Eating Disorder Services and the Welsh Government Mental Health and Well-Being Strategy (2025-35) Challenges and Opportunities

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Strategic Programme for Mental Health
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The ambition: New strategy

Llywodraeth Cymru
Welsh Government

Mental Health and Wellbeing Strategy

Vision Statement 4: There are seamless mental health services – person centred, needs led and guided to the right support first time, without delay

- Part of a connected system
- High quality, delivering equitable access, experience and outcomes

The Case for Change

I didn't think I was skinny enough for eating disorder help

Rhi Rennie-Morgan says her own experience with an eating disorder allows her to better support those currently getting treatment

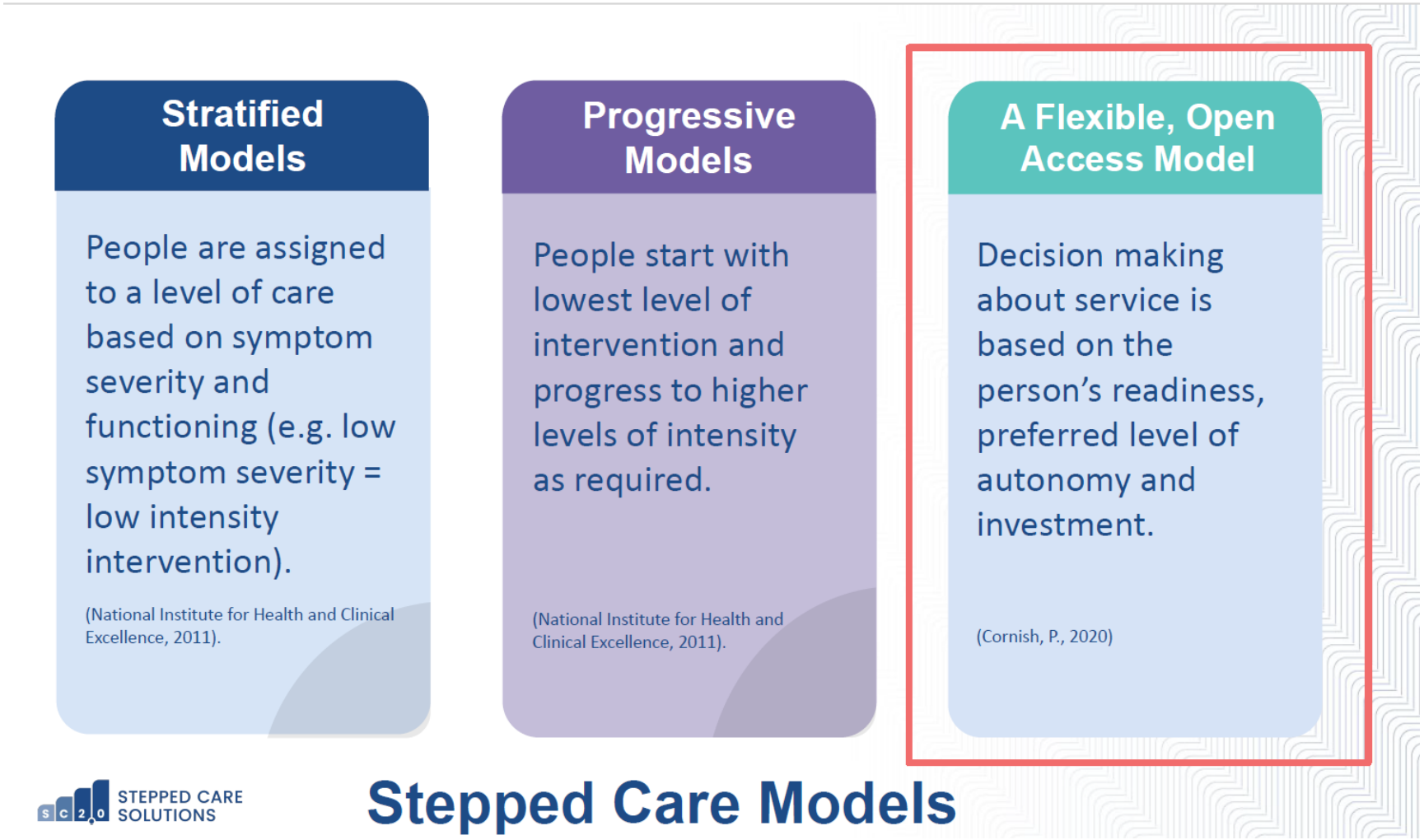
Earlier intervention: Removes thresholds that delay care and allow deterioration, improving outcomes and reducing crisis admissions.

Equity of access: Reduces postcode variation by replacing inconsistent criteria with a clear national front door.

Inclusive care: Enables appropriate access for ARFID and non-typical presentations often excluded by weight- or risk-based thresholds.

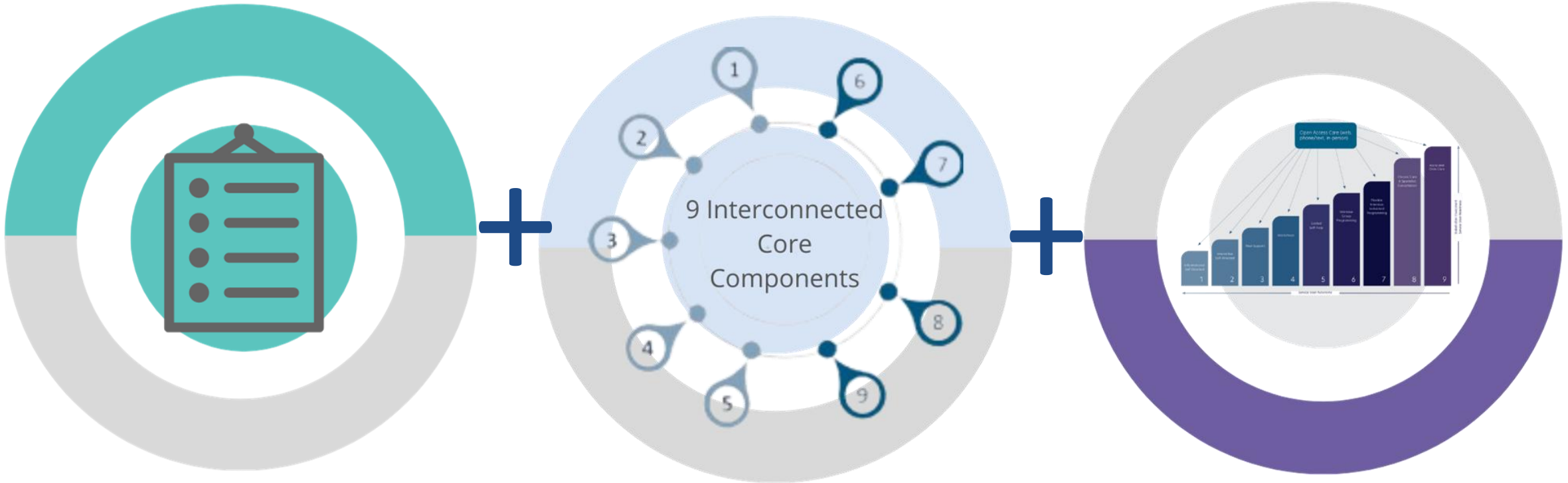
System alignment: Supports a “no wrong door” model and better integration with primary care, mental health and third-sector services.

The Stepped Care 2.0 Model (Cornish, 2020)



Cornish, P. (2020). *Stepped care 2.0: A paradigm shift in mental health* (p. 15). New York, NY: Springer International Publishing.

Stepped Care 2.0 Model



Guiding Principles

Core Components

Planning Framework

Guiding Principles

Social justice drives effective care systems transformation and is an intervention in itself

Multiple and diverse care options are required as one approach will not work for everyone

All individuals and communities have strength and capacity

Gold standard intervention are what best fits the service user at any given time

Professionals do not carry all the wisdom; people often know what is best for them

Mental health literacy is required for people to make informed decisions

An effective care system ensures people have access to care when and where it is needed

The whole is greater than the sum of its parts; the strength of the system relies on multilevel collaboration

Minimal interventions can produce powerful results

There is no idea solution; trial-and-error leads to growth and change

Components that support system design

- ➔ Co-designed with people holding diverse perspectives
- ➔ A range of diverse services are included
- ➔ Distributed management of risk
- ➔ Continuous improvement
- ➔ Recovery-oriented

Components that support people's experience

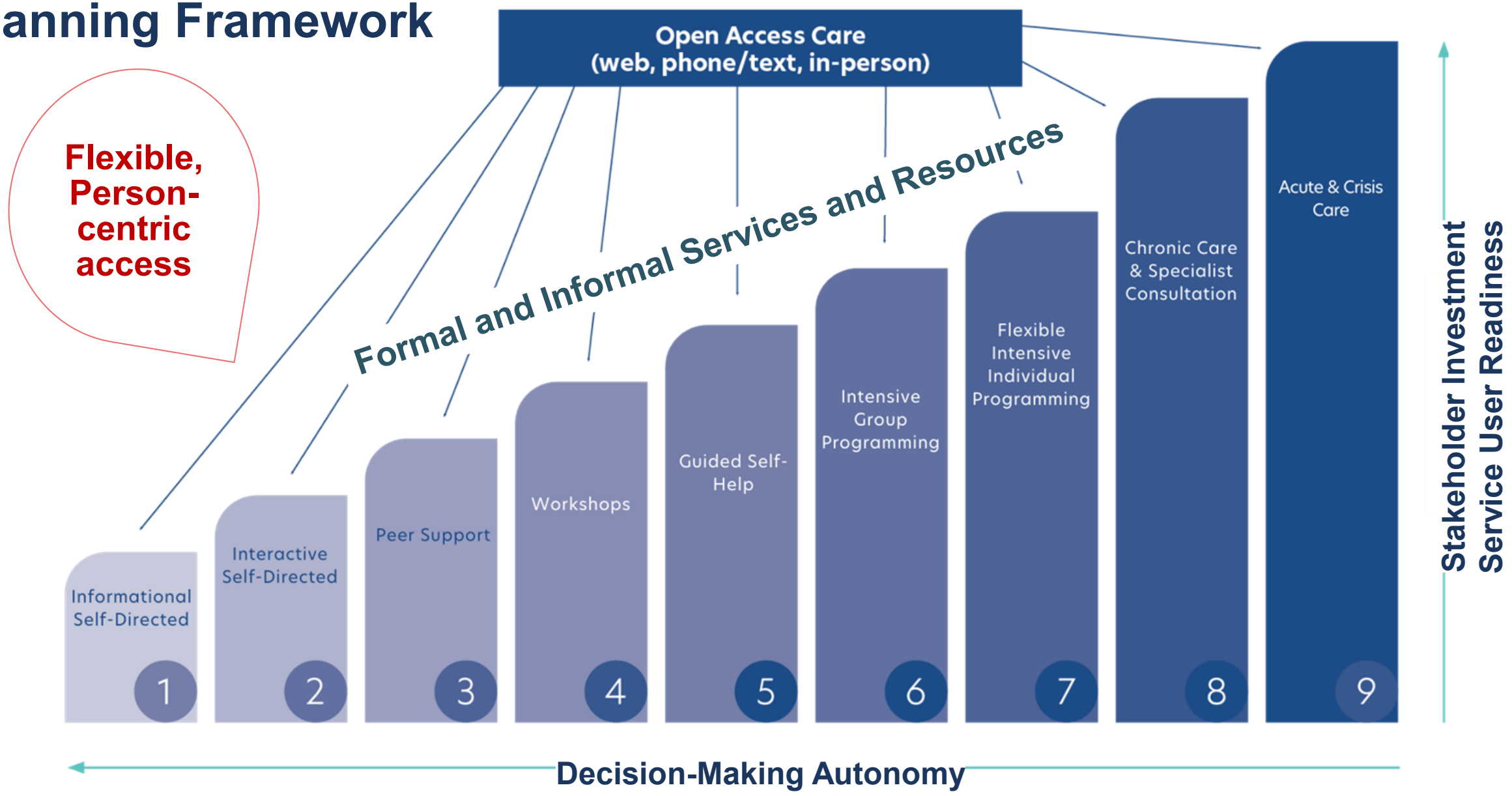
- ➔ Care is person-centric and collaborative (not a one-size fits all approach)
- ➔ Services are flexible, and data-informed
- ➔ Access to same-day support
- ➔ A one-at-a-time approach, ensuring a helpful intervention at each interaction

Core Component: One-at-a-Time (OAAT)

OAAT approach across the system

- Focus is the person's **biggest concern at that moment**
- Focus on **strengths**
- **Recovery** oriented
- **Further engagement** with services is possible if desired

Planning Framework



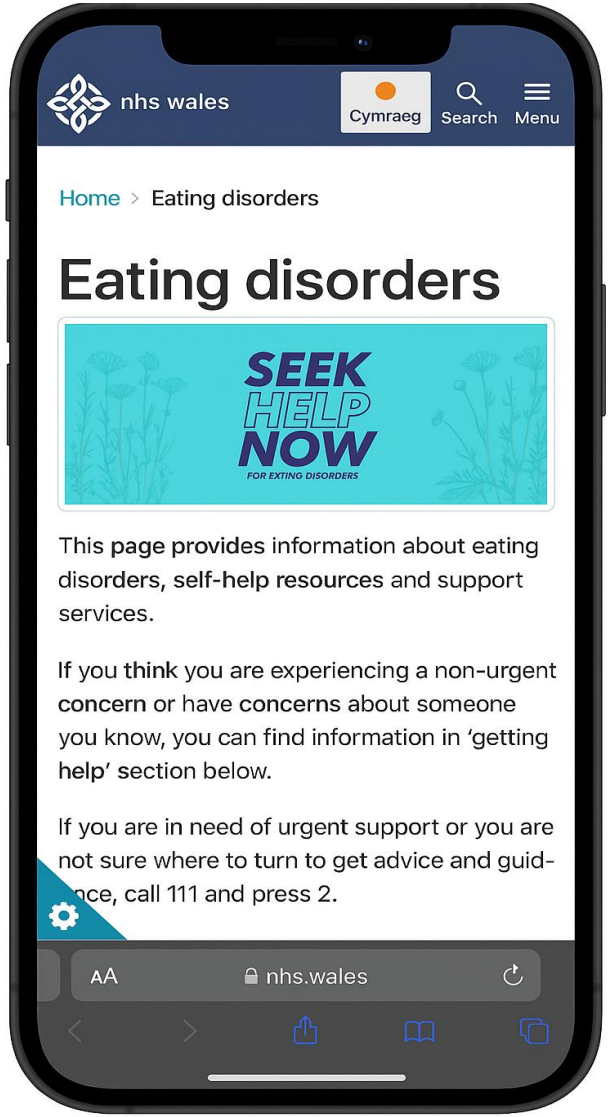
Challenges

- Variation
- No extra funding
- Workforce
- Training
- Capacity
- No national performance metrics
- No national service specifications
- Co-production

Opportunities

Applying the Open Access Mental Health Model to Eating Disorders

- The Body Project
- Seek Help Now
- Eating Disorder Recovery College
- Third sector provision
- E-learning for workforce
- National Early Intervention Eating Disorder service specification and ARFID service model and pathway
- Eating Disorder and ARFID community of practice
- Intensive community treatments
- Data and performance monitoring



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