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|  | **All District Health Boards** | |
| **EATING DISORDERS SERVICES-**  **MENTAL HEALTH AND ADDICTION SERVICES**  **TIER TWO**  **SERVICE SPECIFICATION** | | |
| STATUS:It is compulsory to use this nationwide service specification when purchasing this service. | | MANDATORY |
| 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 |
| Consideration for next Service Specification Review | | Within five years |

**Note**: Contact the Service Specification Programme Manager, Service Commissioning, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library web site: <http://www.nsfl.health.govt.nz/>.

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| **EATING DISORDERS SERVICES -**  **MENTAL HEALTH AND ADDICTION SERVICES**  **TIER TWO SERVICE SPECIFICATION** |

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 DHB service specifications may also be included under this service specification as appropriate.

**1. 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).

**2. Service Objectives**

**2.1 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.

**2.2 Māori Health**

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

1. **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.

**4. Access**

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

**5. Service Components**

**5.1 Processes**

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

**5.2 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.

**5.3 Key Inputs**

Staff as specified in the tier three service specifications.

**6. 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 |

**7. Exclusions**

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

**8. Quality Requirements**

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework[[1]](#footnote-1) or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

**9. Purchase Units and Reporting Requirements**

Purchase Unit Codes are defined in the DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary.

Specific reporting requirements apply at tier three service specifications.

**10. 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 |

1. http://nsfl.health.govt.nz/accountability/operational-policy-framework-0 [↑](#footnote-ref-1)