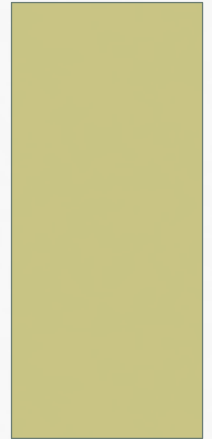


EATING DISORDERS HEALTH INTEGRATION TEAM: EDHIT

DIRECTORS:

HUGH HERZIG, CONSULTANT PSYCHIATRIST, AWP TRUST

HELEN MALSON, ASSOCIATE PROFESSOR, UWE



Why an Eating Disorders HIT?

- Care for people with Eating Disorders liable to be fragmented or inconsistent:
 - medical/psychiatric services
 - primary/secondary/tertiary services
 - young person/adult services
 - family home/university town localities
 - different aims and motivations of patient/family/health professionals/support groups
- Health, social and family care costs very high
- Increasing incidence/demand for services
- What works? Few evidenced-based treatments, research to be done!

THE STORY SO FAR...

- Conception 2015
- Birth 2016
- 4 work streams and a management group
- Events:
 - Launch Oct 2016 with art exhibition at Arnolfini
 - Established biannual half day mini-conference
 - PPI events identified priorities for research and service development – managing transitions such as discharge from hospital, from service, raising GP awareness
- Vacancies – 1 CCG commissioner

What's going on at the ED HIT?

2 current research projects developed and funded through ED HIT collaborations

1 – primary care

Our PPI group identified GP training as a priority

Q: what do GPs believe will help them identify and help people with EDs?

- 4 focus groups at GP training events
- Phone interviewing selected GPs
- Working with an existing GP-facing website Network ED to offer info, links, training, Q and A
- Interviews with patients and carers

- <http://www.network-ed.org.uk>

2 - SUCCEED

We negatively evaluate ourselves by weight and shape. Reducing this self-critical thinking

- SUCCEED, cognitive dissonance and psycho education brief intervention, produced positive change in 19-21yos
- Now being piloted with 15yo girls in 5 secondary schools in Bris and S Glos
- Welcomed by schools
- Good take up of sessions
- Results awaited: start, end, 3/12 later

Where next for ED HIT?

Transition support worker CAMHS to adult ED services

- High risk time
- Different: commissioning, providers, treatments, philosophies
- Increase in CAMHS referrals into STEPs (500% in 5 years, now 15% of STEPs referrals)
- Mental health of young people a national priority
- Recent changes across services (Bris and SGlos CAMHS move to AWP in 2016)

Proposal: 1 year pilot of YPs ED transition worker, 16.5-19yos

Outcome: quality of handover, admissions, engagement, YP and family experience