

Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte,

Ospidéal Naomh Lómáin, Baile Phámar, Baile Átha Cliath 20. Tel: (01) 6207304

R: PQReps.NatMHOPS@hse.ie

Head of Operations,

Mental Health Service, St Loman's Hospital, Palmerstown, Dublin 20.

Tel: (01) 6207304 Email: PQReps.NatMHOPS@hse.ie

Deputy Mark Ward Dail Eireann, Dublin 2.

10[™] June 2022

PQ Number: 26665/22

PQ Question: To ask the Minister for Health the current, capital and operating cost to fully implement the National Clinical Programme for Eating Disorders in tabular form; and if he will make a statement on the matter - Mark Ward

Dear Deputy Ward,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Eating disorders have the highest mortality and morbidity within mental health and they pose significant health, social and economic cost to people with eating disorders, to their families and to society. Early intervention, evidence based care, and consistent support make a profound difference to the clinical and personal recovery of people who are affected by eating disorders, including to those in adolescence when so many eating disorders begin.

In January 2018 the HSE published a National Model of Care for Eating Disorders (MOC) in partnership with College of Psychiatrists' of Ireland and Bodywhys. In the absence of a pre-existing dedicated eating disorder infrastructure or strategy, this Model of Care document has been developed in order to guide the provision of high quality, accessible and value for money eating disorder services in Ireland. Key recommendations include the development of a national network of dedicated eating disorder teams embedded within the mental health service, a stepped model of outpatient, day patient and inpatient care provision based on clinical need, and the development of a skilled, trained workforce. In the context of the significant physical morbidity associated with eating disorders, this Model of Care also recommends a strong integration between primary care, mental health services and medical teams, including the bridging of the acute hospital and mental health service divide through mutual clinical commitments and shared pathways.

Most people can and do recover from eating disorders if they receive effective, evidence based treatment from ED trained staff. While a small number of people benefit from more intensive treatment through day programmes or inpatient care, the most effective treatment setting is in the

community. The MOC has a core focus on developing regional community based specialist eating disorder services provided by skilled multidisciplinary teams.

The NCPED aims to establish an ED network (8 adult teams and 8 CAMHS teams) in accordance with the agreed Model of Care 2018. There are currently 3 eating disorders (ED) specialist teams in operation, 2 CAMHS teams serving Cork Kerry Community Healthcare (CHO4) and Community Healthcare Dublin South, Kildare and West Wicklow (CHO7) and an adult team in Community Healthcare East (CHO6). These multidisciplinary teams provide specialist eating disorder assessment and treatment in the community and are the foundations of delivering quality eating disorder care across the stepped model of care. CAMHS ED team staffing is recommended at WTE 14.4 per 500,000-600,000.

Since 2016 over €8 million has been made available for Eating Disorder posts through programme for government funding. This has resulted in the set-up of the 3 existing Eating Disorder teams and to progress recruitment for the 2nd phase of teams in CHO4 (adult), CHO9 (adult) and CHO2 (CAMHS). This 2nd phase of teams are in advanced stages of recruitment and set up to establish a high quality service. The 2022 funding will be used for the continued investment in specialist Eating Disorder posts including a 3rd phase of specialist community team development in 2022 CHO5 Adult, CHO1 Adult and CHO9 CAMHS.

The ED Community Teams funding by year and CHO from 2016 – 2022 is shown in the table 1 below.

СНО	2016	2017	2018	2019	2022	Grand Total
CHO4	1,011,900					1,011,900
CHO7	629,571					629,571
CHO1					488,543	488,543
CHO2			829,593	145,680		975,272
CHO4			672,767	535,040		1,207,807
CHO5					904,780	904,780
CHO6		792,297				792,297
CHO7		163,376		113,733		277,109
СНО9				964,527	863,104	1,827,631
Grand	1,641,470	955,673	1,502,359	1,758,980	2,256,426	8,114,909
Total						

The NCPED recommends delivering 3 eating disorder teams per year to ensure sustainable phased recruitment and training. The HSE is provided funding on a yearly basis as per the estimates process for the National Service Plan. We plan to seek funding for 3 teams each year in 2023 and 2024 with the final team in 2025. CHOs will need to plan for capital costs to allow for suitable accommodation for each team in line with the schedule of accommodation in the model of care. It is not possible to estimate the capital costs associated with each team, given that teams vary in size and some CHOs have available accommodation that can be used.

In addition to the community ED teams there are plans for an 8 bed inpatient unit as part of the National Childrens Hospital. A sub group of Sharing the Vision is reviewing acute adult inpatient bed provision including the provision of beds for adults with eating disorders (25 beds recommended in MOC). We are awaiting the publication of this review. There are no costs at present for the additional beds and additional staff required to staff the beds.

Given this increase in demand a review of the Model of Care is planned during 2022/23. The outcomes of this review will influence the ED teams' requirements from 2024 onwards. Once completed we can draft an implementation plan.

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,

Esolus

)

Dr Amir Niazi National Clinical Advisor & Group Lead for Mental Health Clinical Design and Innovation Health Service Executive