
CONFERENCE ABSTRACT

Pilot of Family Based Treatment for Anorexia Nervosa (FBT-AN) via Videoconferencing: Outcomes and Implementation as Core Business

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Introduction: FBT-AN is the internationally recognised evidenced-based first-line treatment for adolescents diagnosed with anorexia nervosa. Access to FBT-AN trained clinicians for families living outside major metropolitan areas is limited particularly in large geographically diverse states e.g. Queensland Australia. A National Eating Disorder Collaboration and Butterfly Foundation report investigating social and economic impact of eating disorders clearly outlined families' frustration in response to poor access to evidenced-based treatments across Australia.

Description: To address this inequity of access to evidenced-based treatment options, the Children's Health Queensland, Child and Youth Mental Health Service, Eating Disorder Program invested in 2-year pilot project offering FBT-AN to families across Queensland using the medium videoconferencing.

Aim and Theory of Change: Systemic interventions are known to be important in facilitating change in adolescent mental health. Effective modes of delivering systemic interventions need exploration. This pilot study aimed to investigate the efficiency and effectiveness of FBT-AN using video-conferencing as the medium of service delivery. It was hoped that if FBT-AN could be delivered effectively using video-conferencing, the availability of evidenced based treatments could increase to non-metropolitan areas where specialist services or trained clinicians are unavailable.

Targeted Population: Families living in regional, rural or remote Queensland, with a child or adolescent diagnosed with Anorexia Nervosa, who met criteria for FBT-AN, and were engaged with their local Child and Youth Mental Health Service (CYMHS), were offered the opportunity to participate in the pilot. A total of 28 families participated including 5 families seen face-to-face for comparison purposes.

Timeline: The pilot ran for 2 years and concluded in 2019

Highlights: A total of 7 Queensland Hospital and Health Services participated in the pilot, each making multiple referrals over the 2 year period and advocating for continuation of the service beyond the pilot.

Sustainability and Transferability: The outcomes and learnings of the pilot were used to inform a Governance Framework embedding telehealth services including the medium of video-conferencing as core business of the CYMHS Eating Disorder Program. This Framework is being

used to inform similar Frameworks across CYMHS specialist teams in the CHQ context. Core aspects of the Framework will be identified

Conclusion: Families participating in the pilot provided positive feedback about the experience, emphasising the importance of access to recognised expertise and evidenced based treatment for their child. Local CYMHS reported increased confidence in the identification and treatment of eating disorders as an outcome of the pilot. Early data analysis indicates that FBT-AN can be provided with efficacy and effectively with positive outcomes for families via videoconferencing.

Discussion: While videoconferencing is widely used in assessment and consultation in health services, it is not widely used in the provision of therapeutic treatments. This pilot has demonstrated videoconferencing as a practical medium for treatment. Its utility for families outside major metropolitan areas is undoubtable

Lessons Learned: Videoconferencing as a medium for providing therapeutic interventions is fraught with challenges. Significant learnings occurred with regard to treatment set-up, maintaining engagement of families and services, technology requirements, and clinical governance issues. These will be noted in this presentation