

Mental Health and Addiction Services
Eating Disorders In-
patient, Intensive
Treatment and
Consultative Services

Tier 3

November 2024

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1. Status

These service specifications may be amended to meet local agreement needs.

MANDATORY RECOMMENDED

2. Review History

Review History	Date
First Published on NSF Library	June 2009
Amended: clarified reporting requirements	April 2013
Amended: removed standard provider monitoring reporting tables. Minor editing.	July 2016
Consideration for next Service Specification Review	Within five years
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site [here](#)

3. Introduction

<p style="text-align: center;">EATING DISORDERS – INPATIENT, INTENSIVE TREATMENT AND CONSULTATIVE SERVICE TIER THREE SERVICE SPECIFICATION MHE27</p>

This tier three service specification for Eating Disorders Inpatient, Intensive Treatment and Consultative Service (the Service) is linked to tier one Mental Health and Addiction Services and tier two Eating Disorders Services service specifications.

4. Service Definition

The Service provides specialist recovery-orientated inpatient treatment for people with eating disorders in need of close medical and psychiatric observation and/or intensive support and treatment. This will be provided in a dedicated eating disorder unit within a hospital setting with appropriately trained and experienced multi-disciplinary staff. Inpatient treatment may be for a period of weeks or months, depending on the severity of illness and needs of the service user. The aim of inpatient treatment is to reduce the physical risks associated with an eating disorder and focus on the psychological aspects of the eating disorder.

The Service will be integrated with a clinical outpatient service and may include a day programme as part of a stepped down continuum of care.

As a speciality service delivering to a wide geographical area, consultation will be provided to clinicians to support Service users where possible in their own communities, including provision of case discussions, team meetings, telephone contact, teleconferences, staff training and supervision. The details for this Service is outlined in the specification: Consultative Service within a Specialist Eating Disorder Service.

5. Service Objectives

5.1 General

This inpatient service will include, but is not limited to:

- designated eating disorders inpatient beds in an age- and gender-appropriate hospital setting
- medical and psychiatric treatment, monitoring, management, support and rehabilitation
- engagement with the service user's family and whānau and, where appropriate, family and whānau should be involved in the service user's treatment programme
- integration with clinical outpatient and community mental health services, including the District where the patient resides
- integrated clinical pathway and continuum of care
- supported and/or supervised meals
- education about coping strategies and managing physical good health, including nutrition and eating practices
- crisis intervention and prevention of the escalation of the service user's illness

- risk management within which the least restrictive intervention strategies are used
- appropriate support and consultation for referrers on the waiting list for inpatient services
- relapse prevention and maintenance, which may include discharge to outpatient and community services
- wherever possible, evidence-based treatment in line with international guidelines should be used
- appropriate transition planning and links with other services.

Individualised recovery plans encompassing treatment, risk and relapse prevention are developed with each person admitted to the service. The plan should be comprehensive, based on assessed needs and include identified goals for the period of inpatient care. Plans are developed in conjunction with the individual concerned, relevant community or outpatient services and, where appropriate, family and whānau.

Accommodation and personal care services are provided at no cost to the service user, including the provision of personal care items when such items are lacking on admission.

5.2 Māori Health

Refer to the tier one Mental Health and Addiction Services service specification.

6. Service Users

This Service is for eligible people of any age.

Eating disorders in children and young adolescents differ from older age groups because of differences in physiology, development and cognition. Involving family and whānau in treatment is crucial. Children and young adolescents have a much higher risk of rapid deterioration, requiring a lower threshold for intervention.

A paediatric medical approach with eating disorder specialist input may be the most appropriate treatment for some children and adolescents aged 15 or under.

7. Access

7.1 Entry and Exit Criteria

Referral to this Service is from a secondary mental health services generally, although it may be necessary for a primary care provider to refer a person in urgent need of tertiary care.

8. Service Components

8.1 Processes

Processes include but are not limited to assessment; treatment, intervention and support, review, discharge, consultation and liaison.

More specifically Assessment in Eating Disorder Services require the following:

- appropriate eating disorder specialist assessment including, but not limited to:

- comprehensive physical state, including potential need for medical stabilisation and other physical health requirements
- full mental health assessment and focus on eating disorder symptomatology and co-existing disorders or issues, such as drug and alcohol use, personality disorders, risks.
- Provision will be made for specialised assessments and intervention for particular sub-groups, including service users experiencing:
 - anorexia, bulimia or EDNOS
 - co-existing problems of eating disorders and substance abuse or other disorders
 - severely compromised physical condition.

8.2 Settings

Separating children and young adolescents from adults in in-patient settings is strongly recommended. This separation may occur within the same facility, or with separate facilities.

8.3 Key Inputs

A multi-disciplinary team of people with skills and experience in eating disorder intervention, treatment and support, and who belong in one of the following categories:

- health professionals regulated by the Health Practitioners Competence Assurance Act 2003
- people regulated by a health or social service professional body
- people who interact with service users and who are not subjected to regulatory requirements under legislation or by any other means.

9. Service Linkages

Linkages include, but are not limited to the following:

Service Provider	Nature of Linkage	Accountabilities
District Provider Arm Mental Health and Addiction services	Referrer	Identification of Eating Disorder and referral to Eating Disorder Services.
Other Districts where Eating Disorder inpatient and consultation and liaison service not provided	Referrer Receiver of consultation and advisory service	Refer for inpatient services Seek advice regarding clinical management
District Personal Health expertise	Provider of consultation, advice and collaborative working.	Collaborative working to address complex medical needs of service user.

10. Purchase Units and Reporting Requirements

10.1 Purchase Units

Purchase Units (PU) Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following code applies to this Service.

PU Code	PU Description	PU Definition	Unit of Measure
MHE27	Intensive treatment and consultative service	Service to provide specialist recovery-orientated inpatient treatment for people with eating disorders in need of close medical and psychiatric observation and/or intensive support and treatment. This will be provided in a dedicated eating disorder unit within a hospital setting with appropriately trained and experienced multi-disciplinary staff.	Available Bed Day

Unit of Measure	Unit of Measure Definition
Available bed day	Total number of inpatient beds that are available to be occupied during the period multiplied by the number of days they are available during that period. To be counted as available the bed must be resourced, and either empty or occupied by a user of this service.

10.2 Reporting

The Provider must comply with the requirements of national data collections: PRIMHD.

Additional information to be reported and the frequency of collection are specified by the Funder in the Provider Specific Terms and Conditions as agreed with the Service Provider.

The information required by the Funder will be sent to:

Email: performance_reporting@health.govt.nz

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications¹ may be used for performance monitoring if specified as agreed with the Funder.

¹ Performance Monitoring Reporting cluster tables for Mental Health and Addiction Services are published on the Nationwide Service Framework Library, Mental Health and Addiction Service specifications page, Downloads section www.nsfh.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services