



CASE STUDY 2:

EATING DISORDER

CASE STUDY: Melissa

Learning objectives

By the completion of the case study participants will be able to:

- Identify opportunities for collaborative care between GPs, psychiatrists, psychologists, mental health nurses, social workers, occupational therapists, paediatricians and other local mental health professionals.
- Describe the local referral pathways and support options for young women experiencing an eating disorder.

Melissa is a 14 year old girl. She is brought to her family GP by her mother who is concerned that Melissa is losing weight and has shown little interest in food for several months. Melissa's mother also reports that her daughter's school grades have been declining over the last four months.

Melissa has always been thin but her recent weight loss has brought her BMI down to 18. Melissa explains her weight loss on the fact that she has recently increased her level of exercise and started cross country running with her father on weekends. She denies being dis-interested in food – rather she states she is simply careful about what she eats. She reports recently becoming a vegetarian for health reasons. The only symptom of concern to Melissa is that she reports feeling constantly cold. She states that her mother “drives me crazy at meal times”. She does not understand what all the fuss is about or why her mother has brought her to the GP. There are no underlying medical problems.

Discussion Points and Tips for facilitator:

The identity of the person in the case study and the locality can be changed to suit the particular demographics in your area e.g., the setting could be stated as a small rural

community or the patient could be identified as belonging to a particular cultural or linguistic group.

Listed below are some discussion points that facilitators might find helpful to include when working through the discussion questions with their network group. Facilitators may use these points as suitable prompts to develop a richer discussion of the issues.

Discussion Points:

1. Melissa is referred to a paediatrician who assesses her physical health and refers Melissa to an allied mental health professional (or level 2 trained GP) under the *Better Access* initiative. What information would be useful to include in the referral from the paediatrician to the allied mental health professional and what are the requirements with regard to patient consent in relation to treatment and sharing of information among health professionals, with particular consideration to Melissa's age?

- When discussing the type of information to include in the referral, ensure the group ascertains what information the *recipient of the referral* would find helpful.
- Melissa and her mother need information about any additional costs associated with the referral, the time commitment required for treatment, and the time limited nature of the service.
- A limitation with the *Better Access* program is that a maximum of only 18 sessions is allowable per calendar year (12 if 'exceptional circumstances' do not apply). Melissa would also be eligible for referral to a mental health nurse under the Mental Health Nurse Incentive Program (MHNIP), which provides for an unlimited number of sessions over an unlimited period.
- It may be helpful to develop an alternative plan if progress is slow. For example, consider a referral to a public or private eating disorder specialist clinic, or to a mental health nurse under the MHNIP.
- Consent needs to be gained by the Paediatrician and by the allied health professional/level 2 trained GP / mental health nurse to commence treatment and to allow sharing of information between health professionals.

2. As a group formulate a collaborative management plan for Melissa using the services and resources in your local area. Consider the relevant focused psychological strategies and psychological, physical and social issues to be addressed.

- Encourage participation from all professional groups present to discuss the use of focused psychological strategies, collaborative care and local resources.
- Issues that may be raised include:
 - Engaging Melissa and building rapport to then commence therapy
 - Need for provision of information to Melissa and her family on eating disorders
 - Physical health and further follow up
 - Social and peer group
 - School support
 - Early identification and intervention for eating disorders
 - Referral to a Child and Adolescent Psychiatrist via the paediatrician or GP under MBS item 291 (consultant psychiatrist patient assessment and management plan).
- Likely psychological interventions include:
 - Engaging Melissa in interpersonal therapy
 - Psychoeducation
 - The potential for use of cognitive behavioural therapy including behaviour modification.
 - The use of parent support and management training may also be useful once strategies are in place for Melissa, to assist her family with providing ongoing support.
- It may be worthwhile to raise the issue of family therapy with the group as despite its utility when working with patient's with an eating disorder, it is not listed as an approved psychological therapy or focused psychological intervention under the Better Access initiative. Explore other options and local resources.

3. How could Melissa and her family be engaged in the Care Plan?

- Explore strategies to engage Adolescents in interpersonal therapy that is developmentally appropriate. Consider the impact on Melissa of being diagnosed with a mental health disorder and the need to provide adequate developmentally appropriate psychoeducation to Melissa.
- Melissa's family will also require psychoeducation and support. If Melissa's mother is experiencing anxiety or depression as a response to the stress of the situation, a referral for the mother for further assistance may be warranted.
- May need to convey to Melissa your trust in the process and any other persons she is being referred to in order to help her accept the referral.

4. There are a number of health professionals who may need to be included in Melissa's care, for example: GP, paediatrician, child and adolescent psychiatrist, dietician, social worker/occupational therapist/psychologist/clinical psychologist/level 2 trained GP/ mental health nurse. Which health professional should act as case coordinator? How would this decision be reached at the local level?

- It is probably most appropriate for a paediatrician or child and adolescent psychiatrist to act as case coordinator.
- Due to the complex nature of eating disorders it may not be appropriate for the GP to case manage initially. However, eating disorders are a chronic problem and Melissa may need ongoing monitoring by her GP when the specialist's role is ended.
- GP/paediatrician is important to look after Melissa's physical health issues.

5. Consider the various health professionals involved in Melissa's management. How could you facilitate case conferencing between the team?

- Encourage the group to look at:
 - who may initiate and coordinate the case conference
 - identify the various health professionals involved in Melissa's care
 - challenges in arranging a case conference and possible alternatives to a face-to-face conference (teleconference, Skype, videoconference, web-based conferencing)
 - positive outcomes for Melissa in having a case conference
- Arrangements for case conferencing are thus best arranged at the local level in a manner that best meets the needs of the local professionals – this is an ideal opportunity to develop a local system.
- MBS items to organise a case conference are available for psychiatrists, consultant physicians (e.g., paediatrician) and GPs. Item numbers are also available for paediatricians, psychiatrists and GPs to participate in a case conference. Further information on case conferencing can be found in the Medical Benefits Schedule available online at:

<http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1>