

Staff Reflections on CEDS Impact in CAMHS Localities

Tom Brockwell – Clinical Psychologist & Eating Disorder Pathway Lead – Whole Service

It's an exciting time to work in Eating Disorders!... The changes I have witnessed since I started in the team in January 2017 have been astounding. The increased funding and national guidance for Eating Disorders (ED) in children and young people and the formation of specialist Children and Young People's Community Eating Disorder Services (CYP-CEDS) has been fundamental in improving the quality of care nationally for this vulnerable and high risk group; reducing waiting times and Tier 4 admissions, as well as improving access to evidence based psychological therapies and improving clinical outcomes. I am grateful to RDASH and our commissioners for facilitating the development of the CYP-CEDS in line with this guidance and delivering on these promises, as I am aware many areas have not been so fortunate and therefore struggle meet the needs of this vulnerable group. I feel incredibly proud and privileged to work in such this passionate, well-performing and caring team which continues to develop and flourish with this continued support.

Working in Eating Disorders (ED) is hard work. Many mental health professionals avoid ED work due to the associated high mortality rate, treatment resistance and complex family dynamics that often feature in ED presentations. Parents of young people who access our service are often bewildered that their loved one appears to be choosing to starve themselves to death, often with little or no insight into the severity of the situation. Containing and working with this level of fear, confusion and anger can be exhausting and requires resilience, passion and commitment, which this team delivers in bucket loads!

Prior to the launch of the specialist CYP-CEDS, each locality CAMHS managed Eating Disorders within their generic CAMHS service provision. This tended to consist of psychiatric and nursing care, with limited access to psychological therapies, but differed in each locality. Where psychological therapies were being delivered, these were not always consistent with NICE guidelines and access to these may have required long waits.

The formation of CYP-CEDS has led to the grouping together of a specialist group of interested and motivated clinicians from professions comprising; Psychiatry, Psychology, Family Therapy, Dietetics, Nursing and Social Work. This grouping facilitates true multi-disciplinary team (MDT) working, from assessments through to MDT reviews and provides young people and families with joined up care across both the physical and mental health features of an ED presentation. This has also supported equality of ED care across the three localities, as opposed to differing and disparate approaches. The formation of the specialist team has supported shared learning and development, both in terms of in-service training and development, but also in relation to accessing external specialist training. The result of this is that we now have a team where all staff are trained in at least one evidence based NICE concordant psychological therapy and expertise exists within the team regarding management of issues such as Diabulimia, Avoidant and Restrictive Food Intake Disorder (ARFID), blood analysis and Re-feeding Syndrome. A high level of training and MDT working supports the team to manage higher levels of risk than previously, meaning that fewer cases require inpatient treatment. This also supports team members to feel developed, cared for and contained, meaning that staff turn-over is reduced and clinicians who have been invested in remain in post and patients continue to have access to high quality specialist care. Whereas, high staff turn-over was initially a problem in the

early days of CYP-CEDS development, it is now greatly reduced and the service is now operating on a full complement of staff.

Participation and engagement in the national Whole Team Training and the Yorkshire and Humber ED Collaborative has supported our service development and unified us as a team. It has also supported shared learning and comparison with other services. In this context, and for fear of writing an extended essay on the successes of this service, the stand out points for which I feel we as a collective of clinicians, providers and commissioners should be proud of are:

- Access and Waiting Times Standards have been achieved above the 95% target for 2020, since the launch of the service, with very few exceptions. This level of achievement has consistently been much higher than the majority of other CYP-CEDS and well above national average figures.
- ALL our clinicians are trained in a NICE concordant psychological therapy.
- Our response to patients presenting or admitted to paediatric wards has been praised by other services; 24 hour response for assessment, regular visits to the ward to start treatment and support ward staff, as well as regular ED training for paediatric staff.
- Our training offering is well developed. We have a number of packages that have been delivered and continue to be offered in Education, Health, Mental Health and Community settings.

CAMHS Eating Disorder Nurse – Rotherham

(Responses provided under questions/prompts which were posed to help staff consider what they might want to comment on)

As a service, what do we do well?

The team within CEDS participate in multidisciplinary working well, seeking support from professionals in other disciplines within weekly MDTs as well as having monthly group supervision to explore complex cases, and team dynamics. The team is also working well at meeting the access and waiting times standards in the majority of cases. The team delivers NICE concordant treatment for young people requiring input, and all treatment is delivered by trained staff.

How would you like to see CEDS develop?

Closer links with colleagues with paediatrics, and consideration of developing professional relationships with professionals to improve monitoring of physical health needs in line with Junior MaRSiPAN guidance.

What's it like to work in CEDS?

CEDS is an inviting and challenging workplace environment where professionals and individuals are encouraged to develop, and improve their practice in an atmosphere of encouraged appropriate challenge and support. By this I mean that if there is a difference of clinical presentation, then discussion of evidence for this is welcomed, and consultation of diagnostic criteria or appropriateness of treatment options is possible.

Team values, your values?

Rotherham Doncaster and South Humber NHS Foundation Trust has values around leading the way with care, and promoting health equality with physical and mental health. CEDS operates in this manner by engaging in relevant and contemporary research to support national body of literature around Eating Disorder Management and treatment, as well as working within Future In Minds to create an area of parity of esteem for our patients who access mental health services, by due to physical factors of eating disorders may also need medical intervention.

How has working in CEDS influenced your professional development?

CEDS has enabled access to additional training, such as National Eating Disorders Training, through South London and Maudsley NHS foundation trust. It has also allowed for access to CBT-T for eating disorders and I'm aware that some team members have even gone on to study systemic family practice IAPT courses.

Practical changes / resources?

The Clinical facilities within Rotherham are excellent in my opinion. The specialist ED room allocated to our service three days per week in Rotherham is helpful for supported meals and for assessments as well as ongoing therapeutic support. However, outside of these three allocated days, available clinical space is limited as this is shared with many other agencies, including CAMHS. A recent review by Rotherham Youth Counsel highlighted their views on the appropriateness of the clinical space, as well as the resources we have available to children/young people and their families. We have a clinical resource library for colleagues to access to review the therapeutic Manuals, such as the Maudsley model or guided self-help for binge eating disorder. The resource library also highlights video resources which are shared with parents at assessment to encourage review of Eva Musby's work and the Animal Analogies that Maudsley suggests.

IT resources

CEDS have ensured staff have access to smart phones, laptops with 3G simcards, and SmartCards as IT resources. There is a mobile application to calculate medianBMI of young people on the smart phone, and access to digital sphygmomanometers.

Agile working

CEDS staff are encouraged to work in an agile manner, meeting the needs of service users. Whilst it is preferable for families to attend clinic, to minimise the movement and risk of impacting the calibration of the scale. This approach of families attending clinic bases also allows for an assessment of engagement. Additional to this though, CEDS can and does work in various settings, including seeing young people at school, or attending home visits, and even visiting paediatric and adult medical wards where required to maintain contact with and support our patients. The service is agile across three township areas, and so many staff are agile across all three, supporting families in each town. Furthermore, as a means to support a whole team and whole family approach, clinical MDTs are on a rotating schedule where they occur on the same day and time, but in different towns each week, to enable staff from all towns to meet with colleagues, and discuss the progress of cases being supported, and new referrals. As well as wider team needs, such as Team Days and staff training or development.

Case Example.

Photos show a previous patient before and after treatment (identifiable information and images shared with consent) and an email of thanks is included below:



Hi Sue. Hope you are doing well and not flagging too much in this heat.

I wanted to share with you a photo of Sarah.

This week was her graduation....

Her journey to her recovery and to where and who she is now astounds us regularly.

She is working at [name of] school and hopes to join/be involved in their new behaviour team after September.

She also did 6 weeks cover at a school in [place] called [name] and loved it there.

So she graduated this Wednesday and got a 1st and an award from the BPS. 😊

She is celebrating in Spain with her boyfriend as I type this email.

I often think and we do chat about you and the help you gave putting Sarah back together. Who would of guessed she'd come so far.

Keep helping others to recover. You are changing lives. ❤️

Love from an ever thankful

Jo (and Sarah)

