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# Needs Assessment for a Multidisciplinary Eating Disorder Outpatient Services

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## Introduction

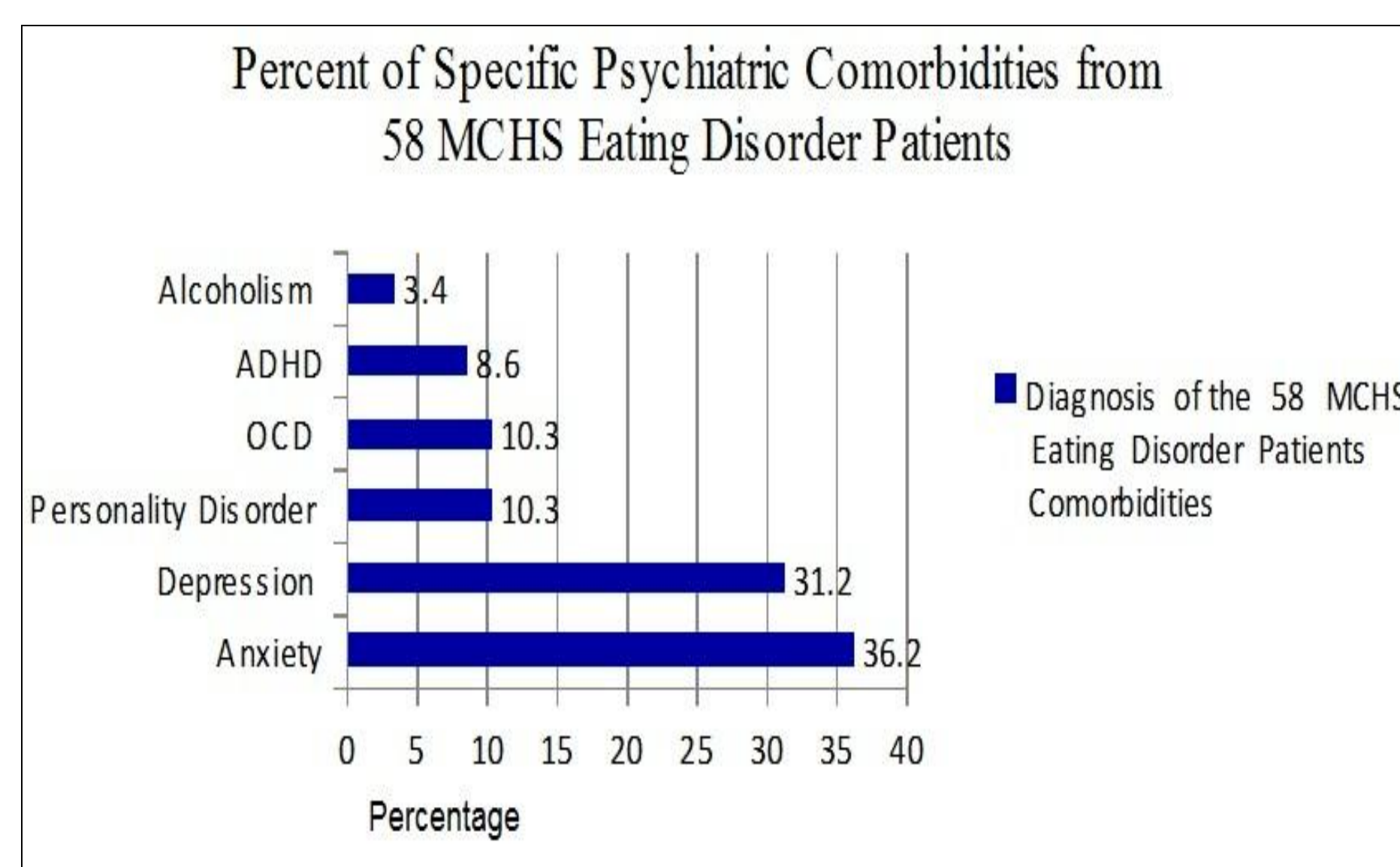
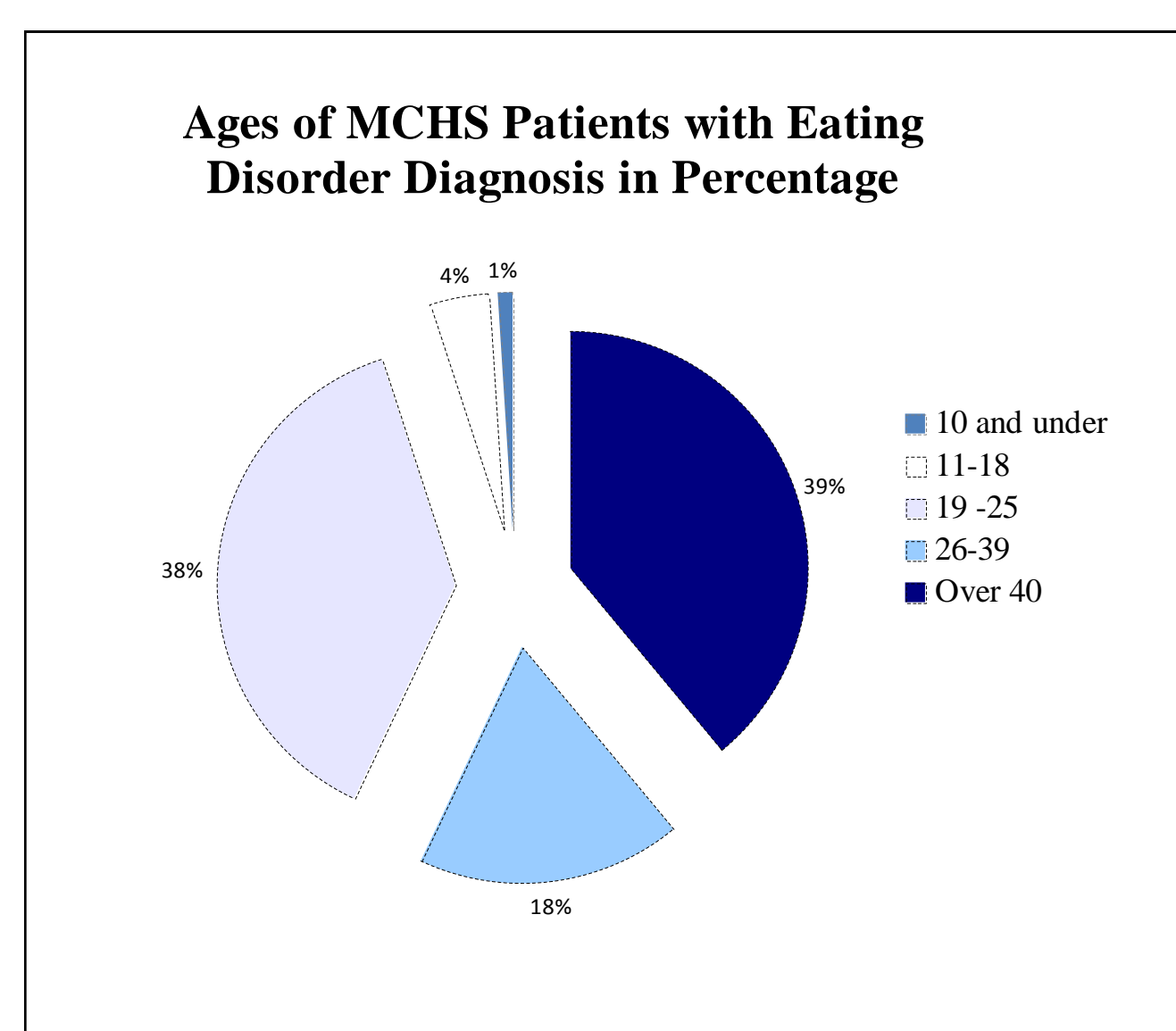
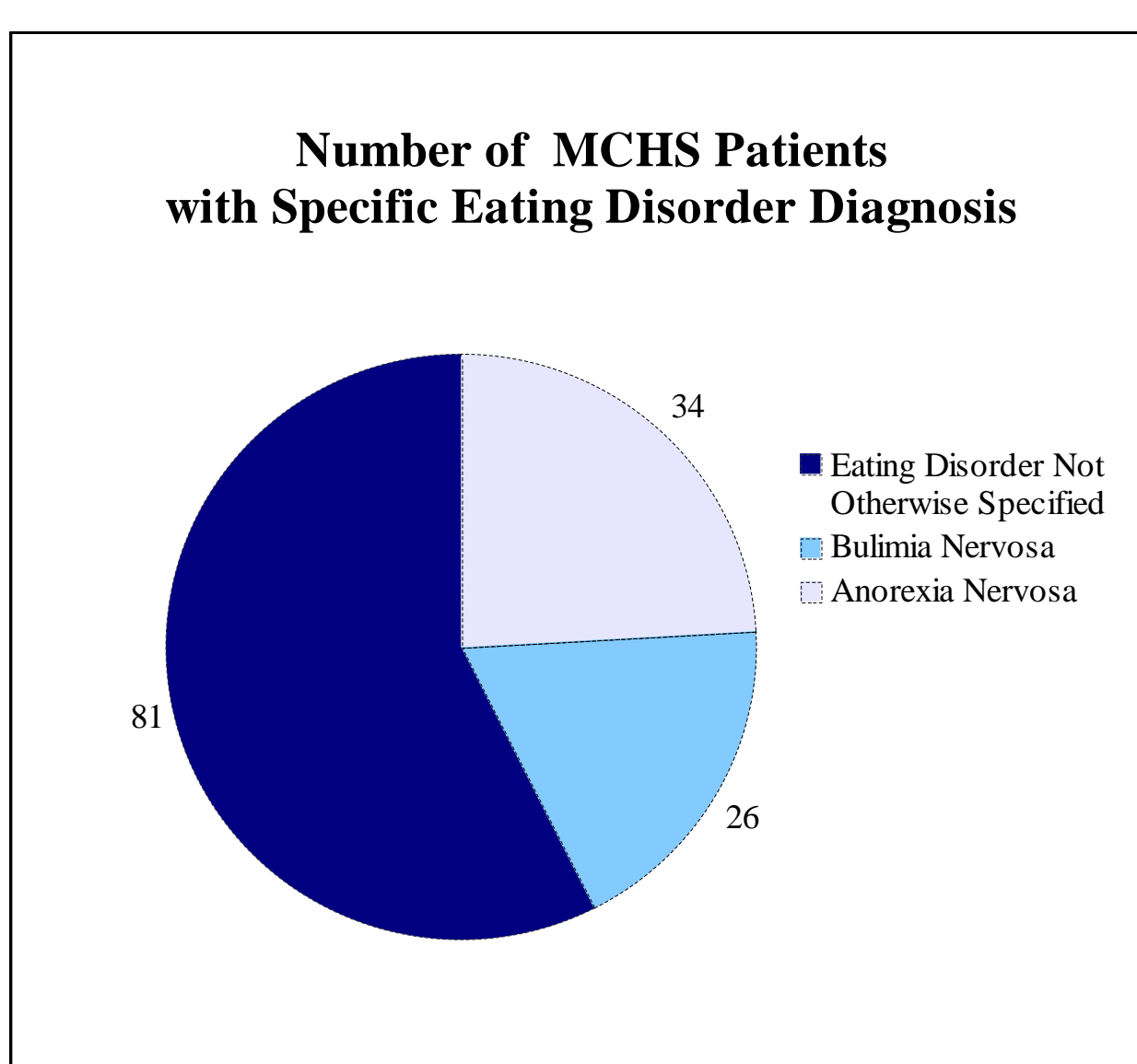
Research has indicated there is limited specialist multidisciplinary care in non-metropolitan regions and rural communities for eating disorder treatment, leaving patients and professionals dissatisfied with quality of care. The purpose of this project was to assess the need for multidisciplinary eating disorder treatment service in South-Central Minnesota, and if so, to obtain information about the current patient population and treatment of such patients.

## Methodology

The needs assessment consisted of two methods: 1) Secondary data analysis using patient data at Mayo Health Clinic System (MCHS) and 2) Online survey of participants who may be associated with the care of eating disorder patients in Greater Mankato, New Ulm, Waseca, and St Peter.

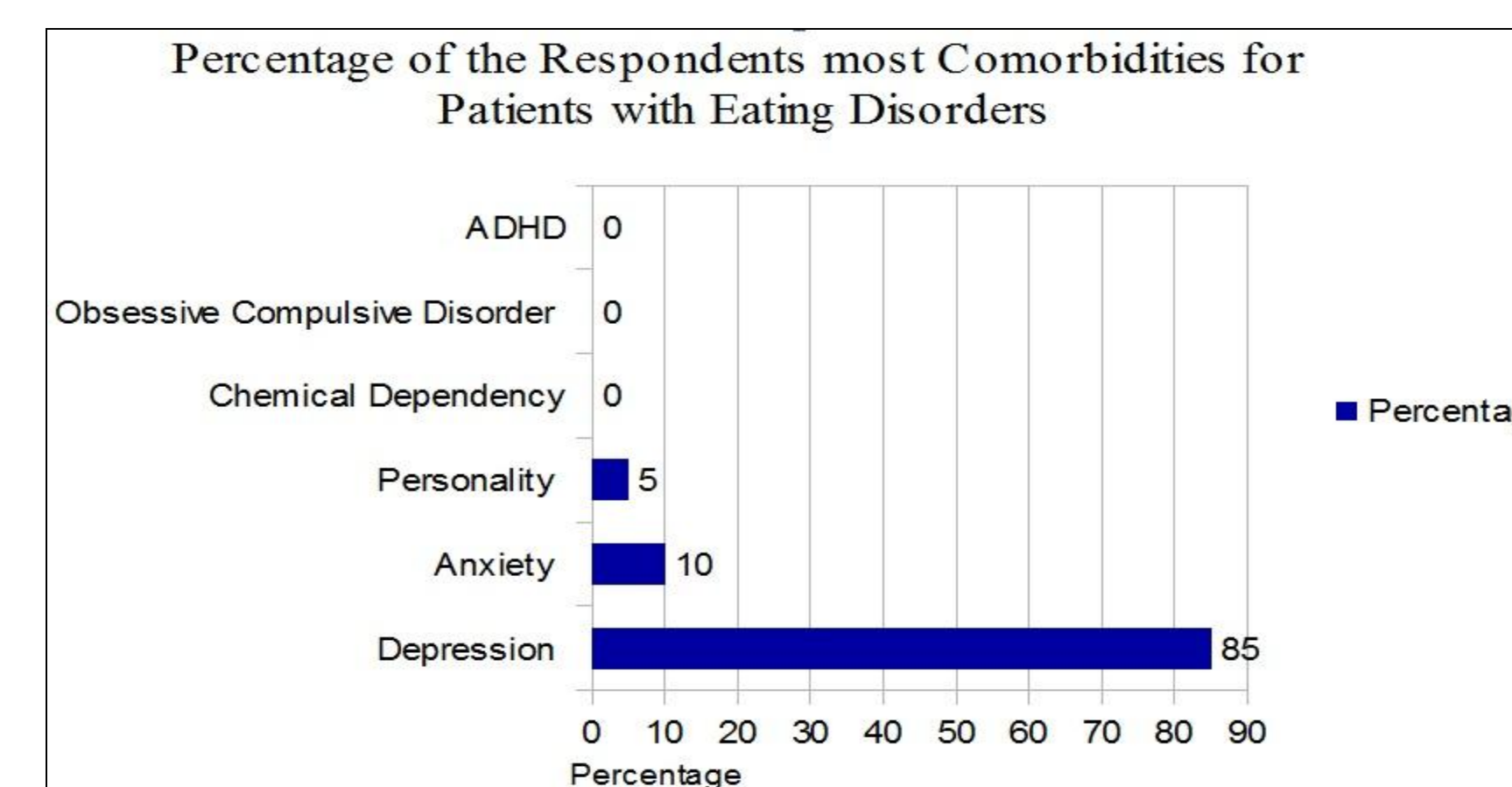
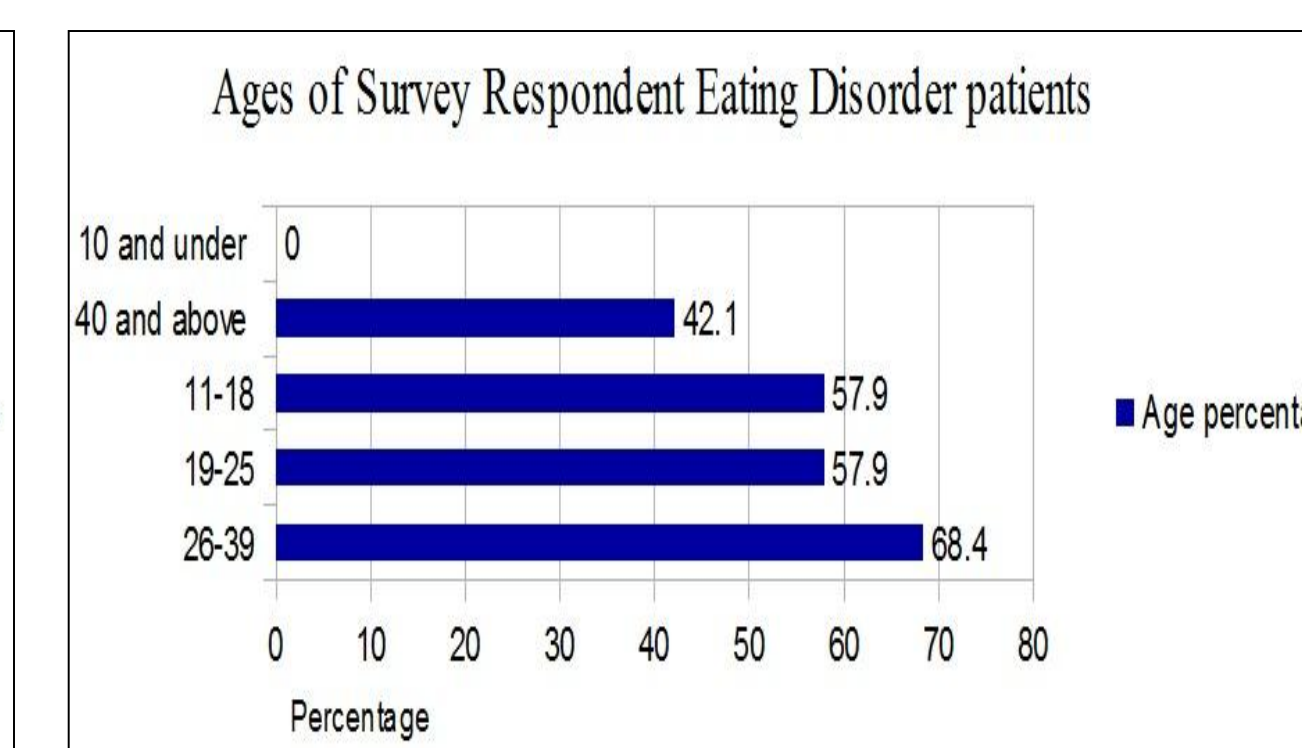
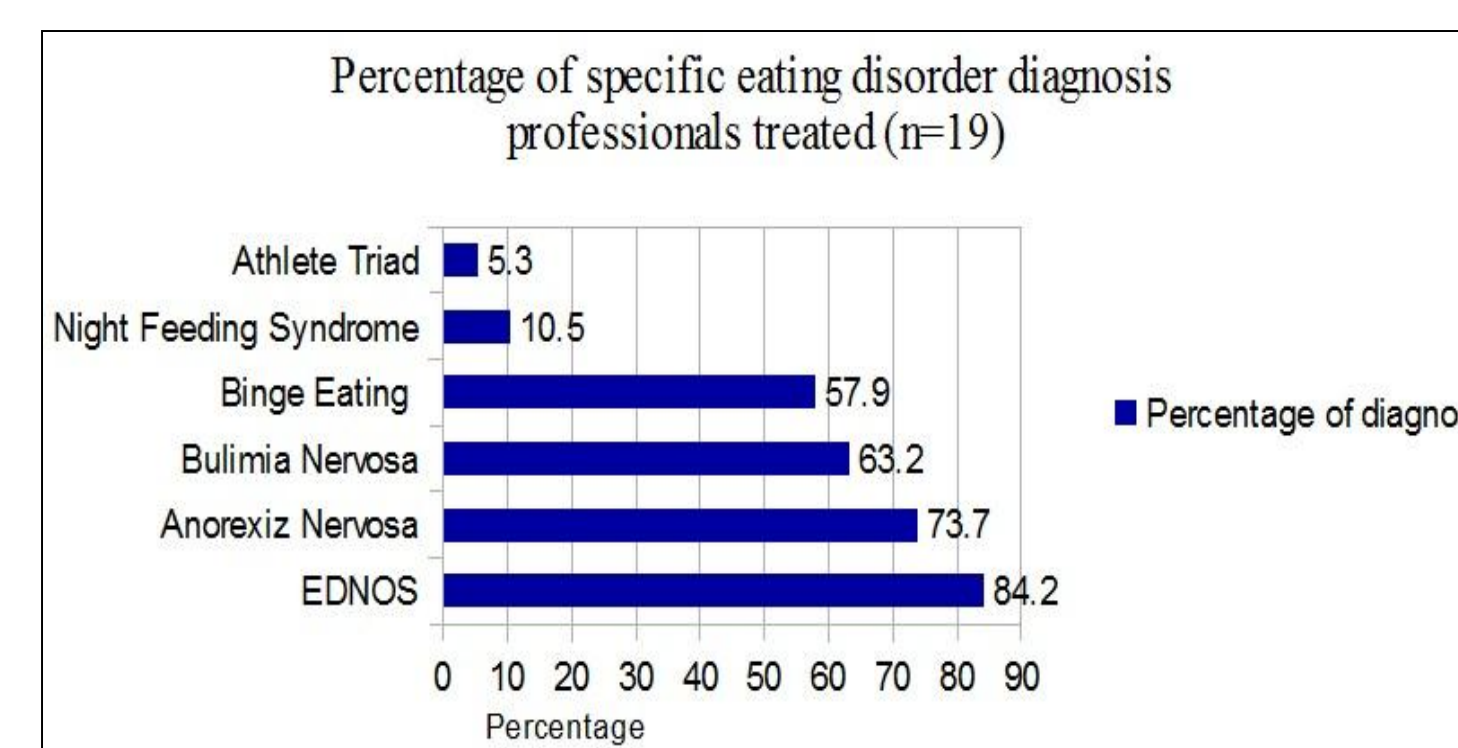
## MCHS Secondary Analysis Results

The epidemiological research entails using secondary data obtained by Mayo Clinic Health System (MCHS) to determine the number of patients served who had been diagnosed with a specific eating disorder. The database included 90,700 people who accessed health care within the MCHS from April 2009 to April 2011. It was found that 141 individuals were diagnosed with an eating disorder. The data obtained was exclusive to types of eating disorder diagnosis, gender, age categories, and their specific psychiatric comorbidities. The majority was female, over the age of 18, and had a diagnosis of eating disorder-NOS. Forty-one percent had a psychiatric comorbidity, with anxiety and depression being the most common types of comorbidities.



## Survey Results

The assessment method was an online survey disseminated to professionals who had been identified as potential providers that work with patients with eating disorders in Greater Mankato, New Ulm, Waseca, and St Peter, Minnesota. The survey instrument consisted of 22 questions addressing four areas: 1) Epidemiological questions similar to MCHS secondary analysis data, 2) Collaboration with professionals from other disciplines, 3) Area level of competency and preparation treating patients with eating disorder, 4) Types of specialized service preferences.



Respondents rated their level of "self-competency" from 0% competency to 100% competency for each of the six types of eating disorders. Twenty-five participants answered the question. Overall, the respondents self-assessment of their competency was low-moderate to moderate, with eating disorder-NOS yielding the highest average competency rating of 57.6%.

Diagnosis	Minimum	Maximum	Mean	S.D.	Variance
Anorexia Nervosa	0% (1)	100% (1)	46.4	26.44	6.99
Athlete Triad	0% (4)	100% (1)	39.2	30.81	9.50
Binge Eating	0% (1)	100% (1)	53.2	29.11	8.48
Bulimia Nervosa	0% (1)	100% (1)	49.2	27.53	7.58
Eating Disorder - NOS	0% (1)	100% (1)	57.6	28.47	8.11
Night Feeding Syndrome	0% (3)	90% (1)	39.6	26.38	6.96

A majority of the 26 respondents strongly agreed with the needs for: 1) collaborative multi-agency team, 2) community-based eating disorder support group, and 3) outpatient multidisciplinary eating disorder clinic. The greatest discrepancy was in the need for inpatient multidisciplinary services.

Level of Agreement	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Undecided
Outpatient Multidisciplinary Eating Disorder Clinic	53.8% (14)	26.9% (7)	15.4% (4)	0.0% (0)	0.0% (0)	0.0% (0)	3.8% (1)
Collaborative multi-agency team	69.2% (18)	19.20% (5)	3.8% (1)	3.8% (1)	0.0% (0)	0.0% (0)	3.8% (1)
Inpatient Multidisciplinary team	34.8% (9)	30.8% (8)	19.2% (5)	7.7% (2)	0.0% (0)	0.0% (0)	7.7% (2)
Community-based Eating Disorder Support Group	57.7% (15)	26.9% (7)	7.7% (2)	0.0% (0)	3.8% (1)	0.0% (0)	3.8% (1)

## Summary of Findings

Based upon the results of the review of the 141 MCHS patient data and the survey of 30 professionals, there is some evidence to support the need for multidisciplinary treatment services in South-Central Minnesota. This evidence specifically relates to a need for a collaborative multiagency team for treating patients with eating disorder and establishing a community-based eating disorder support group. The data also endorses the need for multidisciplinary education opportunities in the area of eating disorders in South-Central Minnesota

## Recommendation

- Due to the fact that multiple professional disciplines are working with patients with eating disorders and have hospital access, establish Mayo Clinic Health System as the lead agency .
- Obtain collaboration from area agencies in South-Central, Minnesota that currently treat patients with eating disorders. Solicit involvement from agency professionals currently providing health and behavioral health treatment to people with eating disorders .
- Conduct focus groups with interested providers who would like to collaborate on the design of a multi-agency eating disorder team and delivery of multidisciplinary services.
- Develop a collaborative multi-agency team that is integrated with existing psychiatric, psychological, and medical services (Black and Young, 1998).
- Multi-agency stakeholders will need to strategize ways to enhance health and behavioral health professionals' knowledge of eating disorders, psychiatric comorbidities, and evidence-based treatment.
- Once the new services are developed, start communication and marketing with the South-Central community about the new services available for patients with eating disorder.
- Provide outreach services to professionals in this South-Central Minnesota through televised seminars on topics related to eating disorder treatment
- Identify, recruit, and meet with people with eating disorders who have expressed interest in an eating disorder support group.

Whatever steps are taken to develop these services, the program needs to be guided by key factors that promote a successful eating disorder service (Endacott et al, 2006; Stewart & Williamson, 2004).

- Delivery of service by credible professionals in the following disciplines:
  - Individual and family therapy
  - Dietary counseling
  - Psychiatric treatment
  - Medical treatment
- Coordination of treatment and continuous collaboration with all disciplines who are involved with patient care.
- Locally-based service focused on primary care
- Primary health supporting structure in the form of support groups.
- Timely two-way communication.

## References:

References from author available upon request.