

Chapter 13

Workforce Development in the Child and Adolescent Mental Health Sector: The Challenge of Rolling out a Specialist Eating Disorders Treatment in New Zealand

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ABSTRACT

Eating disorders are serious illnesses with both physical and psychological symptoms. In the case of anorexia nervosa, the evidence suggests the earlier one identifies and treats the illness, the greater the chance of full recovery. In 2010 the New Zealand Ministry of Health provided funding to roll out the evidence based, Family Based Therapy (also known as Maudsley Family Based Therapy [MFBT]), treatment for anorexia nervosa, to specialist eating disorders services and clinicians in child and family services. The main focus of this chapter is the planning behind the implementation and sustainability processes, the evaluation, and the initial outcomes of the implementation of MFBT. Finally, lessons learned and recommendations from the implementation process will be outlined.

INTRODUCTION

Implementation science is a relatively new discipline which seeks to understand the factors that influence the uptake of specific evidence based interventions in natural settings (Bernfeld, Farrington & Leschied, 2001; Durlak & DuPre, 2008). This developing body of knowledge has informed how specific interventions can be implemented to achieve the best well-being outcomes for consumers engaged with health services. In New Zealand, The Werry Centre is funded to provide workforce development sup-

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port by offering technical assistance to the infant, child and adolescent mental health (ICAMH) sector. This activity focuses on activities such as training, research, assistance with recruitment and retention, service and infrastructure development. The Werry Centre utilizes implementation science to support the implementation of specific interventions within ICAMH services in New Zealand.

Health services in New Zealand are, for the most part, publically funded, and administered locally by 20 District Health Boards (DHBs). The New Zealand specialist ICAMH services sit within the DHB structure and are delivered by multidisciplinary teams of health professionals. They are considered secondary level services and sit between primary health services, for example those delivered by general practitioners, and tertiary level services such as in-patient services. In 2014, there were 1086 full time equivalent positions employed within ICAMH services across a range of disciplines (The Werry Centre, 2015).

In 2010, the Werry Centre led the implementation of Maudsley Family Based Therapy (MFBT) to support the treatment of young people who had been clinically diagnosed with anorexia nervosa based on the *Diagnostic and Statistical Manual of Mental Disorders IV* (American Psychiatric Association, 2000). This chapter provides a brief description of the principles used for the roll out of the Real Skills Plus CAMHS competency framework in ICAMH services, coupled with implementation science to inform the implementation of the MFBT within New Zealand Aotearoa. The implementation process of the MFBT is discussed in detail, alongside some of the successes and lessons learned thus far.

Objectives:

- To explain the concept of implementation science translated into a framework for implementation of a specific programme (Durlak & DuPre, 2008).
- To describe evidence-based interventions for young people in New Zealand Aotearoa experiencing anorexia nervosa with a specific focus on MFBT.
- To describe the implementation process of the MFBT in ICAMH services in New Zealand Aotearoa.
- To provide recommendations for the future implementation of evidence-based therapies in ICAMH services in New Zealand Aotearoa.

BACKGROUND

The literature on implementation science consistently identifies a range of factors which contribute to implementation outcomes (Durlak & DuPre, 2008; Dymnicki, Wandersman, Osher, Grigorescu & Huang, 2014; Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005). Fixsen et al. (2005, p.vi) describe specific components as including:

- The selection of specific practitioners who are supported with training, coaching and assessment.
- The provision of skilful supervision and coaching, and regular process and outcome evaluations.
- Communities and consumers are fully involved in the selection and evaluation of programs and practices.
- State and federal funding avenues, policies, and regulations create a hospitable environment for implementation and program operations.

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