



Engagement protocol for FREED patients

Introduction

A key ethos of FREED is to design a system of treatment around the patient, rather than asking the patient to fit into our existing systems. The general stance is to go over and above to promote engagement with the service and prevent drop-out. We often need to be more creative and flexible to keep these young people engaged – especially when a patient is managing several competing demands on their time (e.g., school, university, exams, socialising, family). Active engagement is particularly important for our FREED patients when you consider the possible ambivalence during these early stages of illness and the long-term benefits to intervening early. However, we have to accept that there are some patients that we will not be able to engage with the service and we need to consider a limit on the time spent engaging these young people. Moreover, it might be that a young person may benefit from boundaries around attendance and the clinical perspective should always be prioritised.

The 48 hour call

- The young person should be called by a clinician within 48-hour of the referral being received within the service.
- We anticipate that around **60-70% of all referrals aged 16-25 should require a 48-hour screening call.** We take an inclusive stance when it comes to screening; so if there is any ambiguity in the referral we do a screening call. Remember GPs will not have time to do a detailed history, they may indicate a long history of an eating disorder, but they could be referring to prodromal features. The only real certainty of a longer history is previous treatment for an eating disorder over 3 years ago.
- There are three key aims of this call:
 1. to engage the patient
 2. to undertake a brief screen for onset of eating disorder (and where possible ascertain suitability for FREED)
 3. when appropriate, book the assessment appointment.
- When attempting to contact the young person, use multiple methods (e.g., phone, email, text).
- Be prepared to make a number of attempts to contact during this initial period. Try different modes of contact and on different days and times. If you do not have any response after 2 weeks of attempting to contact, write a 2-week opt in letter (using FREED letter template).
- Encourage patient to attend the earliest possible assessment, so as to capitalise on current motivation to attend and ultimately reduce the wait to start treatment.

- Throughout the call it is emphasised how positive it is that they have taken this first step and that seeking help at this early stage means they are maximising their chances of a full and sustained recovery.

Assessment cancellations and DNAs

- If a FREED patient cancels or DNAs an assessment appointment, the assessor should contact the patient (again multi-modal attempts) to encourage engagement. Attempts should take place over a 2 week period.
- If no response, send a 2-week opt in letter to attend another appointment (using FREED letter template).
- Should a FREED patient get in contact but continue to cancel or DNA assessment appointments:
 - We will allow for 2 cancellations/DNAs, before sending a final opt-in letter stating we can offer one more
 - So 3 can be offered in total

Please note that this is not a 'hard and fast rule', so use your clinical judgement and consider the circumstances of the poor attendance.

Disengagement from treatment

- If a patient cancels multiple times or DNAs, please attempt to make contact with the patient using multiple methods (phone, email, text).
- Please be prepared to make multiple attempts at engaging patients at this stage over 1-2 weeks. If no response, an encouraging, personalised opt-in letter should be sent by clinician.
- We suggest allowing a period of up to 2 months of attempting to engage FREED patients that appear to be discontinuing treatment early. This is guidance only, but a suggested timeframe in which a clinician will work, using multiple methods, to re-engage a patient before discharging from the service.