

## **Eating Disorder Referrals to Gloucestershire Mental Health Services between April 1996 and March 1997**

### **Introduction**

The incidence of eating disorders within secondary mental health services has been estimated by Hoek (1993) following a handful of studies of psychiatric case registers or hospital records. Hoek estimated the referral rate for Anorexia Nervosa as 5 per 100,000 total population and six per 100,000 total population per year for Bulimia Nervosa.

More recent studies have included atypical eating disorders. For example, Bray et al (1994), found an incidence rate of 18 per 100,000 population for referrals to the Leicester Eating Disorder Service in 1993. This specialist service receives referrals from across the County of Leicestershire. Hall and Hay (1991) reported referral rates of 5 per 100,000 for Anorexia Nervosa, 10 per 100,000 for Bulimia Nervosa and 4 per 100,000 for atypical eating disorders. Their specialist eating disorder service covers the geographical catchment area of Wellington, New Zealand.

A study using the General Practice Research Database (GPRD), found a referral rate to secondary mental health services of 3.36 for Anorexia Nervosa and 7.32 for Bulimia Nervosa per 100,000 total population (Turnbull et al 1996). Corbridge and Bell (1996), reporting on referrals to adult mental health services in Portsmouth, found referral rates of 2.95 for Anorexia Nervosa, 4.8 for Bulimia Nervosa and 14 for atypical eating disorders per 100,000 total population.

This audit of referrals attempted to establish the referral rates to Gloucestershire Mental Health Services, for people with an eating disorder.

### **Method**

All Community Mental Health Teams (CMHTs) and other mental health staff within Gloucestershire (11 Adult and 2 Child and Adolescent) were asked to record referrals for people with an eating disorder on an audit form and to return those forms to the Eating Disorders Project throughout the year 1st April 1996 to 31st March 1997.

The following data was requested:

Date of birth

GP name and address

Date of referral

Name of mental health team

Name of key worker

Profession of key worker

Eating disorder diagnosis

Date of first appointment and whether they did or did not attend.

DSM IV diagnostic codes were circulated to all CMHTs to aid diagnostic categorisation and staff were regularly reminded to complete and return audit forms. The data was collated and entered onto an EPI information system for analysis.

## Results

112 valid forms were returned, one of which the eating disorder diagnosis was unknown as the patient had not been assessed.

Referrals by age group were:

10 - 14	4	(3.6%)
15 - 17	18	(16.1%)
18 - 29	67	(59.8%)
above 30	23	(20.5%).

The recorded diagnoses were:

Anorexia Nervosa	22	(19.6%)
Bulimia Nervosa	50	(44.6%)
Eating Disorder Not Otherwise Specified	39	(34.8%)
Unknown	1	(0.9%).

85 individual GPs made 112 referrals. 68 GPs referred once, 10 referred twice, 5 referred 3 times, 1 referred 4 times and one referred 5 times. 2 of the GPs had practices based in Hereford, so 83 GPs from Gloucestershire made referrals over the year. As there are 334 GPs in Gloucestershire, this represents 24.8% of the total number of GPs. There are 86 general medical practices in Gloucestershire, so it is convenient to think in terms of roughly one referral per practice per year.

In fact, the distribution of referrals between surgeries was quite different. 57 surgeries referred 109 referrals, 2 unknown (2 from Hereford not included). 30 surgeries referred once, 14 surgeries referred twice, 7 surgeries referred 3 times, 2 surgeries referred 4 times, 3 surgeries referred 5 times, and 1 surgery referred 6 times. If it is assumed that each surgery was from only one practice (most practices in Gloucestershire only have one surgery), 66% of medical practices referred someone with an eating disorder during the year.

The distribution of referrals across CMHTs varied. The highest number of referrals (15) were received by two teams in Cheltenham (North Spa and North Cotswold). The lowest number of referrals (2) was received by a team that serves a predominately rural area (Cotswold Edge). (see Table 1)

39 (34.8%) referrals were seen by a key worker who was a Nurse. 35 (31.3%) by a Physiotherapist who specialises in counselling for eating disorders, 16 (14.3%) by a Psychiatrist, 6 (5.4%) by a Psychologist, 5 (4.4%) by a Psychiatric Social Worker and 3 (2.7%) by a Psychotherapist. Counsellor, Family Therapist, OT and Social Therapist saw one each. 4 were unknown.

Of the 112 referrals, 96 (85.7%) attended their first appointment, 10 (8.9%) did not and 6 (5.4%) were unknown. Referral rates varied from month to month with a peak of 17 in May 1996 and a trough of 4 in December 1996.

37 individual key workers saw 108 new referrals (5 name of key worker unknown). All but 3 of those key workers saw less than 5 new referrals. The 3 key workers who saw more than 5 saw 8, 10 and 35 new referrals respectively.

**Table 1**

**Referrals by CMHT**

<b>Name of Team</b>	<b>Frequency</b>	<b>%</b>
<b>East Glos NHS Trust</b>		
North Cotswolds	15	13.4%
North Spa	15	13.4%
Tewkesbury	7	6.3%
Central Spa	3	2.7%
Cirencester	6	5.4%
Child & Adolescent Team	12	10.7%
<b>Total</b>	<b>58</b>	<b>45.9%</b>
<b>Severn NHS Trust</b>		
Stroud Valleys	5	4.5%
Forest	8	7.1%
South Gloucester	12	10.7%
North Gloucester	10	8.9%
Child & Adolescent Team	5	4.5%
Cotswold Edge	2	1.8%
North North Gloucester	8	7.1%
<b>Total</b>	<b>50</b>	<b>44.6%</b>
Alcohol Treatment Unit	2	1.8%
Unknown	2	1.8%
<b>Grand Total</b>	<b>112</b>	<b>100%</b>

**Discussion**

Computerised data collection systems were unable to provide the data required for this audit, so a manual reporting system was used. Despite the full co-operation of the staff involved, it is possible that some referrals were missed. Although standardised diagnostic criteria were used, the validity of the diagnoses were not checked, so it is possible that not all clients met the full diagnostic criteria for each category.

The incidence of adults with an eating disorder referred to Gloucestershire mental health services was 17.3 per 100,000 total population. This figure is slightly less than the figures reported for Leicestershire, 18 (Bray et al 1994) and Wellington, 19 (Hall & Hay 1991), both specialist eating disorder services.

A comparison with the referral rates found using the General Practice Research Database (Turnbull et al 1996) shows very similar results. Referrals to mental health services were 3.36 for Anorexia Nervosa and 7.32 for Bulimia Nervosa (GPRD) and 3.4 for Anorexia Nervosa and 8 for Bulimia Nervosa (Gloucestershire) per 100,000 total population (see Table 2).

**Table 2**

**Referral rates to secondary mental health services per 100,000 total population for people with an Eating Disorder**

	<b>AN</b>	<b>BN</b>	<b>EDNOS</b>	<b>Total</b>
Hoek's review 1993	5	6	-	-
Hall & Hay 1991	5	10	4	19
Bray et al 1994	-	-	-	18
Turnbull et al 1996	3.36	7.32	-	-
Corbridge & Bell 1996	2.95	4.8	14	21.7
Gloucestershire 1997	4 (3.4)	9.1 (8)	7.1 (5.8)	20.2 (17.3)

Adult only figures in parentheses.

The predicted referral rate, using Hoek's (1993) estimates differed from the actual referral rates, with 5 less people with Anorexia Nervosa and 17 more people with Bulimia Nervosa being referred (see Table 3).

**Table 3**

**Number of referrals**

	<b>AN</b>	<b>BN</b>	<b>EDNOS</b>	<b>Total</b>
Predicted	27	33	30	90
Actual	22	50	39	111

Only about one quarter of GPs referred someone with an eating disorder during the year, suggesting that detection rates are low. Approximately one third of GP practices made no referrals all year. Referral rates were generally higher in urban areas and were roughly equal within both NHS Trusts, despite the larger proportion of the population residing within the Severn NHS Trust area.

Few mental health staff appear to be seeing regular new referrals of people with an eating disorder, and 3 individual staff saw 47.3% of the sample. One person offered a specialist counselling service that accounted for nearly a third of the new referrals seen. If staff within Community Mental Health Teams are to provide a quality service for people with an eating disorder, they will need to see sufficient numbers of referrals to gain clinical experience as well as receiving specialist supervision and training. A follow up to this audit will reveal whether developments in services for people with an eating disorder in Gloucestershire produce an increase in the referral rate.

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### **References**

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