

Parents and young peoples' perspectives of North Yorkshire and York Community Eating Disorder Service: a service evaluation

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Introduction: A repeat service evaluation was conducted across North Yorkshire and York in 2018. Improving services for young people with eating disorders has been identified as one of the government's top four priorities, as part of service transformation initiatives in addressing young people's mental health. Child and Adolescent Mental Health Services (CAMHS) have therefore been allocated additional funding of £30 million, in effort to implement proposals for the transformation of eating disorder services in England. The 2017 evaluation produced an action plan. The two main initiatives that have been addressed include broadening the range of interventions offered by enhancing staff training in FBT by James Lock, and providing affected families access to regular family therapy groups.

CAMHS eating disorder clinicians across the region have attended the national training programme for CAMHS ED clinicians coordinated by the Maudsley, FBT training offered by James Lock. These changes in training have led to changes in service provision across services. The various phases of FBT for adolescent AN are outlined in figure 1.

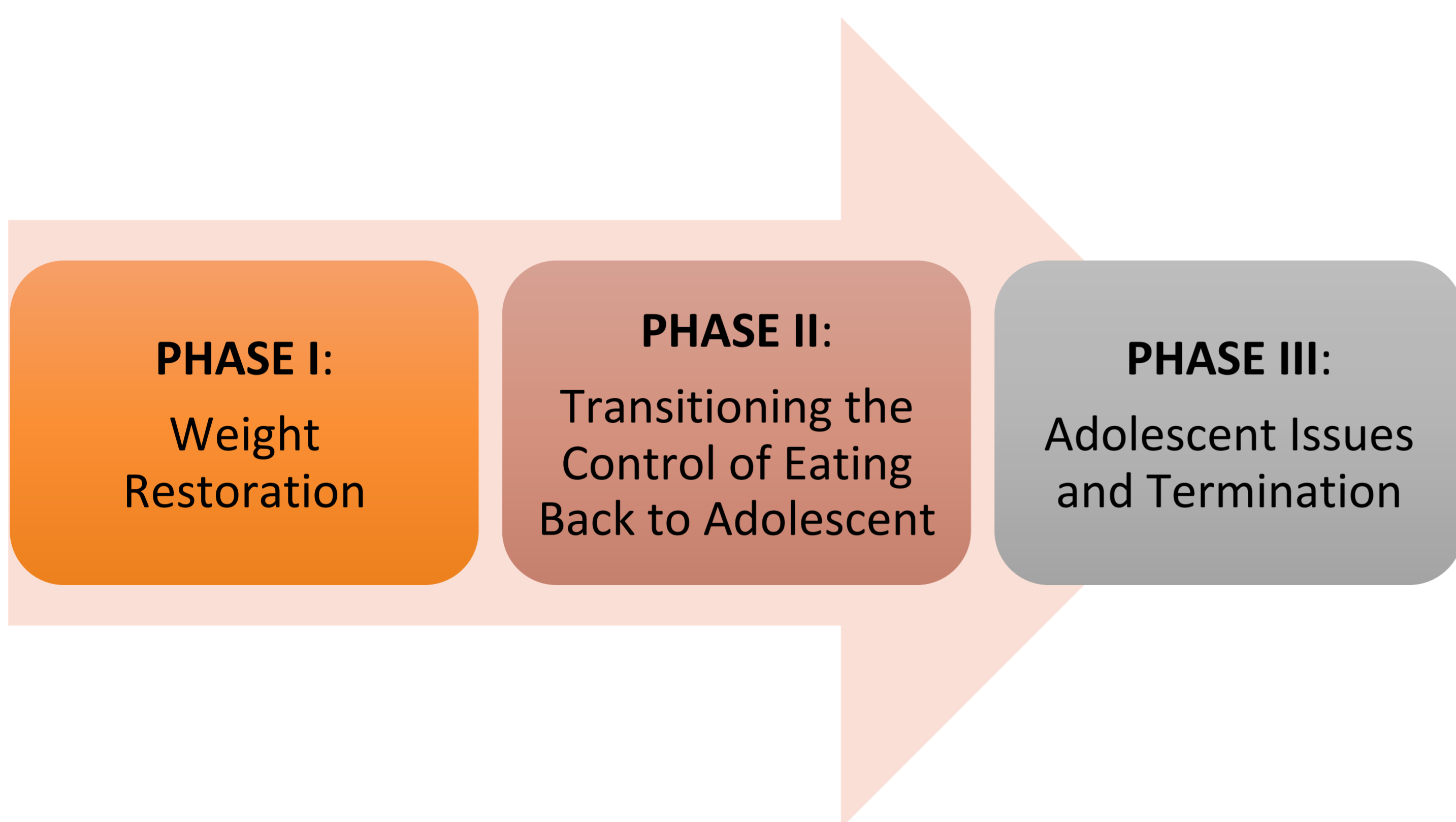


Figure 1 demonstrates the various phases of FBT by James Lock.

Methods: Over a three month period in 2018, anonymous questionnaires were given to young persons and parents/carers on arrival to appointments in one of four community clinics. Questionnaires were divided into three sections: what worked well, what did not work well, what improvements would participants like to see. The data was then recorded onto excel and analysed to produce a set of quantitative and qualitative results.

Results: The study recieved 58 responses. Both total data and team data reflect a shift from concern over waiting time and access in 2017, to a focus on understanding eating disorders, being informed about treatment options, desire for support groups and thankfulness for service received during 2018.

Our quantitative findings suggested that 38% of participants felt they were offered regular family-based interventions, which was an increase from 21% in 2017. Furthermore, 43% of participants felt that they had been given the opportunity to work together with family members, other health professionals and with school or college and that this was effective, in comparison to 31% in 2017.

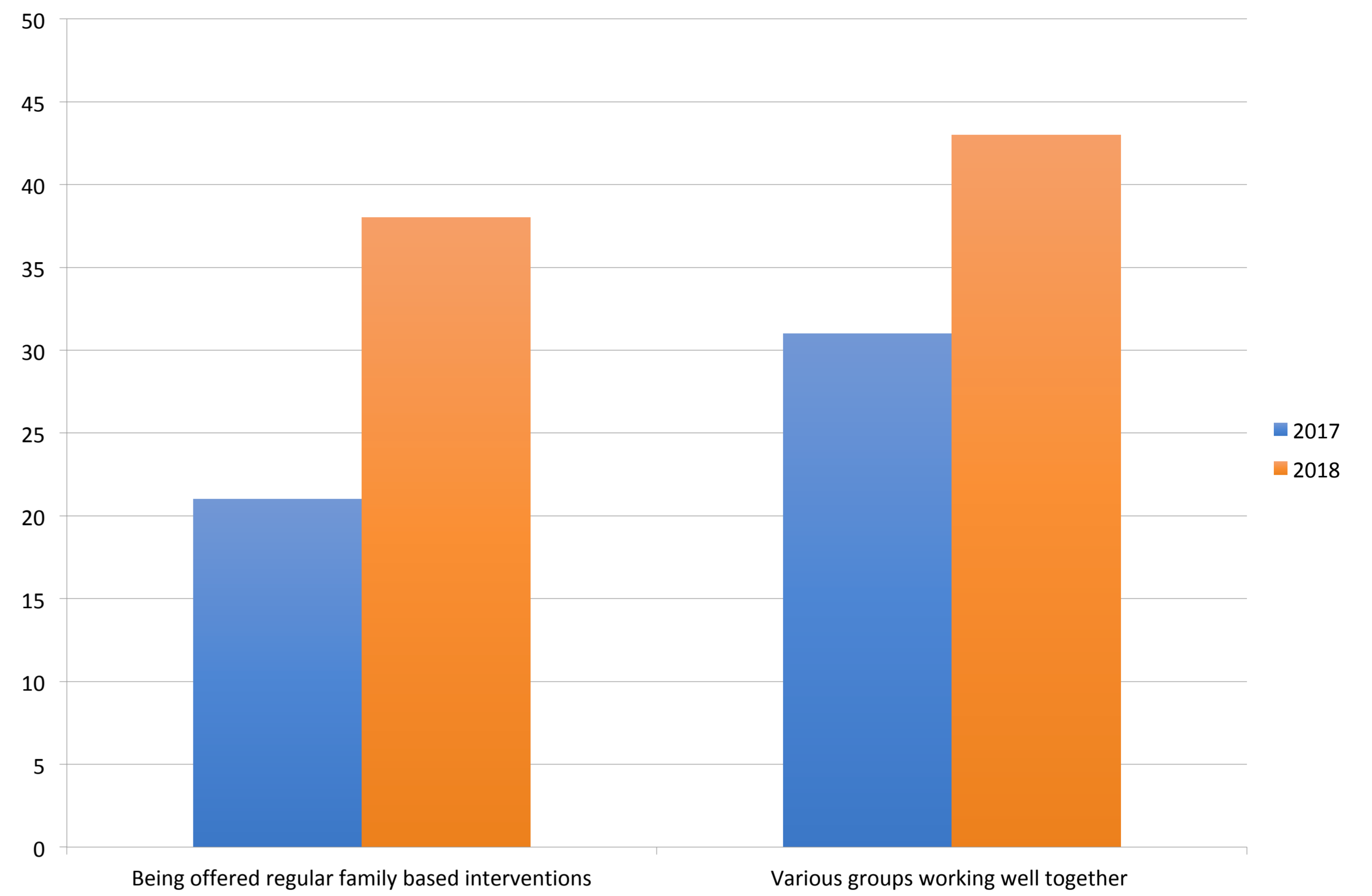


Figure 2 demonstrates the differences in FBT provision between 2017 and 2018.

The salient findings from our qualitative data analysis are summarised in figure 3.

1. Firstly, parents found that they lacked support when dealing with their children having an eating disorder, therefore would have appreciated a support group where they could have met like minded people.
2. Additionally, some participants highlighted that they were unaware of the various therapies available in CAMHS and would have appreciated further explanations on these.
3. Furthermore, parents and carers voiced that they would have appreciated an introductory meeting between the child/adolescent and clinician prior to any therapy being instigated.
4. Finally, participants were very appreciative of the help they received from CAMHS.



Figure 3 demonstrates the salient qualitative findings from the repeat service evaluation.

Conclusion: In conclusion, we conducted a service evaluation looking at the current perspectives of young persons and their parents and/or carers of the CAMHS eating disorder services in North Yorkshire and York. This is hoped to provide valuable information for commisionners on areas of the service that have been successfully received by service users, and that may require consideration for further funding.