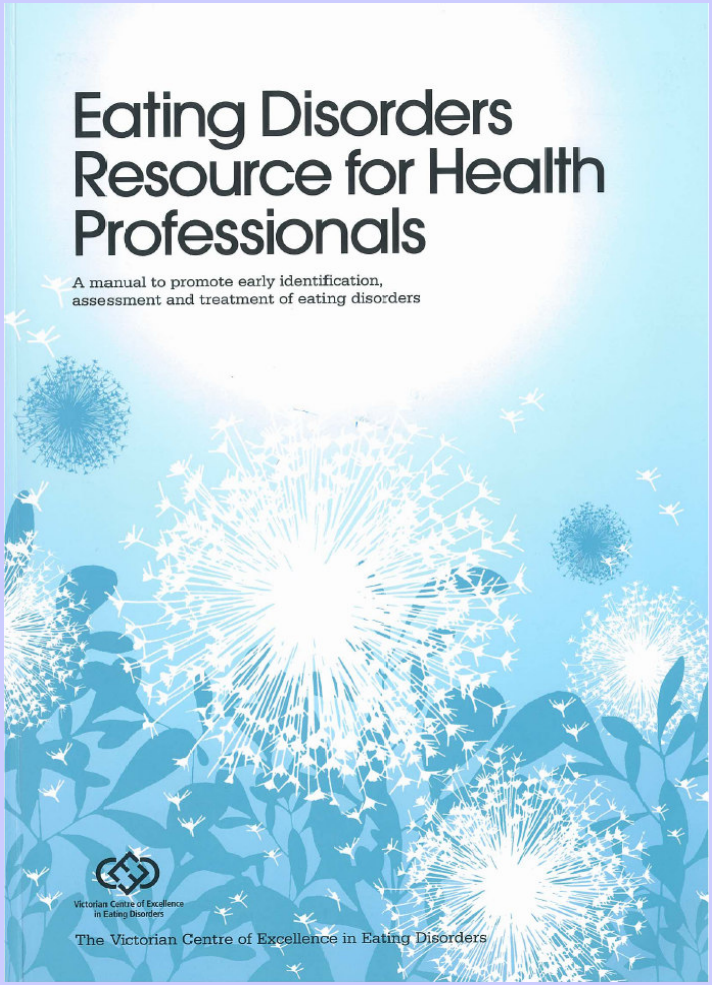
What has been achieved?

- ED consultation and assessment now provided by the PMH Teams involved
- Improved linkages between tertiary and Primary Care sector
- Improved communication between tertiary departments involved
- Dedicated specialist interest groups formed

Limitations

- There was no service delivery framework on which to hang this project,
- ED services are limited and uncoordinated, especially in rural Victoria-limiting referral options and ease of access
- Adult mental health services do not see clients with ED-lack of support for Primary Care providers,
- Tertiary ED services are only able to see the sickest,
- PMH Teams vary as to whom and how they provide services to the primary care sector;
- Some teams were not established in their communities
- Few professionals are trained or confident in treating ED.

CEED Short Course



Aim

In the absence of formal training in eating disorders in Australia, CEED has developed a comprehensive and in-depth training program in eating disorders that can be tailored to the specific requirements of a range of health care professionals.

"our aim was to develop a training program that will help to improve the rate of early detection and effective intervention strategies for people with eating disorders"

It is the first of its kind in Australia.

Why Education?

- **CEED'S mission is to "build Victoria's capacity to undertake effective prevention, early intervention and clinical care"**
- **Early intervention is a key indicator of someone's recovery from an eating disorder. Information gathered in our consultation project showed that many health professionals were poorly equipped to even recognise an ED in its early forms.**
- **This lack of basic education increases the burden on our specialist services and means a poorer outcome for those with ED**

Case Study

Location: Rural Victoria

Situation: School Nurse contacted EDC about a 16 year old who had been told by his GP that he should not worry about his weight. No assessment was carried out. The School Nurse and student were both concerned about his health.

Assessment revealed: He had lost 37 kilos in 11 weeks although not underweight. Had been binge eating and vomiting for last 3 weeks.Overwhelmed by his problems.Fear of weight gain. His family were concerned. No medical reason for weight loss.

Role of the GP

- Medication management
- Education about
  - nutrition and healthy eating
  - medical problems associated with starvation, low body weight, vomiting, laxatives, amenorrhoea, low bone density, and importance of monitoring
  - eating disorders
- Support for client/carers

GP module outline

Part One:

- Introduction
- Diagnostic Criteria
- Epidemiology
- The lived experience
- Myths about eating disorders
- Causes, risk factors and warning signs
- Engagement
- Screening

Part Two:

- Assessment
- Medical assessment and management
- Medical risks
- Key concepts
- The role of the GP
- Treatment – evidence based practice
- When to refer
- Services in Victoria

Modes of delivery

- Videos
- Slide show
- Group discussion
- Case studies

Please feel free to interrupt, question and challenge!

Accredited by R.A.C.G.P.
Level 1 BOMH
CME 30 points

(4 hours + 2 hours take-home work)

- Included in the course is a Training Kit: handouts, slides, activities and a copy of the 'Eating Disorders Resource for Health Professionals'
- Consultation Support is provided

Contact Information

Victorian Centre of Excellence in Eating Disorders
1 North, Royal Melbourne Hospital
Grattan St, Parkville 3052
Ph: 9342 3082
Fax: 9342 8216
Email: ceed@mh.org.au
www.ceed.org.au