Scotland's Mental Health and Wellbeing

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Scotland Overview

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Background (in relation to intensive community treatment)

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Mental Welfare Commission for Scotland ED themed visit report and mapping of ED services (Sept 2020)

- While families/carers reported some excellent care, many felt there could often be a lack of support available in the community
- Some of the relatives/carers commented that having no 'step down' between hospital and home was a real difficulty in maintaining positive progress on discharge from inpatient.
- Noted inequalities in the provision of services, particularly in rural areas.
- Mapping exercise provided an overview of the wide variation in the organisation of eating disorder services in Scotland.

Recommended: have a comprehensive range of services available across all ages and gaps in provision are identified and addressed

National Review of ED Services (2021) (in relation to intensive community treatment)

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Purpose: to provide an overview of full support available for those with ED's in Scotland and provide recommendations for improvements. Published a vision of ED services including:

"Specialist treatment is equitably available across Scotland, is easy to access, and is focused in the community. It should be of the highest quality based on the best available current research evidence and fully equitable to all and not dependent on diagnosis, weight or other severity measures."

- Made 15 recommendations to support strategic developments in ED care and treatment in Scotland including:

- The development of a National ED Network
- The development and a plan for implementation of quality standards of care across Scotland for all levels of treatment for eating disorders
- Lived Experience panel to advice on the implementation work

National Specification for the Care and Treatment of Eating Disorders (2024)

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- Outlines a national baseline of ED service provision for the delivery of person centred, safe and effective care. Applies to all levels of service provision from community outpatient, intensive services, inpatient and independent sector
- Nine published outcomes. In relation to intensive community treatment

Outcome 2 – Service Structure

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2.1 Organisations ensure a range of services, with varying intensities of provision, are developed. These should be based on individual assessment and clinical risk, and available to all people who have been assessed as requiring treatment and support.

2.3 Organisations ensure a range of options in the delivery of care are offered which are person-centred, responsive and trauma-informed. These include: inpatient care, outpatient care, day services, outreach including intensive outreach services, digital and online technology, and freely available evidence-based self-help materials.

2.4 Different models and intensity of service provision are integrated with transparent pathways and protocols to enable safe provision of treatment at points of transition and to support individuals to experience their care as connected, coherent, and recovery-focused.

2.5 Clear protocols are in place to manage: risk and safety, and unattended appointments.

2.6 Assertive and proactive follow-up protocols are in place that are designed to prevent inappropriate discharge and support engagement in treatment and care.

2.7 Organisations ensure that services are delivered by multi-disciplinary teams who work in effective partnerships with other agencies and the third sector.

2.8 Where health boards have smaller populations, creation of regional specialist eating disorder multi-disciplinary teams may be appropriate. Appropriate protocols should be developed to ensure seamless information exchange (within the parameters of information governance and informed consent) and consistency in care and treatment.

Barriers and Facilitators to intensive community ED treatment

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Remote and Rural e.g. NHS Highland, 40% of Scotland's land mass and 5% of its population

London has 75% more people than all of Scotland. Yet many evidence based models of care are generated in highly urban areas with high referral rates

Smaller NHS Boards – out of urban areas, how to facilitate equitable access but also consideration of sustainable staffing

Need to think innovatively about

- Regional working
- Use of technology
- Partnership approaches e.g. with primary care
- Use of ED pathways within general mental health intensive or day services

Significant role of the network is to facilitate connections and share best practice

Current developments:

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North of Scotland CAMHS Intensive Home Treatment Programme – Scottish Government commissioned

Development of a regional hub and spoke model of care, intended to be used as a guide to support other regions

Regional approach with ED pathway within this to support anyone in the North of Scotland, aged 17 years or under, referred to specialist CAMHS with a suspected eating disorder.

Due to be disseminated shortly

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Thank you

Any questions?