

Care and treatment of eating disorders – national specification

Consultation response submitted by the Royal College of Paediatrics and Child Health Scotland: FEBRUARY 2024

About us

The [Royal College of Paediatrics and Child Health \(RCPCH\)](#) is responsible for training and examining paediatricians. The College has over 19,500 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

Paediatricians have a role in raising awareness of mental health problems in children and young people, promoting parity of esteem for physical and mental health, and reducing stigma associated with mental illness. RCPCH Scotland is supportive of policies that improve services, treatment pathways and waiting times for all children and young people.

When reviewing the consultation, we agree with the key focus of the proposals: *'We want the Specification to support equitable access to eating disorder treatment, as well as equity in the experiences and outcomes of people using services.'* However, we would like to note that without significant increases to staffing and funding these proposals are merely aspirational.

Paediatricians are particularly concerned about the detriment to the mental health of our children and young people as an unintended consequence of the response to the COVID-19 pandemic. Our members tell us that they are seeing increased numbers of patients post pandemic presenting with eating disorders, restrictive eating, and Avoidant Restrictive Food Intake Disorder (ARFID) on paediatric wards and clinics. They tell us that there is a need for greater investment in paediatric services and CAMHS services, to support children and young people in emergency departments, wards and clinics.

Taking into account that our areas of expertise are those of child health and representing the needs of the paediatricians who constitute our membership, this response will focus on feedback from our members on how the approaches outlined in the consultation may improve services and treatment for children and young people.

Outcome 2: Service Structure

RCPCH Scotland agrees that there needs to be equal access to eating disorder services across Scotland for children and young people.

Staffing

We also support taking a multi-disciplinary approach to eating disorder services. It may also be worth considering the role schools and school nurses can play in supporting children and young people within this proposed specification.

Furthermore, our members believe it is important that when creating a new multidisciplinary service or pathway that access to professionals who can support early cognitive behaviour therapy and family-based therapy would improve outcomes. Our members note that play therapists would help with the management of ARFID and enabling dieticians to see selective restrictive eaters that are not underweight would be a support to children, young people and their families.

Open communication

We would like to note that each service should include a clear pathway for contacting patient teams that is available on a 24/7 basis to ensure key staff are updated. For example, when a paediatric emergency department are discharging a patient with an established eating disorder outwith normal working hours.

Outpatient care

This outcome proposes that medical monitoring should be an essential part of outpatient care. Our members have highlighted that medical monitoring should include observations, ECG, bloods, and a medical assessment that can be undertaken in the community. We would also like to see improved community-based services with a focus on early intervention. Demand for services often outstrips capacity and patients are often sent to Emergency Departments for medical assessment which could be carried out in the community. Early access to well-funded and fully staffed community services should enable children to be seen quicker and closer to home and would ease pressure on other services.

Our members also stated that the following should be considered regarding escalation plans:

“When patients are referred from the community for presumed admission they should arrive with a clearly documented plan regarding fluids or feeds for the admission. They could then have a set of observations done in the Emergency Department and, if safe, go to the ward to be seen there which will help patient flow and continuity. This plan will also need to be communicated with the medical paediatric team for continuity.”

Our members tell us that many of these patients are admitted to medical wards and are not regularly reviewed by CAMHS teams due to staffing and service pressures. There needs to be agreed joint working with appropriate staffing and services designed in a way that allows the inpatient plan to be delivered.

Outcome 3: Access to Care

The consultation proposes an all age eating disorder service. Our members would like further information on what this would mean for children and young people, as the support and services required for young children is very different to the needs of teenagers, young people, and adults. It is important that this fact is not forgotten in the creation of new or in the merging of services.

Self-referral

The consultation states that specialist eating disorder services will be *'supported to accept self-referrals and referrals from any relevant professional, including counsellors, school nurses, and the third sector.'*

Our members have stated that an easier referral process including self-referral would be helpful. This is particularly important considering the recent increase of patients presenting with restrictive eating, ARFID and eating disorders, with many children being seen in primary care and paediatrics often attending A&E to access services. Once again, for this part of the service to be beneficial to patients it must be appropriately funded to cover this workload as, otherwise, there is a risk that waiting lists will dramatically lengthen.

As this consultation proposes structural change, the government should consider how these changes will be shared with the public. For example, it is important to consider how resources for parents and school staff who are concerned about a young person, as well as clear pathways to support for the young people themselves will be signposted.

For further information about any aspect of this consultation response, please contact RCPCH Scotland at enquiries-scotland@rcpch.ac.uk

For further information please contact:

Gemma Richardson, Policy and Public Affairs Lead – Scotland
Royal College of Paediatrics and Child Health
Tel: 0131 385 7422 | Email: gemma.richardson@rcpch.ac.uk