

Model of Care for our Eating Disorder Services

Stage One

Pre-admission Communication

Hello Meeting - this is where we start:

- > Getting to know you, your family, carers and your team
- > Getting to know what you need and want from your admission
- > Start to shape your pathway and admission
- > Introduce you to the hospital, including what you can expect and what is available for when you arrive

Stage Two

Assessment and Engagement

Medical

- > Physical health screenings - GP registration
- > Pharmacological formulation
- > Initial assessment and capacity
- > Section 17 leave review

Psychology

- > Assessment of intervention need
- > Case formulation
- > Specialist assessments as required and in line with NICE guidance

Occupational Therapy

- > Baseline functional assessments
- > Sensory screening
- > Develop your individual timetable of therapeutic and recreational activities

Nursing

- > Physical health
- > Religious / cultural / inclusion needs
- > Baseline assessments
- > Supporting you, your family, carers and engaging with your home team

Dietitian

- > Assess nutritional status
- > Co-produce care plans
- > Co-produce nutritional plans

Multidisciplinary Team

- > Service user review meetings (including ward rounds, CPA, drop ins)
- > MHA assessments, MH- tribunals
- > Family / Carers links and engagement
- > Supporting your wellbeing
- > Co-producing your pathway
- > Baseline assessment of risk
- > Introduction to advocacy services, for you and your family / carers

Stage Three A)

Engagement & Treatment

Medical

- > Physical health review
- > Clarify diagnosis and treatment plans
- > Review of MHA in relation to your needs

Psychology

- > Direct and indirect interventions
- > Individual and / or group therapy using evidence based approaches
- > Intervention to reduce distress and / or risk
- > Psychological interventions as identified
- > Development of insight / self-awareness
- > Psychoeducation work

Occupational Therapy

- > Functional skill building
- > Therapeutic programme
- > Educational activities
- > Vocational skills
- > Social skills
- > Sensory strategies
- > Group and 1:1 prep sessions

Nursing

- > Stages of medication
- > Family liaison work
- > Physical health monitoring and promotion
- > Communication with care coordinator, family and carers
- > Working with you to support your needs, your health and wellbeing

Dietitian

- > Clinical nutrition assessments
- > Bespoke dietary interventions

Multidisciplinary Team

- > Review meetings (including CPA)
- > Psychoeducation
- > PBS (or equivalent) plan review
- > Risk formulation & positive risk-taking
- > Ongoing risk assessment and management

Stage Three B)

Treatment Consolidation

Medical

- > Continuing medication review and titration
- > Recovery and transition planning
- > Review of capacity and detention
- > Progression / Increasing of leave

Psychology

- > Relapse Prevention work (WRAP)
- > Developing confidence
- > Skills testing
- > Evaluation of progress

Occupational Therapy

- > Community-focused activities
- > Review of functional assessments
- > Vocational activities
- > Implementation of learned skills

Dietitian

- > Practical skills training
- > Drop in sessions

Multidisciplinary Team

- > Review meetings (including CPA)
- > Psychoeducation
- > Risk formulation and positive risk taking
- > Family / carer support
- > Consolidation Review to plan transition to home / work / education

Stage Four

Transition & Discharge

Medical

- > Final pharmacological review of medication titration
- > Pre-discharge support planning, community / home team / family / carers
- > Discharge planning and preparation
- > Formulation of physical and mental wellbeing
- > Increased involvement with community services

Psychology

- > Pre-discharge support and planning
- > Update relevant risk assessments
- > Review of relapse plans - skills learned, support in place, contacts, wellbeing plan
- > Transition support timetable
- > Handover to receiving team

Occupational Therapy

- > Skills / needs final assessment
- > Orientation / transition to future
- > Referral to community organisations
- > Solidifying community links

Nursing

- > Completion of self-medication stages
- > Transfer to own GP / dentist
- > Co-ordinate discharge plans
- > Liaison with care co-ordinator

Dietitian

- > Relapse prevention work
- > Liaison with external agencies
- > Advice on follow up / Support available

Multidisciplinary Team

- > Review meetings (including CPA, 117 meeting)
- > Home / placement visits, family / community support
- > Handover to community team
- > Risk formulation and positive risk-taking

Improving lives together