The Mental Health Specialist Group has been working with Leeds Beckett University to deliver training for Care Coordination for Dietitians, an entirely new area of extended practice for dietitians. Ursula Philpot reflects

**Caring for patients with mental health needs**

There has been rapid expansion in the past ten years of the new health agenda that aims to bring good physical health to those suffering from mental health conditions, and an increasing number of dietetic posts within mental health settings\(^1\).\(^2\).

There is a strong focus on improving lifestyle factors such as diet and exercise to support improved physical and mental health. Dietitians are working with both standard and complex clients within large multi-agency and multi-professional roles in areas such as learning difficulties, eating disorders or mental health.

Leeds Beckett University, in collaboration with the Mental Health Specialist Group (MHSG) of the BDA, has delivered the first training day for lead professional / care coordinator role for dietitians. This course was the first of its kind, and aimed to support dietitians to move into an area of extended practice that is entirely new within dietetic practice.

Within the MDT approach in mental health settings, one professional is named as ‘Lead Professional’ (LP). It may be that this is the HCP that has the most contact with the service user, meets their needs more closely or is the only member of the MDT to be working with the client at that time. Lead Professional is a defined role, and requires the liaison and coordination of care with other HCPs involved in Lead Professional Care (LPC). LPC is for people who need secondary mental health services but have more straightforward needs involving contact with only one professional or one agency – this is sometimes called standard care.

Complex clients or those that need enhanced care are supported by the Care Programme Approach (CPA). In the CPA, a named professional is responsible for co-ordinating the care of the client with all agencies and HCPs. CPA is for people who have complex needs, are at risk or have mental health problems compounded by disadvantage and need support from multiple agencies.

Traditionally the LP or Care Coordinator role has been predominately taken up by social work, mental health nursing and occupational therapy. However, with expanding MDT working, AHPs such as dietitians, speech and language therapists and physiotherapists are moving into mental health roles. There is an opportunity for extended practice with these newer AHPs taking on Care Coordinator roles. Where nutrition counselling is the primary intervention needed, dietitians are being pressed to take on these roles.
Both roles entail working with service users and carers to build an assessment, establishing care and support needs. This is then developed into a care plan in partnership with the service user and carers, setting out what will be done and who is involved. This usually includes plans for supporting recovery goals; treatment; activity, training or employment; safety; a personal budget; and support for carers. The care co-ordinator or lead professional is responsible for making sure the action agreed in the care plan is carried out, ensuring that the care plan is reviewed regularly to take account of any changes.

The CPA/LP approach is collaborative care with those most proximal to the service user, and aims to support self-management through the recovery model of care. Person-centred approach/collaborative care focuses on what the service user wants, not just what professionals can offer. It addresses a person’s aspirations and strengths to set out and review specific outcomes. Service user choice and control are strongly emphasised, with the aim of the service user staying in charge of care and making decisions. The Care Coordinator/LP and the service user will set goals that help the service user to experience change, and include hopes, dreams and aspirations.

Key skills and competencies include very good communication skills, risk assessment and the ability to synthesize multiple areas of assessment into a formulation and holistic treatment plan. Service users report that active listening and empathy are crucial in seeking to understand their position and not allowing ‘the HCP knows best’, but keeping the approach both positive and flexible.

Key areas of competency are:
- Introduction and overview of the LPC/CPA purpose
- Assessment and information
- Formulation
- Summary of session
- Planning future work
- Allow for issues arising!
- Develop therapeutic relationship

Our training aims to address the key concerns raised by dietitians new to LP/CPOA which were:
- Sharing cases
- Blending roles
- Extended scope of practice and boundary
- Boundary ends – what are you responsible for?
- Risks – worried about forgetting something or getting it wrong.

The MHSG has written a statement to support and direct dietitians new to this area of practice. Key considerations include regular clinical supervision with a specialist dietitian, a clear understanding of the CPA/LPC process and agreement about when a dietitian is the most appropriate professional to lead care.

This is a new area of extended practice for dietitians and brings opportunities for leading care and streaming decision-making for service users who primarily need nutritional care. However it will come at a cost of increased case load and risk management.●

REFERENCES
1. No Health Without Mental Health (2011): a cross-government mental health outcomes strategy for people of all ages.