



Mental Health and Addictions Eating Disorders Services Tier 2 Service Specification

September 2024

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1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☒ RECOMMENDED ☐

Mandatory- it is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

2. Review History

Review History	Date
First Published on NSF Library	June 2009
Amended: minor wording changes for consistency with other service specifications page 2 and Section 10.	February 2012
Amended: clarified reporting requirements	March 2013
Amended: added purchase units MHA “S” series	April 2017
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024
Consideration for next Service Specification Review	Within five years

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site [here](#)

3. Introduction

This tier two service specification is the overarching document for the range of tier three Eating Disorders Services specifications. The service specification defines the services and their objectives in the delivery of a range of eating disorders services.

This service specification must be used in conjunction with the tier one Mental Health and Addiction Services service specification and tier three Eating Disorders Services service specifications listed in section 10 below. Local District service specifications may also be included under this service specification as appropriate.

4. Service Definition

The term 'eating disorders' encompasses a range of conditions that have overlapping psychiatric and medical symptoms. These conditions are considered to have multi-factorial aetiology with strong genetic as well as environmental factors. They present with complex psychological, psychiatric and medical symptoms that may involve acute and chronic complications that can be life-threatening and/or life-long. Eating disorder diagnoses include Anorexia Nervosa, Bulimia Nervosa and Eating Disorders Not Otherwise Specified (EDNOS).

5. Service objectives

5.1 General

As outlined in *Future Directions for Eating Disorders Services in New Zealand* (Ministry of Health 2008), eating disorders services will:

- provide seamless service delivery across primary, secondary and tertiary settings, straight-forward transitions between services, continuity of care and appropriate discharge planning
- provide effective early identification and treatment
- provide a range of services and a multi-disciplinary approach to care
- enable Service Users to actively participate in the planning of their own recovery
- support Service Users as close to their home as possible.

Service Users have indicated the factors they value from an eating disorder service, in order of priority, are:

- maintaining a sense of autonomy over their lives
- respect
- confidentiality
- anonymity
- the need for a supportive and empathetic atmosphere
- being recognised and treated as an individual.

Eating disorders services should actively support and promote these service values.

The full continuum of care for eating disorders has been well recognised in best practice guidelines. It is expected that this continuum will be available in line with current best practice. Family and whānau often play a vital role in seeking treatment for and supporting the Service User. Therefore it is important they are involved in the whole process from assessment and treatment to transition between and out of services.

It is likely that the range of eating disorders services will be delivered by different providers, often in different areas. Clear communication and referral processes will help to ensure that services work collaboratively to provide seamless services. Long duration of treatment and relapse is common in eating disorders and services need to appropriately transition Service Users, while still retaining flexibility to re-engage with them if and when necessary.

5.2 Māori Health

Refer to tier one Mental Health and Addiction Services service specification.

5.3 Pacific Health

Refer to tier one Mental Health and Addiction Services service specification.

6. Service Users

The Service Users are those eligible people of any age.

Eating disorders in children and young adolescents differ from older age groups because of differences in physiology, development and cognition. Early intervention along with involving and supporting families/whānau in treatment is crucial.

7. Access

Referral criteria and processes to access Eating Disorders services are specific to the Service provided and are documented in tier three service specifications.

8. Service Components

The Service components to be provided by the multi-disciplinary team are:

8.1 Process

The following processes apply but are not limited to: assessment; treatment, intervention and support; review; and support.

8.2 Settings

The treatment environment may be different for children and adolescents and, wherever possible, children and adolescents should be separated from adult Service Users.

Typically, children (under 15 years old) need to be treated in a paediatric/child and adolescent mental health service (CAMHS) environment with specialist eating disorders liaison/consultation/support. Older adolescents (15 to 19 years old) should be treated in a child, adolescence and youth and/or eating disorders environment, and adults should be treated by the eating disorders and community mental health team. There needs to be flexibility based on developmental need rather than age.

8.3 Key Inputs

Staff as specified in the tier three service specifications.

9. Service Linkages

Linkages include, but are not limited to the following:

Service Provider	Nature of Linkage	Accountabilities
Primary Health Care	Referrer Care Provider at Primary Level	Early identification of an Eating Disorder and referral to secondary service Management of care at a primary level
Personal Health/General Hospital	Provide care for Service Users physical/ medical needs	Work with Eating Disorder Services to meet the needs of the Service User holistically

10. Exclusions

Refer to tier one Mental Health and Addiction Services service specification.

11. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework¹ or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

¹ <http://nsfl.health.govt.nz/accountability/operational-policy-framework-0>

12. Purchase Units and Reporting Requirements

12.1 Purchase units

Purchase Units are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary². The following Purchase Units apply to this service:

Specific reporting requirements apply at tier three service specifications.

Tier Three Service Specifications

This range of tier three service specifications for Eating Disorders Mental Health and Addiction services has been developed to meet varied service needs.

Title	Purchase Unit Codes
Eating Disorders Inpatient, Intensive Treatment And Consultative Service	MHE27
Consultative Service Within A Specialist Eating Disorder Service	MHE 28A, MHE28B, MHE28C, MHE28S
Clinical Outpatient Services For Eating Disorders	MHE 29A, MHE29B, MHE29C, MHE29D, MHE29E, MHE29S
Community Service For Eating Disorders	MHE30A, MHE30B, MHE30C, MHE30D, MHE30E, MHE30S
Eating Disorders DHB Liaison Service	MHE31A, MHE31B, MHE31C, MHE31S
Specialist Eating Disorders Service (With Accommodation)	MHE32A, MHE32B, MHE32C, MHE32D, MHE32E, MHE32S

12.2 Reporting Requirements

The Service must comply with the requirements of national data collections where available.

13. Glossary

Not required

14. Appendices

Not required

² www.nsfl.health.govt.nz