December 2020 | Centre for Integrative Health

Changes to the CFIH Model of Care for Eating Disorders

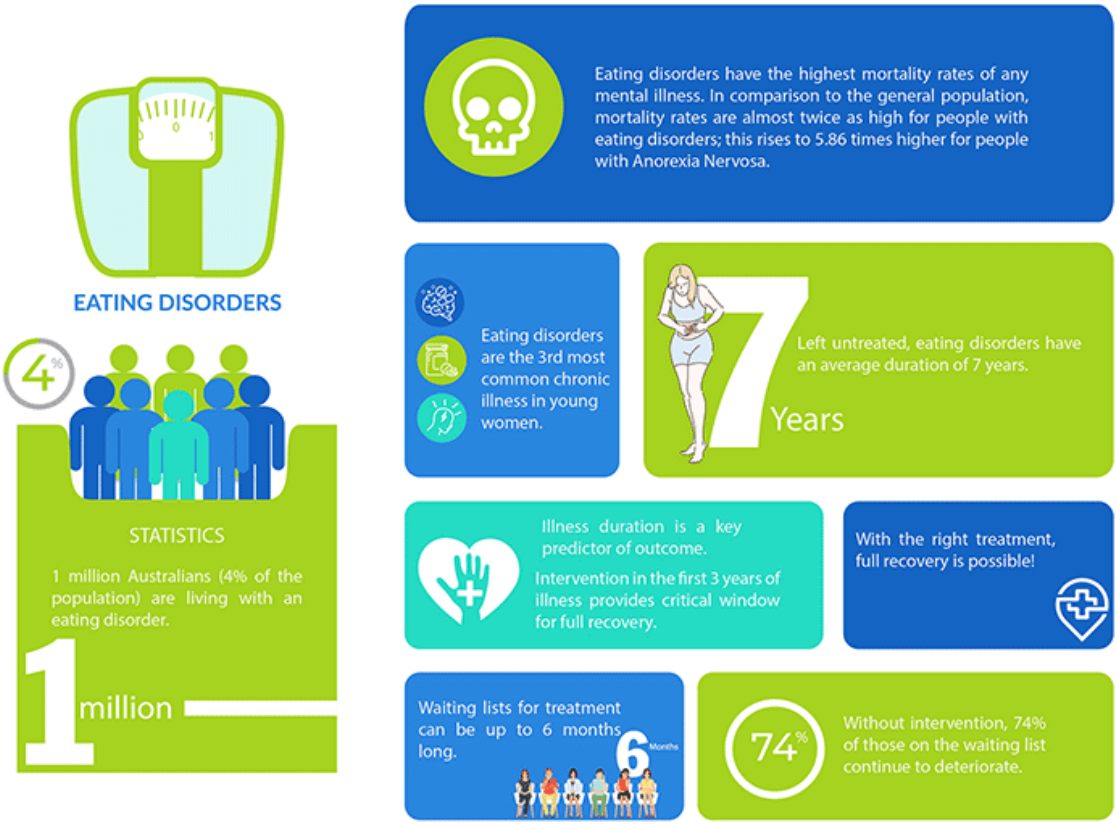
Centre for Integrative Health

Psychology Nutrition Movement

Along with every other mental health service in Australia, our waiting lists quickly became unmanageable this year. While we are saddened by what this means for the mental health of Australians more broadly, we have been gravely concerned about the repercussions for those living with an eating disorder.

Eating disorder statistics

Eating disorders carry the highest mortality of all psychiatric illnesses with the timing of the initial identification and treatment found to be a significant predictor of mortality. For those individuals whom aren't at acute medical or psychiatric risk, treatment timing remains important with research demonstrating that interventions delivered within the first three years of onset to be the most successful in reversing the illness and reducing the risk of later relapse.



Once in therapy, there are certain factors that increase the likelihood of successful treatment. Specifically, therapy that utilises an evidence-based model; that is recovery oriented, focused, structured, and time limited; that prioritises the eating disorder; and that occurs within a cohesive and collaborative team.

As with any intervention, receiving the "full dose" as it is intended increases the likelihood of a positive response to treatment. However, when access to a full course of treatment is not imminently possible, a single-session intervention which amplifies the importance of change, instils hope for recovery and provides eating disorder specific education has been shown to elicit a positive effect on reducing symptomology in and of itself. MERGE 2 PARAGRAPHS INTO ONE Conversely, commencing treatment that is poorly planned, organised or timed can have the opposite effect – prolonging the duration of illness, undermining the value of therapy, and creating maladaptive beliefs about the possibility of change.

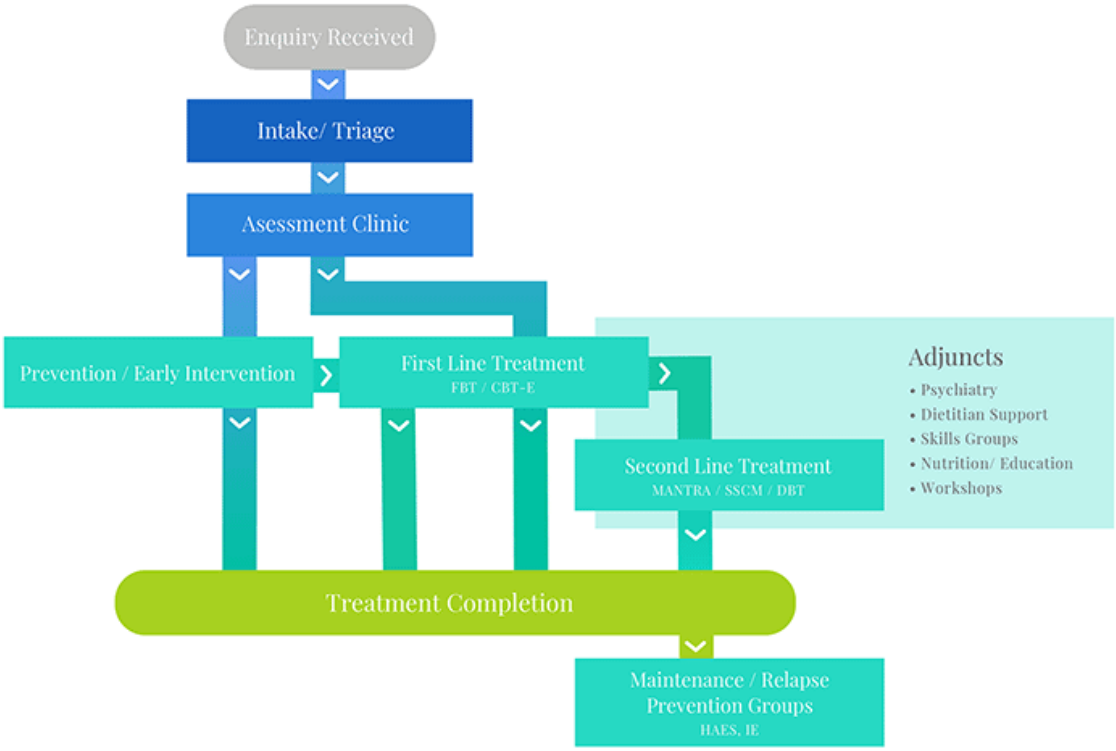
In our commitment to reducing the prevalence and mortality rates of eating disorders and their related concerns, CFIH identified the need to improve our model of service delivery model in an effort to meet the following objectives;

Project overview

1. Reduce the rates of mortality through ensuring all individuals seeking support for an eating disorder receive an initial assessment with four weeks of contacting CFIH.
2. Reduce the waiting time to commence eating disorder treatment through identifying and prioritising those whom are most likely to respond to treatment and then engaging them in active treatment within four weeks of their initial assessment.
3. Reduce the prevalence of eating disorders by improving treatment outcomes through regularly monitoring treatment progress, identifying poor progress early, and intervening appropriately as well as by providing single-session interventions for those individuals on the waiting list for treatment.
4. Reduce the duration of treatment and the risk of relapse by providing step-down, maintenance support.

After reviewing the literature, evaluating our treatment outcomes, and consulting experts in the field, we have developed a comprehensive, wrap-around service delivery model that seeks to meet these objectives. It will commence roll out as of January 1, 2021.

Introduction to CFIH's New Service Delivery Model



The model will be broken into different streams:

1. Assessment & triage clinic
2. Prevention & early intervention stream
3. Active intervention: first-line treatments
4. Active intervention: second-line treatments
5. Adjunct services and supports
6. Maintenance & relapse prevention

This new service delivery model will be rolled out in stages with the implementation of stream 1 (assessment & triage clinic) and 3 (first-line interventions) being introduced as of January 1, 2021.

Intake, triage, and Assessment

1. Please send through your referral as you usually would. Our intake and triage team will make contact with your patient and assist them in completing an assessment pack.

2. Once this pack has been completed and returned, the referral will be triaged and allocated to one of our senior clinicians and you will be updated. At this stage, we are aiming to get patients in for an initial assessment with 4 weeks of receiving their completed assessment pack.

3. Following the assessment, the senior clinician will communicate treatment recommendations to the patient and everyone currently in their treatment team.

4. Once we have availability, the patient will then be booked in for an entire course of treatment with an assigned clinician.

Referral Received

- Referrals can be made by any medical or health practitioner. Patients can also self-refer.
- We accept referrals under a mental health care plan, chronic disease management plan, or an eating disorder management plan. We also accept referrals through the Sunshine Coast Eating Disorder Access Trial (SCE-DAT), self-managed NDIS patients and athletes covered by QAS and AIS. We also accept private paying and health insurance.
- Referrals can be sent via fax, email, phonecall, or Medical Objects.
- We will provide written confirmation of receipt of your referral once it has been received.
- All patients will require a GP who agrees to provide ongoing medical monitoring as needing. If the patient doesn't have a suitable GP, we can assist in finding them one.

Triage

- Once the referral is received, the patient will be contacted and provided with information about our services.
- An assessment pack will then need to be sent to the patient to be completed.
- Once the completed back has been received back, our triage team will score the assessment pack and triage the referral.
- The patient will then be contacted and advised of the outcome.

Wait List

- If appropriate for our service, the patient will go on the waiting list for the next available appointment with a senior assessing clinician.
- We aim to get patients in for an initial assessment with 4 weeks of receiving the completed assessment pack.

Assessment

- The patient (and their carers, if appropriate) will attend an initial assessment.
- Along with being provided with a diagnosis and treatment recommendations, the patient will be provided with psychoeducation specific to their presenting concern.
- We will provide written confirmation of this outcome to you as the referring practitioner.

Wait List

The patient will then go back onto the waiting list until the next available clinician is available. During this time, the patient will require ongoing medical monitoring by a GP.

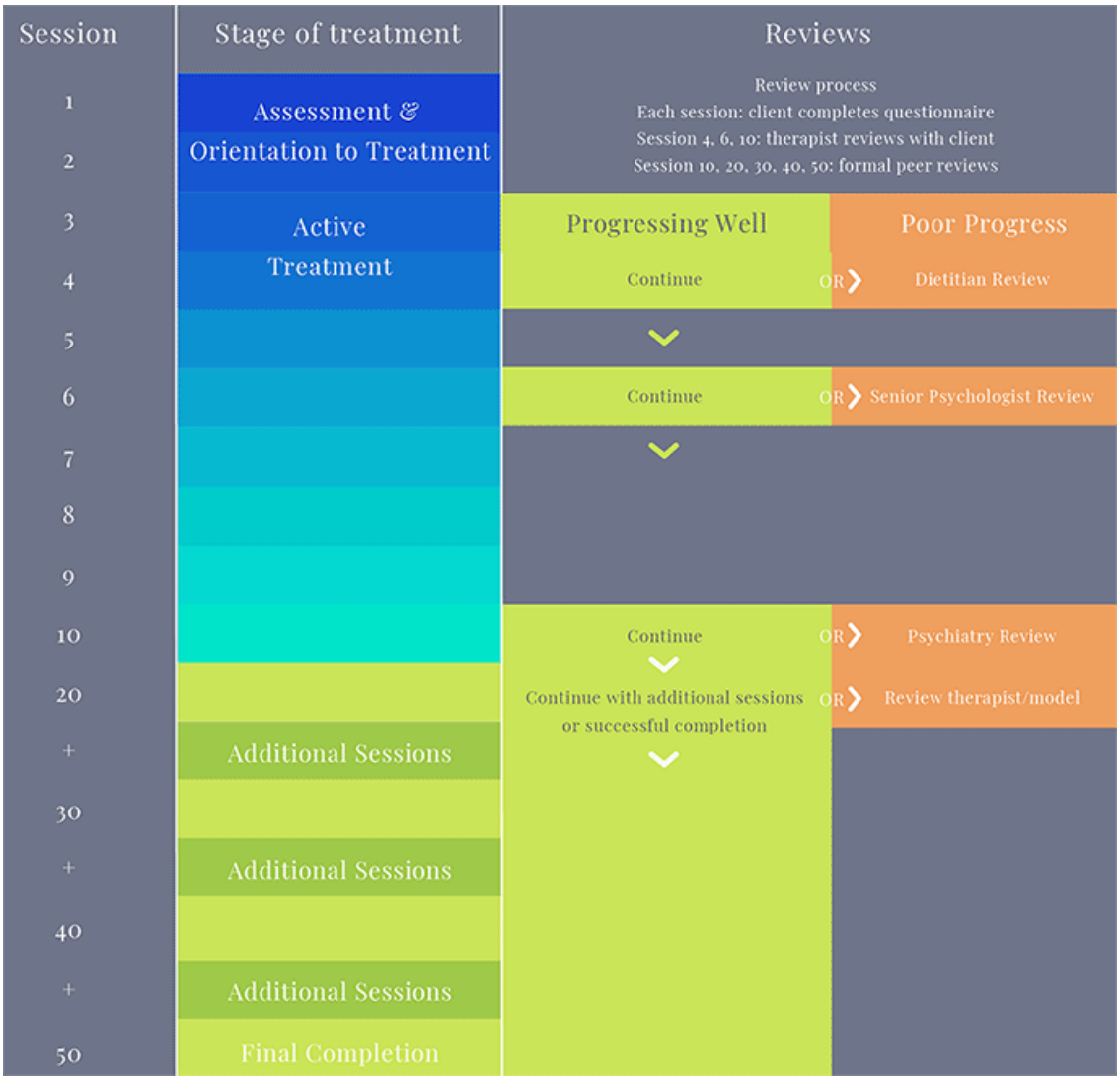
Treatment

Once the patient has been booked in treatment, you will be advised and kept regularly updated throughout their treatment

Active treatment

All patients will be offered Family Based Therapy (FBT) or Cognitive Behavioural Therapy for Eating Disorders (CBT-E) as the first line treatment. Patients' progress will be monitored regularly through the use of questionnaires, collaborative reviews, and peer case reviews.

If patients are not progressing as expected, they will be offered additional input and support from a CFIH dietitian or psychiatrist, a review session with a senior clinician, or a change in clinician or therapy model.



FAQs

Q. Will CFIH practitioners still work with practitioners external to CFIH?
A. Yes, we would love to continue working with those practitioners whom work external to CFIH. We hope to continue referring patients whom need support prior to commencing active eating disorder treatment and/or whom require ongoing support post successful eating disorder treatment to external practitioners.

If you have someone that you would like seen by CFIH or a specific practitioner at CFIH, please have them contact our clinic or send through your referral as you usually would. Our intake and triage team will then either book them in for an assessment with one senior clinicians. After completing the assessment, the senior clinician will communicate treatment recommendations to the patient and (if the patient consents) everyone currently in their treatment team, including yourself. You and your patient can then discuss these recommendations and let us know how you would both like to proceed with treatment.

Q. Will CFIH practitioners provide eating disorder treatment for my patient while I provide trauma therapy for my patient?
A. Without first assessing a patient, it is difficult to ascertain what treatment recommendations would be provided. As a general rule of thumb however, CFIH will recommend that patients complete one treatment (in its entire course) at a time, as a means of ensuring each course of treatment gets its full intended dose and is not diluted by engaging simultaneously in two therapies which might be incompatible. In recommending that patients work on one issue with one therapist at a time, it is also hoped that we can support a wider dissemination of Australia's limited mental health resources and support more people in getting the support that they require.

Q. Will you continue to provide treatment for ARFID?
A. Yes. We can confirm that our practitioners will continue to provide assessments and interventions for all concerns regarding eating, feeding, food, weight and shape.

Q. Do you provide Non-Diet, Health At Every Size (HAES) treatment for individuals without an eating disorder whom are seeking to improve their health?
A. Yes. We can confirm that our clinic will continue to provide support to all individuals experiencing concerns with eating, weight, and body-image.

Q. What about our patients whom are not suitable for FBT or CBT-E?
A. CFIH is seeking to introduce a comprehensive model of service delivery that seeks to offer the right support at the right time to all individuals with eating disorders and related concerns. Without having assessed the patient in question, it is difficult for us to advise the treatment approach that we would be recommending. As a general rule of thumb however, CFIH will be recommending one of the first line therapies (i.e., FBT or CBT-E) in the first instance. In the event that these therapies are not suitable, the patient will then be reassessed and their

suitability for a second line treatment (i.e. SSCM, DBT, MANTRA) considered.

Q. I still have questions. Where can I get more information?
A. Please contact our Client Care Coordinators on the details below whom will do their best to respond to your questions, concerns, and suggestions or organise a time for our Director, Dr. Kiera Buchanan, to contact or meet with you to discuss in more detail.

Finally, we take this opportunity to thank you for your support of our services and your collaboration with our practitioners over the past 6 years. We hope that these changes to our service delivery model support us in better serving more of our patients with eating disorders and related concerns. In the meantime, we appreciate your patience and understanding in response to any unintended disruptions and teething issues arising from these changes and we welcome all feedback and suggestions as to how we can better serve you and your patients with eating and body-image concerns.

Kind regards
Team CFIH