

Northern Region Eating Disorders Workforce Development Plan



Te Poari Tautoko I Nga Rohe Ki Te Raki



A Community Partnership



Waitemata
District Health Board

Te Wai Awhina



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DISTRICT HEALTH BOARD

Te Toka Tumai

NORTHLAND DISTRICT HEALTH BOARD

Te Poari Hauora Á Rohe O Te Tai Tokerau



EXECUTIVE SUMMARY

This Eating Disorders Workforce Planning Project was commissioned by Northern Region DHB Support Agency (NDSA) in May 2010.

The project was conducted by Brora Limited between May and September 2010, and had the following purpose:

- To produce an Eating Disorders Services (EDS) Workforce Development Plan that supports the establishment and operation of the Northern Region Eating Disorders services, signed off by the EDS Implementation Governance Group.

This report provides a summary of national, regional and local strategies and initiatives, and identifies the application of these to the Northern Region. Extensive consultation occurred with team leaders and staff of the Southern and Central regional eating disorders services. The project liaised with the Werry Centre for Child and Adolescent Mental Health, whose focus is workforce development, teaching and resource.

The components of the eating disorders services continuum to be included in the Northern Region Eating Disorders Services Workforce Plan are:

- primary health – GPs, practice nurses, primary health services
- emergency departments
- medical wards
- EDS consult liaison¹
- residential services – inpatient, day programme
- outpatient services – CAMHS, adult, specialist
- school nurses and school guidance counsellors.

It is recognised that health promotion and education in the Northern Region are currently provided by organisations outside of the DHB mental health and addictions funding stream and therefore, these functions are not included in the above list. Note: this situation does not apply in other regions.

The gathering of information for a comprehensive workforce profile was problematic. The Werry Centre holds information about total FTE only and, therefore, this project needed to access information from within each DHB. This project experienced limited success in the distribution and collection of a survey and, therefore, the findings from the survey are patchy and may not be fully representative.

Learning and development priorities for eating disorders services were established through stakeholder interviews, and a workshop. A template has been populated identifying core skills required for up-skilling the workforce, along with identifying the services within the EDS continuum to which these core skills pertain. This report recommends that priority be given to core skills training, whilst recognising the equally important need for ongoing training and development for the more specialised, dedicated eating disorders staff.

¹ These are the local DHB EDS specific consult/coordinator roles

A comprehensive competency framework is presented for the newly established residential service for over 15s, which is aligned to the core skills.

This report recommends that any training of these core skills occurs with representation from services across the EDS continuum to ensure and support development of relationships, consistency of approach, shared understanding and sharing of expertise.

The current Regional Eating Disorders Services (REDS) training and supervision model is not captured in a formalised way. The contract for REDS to supply supervision to Midland Region follows the hub and spoke model. Consideration needs to be given to pressure in the sector caused by the current restructuring of REDS, the establishment of the new consult liaison position in the DHBs and the setting-up of the new over-15s residential service – all of which are occurring simultaneously. To this end, it is intended that the formal training and supervision model will develop in an incremental way once relationships and the unique features of services are established.

A Northern Region EDS Workforce Development Plan is presented, and identifies a recommended approach (regional or local) along with a recommended lead organisation.

Overall recommendations are presented below.

RECOMMENDATIONS

Strategic

- That the Northern Region Eating Disorders Services Workforce Development Plan be reviewed and updated once there is an agreed, signed-off model of service delivery
- That, in the process of establishing new services and/or positions, consistency of approach across the EDS continuum in the Northern Region be a priority
- That consistency of approach, i.e., procedures, tools, templates, assessments and models of care across the eating disorders service continuum, is recognised as a key contributor to workforce development
- That the learning and development priorities for EDS in the Northern Region be reviewed subject to the decision re the allocation and holding of the EDS workforce development funds
- That the Northern Region capitalise on the service and workforce development activities already in place in other regions
- That the development and utilisation of the local DHB, EDS consult liaison positions within each DHB ensures responsiveness to the unique features, capability and capacity of each DHB
- That recognition be given to the fact that, in terms of EDS, the Northern Region is undergoing re-structuring, managing change, developing new services and forging new relationships
- That consideration be given to strengthening relationships with the services of external organisations providing health promotion and education.

Workforce development priorities

- That priority be given to training and development in the core skills for all eating disorders staff working across the service continuum
- That application of the core skills will vary in comprehensiveness and complexity depending on where along the service continuum they need to be utilised
- That general practitioners and primary health workers be the priority for training and development in the core skills along with and through the local DHB EDS consult liaison roles, particularly in terms of early recognition, early identification, initial treatment planning, and risk assessment, monitoring and management.
- That training and development of core skills for those staff working with children (i.e., under 15s) with eating disorders be delivered with a child focus.
- That, although core skills training is the priority for this particular workforce development plan, recognition of the need for training and development for the more specialised, dedicated eating disorders staff be acknowledged and considered
- That priority be given to including working with people with eating disorders in general medical training

Collaborative approaches

- That relationships of collaboration are explored nationally to support workforce development initiatives
- That EDS workforce initiatives are planned in consultation with the Werry Centre particularly in terms of the national roll out of the Maudsley training and the setting up of EDS clinical network.
- That, given the abundance of available workforce development resources pertaining to eating disorders, the agreement be reached as to where available resources are best utilised
- That the content of existing training and development activities is captured and utilised to avoid duplication of design and delivery, both regionally and nationally
- That training of core skills occurs with representation from services across the EDS continuum to ensure and support development of relationships, consistency of approach, shared understanding and sharing of expertise
- Linkages, relationships and collaboration are strengthened with key referrers.

Other

Subject to available resource:

- That a more detailed workforce profile is developed for the over-15s residential service once it is operational
- That the potential training and development methods identified in this report are considered

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1. PROJECT BACKGROUND AND CONTEXT

1.1 INTRODUCTION

This Eating Disorders Workforce Planning Project was commissioned by Northern Region DHB Support Agency (NDSA) in May 2010.

The project was conducted by Brora Limited between May and September 2010, and had the following purpose:

- To produce an Eating Disorders Services (EDS) Workforce Development Plan that supports the establishment and operation of the Northern Region Eating Disorders services, signed off by the EDS Implementation Governance Group.

Project scope

The project scope encompassed the full continuum of eating disorders services, i.e., health promotion/protection, primary care, local DHB, specialist regional EDS, newly established residential service and where appropriate, NGOs, were identified and agreed as part of the wider EDS project.

The workforce development plan:

- describes regional integration with national activities
- highlights the key priorities
- identifies existing local initiatives
- provides a comprehensive analysis of needs
- describes the timeframes and responsibility for the completion of identified agreed needs.

The workforce development plan aligns to the national mental health and addiction strategic workforce development imperatives to support building capacity and capability with the eating disorders services workforce, i.e.,

- infrastructural development
- organisational development
- recruitment and retention
- training and development
- research and evaluation.

The project worked collaboratively with the Werry Centre workforce development activity to minimise duplication of effort and to ensure that the signalled national preferred option, the Maudsley family therapy model, is incorporated into the eating disorders service workforce development plan for the Northern Region.

The project worked collaboratively with local DHBs, and with other national workforce centres as appropriate to ensure that workforce plan activities were integrated.

Key deliverables

Key deliverables for the project include the following:

1. analysis and summary of national, regional and local strategies and initiatives, both current and planned
2. report on other regional workforce development planning and provide analysis of application in the Northern region
3. identify and agree the components of the eating disorder services continuum to be included in this workforce development plan
4. working with Werry Centre activity as appropriate, compile stocktake of the current workforce situation, both locally and regionally (including DHBs and NGOs), in terms of:
 - current FTE, roles and professions
 - skill mix
 - qualifications and experience
 - learning and development needs
5. given the agreed model of service delivery:
 - identify gaps in workforce capacity, capability (skill mix) and training
 - provide a broad scope of the skills and competencies required for the >15s residential treatment service as a guide for the governance group on the level and scope of capacity planning needed
 - make recommendations
6. describe the existing Regional Eating Disorders Services (REDS) training and supervision model, and provide an analysis of the capacity of this model (and REDS) to meet identified training needs
7. make recommendations on what workforce development activity (exclusive of recruitment) can be supported by the EDS workforce development establishment funds; and what should/could be the ongoing responsibility of DHBs, and/or the four national workforce centres (including the Werry Centre), e.g., training packages for services where the Maudsley model does not apply

In addition to the workforce development plan, deliverables include:

8. provide monthly updates on progress to the EDS Governance Group, highlighting key achievements and risks, including verbal updates as agreed.

Project sponsorship and reporting

The project sponsor was Deirdre Maxwell, Regional Manager, Service Development and Planning, Mental Health & Addiction Services, Northern Region, and the Eating Disorders Services Project Manager was Deirdre Mulligan.

Reports on the progress of the Eating Disorders Workforce Planning Project were presented to the Northern Region EDS Implementation Governance Group, who will also sign-off the completed workforce development plan.

This report presents the Northern Region Eating Disorders Services Workforce Development Plan (section 14.2).

1.2 METHODOLOGY

Key stakeholders were identified, both regionally and nationally, to inform this project and also to act as a conduit for two-way dissemination of information. A workforce profile survey was distributed to relevant services within all four DHBs in the Northern Region. A workshop was held with key stakeholders to determine the priority needs for workforce development and how best these might be addressed. Consultation with key stakeholders occurred throughout the project.

Key national and regional strategies and initiatives were summarised, and this summary is presented in this report.

Throughout the course of the project, consultation occurred with two of the national workforce centres (Werry Centre for Child and Adolescent Mental Health and Te Pou National Centre of Mental Health Research, Information and Workforce Development) to ensure alignment with, and avoid duplication of, relevant initiatives for eating disorders services.

2. NATIONAL STRATEGIES

A summary of national strategies, both current and planned, for eating disorders services is provided below.

2.1 ***Tauawhitia Te Wero Embracing the Challenge: the National Mental Health and Addiction Workforce Development Plan 2006–2009***

Tauawhitia Te Wero Embracing the Challenge: the National Mental Health and Addiction Workforce Development Plan 2006–2009 sets out a framework for workforce development that emphasises a systemic approach to mental health workforce development across five strategic imperatives:

1. **Workforce development infrastructure** comprises national centres and their programmes, regional coordinator positions and activities, education and training positions and programmes, research and policy organisations and groups, scholarships and governance bodies.
2. **Organisational development** aims to help services develop the culture and systems necessary to support and sustain their staff including culture, leadership, management and design.
3. **Recruitment and retention** – recruitment includes the monitoring and identification of key vacancies that impact on services, and then attracting and choosing people who are capable of performing well in an organisation, who can develop effective services and who match the client profile (both culturally and in terms of meeting identified needs). Effective retention ensures that staff stay with an organisation long enough to make an effective and valued contribution, and that staff are supported to grow and develop with the organisation.

4. **Training and development** includes all aspects of education and training, and is aligned to service delivery and national strategies. Ensuring mandatory competencies for mental health and addiction workers, and developing the knowledge, skills and attitudes of people who work in mental health and addiction services is paramount. Ongoing training and development also ensures staff have the skills and knowledge to meet the requirements of their jobs; this is particularly relevant to specialist services such as EDS. Furthermore, skilled staff within the workforce have an obligation to provide supervision and training opportunities for all relevant staff, both within and without their own service. Tertiary education in mental health and addiction, post-entry clinical training (PECT), and other training in aspects of mental health and addiction treatment, support and care are also included.

5. **Research and evaluation** – research in this context means investigating aspects of the mental health and addiction sector in order to add to our knowledge and understanding of the workforce and workforce development. Evaluation is about assessing the effectiveness of an initiative or project in achieving its stated aims.

The Northern Region EDS Workforce Development Plan (section 14.2) uses this five-point structure.

2.2 Future Directions for Eating Disorders Services

The Ministry of Health document *Future Directions for Eating Disorders Services* (2008) identified a proposed tiered service model for an integrated eating disorders sector. The tiered service model is intended to support an increase in the number and range of services, which would include:

- establishing tertiary eating disorders services
- supporting seamless service delivery, easy transitions between services and continuity of care by providing:
 - each service user referred to a secondary service with a designated care coordinator
 - at least one designated eating disorders liaison person in each DHB (or appropriate group of DHBs) building a workforce in primary, secondary and tertiary services with:
 - the skills and experience to deliver effective services to people with an eating disorder
 - a culture that promotes service user participation and leadership
 - a culture that involves family/whanau in treatment and recovery.

Key identified workforce issues include:

- a shortage of eating disorders knowledge and expertise in:
 - primary care services
 - child and adolescent mental health services
 - adult mental health services
 - paediatric wards
- difficulties establishing adequate and appropriately mixed multi-disciplinary teams (and a lack of specialist eating disorder supervision of such teams)
- a shortage of training and professional development opportunities

- low staff confidence in dealing with people with eating disorders of all ages, but particularly with young people
- the use of staff who rarely work with eating disorder service users, but who are called on when experienced professionals are not available.

There was particular mention of potential challenge in terms of:

- initial diagnostic capability and early intervention
- casual or unqualified staff who lack knowledge and confidence in eating disorders, which may lead to counter-therapeutic practices and, therefore, poor outcomes.

2.2.1 Review of workforce development

Following a review of the Ministry of Health document *Future Directions for Eating Disorders Services* (2008), the key points about workforce development are provided below.

Role of the Ministry of Health in workforce development

The Ministry of Health plans to build and strengthen the eating disorders workforce through its ongoing mental health and addiction workforce development programme.

Importance of suitably qualified and experienced staff

- Eating disorders services require staff with expertise in physical and psychological health.
- Effective eating disorders services must have suitably qualified and experienced staff who are responsive, knowledgeable and supportive.
- Services need to demonstrate to service users that the people who are involved in their care have an understanding of the needs, thoughts, feelings and priorities of each service user.

Importance of opportunities for staff to develop expertise

- Opportunities are needed for health professionals to develop eating disorders expertise. These include ongoing education, support and supervision from tertiary eating disorders services.
- The provision of effective eating disorders services requires building the knowledge and skills of the entire physical and mental health workforce as well as the workforce specifically engaged to deliver eating disorders services.
- Developing the early intervention skills of primary health care practitioners is particularly important.

Specific workforce development issues

The workforce issues that need to be considered in the development of eating disorders services include:

- providing opportunities for staff to access training and development that are appropriate for the level of care they provide and the characteristics of their service users
- providing opportunities for staff to ensure they have a full understanding of, and comply with, local, national and international guidelines, and integrated care pathways, to ensure competency and a uniformly high standard of care
- encouraging staff to participate in training or study that gives them enhanced skills for working with people with eating disorders
- providing staff with access to library and internet services so they can read literature on eating disorders
- supporting staff attendance, where feasible, at national and international meetings in order to support their continuing professional development
- supporting collegial support, training and networking opportunities through affiliations with the Australia and New Zealand Academy of Eating Disorders
- linking professional development to annual appraisal and performance review processes
- developing recruitment strategies for Māori, Pacific peoples, and people of other cultures to join the eating disorders workforce
- all staff in primary services should have the skills and experience to recognise people who may have an eating disorder (or who show early warning signs and/or risk factors); staff should be able to provide support, information, early intervention, and referral services
- general practitioners and other health professionals in primary services need to have the skills to recognise, monitor and alleviate low-intensity eating disorders as well as to facilitate a person's access to secondary services and/or tertiary services (when needed).

Role of tertiary eating disorders services in workforce development

The proposed tertiary eating disorders services will provide specialist support and supervision to the wider eating disorders workforce. This could include:

- providing professional development and training initiatives for DHBs' eating disorders
- care coordinators and eating disorders liaison people
- providing opportunities for specialty training posts for registrars
- coordinating and contributing to the development and implementation of national guidelines
- providing guidance and direction to help health professionals to undertake professional development that maintains and develops their clinical and professional skills (such as updated practice guidelines and referral processes)
- taking a role in coordinating and developing an eating disorder forum (see below).

Eating disorders forum

The Ministry of Health will support the establishment and initial meetings of national eating disorders forum. The forum would be an open, multi-disciplinary group of health professionals, representatives from DHBs and other organisations (including NGOs) and other stakeholders. The forum would:

- encourage stakeholders (including NGOs) within the eating disorders sector to work together and share their knowledge and experiences, and foster collaboration across primary, secondary, and tertiary services.
- encourage national discussion of aspects of prevention, early intervention, education and treatment of (and outcomes achieved for) service users.
- enhance communication to ensure closer connections between the people and organisations with expertise available across the different levels of eating disorders services.
- promote the development and use of consistent evidence-based guidelines and best practice principles within eating disorders services.

Roles

A key function of the local DHB EDS consult liaison role will be to support staff dealing with eating disorders in their DHB area, including staff in primary services. In terms of workforce development, the liaison person will:

- assist with the supervision and professional development of staff involved in providing eating disorders services in their DHB
- receive support and education from tertiary eating disorders services
- be available to advise and guide staff in primary services

The care coordinator has a key function across the full spectrum of services and, therefore, will require a dedicated workforce development investment to optimise their effectiveness.

Research topics

Future Directions for Eating Disorders Services (2008) includes the following amongst its suggestions for research:

- developing a stronger understanding of the workforce development required to establish effective eating disorders services, with strong links to the wider body of workforce development research.

3. NATIONAL GUIDELINES

The risk of successful suicide for people with anorexia is 32 times that expected for same aged population (reported by CREDS at <http://www.eatingdisorders.org.nz/index.php?id=765>).

For this reason, this report includes national guidelines for both anorexia nervosa (the only guideline for eating disorders), and self-harm and suicide.

Guideline	Date published	Definition	Source
Australia and New Zealand Clinical Practice Guidelines for the Treatment of Anorexia Nervosa	2-Dec-04		Royal Australian and New Zealand College of Psychiatrists
Assessment and Management of People at Risk of Suicide	1-May-03	Best practice, evidence-based guideline	New Zealand Guidelines Group (NZGG)
Prevention, Recognition and Management of Young People at Risk of Suicide: development of guidelines for schools	1-Jul-97	Evidence-based guideline	National Health Committee (NHC)
Summary Australian and New Zealand Clinical Practice Guideline for the Management of Adult Deliberate Self-harm (2003)	2-Dec-04]	Best practice guideline	Royal Australian and New Zealand College of Psychiatrists
Young People at Risk of Suicide: A Guide for Schools	1-Mar-98	Best practice guideline	National Health Committee (NHC)

4. NATIONAL INITIATIVES

A summary of national initiatives, both current and planned, for eating disorders services is provided below.

4.1 Werry Centre – workforce development: eating disorders

Below is a summary of the Werry Centre workforce development project for eating disorders.

Project goal

To strengthen the capacity and capability of providers working with people with eating disorders, with an emphasis on training to support the development of providers that target children and young people.

Objectives

- To provide workforce development and clinical networking opportunities that support the regional and national development of eating disorder services.
- To develop skills and increase awareness about eating disorders amongst generalist hospital and community based service providers.
- To support communications and sharing of resources which enhance the development of eating disorders services.
- To contribute to the operation of the hub and spoke services.

Outputs

- Develop a work plan to support training, retention, service development and sustainable service delivery
- Training in Maudsley family therapy model
- Strengthen capacity and capability of specialist eating disorders services
- Strengthen awareness and skills amongst general hospital and community service providers
- Support and encourage networking and communications via webpage and clinical forum, including sharing of resources.

An update of progress as at July 2010 was provided for this project by Rachel Lawson, project manager.

Training in the Maudsley family therapy model

A contract is in the process of being signed with trainers from the Westmead Hospital, Australia, to deliver training for primary therapists in the Maudsley family therapy model. The selection of these trainers was informed by guidelines from the EDS workforce subgroup

A two-tiered approach to training was agreed to support workforce supervision and sustainability. A consultation process established that there are small groups (mostly within speciality services) throughout the country who have attended training in the Maudsley model. It was identified that this group needed advanced training and then could potentially provide supervision within the 'hub and spoke' to those attending an introductory training (the second tier of training).

Clinical network

A New Zealand website for eating disorders is currently being developed, including links to the Australia and New Zealand Academy of Eating Disorders (ANZAED) webpage for information. The Centre for Eating and Dieting Disorders (www.cedd.org.au) have already developed e-learning packages for GPs and nurses and are in the process of developing these for dieticians, with input from New Zealand dieticians. However, the e-learning for GPs and nurses would need to be adapted to the New Zealand context.

National guidelines and resources

Given the high identified need across all regions for skills in medical management of patients with eating disorders, a small group are developing resources/guidelines around the medical management of patients. There is general agreement to sharing resources, including:

- posting on the website
- admission tools
- referral and treatment protocols
- national standards for re-feeding.

National training opportunities

- The major Australian centres with the SIEDS and the Auckland Regional Eating Disorders service are negotiating with Gillian Todd (Institute of Psychiatry, London) to run a series of workshops in late November/early December 2010. Gillian Todd has the potential to run a carers skills workshop and also a workshop for nurses. Working in a collaborative way with Australia substantially reduces the cost of these trainers.
- Sue Willoughby from Central Region Eating Disorders Service (CREDS) has also expressed an interest in bringing Gillian Todd to Wellington. This has yet to be confirmed.
- Other specialist New Zealand centres may also be exploring the possibility of bringing Gillian Todd to New Zealand.
- Josie Geller's recent visit to New Zealand to train in motivational interviewing was considered an outstanding success based on feedback.

5. REGIONAL STRATEGIES

5.1 Northern Region

A summary of the proposed areas for implementation of service development for eating disorders services is provided in the table below. This information has been extracted from the *Northern Region Eating Disorders Service Plan 2008-2013* (Northern DHB Support Agency Ltd, 2009, pp. 21–22).

Initiative	Indicative timeframes
Recruitment plan to identify and locate appropriate skills and volumes for workforce to support service delivery	09/10 – 10/11
Development of EDS workforce skills and knowledge of child / adolescent needs	10/11 – 11/12
Establish working relationships within PHO provider structures to develop network of interested general practitioners	09/10 – 12/13
Develop community-based programmes, training and educational resources, and innovative models to deliver training and education	10/11 – 11/12
Develop educational and training resources on eating disorders for mental health services	11/12 – 12/13

5.2 Midland Region

The *Midland Region Eating Disorders Strategic Plan* (March 2009) identifies a number of goals. The goals pertaining specifically to EDS workforce development are listed below.

1. Primary sector goals		Timeframes for goals
1.1	All Midland primary care providers / social services agencies have access to information regarding antecedents to eating issues for their populations within their respective DHBs	1–5 years
1.2	General practice providers have increased knowledge of eating disorders and their presentations	Present–5 years
1.4	Public health providers are including messages relating to eating disorders in their planning for service delivery	1–3 years
1.5	Primary health providers professional competence in working with clients with ED is increased	1–5 years
1.7	Kaupapa Maori primary health providers have increased knowledge and awareness of eating disorders within their populations	1–5 years
1.8	Pacific People's primary health providers have increased knowledge and awareness of eating disorders within their populations	1–5 years
1.9	Other identified ethnic groups are assisted in increasing their knowledge and awareness of eating disorders within their populations	5–10 years

2. Secondary sector goals		Timeframes for goals
2.2	Telecommunications are used to enable clinicians to access expertise throughout the region at a national and international level	2008–2009
2.3	Family and whanau work in partnership with eating disorders professionals	2008–2009
2.4	Clinical staff working with children and young people are trained in the management of clients with eating disorders	1–5 years
2.5	Clinical staff working with adults are trained in a range of treatment modalities for the management of clients with eating disorders	1–5 years
2.6	Midland DHBs have in place clinical and service linkages regarding pathways for collaborative practice and support between them and the Auckland Regional Eating Disorders Services	2008–2009
2.7	The current Midland regional supervision contract with the Auckland Eating Disorders Service is reviewed and recommendations be developed	2008–2009

2. Secondary sector goals		Timeframes for goals
2.8	All Midland Region secondary specialist clinical staff with eating disorders expertise provide support to their local primary sector clinical and non-clinical services staff to ensure pathways for care between primary and secondary services are well understood and able to be implemented in a timely way	2–5 years
2.9	Each DHB identifies eating disorder liaison specialist role for adult and child and adolescents to: <ol style="list-style-type: none"> 1. ensure liaison between primary and secondary services occurs; 2. develop coordination and maintenance of service protocols between medical and psychiatric settings; 3. ensure brokerage for access to appropriate treatment is developed 4. ensure supervision and professional development of local staff involved is undertaken 5. develop communication frameworks with tertiary services. 	2008–2010
2.12	Across Midland there is increased focus on a workforce, with multiple competencies, that may include service users and whanau	2–10 years
2.13	Future eating disorders service development is based on well-researched and evidence-based practice	Commence 2008–2009 (ongoing)
2.14	A Midland regional database of all clinical staff working in the field of eating disorders is available	2008–2009
2.15	Outpatient services are provided by multidisciplinary teams who have experience and skills in eating disorders work	2008–2009

3. Tertiary sector goals		Timeframes for goals
3.1	Establish a strategic alliance with the Auckland Regional ED Services to advance the development of tertiary services across both regions	2008–2009
3.5	Support and input from tertiary provider clinicians to provide 'hub and spoke' supervision and training for all primary, secondary and NGO services involved in eating disorders that is additional to the current supervision and training arrangements	2009–2010

Furthermore, the *Midland Region Eating Disorders Strategic Plan* (March 2009) offers the following to the Ministry of Health for consideration.

<p>National consideration is given to developing a centre(s) of excellence with training opportunities for internships for clinical staff who have an interest in eating disorders</p>	<ul style="list-style-type: none"> • Establish training packages around ED multi-modal therapy that can be reproduced in diverse settings • Training is acknowledged for the trainers who will be supported by allowing / facilitating access to expert / best-practice international practitioners to ensure up-to-date clinical practice / procedures / treatment is acquired • International links will be developed • Liaison with pre-and post-registration training institutions will be undertaken to: <ol style="list-style-type: none"> 1. heighten awareness of ED 2. increase interest in ED 3. establish what training post registration could be developed • Central funding will need to be attached to ensure a wider range of staff can have access to training – not just staff who have a specific training budget attached to their positions (e.g., psychiatrists and psychologists)
<p>There will need to be collaboration at a national level between the health and education ministries to ensure the national education health curriculum reflects the need to address concerns relating to eating issues and eating disorders across all school settings.</p>	

5.3 Central Region

The *Central Regional Strategic Plan for the Development of Eating Disorders Services* (February 2009) identifies the following workforce initiatives:

- the provision of sufficient funding for at least one person in each DHB provider arm to be supported to undertake the eating disorder paper offered at the University of Otago. Funding included travel costs.
- development of an eating disorders clinical network
- development of a framework for research and development.

5.4 Southern Region

'Training in eating disorders should be mandatory for all health professionals who practise across the spectrum of mental health services from health promotion and prevention, primary care, secondary care and tertiary care in both hospital services and NGO services.' (South Island Regional Eating Disorders Working Group, 2009, p. 20)

6. REGIONAL INITIATIVES

6.1 Northern Region

This Eating Disorders Workforce Planning Project is the primary workforce initiative for the Northern Region.

Starship Children's Hospital inpatient services

Recent training to up-skill staff, particularly ward nurses, paediatricians and registrars at Starship Children's Hospital and for Midland Region, has included the following activities:

- weekly education sessions for the nursing staff who look after children with an eating disorder, delivered by the eating disorders team and the ward nurse educator
- psychologists from both the inpatient team and the regional team meeting regularly to further develop their skills in cognitive remediation therapy. This type of therapy is particularly useful for the inpatient environment
- Dr Louise Webster and Dr Leah Andrews teach eating disorders on the following under- and post-graduate courses:
 - University of Auckland Medical training
 - Certificate Health Sciences (Child & Adolescent Mental Health)
 - POPLPRAC 754 Primary Mental Health Care for Children & Adolescents
- Dr Louise Webster and Dr Raewyn Gavin (paediatrician) conducted in-service training with REDS; this was also attended by colleagues from Waikato
- care of the child with eating disorders is included in the registrar training programme (physical health)
- Dr Gavin holds six or seven sessions per year for trainee interns on the care of the child with eating disorders and associated medical complications
- the inpatient team meet with REDS staff weekly for information-sharing and teaching
- there is an allocated session each year in the Paediatric Grand Round Programme – other DHBs are able to attend these sessions, either in person or via video teleconferencing
- Dr Gavin has updated the Starship online guidelines for inpatient management – these can be accessed from outside the DHB (usually by medical and nursing staff) via the starship.org.nz website (see below)

Starship Children's Health Clinical Guideline: Anorexia / Eating Disorders – Inpatient Management

The Starship guideline 'is intended to assist in the appropriate assessment and management of children/adolescents admitted to Starship with anorexia and other eating disorders' and includes the following components.

- | | |
|--------------------------|--|
| • Introduction | • Ongoing management |
| • Initial assessment | • Criteria for discharge |
| • Admission criteria | • Anorexic behaviours |
| • Discharge from CED | • Calculating ideal body weight |
| • Admission to ward | • Physiotherapy |
| • Management flow chart | • Children and adolescents with eating disorders are different from adults |
| • Fluid and electrolytes | • References |
| • Medication | |

Regional Eating Disorders Services (REDS)

Whilst there are no formalised workforce development activities conducted by REDS, there has been significant informal networking, consult liaison and supervision occurring over the past few years amongst the Northern Region DHBs and REDS.

REDS has also coordinated visits from overseas specialists and has offered places in workshops to the Northern Region DHBs. Furthermore, REDS was responsible for leading a recent eating disorders conference in Auckland.

6.2 Midland Region

Midland Region has the following initiatives for EDS workforce development:

- regional supervision with Auckland EDS services
- ring-fenced funding for regional ED workforce scholarships and conference support
- local workforce development initiatives, e.g. supervision, in-service training.

Midland Region will link into the Maudsley model training offered by the Werry Centre once it is available.

6.3 Central Region

The Central Region has the following EDS-specific workforce initiatives:

- provision of supervision through a hub and spoke model, which is provided to develop resources, capability and capacity in the six DHBs
- given the demand for clinician-to-clinician education and consultation, all staff within the Central Region Eating Disorders Service (CREDS) are expected to fulfil the role of education and consult liaison
- consult liaison is provided to the six DHBs routinely
- a part-time (0.8 FTE) educator role is dedicated to working in schools and community
- Central Region offers routine and regular training through the medical school to medical students on working with people with eating disorders.

Provision of education days

- 87 attendees at the last education day in June 2010 from all central DHBs, NGOs and community services. Furthermore, invitations extended to Midland DHBs were taken up.
- Range of services invited included medical, emergency, paediatrics, NGOs, mental health, GPs, community services
- Range of roles invited included community support workers, clinical staff, medical staff, dieticians
- Feedback suggests the effectiveness of the education days is due to the opportunity for clinicians to talk to other clinicians
- Low cost, e.g., \$20 fee
- CREDS is open to engaging in collaborative workforce development initiatives across regions

The range of topics included in the education days is provided in the following list.

- Working with clients with an eating disorder in an inpatient/residential setting
- Family therapy with families of clients with an eating disorder
- Therapeutic group interventions
- Working with clients with a severe enduring eating disorder (SEED)
- Medically compromised clients requiring re-feeding
- Supporting/educating RNs working with challenging clients with an eating disorder
- Co-existing disorders –working with clients with self-harm behaviours using distress tolerance techniques
- STARVATION – the treatment of patients with an eating disorder and the use of the *Mental Health Act*
- So your patient has a family, does it matter and do you need to talk to them?
- Longitudinal case study utilising the Maudsley model with a young male and his family
- Supporting families of clients with an eating disorder
- Individual therapy with clients with an eating disorder
- Introduction to eating disorders
- Psychotherapy with clients with an eating disorder followed by mindfulness with clients with bulimia and a panel discussion
- Re-feeding clients with a restrictive eating disorder
- Assessment, diagnosis and treatment of eating disorders
- Eating with clients with eating disorders – developing adaptive functional behaviours and nutritional messages for clients with eating disorders
- Utilising music therapy and massage therapy with clients with an eating disorder
- Relational approaches to eating disorders
- Working with clients with an eating disorder in a mental health inpatient setting and supporting staff

6.4 Southern Region

The Southern Region has had inpatient beds operational for some years (and before the new EDS funding was received). Furthermore, it had substantially developed the hub and spoke model for supervision; managing anxiety generated by working with patients with anorexia nervosa is a good part of SIEDS (South Island Eating Disorders Service) work as the ego-syntonic nature of the symptoms of anorexia nervosa means clinicians often feel unskilled and anxious in their work.

Key points regarding the Southern Region EDS-specific workforce initiatives are summarised below.

- The effectiveness of the hub and spoke model is due mostly to the relationships SIEDS have built with the clinicians in the district. The regional coordinator role seems vital for maintaining and facilitating these relationships, thereby enabling clinicians to phone/contact with any concerns and thus feel supported.

- There are formalised, monthly teleconferences with local liaison people. Most EDS liaison people sit in adult services, and ideally each DHB will have at least one interested person in each CAMHS service familiar with the Maudsley model.
- The EDS liaison person has linkages and interfaces in each district, and provides support across the service pathway (e.g., support for generalist staff in inpatient wards and general medical wards); includes short stay options.
- Training and education based on what individuals need (e.g., medical management when re-feeding).
- The regional EDS service (SIEDS) also provides consult liaison and/or teaching visits twice yearly to each DHB, comprising 2.5 hours of workshop followed by a half-day of consult liaison. Extra supervision can also be provided if required.
- There is funding established for South Island training initiatives, which include:
 - reviewing ongoing training needs with each region
 - creating training timeline by consulting specialty services
 - CREDS training days
 - hosting Gillian Todd to provide skills-based training for carers, arranged in conjunction with CEEDS, Perth and Victoria EDS; this could be made nationally available (subject to available workshop places) and relevant for specialist and generalist staff
 - identifying supervision network for skills-based carers, including Australia – may include yearly supervision from Gillian Todd
 - identifying motivational interviewing as a training need
 - a focus on developing the expertise of people working with severe and enduring presentations.

6.5 Other initiatives

General practitioners

General practitioners receive a high-level summary of working with people with eating disorders as part of their general medical training.

The Royal New Zealand College of General Practitioners (RNZCGP) makes available specific sessions on working with people with eating disorders, at which attendance is voluntary and dependent on the particular interest of the individual general practitioner.

7. ORGANISATIONS RELEVANT TO EATING DISORDERS WORKFORCE DEVELOPMENT

Organisations relevant to eating disorders (services, staff, people with eating disorders and family/whanau) that were identified during the course of this project include the following. All of these organisations have potential workforce development tools and/or programmes that could be utilised for the Northern Region.

7.1 Australia and New Zealand Academy of Eating Disorders (ANZAED)

‘The Australia and New Zealand Academy of Eating Disorders is the peak body representing and supporting the activities of all professionals working in the field of eating disorders and related issues.’ (www.anzaed.org.au/)

The ANZAED offers a comprehensive programme through its EDTEC (Eating Disorder Training & Evaluation Centre) http://www.anzaed.org.au/files/edtec_training_calender_2010_a4.pdf. See appendix 15.3.

7.2 Eating Disorders Association of New Zealand (EDANZ)

'EDANZ is an incorporated society established to provide support and education for parents and caregivers of people with eating disorders. Its aims are:

- To provide support, information and help to families that have a member with an eating disorder.
- To change the way people think and talk about eating disorders.
- To advocate for increased resources and better services for people with eating disorders and their families.' (www.ed.org.nz)

7.3 Eating Difficulties Education Network (EDEN)

The Eating Difficulties Education Network (EDEN) is a non-profit community agency based in Auckland, providing education and support for people with eating disorders, and health professionals, schools and communities. EDEN has the following aims (www.eden.org.nz):

- 'support and resource individuals who contact us regarding their own or another's eating issue
- resource and educate health professionals, community agencies and schools.
- work to create environments that support body satisfaction
- advocate for a view of health that is indexed to wellbeing rather than weight
- contribute to the development of public health policy concerned with issues of nutrition, weight, and activity
- raise awareness of EDEN's approach so that it is well known, incorporated and accepted in NZ education, health and social sectors.'

Services for health professionals offered by EDEN include:

- education
- presentations
- workshops/training
- a 'train the trainer' programme (NOURISH)
- policy development
- health promotion
- consultation
- resource development
- supervision

EDEN adopts a multi-faceted health promotion approach to working with schools. Specifically, this involves working in the following areas (www.eden.org.nz):

- 'student support/peer support
- staff training/support (e.g., professional development, teachers as role models)
- parent education and support (e.g., parent information events, forums for discussing concerns)
- curriculum input (e.g., integration of body image/prevention issues across curriculum)
- policy development (e.g., addressing weight harassment, valuing diversity)
- developing and strengthening community networks (e.g., referral pathways and links with supportive agencies).'

Feedback from EDEN indicates that the priority area for workforce development from their perspective is up-skilling general practitioners in early recognition and identification, risk management and where to refer people to.

7.4 Centre of Excellence in Eating Disorders (CEED), Victoria, Australia

'The Victorian Centre of Excellence in Eating Disorders (CEED) is a key program within the Victorian government's response to the provision of quality services for those with eating disorders. CEED aims to undertake strategies to build quality, sustainable eating disorder treatment responses delivered by public specialist mental health services.

Services provided by CEED for specialist public mental health services:

- Secondary consultation on request to assist specialist public mental health services in assessment, treatment planning and management, of clients experiencing eating disorders
 - Professional education and training programs for mental health service staff
 - Development of clinical resources for specialist public mental health services.'
- (http://www.rch.org.au/ceed/index.cfm?doc_id=2783)

8. REGIONAL WORKFORCE DEVELOPMENT PLANNING AND ANALYSIS OF APPLICATION IN THE NORTHERN REGION

As indicated above, there are many commonalities across the regions in terms of strategies, needs and initiatives. There is opportunity for the Northern Region to save time and resource by following any or all of the following pathways:

- joining in a collaborative relationship with other regions to access workforce development initiatives, e.g., joining the Southern Region for training by Gillian Todd
- adopting similar strategies and initiatives, e.g., ring-fencing funds for EDS-specific initiatives
- adopting other regions' education programmes, such as the one in Central Region
- utilising existing workforce development resources to avoid duplication, e.g., EDEN programmes, CREDS education programme, ANZAED EDTEC training programme.

Through the relationships formed by this project, there is strong indication that all regions are more than willing to cooperate and support a collaborative approach. This report recommends that consideration be given to utilising the education programmes identified above.

The Central Region programme, in particular, has received positive feedback from the sector, and could serve as part of the spectrum of workforce initiatives for the Northern Region. A feature of this programme that contributes to its success is the clinician-to-clinician consultation and training. This report also recommends that DHBs consider using the services of NGO in a coordinated way.

9. COMPONENTS OF THE EATING DISORDER SERVICES CONTINUUM TO BE INCLUDED IN THE NORTHERN REGION WORKFORCE DEVELOPMENT PLAN

For the purposes of this project, and following consultation with key stakeholders, the components of the eating disorders continuum included in the Northern Region Workforce Development Plan are:

- primary health – GPs, practice nurses, primary health services
- emergency departments
- medical wards
- EDS consult liaison
- residential services – inpatient, day programme
- outpatient services – CAMHS, adult, specialist
- school nurses and school guidance counsellors.

10. CURRENT WORKFORCE PROFILE AND IDENTIFIED LEARNING AND DEVELOPMENT NEEDS

10.1 Northern Region DHBs

Given that the Werry Centre does not hold a profile of the current eating disorders services workforce (although it does capture information about overall FTE), a workforce profile survey (appendix 15.2) was distributed electronically to the DHBs in the Northern Region via a key contact. It is not known how many surveys were distributed within each organisation, as the project relied on the key contact to distribute the surveys to the most appropriate people. A summary of the findings from the surveys is provided below.

Counties Manukau DHB

A total of 66 completed surveys were returned from Counties Manukau DHB from staff within the services indicated in the following table.

Service	Number of surveys	Learning and development needs specific to EDS
CAMHS	16	Family therapy (x 2), distress tolerance, emotional regulation, attachment theory, therapies specific to eating disorders
ICT (intensive care team)	20	Peer support, distress tolerance (x 2), supervision (x 2)
Tiaho Mai	6	CBT
Community mental health centres	16	Peer support, assessment (x 3), EDS-specific interventions (X 2), DBT, CBT, acceptance and commitment therapy (ACT)
Psychiatric liaison	2	None identified
MHSOP	2	None identified

Service	Number of surveys	Learning and development needs specific to EDS
Faleola Services	1	None identified
Crisis	1	None identified
Specialist	2	None identified
Total	66	

Four staff indicated they had hours dedicated for EDS clients; the number of hours ranged from 1–6 per week. Fourteen staff members indicated they had experience working with people who have eating disorders, including:

- working in a CAMHS inpatient unit (UK)
- working as a family therapist (UK)
- having people with eating disorders as part of their general caseload.

The majority of respondents did not see themselves working in EDS in five years' time nor did they have training or qualifications specific to EDS.

Auckland DHB

A total of 21 completed surveys were returned from ADHB from staff within the services indicated below.

Service	Number of surveys	Learning and development needs specific to EDS
Starship	3	Youth health; psycho-synthesis psychotherapy
Kari Centre	18	<ul style="list-style-type: none"> • supervision skills (x 2) • OT-specific assessments • assessment and diagnosis of eating disorders • evidence-based interventions for people with eating disorders • family therapy (x 5) • working with families • Maudsley model (x 2) • CBT (x 2) • DBT-intensive training (x 2) • efficacy of therapy for children and adolescents with eating disorders • group skills training (x 3) • discursive therapy • ongoing updates on medical (physical) risk assessment and monitoring and different treatment modalities • current preferred treatments for weight recovery (both inpatient and outpatient) • motivational interviewing / engagement (x 2) • narrative workshop (level 2)
Total	21	

One staff from CFU (Starship) indicated they had approximately 10 hours per week dedicated for EDS clients.

Six staff members indicated they had experience working with people who have eating disorders, including:

- two staff working in CFU Starship, with 1–2 years experience
- medical staff with between 2.5 and 10 years experience working in CAMHS.

Seven respondents saw themselves working in EDS in five years' time.

Identified areas of expertise across all respondents specific to EDS included:

- family work
- meal support
- live coaching with meals
- occupational disruption
- sensory modulation
- advanced specialist training at Glasgow inpatient unit
- consult liaison in children's hospitals
- narrative therapy
- collaborative therapy
- solution-focused therapy
- family therapy
- CBT
- DBT

Identified training across all respondents specific to EDS included:

- foundation course in family therapy and system practice (Glasgow)
- Janet Treasure workshop
- Josie Geller workshop
- solution-focused brief therapy
- sensory modulation
- mealtime management
- eating disorders component of general CAMH psychiatry training
- CBT for eating disorders
- administration of eating disorders/Oxford ED Unit England 2002
- conferences, lectures and presentations (e.g., day courses from ADHB and Queensland-based EDS, workshops and lectures in UK, eating disorders conference (Perth), presentation at Kari Centre, two-day conference on eating disorders).

Waitemata DHB

At the time of writing this report, no specific survey information had been received from Waitemata DHB for adult services. Anecdotally, it has been reported that there is some reluctance on the part of adult services to complete the surveys due to the dominant view that eating disorders is a specialist area outside the realm of the CMHCs, and that adult services are not in a position to pick up clients with an eating disorders diagnosis.

Feedback received about CAMHS suggests that staff within CAMHS are more responsive to and interested in eating disorders, and already a platform is in place to develop the Maudsley model. Concern was expressed in regard to adopting the Maudsley model that staff would need to have both the systemic background and enough systems-based family therapy supervision to adapt the model where required.

In summary, the project is unable to report information pertaining to Waitemata DHB about:

- workforce profile
- workforce development needs for eating disorders
- eating disorders-specific specialist expertise.

Northland DHB

At the time of writing this report, no specific survey information had been received from Northland DHB.

10.2 Regional Eating Disorders Service (REDS)

'The Regional Eating Disorders Service (REDS) is a regional specialist service provided by an integrated multidisciplinary team including psychiatrist, dietician, clinical nutritionists, GP, psychologists, psychotherapists, social worker, occupational therapist, art therapist, physiotherapist and support workers. It provides an outpatient treatment programme for individuals from throughout the metropolitan Auckland region who have been diagnosed with anorexia nervosa or bulimia nervosa.' (<http://www.healthpoint.co.nz/default,45224.sm>)

At the time of writing this report, REDS had 18.8 FTE.

It is anticipated that, with the new EDS funding a further 2.0 FTE will be appointed to REDS, to raise the complement to 20.8 FTE.

10.3 New positions in the Northern Region

An additional 8.0 FTE have been funded for the Northern Regions as follows:

- 2.0 FTE for each of the three Auckland-based DHBs,
- 1.0 FTE for Northland DHB
- 1.0 FTE Senior Medical Officer (SMO) for local support. This SMO role will sit within REDS.

11. OVER-15s RESIDENTIAL SERVICE

11.1 Competency framework for the over-15s residential service

The following competency framework has been designed to serve as a guide for the EDS Implementation Governance Group on the level and scope of capacity-planning required for the new residential eating disorders service for over 15s.

COMPETENCY	CORE	COMPETENT
Working with young people with eating disorders	<p>Demonstrates and articulates and understanding of:</p> <ul style="list-style-type: none"> developmental theories aetiology and diagnostic criteria for eating disorders the effect of eating disorders on physical and emotional development, behaviour and cognitive functioning of young people the profile of the eating disorder population in New Zealand and Auckland region recovery and strengths-based models for working with young people risk assessment pertaining to young people with eating disorders techniques to monitor risk of young people with eating disorders <p>Demonstrates youth responsiveness techniques to:</p> <ul style="list-style-type: none"> foster full engagement and participation facilitate groups within a day programme structure work alongside individuals include peers in activities utilise youth-friendly activities match activities to support recovery has completed the Essential level learning module for <i>Let's get real</i> Working with service users 	<ul style="list-style-type: none"> Utilises developmental theories to contextualise, understand and work with behaviour and cognitive processes of young people with an eating disorder Actively works with the effects of eating disorder on physical and emotional development, behaviour and cognitive functioning of young people Articulates and demonstrate competence and leadership in recovery and strengths-based approaches when working with young people with an eating disorder Initiates and conducts risk assessment that is responsive to the unique needs of the young person and to the stage of their recovery Utilises and facilitates processes and interventions that foster full engagement and participation Models therapeutic relationships that are responsive to young people Actively works with young person to include peers and family/whanau in all aspects of recovery Demonstrates reflective practice with team members

COMPETENCY	CORE	COMPETENT
		<ul style="list-style-type: none"> • Seeks and considers feedback from young people to improve responsiveness to young people who have an eating disorders • Has completed the Essential level learning module for <i>Let's get real</i> Working with service users
Working with families/ whanau of young people with eating disorders	<p>Demonstrates and articulates and understanding of:</p> <ul style="list-style-type: none"> • jointly identifying (with the young person) their choice of who to include in their "family/whanau • the impact on families when a family member(s) has an eating disorder • the needs of families/whanau who have a family member(s) who has an eating disorder • the potential dynamics of families whanau who have a family member(s) who has an eating disorder • assessing the support needs of families/whanau • conducting education sessions for people with eating disorders and their family/whanau • resources to refer family/ whanau to for information and support • providing guidance and support to families/ whanau who have a family member with an eating disorders • including families/ whanau in assessments, care planning, interventions and discharge planning • demonstrated awareness of the principles of the Maudsley Family Therapy model • has completed the Essential level learning module for <i>Let's get real</i> Working with families/whanau 	<ul style="list-style-type: none"> • Ensures that the young person has identified their own family/whanau members • Actively engages family/whanau in the service • Facilitates the identification and understanding of impacts on the family/whanau • Facilitates the identification and understanding of needs for support of the family/whanau • Works closely with the family/whanau to identify, understand and manage dynamics that may impede the recovery of the young person who has an eating disorder. • Demonstrated understanding of the principles of the Maudsley Family Therapy model • Has completed the Essential level learning module for <i>Let's get real</i> Working with families/whanau
Working within communities	<p>Demonstrates and articulates understanding of :</p> <ul style="list-style-type: none"> • the community of the young person with an eating disorder • naturally occurring networks that the young person has within their own community eg schools, clubs, sports, social hubs, local trends 	<ul style="list-style-type: none"> • Facilitates development and maintenance of relationships with relevant community agencies to support young people with eating disorders and their families/whanau

COMPETENCY	CORE	COMPETENT
	<ul style="list-style-type: none"> • GP primary health services • barriers that impact on access to services eg transport • networks and key relationships for the young person and their family/whanau in their own community • a current list of key agencies, services and community resources • Has completed the Essential level learning module for <i>Let's get real</i> Working within Communities 	<ul style="list-style-type: none"> • Supports community agencies to be responsive to the needs of young people with an eating disorder • Establishes and maintains a network of community agencies and services to be available for use by young people with eating disorders in the day programme • Is recognised as an integral member of key community networks • Has completed the Essential and Practitioner levels learning modules for <i>Let's get real</i> Working within Communities
Challenging Stigma and Discrimination	<ul style="list-style-type: none"> • Demonstrates and understanding of the impact of stigma and discrimination unique to young people with eating disorders. • Demonstrates and understanding of the impact of stigma and discrimination unique to families /whanau of young people with eating disorders. • Has completed the Essential level learning module for <i>Let's get real</i> Challenging Stigma and Discrimination • Demonstrates an understanding of where stigma and discrimination is a contributing factor to the development of an eating disorder 	<ul style="list-style-type: none"> • Facilitates discussion and identifies strategies to minimise the impact of stigma and discrimination unique to young people with eating disorders. • Facilitates discussion and identifies strategies to minimise the impact of stigma and discrimination unique to the families/whanau of young people with eating disorders. • Has completed the Essential level learning module for <i>Let's get real</i> Challenging Stigma and Discrimination
Team Work	<ul style="list-style-type: none"> • Develops a knowledge and understanding of the multidisciplinary team , • Demonstrates ability to use a range of communication styles • Communicates all relevant information to colleagues and young people in a timely manner • Promotes team functioning by a contributing to and supporting the team to deliver effective services • Seeks supervision /coaching and guidance around functioning within 	<ul style="list-style-type: none"> • Contributes to the development of team objectives and shares responsibility for team outcomes • Anticipates team and colleague needs and shares resources • Demonstrates ability to competently facilitate team meetings • Understands and facilitates team dynamics

COMPETENCY	CORE	COMPETENT
	<p>the team</p> <ul style="list-style-type: none"> • Demonstrates an understanding of different leadership styles and is able to recognise own style • Participates and contributes to team celebration 	<ul style="list-style-type: none"> • Develops and maintains effective and co-operative relationships within teams and with other workers and agencies • Participates in a range of activities that maintain and develop the team. • Assesses effectiveness of own communication style • Adapts style and method of communication to suit young people and family/whanau • Provides direction and feedback to team members • Recognises abilities in colleagues and supports them in developing those abilities. • Ensures occurrence of team celebrations • Competently supervises students in team functioning • Articulates benefits of team approach • Assesses the effectiveness of supervision, support and guidance and seeks changes as required • Demonstrates the ability to articulate, negotiate and demonstrate the role and function of the designated individual role within the team
<p>Working with Maori</p>	<ul style="list-style-type: none"> • Attends Treaty of Waitangi and cultural responsiveness training • Has knowledge of local iwi and hapu • Understand the principles of : <ul style="list-style-type: none"> ○ Manaakitanga ○ Wairuatanga ○ Aroha ○ Whanaungatanga • Able to outline key concepts involved in Te Whare Tapa Wha • Actively seeks guidance and 	<ul style="list-style-type: none"> • Demonstrates understanding of Powhiri process • Able to mihi competently • Facilitates processes that minimise cultural dissonance • Demonstrates leadership skills in improving responsiveness to Maori and whanau.

COMPETENCY	CORE	COMPETENT
	<p>feedback on cultural responsiveness of own practice</p> <ul style="list-style-type: none"> • Has completed the Essential level learning module for <i>Let's get real Working with Maori</i> 	<ul style="list-style-type: none"> • Able to utilise Te Whare Tapa Wha as a model to understand young people with eating disorders • Seeks cultural supervision that enables regular reflection • Facilitates in consultation with Maori Advisors ongoing quality improvements to team practice and systems • Has completed the Essential level learning module for <i>Let's get real Working with Maori</i>
<p>Clinical competencies: assessment, care planning, interventions, wellness education, risk assessment and management, discharge planning</p>	<ul style="list-style-type: none"> • Understands the complexity of eating disorder formulation as part of other presentations e.g., depression • Able to identify and locate appropriate guidelines and key documents relevant to best practice for working with young people with eating disorders • Demonstrates an understanding of basic motivational interviewing techniques in relationships with young people and their families/whanau (working with ambivalence, engagement with client group, managing ego-syntonic dynamics) • Contributes to conducting bio-psychosocial assessment tailored to EDS, including: <ul style="list-style-type: none"> ○ family/whanau assessment in terms of family dynamics and impact ○ mental health ○ medical risk ○ physical health and wellness • Demonstrates an awareness of wellness, assessments and interventions • Contributes to the overall wellness of young people • Participates in monitoring and risk management (progression of illness, medical procedures, range of interventions, who to access and when) • Understands and contributes to the 	<ul style="list-style-type: none"> • Uses current theory, guidelines and sound clinical reasoning to inform best practice for working with young people with eating disorders and their family/whanau • Identifies need for and advocates for clinical resources • Participates in a continuous improvement approach to best practice including facilitating audits and improvements to current clinical systems • Ensures high quality clinical standards within the team • Ensures areas of clinical risk are identified and managed appropriately. • Regularly liaises with REDS team • Ensures appropriate action taken in situations of clinical non-performance. • Acts a clinical resource to other team members and teams. • Consistently and effectively role models high standards of clinical

COMPETENCY	CORE	COMPETENT
	<p>application of CBT, CBT for Bulimia and DBT</p> <ul style="list-style-type: none"> • Articulates and demonstrates effective “carer skills” • Articulates and demonstrates a good understanding of the Maudsley model and its application in residential services • Demonstrates a functional understanding of how to monitor weight restoration, exercise management, compensatory symptom management, e.g. self-harm • Demonstrates understanding and contributes to the delivery of: <ul style="list-style-type: none"> ○ meal support ○ pharmaceutical regimes used with eating disorders ○ life support procedures ○ naso-gastric feeding programmes ○ anxiety management techniques ○ counselling ○ family work ○ facilitating groups for young people with eating disorders ○ education sessions for people with eating disorders and their family/whanau • Relevant observations are recorded and reported in a timely and accurate manner • Accurately conveys all pertinent information in shift handovers, case reviews and team meetings 	<p>practice including: motivational interviewing, CBT, DBT, family therapy, group work, stress management, managing ego-syntonic dynamics, risk assessment, monitoring and management, naso-gastric feeding, basic life support, meal support, administering pharmaceutical regimes used with eating disorders, anxiety management techniques, counselling, family work, facilitating groups for young people with eating disorders, taking education sessions for people with eating disorders and their family/whanau</p> <ul style="list-style-type: none"> • Facilitates team contribution in the formulation of care plans for young people with eating disorders • Initiates wellness programmes, including assessments, interventions and activities • Ensures an environment that contributes to the overall wellness of young people • Demonstrates leadership in determining the content, quality, timing, frequency and style of clinical information to be shared within the team. • Models compliance with all verbal and written records and communications

COMPETENCY	CORE	COMPETENT
		<ul style="list-style-type: none"> • Facilitates the accurate and timely dissemination of all pertinent information at shift handovers, case reviews and team meetings • Skilfully selects, adapts and grade activities to meet young peoples goals • Able to identify contraindications and consequences of intervention • Able to identify the impact of environmental factors on young persons' function and dysfunction • Safely uses relevant, approved techniques and technology • Facilitates effective and transparent transitions between services within residential services and between residential services and REDS • Seeks feedback from young person and their family/whanau to evaluate safe and effective practice • Able to identify own clinical strengths and weaknesses
Professional and Personal Development	<ul style="list-style-type: none"> • Seeks and actively participates in own supervision sessions recognising strengths and weakness in practice. • Able to identify limits of own clinical practice • Meets all regulatory requirements for registration • Participates in team development and education sessions • Actively seeks to understand the importance of and adherence to professional boundaries • Demonstrates understanding of and the need for self care in regard to eating, exercise, emotional insight 	<ul style="list-style-type: none"> • Seeks and actively participates in own supervision sessions recognising strengths and weakness in practice. • Provides supervision to team members as directed • Meets all regulatory requirements for registration • Initiates and leads team development and education sessions • Continuously supports

COMPETENCY	CORE	COMPETENT
	<p>and stress management</p> <ul style="list-style-type: none"> • Meets the requirements of the service performance development and management system • Innovative practice that is based on best practice and international innovative approaches, e.g., specific vitamin and mineral supplementation • Contributes to quality initiatives / outcome measurements • Contributes to research initiatives • Has completed the Essential level learning module for <i>Let's get real</i> Professional and Personal Development 	<p>the team to understand the importance of and adherence to professional boundaries</p> <ul style="list-style-type: none"> • Models effective self care in regard to eating, exercise, emotional insight and stress management • Meets the requirements of the service performance development and management system • Leads innovative practice that is based on best practice and international innovative approaches, e.g., specific vitamin and mineral supplementation • Initiates and leads quality initiatives / outcome measurements • Contributes to research initiatives • Has completed the Essential and Practitioner levels learning modules for <i>Let's get real</i> Professional and Personal Development

11.2 Recommendations for workforce development for the over-15s residential service

At the time of writing this report, recruitment for the new residential service was in progress. Given that the workforce profile for this service is unknown, making specific recommendations about workforce development is premature. More general recommendations are provided below.

Initial interviews with the manager and clinical nurse leader of the service indicate that the majority of training and workforce development initiatives would occur in-house with some specific areas being covered by EDEN and REDS.

In order to promote consistency of approach, i.e., procedures, tools, templates, assessments and models of care across the eating disorders service continuum, this report recommends that a collaborative approach to workforce development activities be a priority. This could be evidenced by such things as joint training, joint case reviews, rotating staff placements and shared supervision.

The majority of the draft competencies identified above are aligned to the core skills (section 12.2), which means that workforce development initiatives could occur jointly across the region, thereby saving resource and minimising duplication of design and delivery.

12. LEARNING AND DEVELOPMENT PRIORITIES FOR EATING DISORDERS SERVICES IN THE NORTHERN REGION

In consultation with key stakeholders, a training and development plan template (see below) was utilised to establish the gaps in workforce capacity, capability and training for both the newly established residential service for people with eating disorders, as well as those services identified in the eating disorder services continuum (see below).

Using this template, an interview was conducted with the manager and the clinical nurse leader of the newly established residential eating disorders service for over 15s. In addition, a workshop was conducted with representatives from Starship, CFU, REDS, Adult Mental Health, CAMHS and professional leaders.

Findings from these activities are presented in the draft training and development plan below. Participants in both the workshop and interviews identified that there is a basket of core skills required by all health professionals working across the eating disorders service continuum, which includes:

- primary health – GPs, practice nurses, primary health services
- emergency departments
- medical wards
- EDS consult liaison
- residential services – inpatient, day programme
- outpatient services – CAMHS, adult, specialist
- school nurses/guidance counsellors
- REDS.

It was accepted that some of these core skills are more relevant to particular roles and/or services, as shown in the draft plan. Across the eating disorders service continuum, similar skills are required. It is acknowledged that there are different skills dependent on experience, education and training background relevant to the specific service along the continuum, e.g., staff working in REDS would demonstrate a high level of competence and leadership in the assessment of eating disorders as compared with a practice nurse in a primary healthcare setting.

It was also understood that there are specialist skills and knowledge required in certain components of the service spectrum, e.g.,

- specialist assessments tailored to EDS such as psychometric screening (including EDHQ, EDHQ (child version), dietetics)
- naso-gastric feeding
- meal support
- family therapy
- psychotherapy.

A key message from the workshop and interviews was that it is the application of the core skills that will vary in comprehensiveness and complexity depending on where along the service continuum they need to be utilised – for example, motivational interviewing was identified as a core skill but will be applied differently in a primary health setting than by an eating disorders specialist working in CAMHS. Furthermore, training and development of core skills for those staff working with children (i.e., under 15s) with eating disorders would need to be delivered with a child focus.

It is recommended that the priority be training and development in the core skills for all eating disorders staff working across the service continuum – in particular, for general practitioners and primary health workers in the early recognition, early identification, initial treatment planning, and risk assessment, monitoring and management. The rationale for this priority is to provide more effective early intervention for people with eating disorders.

12.1 Potential training and development methods

Training and development could be offered in a variety of ways, including:

- study days – either regional or within DHB locality
- workshop – either regional or within DHB locality
- supervision – via teleconference, or local visits
- in-service training – local
- consult liaison - via teleconference, or local visits
- 'train-the trainer' – utilising local champions to disseminated information and training on core skills
- utilising competencies and performance management processes to establish working with eating disorders as an integral part of health professional competency and standards
- tertiary papers, e.g., University of Otago eating disorders paper aims to up-skill clinicians working in the broad field of mental health, and course content focuses on the assessment and management of eating disorders, as well as examining the aetiology, research, ethical issues and special populations
- conferences – both national and international
- sponsoring guest speakers – both national and international
- use of other training programmes – other regions, ANZAED EDTECH training programme

Note: Feedback throughout this project indicated that the clinician-to-clinician education and consultation on a routine and regular basis was the preferred modality.

12.2 Summary of learning and development priorities for EDS in the Northern Region

Summary of learning and development priorities for EDS in the Northern Region		
Service component	Core skills (capability)	Consider the following components of the eating disorder services continuum: 1. primary health – GPs, practice nurses, primary health services 2. emergency departments 3. medical wards 4. EDS consult liaison 5. residential services – inpatient, day programme 6. outpatient services – CAMHS, adult, specialist 7. school nurses/guidance counsellors 8. REDS
Screening	Screening – early recognition	1, 2, 3, 4, 6, 7
	Screening – early identification	1, 2, 3, 4, 6, 7
	Interpretation of early warning signs (severity and need to refer)	1, 2, 3, 4, 6, 7
Assessment	Medical assessment tailored to EDS (BMI, behaviour, cognitive, questions to ask)	1, 2, 3, 4, 6, 8
	Risk assessment (varying complexity)	1, 2, 3, 4, 5, 6, 8
	Bio-psychosocial assessment tailored to EDS, including: <ul style="list-style-type: none"> ○ family/whanau assessment in terms of family dynamics and impact ○ mental health 	4, 5, 6, 8
	Diagnosis, including: <ul style="list-style-type: none"> ○ criteria ○ aetiology ○ applying diagnoses 	1, 2, 3, 4, 6, 8
	Assessing risk within a family context	1, 3, 4, 5, 6, 8
	Ongoing support needs of families	4, 5, 6, 8
	Assessing risk of suicide	1, 2, 3, 4, 5, 6, 7, 8
	Physical assessment	1, 3, 4, 5, 6, 7, 8

Summary of learning and development priorities for EDS in the Northern Region

Service component	Core skills (capability)	Consider the following components of the eating disorder services continuum: <ol style="list-style-type: none"> 1. primary health – GPs, practice nurses, primary health services 2. emergency departments 3. medical wards 4. EDS consult liaison 5. residential services – inpatient, day programme 6. outpatient services – CAMHS, adult, specialist 7. school nurses/guidance counsellors 8. REDS
	Motivational interviewing	all
Care planning	Eating disorder formulation	1, 4, 5, 6, 8
	Eating disorder formulation as part of other presentation, e.g., depression	1, 4, 5, 6, 8
	Initial treatment plans	1, 4, 5, 6
	Monitoring and risk management (progression of illness, range of interventions, who to access and when)	1, 4, 5, 6, 8
	MDT coordination	3, 4, 5, 6, 8
	Managing transfers along the EDS continuum	4, 5, 6, 8
Providing interventions	Motivational interviewing (working with ambivalence, engagement with client group, managing ego-syntonic dynamics)	all
	Application of tools: CBT, CBT for bulimia, DBT	1, 4, 5, 6, 7, 8
	'Carer skills'	1, 3, 4, 5, 6, 7, 8
	Maudsley family therapy model	1, 4, 5, 6, 8
	Monitoring of: weight restoration, exercise management, compensatory symptom management, i.e., self-harm	1, 3, 4, 5, 6, 8
	Meal support	3, 4, 5, 8
	Pharmacology	1, 2, 3, 4, 5, 6, 8
Basic life support	2, 3, 4, 5	

Summary of learning and development priorities for EDS in the Northern Region

Service component	Core skills (capability)	Consider the following components of the eating disorder services continuum: <ol style="list-style-type: none"> 1. primary health – GPs, practice nurses, primary health services 2. emergency departments 3. medical wards 4. EDS consult liaison 5. residential services – inpatient, day programme 6. outpatient services – CAMHS, adult, specialist 7. school nurses/guidance counsellors 8. REDS
	Naso-gastric feeding	2, 3, 4, 5
	Anxiety management	1, 3, 4, 5, 6, 7, 8
	Professional boundaries	all
	Counselling and family work	1, 4, 5, 6, 7, 8
	Family therapy with people with eating disorders	4, 5, 6, 8
	Facilitating groups for people with eating disorders	4, 5, 6, 8
	Conducting education sessions for people with eating disorders and their family/whanau	4, 5, 6, 8
Discharge planning	Relapse planning	1, 3, 4, 5, 6, 8
Education	Facilitating training and workshops for clinicians	1, 2, 3, 4, 5, 6, 8
Other	Supporting staff re their own body image, eating, exercise, stress management	5, 8
	Conducting debriefing sessions	5, 8
	Managing safety on shifts	5

13. REGIONAL EATING DISORDERS SERVICES (REDS) TRAINING AND SUPERVISION MODEL

Currently, the Auckland Eating Disorders Service is contracted to provide supervision to staff within Midland Region. Under the terms of the contract, supervision is provided via monthly meetings, with at least ten sessions per year. Supervision entails detailed case review with clinicians and informal training and up-skilling related to each case. Case review outside of the supervision session occurs by mutual agreement. Funding is available throughout the year for limited additional training opportunities, e.g., international speakers for the wider Midland Region staff working with people with eating disorders.

Within REDS, there is no formal supervision model and there is currently limited capacity within the service to provide external supervision to the newly established residential service and/or the new roles to be based in DHBs.

It is intended that, with the recruitment to new positions and re-allocation of resources currently occurring within REDS, personnel will be more available to support increased supervision to the local DHB services and the residential service.

14. NORTHERN REGION EATING DISORDERS SERVICES WORKFORCE DEVELOPMENT PLANNING

Note: There is currently no agreement where funds should be held for workforce development activities. Therefore, any workforce development activity is subject to available resource.

14.1 Findings to inform how responsibility for EDS workforce development objectives is determined

Findings from the project to inform how responsibility for EDS workforce development activities is determined are summarised below.

Variation

- significant variation in the range and number of workforce development activities nationally
- inconsistency in the timing and establishment of the full continuum of eating disorders services amongst regions, i.e., residential services
- variation in the number of FTE in eating disorders services relative to the respective region and DHB populations
- variation in the roles within eating disorders services, e.g., some regions have dedicated educator/health promotion roles
- variation in the amount of collaboration that occurs in regions
- variation in the level, availability and delivery of supervision

Consistency of approach

- feedback from all regions suggests that consistency of processes and procedures for referral, assessment, care planning, and discharge planning, across the EDS service continuum within a region is paramount

- all staff who work with people with an eating disorder have access to training in core skills. This would include GPs, medical wards, emergency departments, outpatient services, schools, etc.
- feedback suggests that the dedicated consult liaison roles within DHBs are critical to the success of transferring core skills to frontline staff who may have first contact with people with eating disorders

Resources

- significant number of resources available for workforce development specifically for working with people with eating disorders, i.e.,
 - established programme for education days (CREDS, SIEDS)
 - hub and spoke supervision
 - training programmes
 - 'train-the trainer' programmes (NOURISH)
 - university papers and the inclusion of EDS in post-graduate papers
 - online access to supervision and training
- dedicated EDS consult liaison roles
- significant expertise within New Zealand
- early intervention and education services, e.g., EDEN, EDANZ

Models of collaboration

- there are excellent models of collaborative workforce development structures and activities in New Zealand

Importance of clinician-to-clinician training and supervision

- feedback suggest that, where possible, the preferred best approach to up-skilling staff who work with people with eating disorders is clinician-to-clinician

Priorities for the Northern Region

- priority is given to up-skilling general practitioners and practice nurses in the early recognition; early identification; risk assessment, monitoring and management of people with eating disorders; and who to refer to
- given the establishment of new services, consistency of approach across the EDS continuum in the Northern Region is a priority
- this consistency of approach (systems and processes) is a key contributor to supporting workforce development
- the development and utilisation of the local DHB, EDS consult liaison positions within each DHB ensures responsiveness to the unique features, capability and capacity of each DHB
- recognition that, in terms of EDS, the Northern Region is currently re-structuring, managing change, developing new services and forging new relationships – all at the same time.

14.2 Northern Region eating disorders services workforce development plan 2011–2013

Goal 1 – Workforce development infrastructure	Objective	Recommended approach and lead organisation	Completion date					
			2011		2012		2013	
			JUN	DEC	JUN	DEC	JUN	DEC
By 2013, the infrastructure for EDS workforce development within Northern Region is efficient, and supports ease of access to workforce development initiatives and activities.	1.1 Develop and maintain an effective process for advertising EDS-specific workforce development initiative, e.g., through NNC website which could be linked to the national website. (currently being set up by the Werry Centre	Regional approach NDSA-Regional Workforce coordinator						
	1.2 Coordinate and support scholarship opportunities for EDS workforce development across the Northern Region.	Regional approach NDSA						
	1.3 Design a mechanism to provide regional oversight of all EDS vacancies across the Northern Region.	Regional approach NDSA						
	1.4 Champion and lead national initiatives to support infrastructure for EDS workforce development.	Regional approach NDSA						

Goal 2 – Organisational development	Objective	Recommended approach and lead organisation	Completion date						
			2011		2012		2013		
			JUN	DEC	JUN	DEC	JUN	DEC	
By 2013, organisations across the Northern Region are responsive to the workforce development needs of their staff in terms of EDS.	2.1 Support REDS in the development of a structure and system to provide regular supervision across the spectrum of eating disorders services in the Northern Region, and including Midland Region	Regional approach REDS							
	2.2 Ensure there is a dedicated section on EDS in all DHB workforce development plans	Local approach DHBs							
	2.3 Identify existing peer mentoring and family support programmes across the Northern Region for EDS	Local approach DHBs							

Goal 3 – Recruitment and retention	Objective	Recommended approach and lead organisation	Completion date					
			2011		2012		2013	
			JUN	DEC	JUN	DEC	JUN	DEC
By 2013, effective recruitment and retention strategies ensure an adequate EDS workforce across the Northern Region.	3.1 Consider regional approaches to attracting and selecting staff.	Regional approach NDSA						
	3.2 Identify and facilitate the potential professional development activities that could be enhanced by a regional approach.	Regional approach NDSA and DHBs						
	3.3 Support initiatives to attract staff of ethnicities that reflect the ethnic makeup of the service population, e.g., Asian.	Local approach DHBs						

Goal 4 – Training and development	Objective	Recommended approach and lead organisation	Completion date					
			2011		2012		2013	
			JUN	DEC	JUN	DEC	JUN	DEC
By 2013, effective training and development initiatives ensure EDS-specific workforce capability across the Northern Region.	4.1 Identify and disseminate EDS-specific learning and development opportunities from the four national workforce centres and other regions across the Northern Region	Regional approach NDSA						
	4.2 Establish a mentoring programme for consumer advisors and family/whanau advisors working specifically in EDS within the Northern Region	Regional approach EDS workforce fundholder						
	4.3 Decide and agree learning and development priorities for EDS regional-wide training (Refer <i>Summary of learning and development priorities for EDS in the Northern Region</i> in section 12.2 of this report)	Regional approach Werry Centre EDS workforce fundholder						
	4.4 Consider an inter-regional mechanism whereby staff can rotate positions to gain experience and expertise	Regional approach All eating disorders services						
	4.5 Consider a mechanism to capture a centralised attendance record of training and development	Regional approach EDS workforce fundholder						
	4.6 Ensure that relevant staff have access to the EDS-specific e-learning opportunities provided by the Werry Centre	Regional approach All eating disorders services						

Goal 4 – Training and development	Objective	Recommended approach and lead organisation	Completion date					
			2011		2012		2013	
			JUN	DEC	JUN	DEC	JUN	DEC
	4.7 Support REDS in the coordination of EDS-specific training opportunities relevant to the Northern Region, e. g., guest speakers, international tele-meetings	Regional approach REDS						
	4.8 Develop and coordinate an annual Northern Region seminar series	Regional approach REDS						
	4.9 Utilise other regional training programmes to develop knowledge and expertise of Northern Region staff working with clients in EDS	Regional approach REDS						
	4.10 Develop a training programme specifically for carers working with clients in EDS	Regional approach REDS						
	4.11 Ensure EDS utilise the <i>Let's get real</i> and <i>Real Skills Plus CAMHS</i> frameworks, and relevant NZGG best-practice guidelines, to support workforce development	Regional approach All eating disorders services						
	4.12 Optimise the utilisation of the training provided by the Werry Centre on the Maudsley model to develop the EDS workforce in the Northern Region	Regional approach All eating disorders services						

Goal 5 – Research and evaluation	Objective	Recommended approach and lead organisation	Completion date					
			2011		2012		2013	
			JUN	DEC	JUN	DEC	JUN	DEC
By 2013, specific EDS research and evaluation initiatives relevant to workforce development are coordinated across the Northern Region.	5.1 Support the Northern Region EDS to access effective recognised research and evaluation tools relevant to workforce development	Regional approach EDS workforce fundholder						
	5.2 Coordinate and facilitate EDS-specific research and evaluation initiatives relevant to workforce development across services in the Northern Region	Regional approach EDS workforce fundholder						
	5.3 Design, develop and implement regular EDS-specific customer surveys for clients, family/whanau, referrers and staff	Regional approach All eating disorders services						

15. APPENDICES

15.1 People consulted in preparing this report

- Colette Adrian, CFU Starship Children's Hospital, ADHB
- Mike Butcher, Clinical Lead, CAMHS, ADHB
- Dianne Bartlett, Clinical Nurse Leader, Challenge Trust
- Danah Cadman, Service Manager, Paediatric Surgical & Community Services, Starship Hospital
- Stephanie Doe, Waitemata DHB
- Janet Edmond, Regional Workforce Coordinator, Central Region
- Ray Gorin, Portfolio Manager, Hutt Valley DHB
- Fiona Hamilton, Programme Lead - Skills Matter, Te Pou
- Anna Hedley, REDS, ADHB
- Joanna Hicks, Team Leader, Regional Eating Disorders Service and Kari Centre, ADHB
- Fiona Ironside, Regional Manager, Challenge Trust
- Robin Johnstone, Kari Centre, ADHB
- Rachel Lawson, Clinical Head, Christchurch Eating Disorders Service; Project Manager, Werry Centre
- Victoria Marsden, EDEN
- Deirdre Maxwell, Regional Manager, Service Development and Planning, Mental Health & Addiction Services, Northern Region
- Deirdre Mulligan, Eating Disorders Services Programme Manager
- Roger Mysliwicz, Clinical Lead, REDS, ADHB
- Eseta Nonu-Reid, Midland Regional Director, Mental Health & Addiction Service Development
- Theresa Peters, (Acting) Agency Manager, Eating Difficulties Education Network (EDEN)
- Paul Saunders, Nurse Consultant for CAF services
- Lize Strauss, Eating Disorder Liaison, Waitemata DHB
- Sarah Wallbank, Team Leader, REDS
- Maria West, Service Development and Improvement Manager, Mental Health Services, CMDHB
- Sue Willoughby, Team Leader, CREDS

15.2 Workforce profile survey tool

Kia ora koutou,

As part of the NDSA Eating Disorders Workforce Planning project, we are required to present an overview and analysis of the current workforce in Eating Disorders services – both DHBs and NGOs in the Northern region only.

This profile will focus on the following areas:

- current FTE, roles and professions
- skill mix
- qualifications and experience
- current training and development activities
- learning and development needs

Once completed, this current workforce profile along with interviews will inform a gap analysis in terms of:

- workforce capacity
- workforce capability
- skill mix
- future training and development needs.

To this end, please arrange for the following template to be completed by the staff in your service(s) and returned to:

Helen Brownlie helen@brora.co.nz by **Friday, 23rd July 2010**.

If you prefer to return hardcopies, please send to:

P O Box 8,
Katikati 3166

Please do not hesitate to contact me if you wish to complete this over the phone or require further information. **Mobile phone: 021492132**

Dear staff member,

To assist the development of a Workforce Development Plan specifically for the Northern Region Eating Disorders Services, we are conducting a survey to establish the current workforce profile.

Would you please assist the development of this plan by answering the following questions.

Please return your completed survey to your manager by no later than:

Friday 23rd July 2010

Please do not hesitate to contact me (Helen Brownlie) if you wish to complete this over the phone or require further information.

Mobile phone: 021492132

15.3 ANZAED–EDTECH training programme 2010

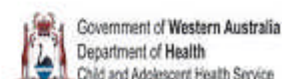


Eating Disorder
Training & Evaluation Centre

2010 Training Calendar

<p>Introduction to Eating Disorders: Part One This workshop is designed as an introduction to understanding, identifying and assessing eating disorders. The personal and family experience of eating disorders will be explored from a lived experience perspective. Information will be presented on epidemiology, phenomenology, diagnosis, life course, co-morbidity, risk and causal factors. Early warning signs will be discussed and early identification strategies will be targeted. This session will include information on screening, engagement and a comprehensive multi-disciplinary assessment approach. Information will be provided on the referral process and will include an overview of services available in Western Australia.</p>	<p>17th May 20th September 8th November 7 hours 9.00am–4.00pm</p>
<p>Introduction to Eating Disorders: Part Two This workshop will explore treatment strategies for the eating disorders including the roles of different professionals. Emphasis will be of the phases of eating disorders across time and on stages of motivation for change. We will explore the core therapeutic stance, and the skills and treatment options required for the different phases. This session will be grounded in case based discussions around common treatment dilemmas, with view to understanding the needs of the individual and family, and the roles of the various professionals. There will be discussion of the common issues that occur between professionals and within treatment teams and an exploration of the factors that assist in maintaining cohesive collegial / team relationships. <i>We recommend that you attend <i>Intro to Eating Disorders Part 1</i> before attending this workshop, or have previous experience with or knowledge of identification and assessment of Eating Disorders and the underlying issues involved.</i></p>	<p>18th May 21st September 9th November 7 hours 9.00am-4.00pm</p>
<p>Inpatient Management of Eating Disorders Individuals with eating disorders require inpatient care when there is severe medical compromise or comorbid issues. This can occur on medical or psychiatric wards. This workshop will review the challenges of delivering inpatient care, outlining key management approaches.</p>	<p>14th June 3 hours 10.00am-1.00pm</p>
<p>Creative Therapies for Eating Disorders This workshop will explore the use of creative media (art, writing, music, dance and play, amongst others) in therapy with individuals with eating disorders. Creative media are particularly useful as ways to engage a reluctant participant in therapy. Given the prevalence of alexithymia in individuals with eating disorders, creative media are also an essential tool to aid the client to express their emotional experiences and needs. <i>This workshop is targeted at individuals working in a therapeutic capacity</i></p>	<p>19th October 3 hours 10.00am-1.00pm</p>
<p>Advanced Individual Therapy: When the going gets tough, the tough keep going. Through the use of case illustrations and participants' own experiences, this workshop introduces specific therapeutic interventions for the practising clinician. Incorporating the Transrational Model of Change, psychotherapeutic interventions that accommodate each stage will be reviewed. The role of body image disparagement in maintaining eating disorders is also addressed along with the use of direct and indirect interventions which target this. Consideration of transitioning or terminating therapy concludes the workshop – including the process of an individual 'saying good bye' to an eating disorder, and 'saying good bye to therapy'. <i>This workshop is targeted at individuals working in a therapeutic capacity.</i></p>	<p>2nd August 3 hours 10.00am-1.00pm</p>
<p>Supporting Parents Through the Experience of Eating Disorders Parent involvement is an integral aspect to the treatment for children and adolescents with eating disorders. Many parents whose children are now adult continue to be actively involved in assisting their son or daughter. We will explore the experience of parents from a personal and research perspective. This workshop will review key principles and strategies for engaging and supporting parents through treatment, including the role of parent information, skills training and support group therapy</p>	<p>3rd June 3 hours 10.00am-1.00pm</p>
<p>Beyond Blame: Family Therapy for Eating Disorders Family therapy is seen an integral to the treatment of child and adolescent eating disorders and is also indicated for many adults. This workshop will review the major theoretical approaches to family therapy, and then focus on case vignettes to explore treatment strategies and their application to different practice settings. The therapeutic issues relevant to different cultural backgrounds and developmental phases will be explored. It is recommended to attend the workshop on parent support prior to this session. <i>This workshop is targeted at individuals working in a therapeutic capacity.</i></p>	<p>3rd June 3 hours 1.30pm-4.30pm</p>
<p>Just Eat! Dietetic and Nutritional Management for Eating Disorders <i>For Dietitians only</i> This session will focus on giving dietitians confidence and practical skills to treat clients with eating disorders. It will cover assessment and nutritional management of eating disorders through the various stages of change. This will include an interactive and problem based learning approach including a case study.</p>	<p>12th July 4 hours 9.00am-1.00pm</p>
<p>Eating Disorders Prevention and Promotion Body Image is the number one concern of our nation's youth and obesity and eating disorders are of high prevalence and increasing. This workshop will explore what we can do to prevent (and reduce) body image concern and the onset of eating disorders, with particular regard to safe information and practice about body image, nutrition and physical activity. This workshop will be of particular interest to teachers, school nurses and those in front line work with youth.</p>	<p>26th July 3 hours 10.00am-1.00pm</p>

Eating Disorders Program
Princess Margaret Hospital for Children Ph: 9340 7012
GPO Box D184 Fax: 9340 7700
PERTH WA 6840
http://pmh.health.wa.gov.au/services/eating_disorders/index.htm



REGISTRATION

Please complete a registration form and send to Andrea Prieto-Hugot via email Blanca.PrietoHugot@health.wa.gov.au, fax or post. Registrations forms are available through the eating disorders website. Alternately, you may email Blanca.PrietoHugot@health.wa.gov.au to obtain a registration form. Numbers will be strictly limited so register early to secure your place.

COST

All ½ day workshops will be \$35 (incl. GST) and will include morning or afternoon tea. Full day workshops or Full day packages (2 half day workshops on the same day) will be \$60 (incl. GST) and will include lunch. A Discount Calendar Registration is available where you can select to attend the 2 introductory workshops plus 2 others for \$148. All workshops must be paid for at the time of registration.

RURAL & REMOTE

Two places will be allocated for each workshop for people from rural and remote regions to attend free of charge. Workshops can also be requested in your local region on a cost recovery basis. Please discuss your needs with Julie McCormack (Julie.McCormack@health.wa.gov.au).

GENERAL PRACTITIONERS

Workshops are currently provided through the AMA and also can be requested by GP divisions or local practices. Please contact Julie McCormack (Julie.McCormack@health.wa.gov.au) to arrange.

VENUE

Venues will be in Central Perth locations and you will be advised after registration.

ENQUIRIES

Please contact Ulrike O'Sullivan (Ulrike.OSullivan@health.wa.gov.au), Andrea Prieto-Hugot (Blanca.PrietoHugot@health.wa.gov.au) or Julie McCormack (Julie.McCormack@health.wa.gov.au) by email or phone 9340 7012 if you have any queries.

PARENT EDUCATION

These workshops are for professional staff only. Please contact the Body Esteem Program on 9300 1566 for parent information workshops.

- † *Body Image is the number one concern of young Australians.*
- † *One in five Australian teenage girls experience some form of disordered eating.*
- † *Eating Disorders are affecting one in seven Australian women.*
- † *Eating Disorders are an increasing concern in Australia for both men and women, with approximately 15.5% of Australians being affected at some point in their life.*
- † *People from regional areas are experiencing eating disorders in high numbers.*
- † *Anorexia Nervosa is the 3rd most chronic illness in adolescent females.*
- † *2.2 percent of females and 0.4 percent of males are estimated to suffer from AN.*
- † *Of these 50% recover, 20% relapse, 30% remain chronically ill with the disease and 5% die.*
- † *1 in 200 people will suffer from bulimia at some stage in their lives.*
- † *Many people who have bulimia suffer in silence for 8-10 years before seeking out help.*
- † *Only 1 in 10 cases of bulimia are diagnosed.*
- † *3.5 percent of the population are affected by binge eating disorder.*
- † *Many people with body image and eating disorders do not access help, but help is available!*

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Government of Western Australia
Department of Health
Child and Adolescent Health Service

15.4 Abbreviations used in this report

ACT	acceptance and commitment therapy
ANZAED	Australia and New Zealand Academy of Eating Disorders
CAF	Child and Family
CAMHS	Child and Adolescent mental health service
CBT	Cognitive behaviour therapy
CEDD	Centre for Eating and Dieting Disorders
CEED	Centre of Excellence in Eating Disorders (CEED), Victoria, Australia
CFU	Child and Family Unit, Starship Children's Hospital
CMHC	Community mental health centre
CREDS	Central Region Eating Disorders Services
DBT	Dialectical behaviour therapy
DHB	District health board
ED	Eating disorders
EDANZ	Eating Disorders Association of New Zealand (EDANZ)
EDEN	Eating Difficulties Education Network
EDS	Eating disorders service
EDTEC	Eating Disorder Training & Evaluation Centre (associated with ANZAED)
FTE	Full-time equivalent
NDSA	Northern DHB Support Agency
NGO	Non-government organisation
OT	Occupational therapy
PECT	post-entry clinical training
REDS	Regional Eating Disorders Services
RNZCGP	Royal New Zealand College of General Practitioners
SEED	Severe Enduring Eating Disorder
SIEDS	South Island Eating Disorders Service
Starship	Starship Children's Hospital
Te Pou	Te Pou National Centre of Mental Health Research, Information and Workforce Development (one of the four national workforce centres)
Werry Centre	Werry Centre for Child and Adolescent Mental Health (one of the four national workforce centres)

REFERENCES

Ministry of Health. 2008. *Future Directions for Eating Disorders Services*. Wellington.

Northern DHB Support Agency Ltd. 2009. *Northern Region Eating Disorders Service Plan 2008-2013*. Auckland.

Midland Region Workforce Advisory Group (MRWAG). March 2009. *Midland Region Eating Disorders Strategic Plan*.

South Island Regional Eating Disorders Working Group. February 2009. *Revised Draft South Island Regional Eating Disorders Plan and response to the Ministry of Health's Future Directions document*.

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Ministry of Health. 2005. *Tauawhitia Te Wero Embracing the Challenge: the National Mental Health and Addiction Workforce Development Plan 2006-2009*. Wellington.