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# All age Community ED service; The Dorset experience

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Dorset Eating Disorders

# Why be concerned

- The peak age of onset for eating disorders is 15–25 years and average duration of illness is 6 years.
- Thus these disorders span the transition between child and adolescent and adult services.
- This age range also has its own non medical related transitions. Impact of MH on this transitions.
- A significant number of patients with anorexia nervosa have to be transferred from child and adolescent mental health services (CAMHS) to adult services. (Winston et al 2011)

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# Why be concerned

Failure to manage and integrate transitional care effectively can lead to young people losing contact with health and social care systems, resulting in adverse effects on health, well-being and potential. (Mc Claren et al 2013)

Underuse and disengagement from services leading to poor health and mental health concerns ( Davidson et al 2011)

The sharp contrast in the treatment philosophies between paediatric and adult care programs has been noted as a potential barrier during the transfer in care by clinicians as well (Dimitropoulos et al., 2012).

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# Summary

Transitions are better described as transfers in the context of healthcare.

In common with other areas of healthcare issues of risk increase at point of transition between child and adolescent and adult services.

Protocols and best practice guidance are available and a national initiative (UK) is aimed at improving practice in this area.

There is limited research into transitions and the outcomes of them in the ED field

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## Local Dorset services;

Community Service for Adults (Started 1998)

Community service for Children and young people (Started October 2011)

Both commissioned by Dorset CCG and run by the Trust

6 bed inpatient and 4 place day patient unit for Adults (Since 1992)

Currently commissioned by NHS England

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# Local Dorset services;

Population of Dorset is 782,692

510 referrals from April 18- March 19 of which 176 under 18.

For some context;

303 referrals same period 10/11 of which 21 were under the age of 18

34 patients had their 18<sup>th</sup> birthday between April 18 and March 19 whilst in the service.

# If we did transitions at 18

- Those 34 patients would have needed a transition process.
- Estimate of 4 hours of clinical time to arrange and carry out
- Also time commitment from young person and family members with disruption to life
- 136 hours of clinical time, 3 and half weeks!
- Average 3 people in a family, 2 hours for meetings, 6 for each family and 204 hours for the 34

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# Unique Enablers?;

- Single CCG commissioner in Dorset
- Commissioner energy and commitment
- Single manager of the services
- Freedom to direct resources to where they are needed.



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# Key issues;

- Confidentiality issues/ statutory requirements
- Negotiate bureaucratic obstacles/ Transition protocol
- Training/Shadowing
- Supervision
- Manage concerns about money for Children being taken by Adult services/ Build Trust

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# How treating young people has informed my practice ;

- My background/training
- What I've had to learn
- What I've learned

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# Observations;

- Risk
- Education
- Safeguarding
- Treating Comorbidity
- Autonomy and Confidentiality
- Prescribing

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# Working with other services;

- Working with parents; 'the third person'
- Paediatrics versus Gastroenterologists
- CAMHS
- Other transitions

# Conclusion;

- Best part of treating young people is that they get better
- It's all about developing relationships with the young person, the parents, and your multi-disciplinary peers.
- Be fluid in your approach
- Challenging but very satisfying part of my practice.

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# Food for Thought?

Remove what artificial transition points we can through service restructure.

Service is responsible to structure itself to meet needs

An all age service which involves young person and family as appropriate

Staff work across the 18 years of age “cliff edge”

Training and development needs shared

A black and white portrait of Albert Einstein, showing his characteristic wild hair and mustache. He is looking slightly to the right of the camera with a thoughtful expression. The background is dark and out of focus.

**“WE CANNOT  
SOLVE OUR  
PROBLEMS  
WITH THE  
SAME  
THINKING WE  
USED WHEN WE  
CREATED THEM.”**

**Albert Einstein**  
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