

# Case Study 3: Brief

## Improving Eating Disorders Care in East Kootenay

**Abstract:** This case study describes how the East Kootenay Local Action Team (EK-LAT) improved eating disorders (ED) care in their rural, remote region and created a resource to help improve ED awareness and treatment across the province. The EK-LAT actions included: hosting a day-long workshop with provincial experts; video-taping the presentation and turning the footage into seven learning modules that are being shared across the province; establishing a bi-monthly “wrap around” adolescent ED clinic; and setting up a local parent support group. All of these actions, according to providers and patients, have greatly contributed to improved eating disorders care in the region. The case study is an example of how, under the supports of the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative, a LAT established multi-sector, sustainable practices that aligned with a community priority as part of a broad approach to improve CYMHSU care.

### BACKGROUND

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The East Kootenay population of 56,000 is spread across 30,000 sq km in the southeast corner of BC, 1000 km east of Vancouver with a number of small towns and villages, each with their own distinct culture. The East Kootenay LAT, centred out of Kimberley/Cranbrook formed in spring 2014 with 14 members, including family doctors, pediatricians, community agencies, school mental health counsellors, mental health clinicians from the local offices of the Ministry of Children and Family Development, representatives from the local offices of Interior Health, and a parent with lived family experience.

At first this new LAT struggled with their role within the Collaborative, finding it challenging to establish shared perspectives, to agree on a common agenda and decide on a small test of change. Some LAT members described this early time as one of “confusion and tension.” This stasis was finally broken after about six months of meetings by finding an issue the majority could get behind: improving eating disorders care, as part of a more broad approach to improve child and youth mental health and substance use care.

Statistics show 1.5% of youth age 15-24 suffer from an eating disorder and the condition has the highest death rate of all the mental health disorders. In recent years, youth with eating disorders, primarily teenage girls, had steadily increased in the region, with at least six or seven being diagnosed and treated each year. Most of these young women needed at some point to be transferred to the provincial specialized eating disorders program at BC Children’s Hospital (BCCH) in Vancouver. Generalist physicians and mental health clinicians in the EK region described feeling “very scared,” “ill-equipped” and at times even “incompetent” to meet the extraordinary needs of these complex patients in their rural/remote region.

### DAY-LONG WORKSHOP

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The EK-LAT’s decision to invite six provincial experts from BCCH to their community for a day-long workshop gelled the team. It required a great deal of planning, logistics and negotiation with provincial authorities. Ninety people — GPs, specialists, mental health clinicians, community agencies, school counsellors, hospital dietitians, psychologists and more — attended the workshop in March 2015, which was videotaped and edited into seven specific learning modules. Topics included team roles, medical assessment and management, Family-Based Therapy and meal support. Along with the six experts, Terri and Rylee McKinlay, a mother and daughter, spoke about Rylee’s experience with anorexia, which included a nine-week stay at BCCH in 2012. On her discharge, the family needed to move from Kimberley to obtain more specialized care as part of her recovery.

Evaluation from the one-day workshop rated the day very highly. Out of the 90 attendees, 81 submitted evaluation forms, of which 98 percent said the event met or exceeded their expectations and 80/81 said it was “a good use of my time.” Some of the comments received on the evaluation forms or after the workshop included:

**“I knew that because of the workshop care would improve the very next day.”** ~ MCFD Team leader

**“It was one of the most meaningful training days of my life.”** ~ MCFD Clinician

**“The information will enable me to implement a care plan with patients that is consistent and informed.”** ~ Dietitian

**“It will improve my screening for EDs and my awareness for the urgent need for hospitalization.”** ~ Pediatrician

**“[I am] a better doctor today after this conference.”** ~ Family doctor

The seven video modules of the presentations were edited and released province-wide in February 2016, creating a cost-effective, CME eligible provincial resource for improved eating disorder care.

## NEW CLINIC AND PARENT SUPPORT GROUP AFTER THE WORKSHOP

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Following the workshop, members of the EK-LAT decided to create a new bi-weekly adolescent eating disorders clinic and a parent support group, at no additional cost to any of the local health system or the MCFD- CYMH system. The change occurred because local providers of care decided to cooperate and join forces, altering their practice to provide more supportive care for youth and families with eating disorders.

The EK Adolescent Eating Disorder Clinic now operates every second Tuesday. The clinic is held in the pediatricians' office in Cranbrook, seeing six or seven patients a day in joint appointments with the pediatrician and the MCFD clinical counsellor, who walks across a parking lot from her office to attend the sessions. While many local youth may still need to be referred for an in-patient stay at BCCH, the new clinic provides consistent assessment and referral prior to admission as well as consistent follow-up care once the youth returns home that aligns with the BCCH program. Again, this change in practice came about with no budget increase but has greatly improved the coordination and integration of adolescent eating disorders care in East Kootenay. One of the local pediatricians notes: "The Eating Disorder Workshop got the ball rolling in establishing an ED clinic in our community. This has resulted in improved teamwork, further resulting in improved patient care."

The region initiated a local parent support group in October 2015. Meeting from 10 am to 11:30 am on the alternate Tuesday from the ED Clinic, the support group welcomes mothers and fathers, as well as other family members to share stories, successes, frustrations, emotional support and logistical information, such as provincial travel, medical leave and other subsidies. Family and youth in the region describe that the changes "makes it feel like we are in Vancouver."

## KEY LEARNINGS FROM THE EK-LAT EXPERIENCE:

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- **After initial struggles, the EK-LAT gelled over a project that addressed a real regional need; the experience has improved teamwork in all areas of CYMHSU care.**
- **"Willingness" was the operative word used to describe the change: willingness to admit they were struggling with an issue; willingness to examine their own practices to see what they could do better; willingness to change practices; willingness to try new ways of engaging with patients and colleagues.**
- **A seed budget, and permission and encouragement to spend it on a new idea like the workshop, was essential. After that seed funding, improvements occurred without the need for increased budgets.**
- **Designated, paid project leads and administrative support to execute the many details of the workshop execution, and the video creation, were also key to success.**
- **Small tests of change under the Collaborative methodology can improve services without huge restructuring of systems or increasing operating budgets.**
- **Success with small projects spurs greater cooperation and enthusiasm to improve all CYMHSU care.**

## CONCLUSIONS

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With the funding and support of the Collaborative, the EK-Local Action Team went from being confused and unsure of how to tackle a meaningful project to executing and following through on an initiative that has demonstrably improved eating disorders care and coordination in their region with broad impact on CYMHSU care. It is a prime example of a local LAT establishing a multi-sector, sustainable practice of care that aligned with a community priority. Individual EK-LAT members have described the process as being "among the most meaningful" in their careers, that enhanced relationships across all CYMHSU care. Eating disorder care was transformed in their own region and through the spread of the video series, could improve eating disorders in many other parts of the province.