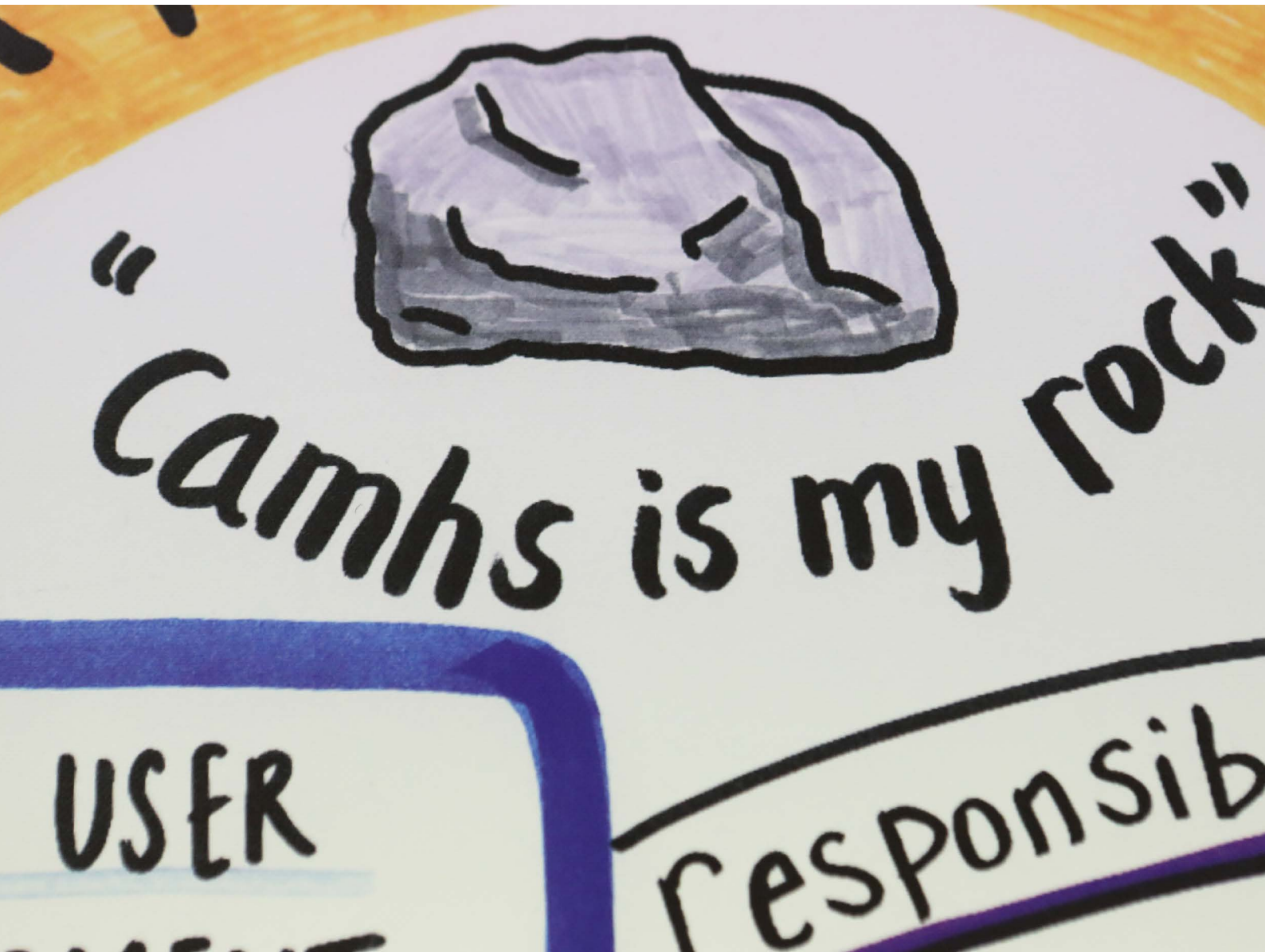


# CAMHS Eating Disorders Service

Patient and Carer Information



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# Introduction

Welcome to the West London NHS Trust Child and Adolescent Mental Health Service (CAMHS) Eating Disorders Service.

We aim to provide highly specialist assessment, treatment and support for young people up to the age of eighteen with eating disorders and their families/carers. We are based at Ealing CAMHS, 1 Armstrong Way, Southall, Middlesex UB2 4SD. We offer clinic appointments in our CAMHS sites at Ealing, Hounslow and Hammersmith. We also offer online sessions.

This booklet will be reviewed and updated regularly to include any changes in our services and new information about eating disorders and treatment of eating disorders.

## Our Philosophy

We aim to work collaboratively with young people, their families/carers, school and community networks to support young people's recovery. We know that young people and their families and carers often feel blamed and isolated when they have an eating disorder. We aim to get to know the person behind the eating disorder and draw upon family and community strengths to promote recovery.

The purpose of this booklet is to provide you with information about our service. Following your first assessment appointment, you will be sent a letter which outlines our discussion, care plan and next steps in the process. This usually involves regular sessions with one or more clinicians from our Multi-Disciplinary Team (MDT). On rare occasions, it may involve a referral to the paediatric ward for physical health stabilisation or an inpatient admission to adolescent eating disorder unit -EDU. After you are discharged from the EDU your treatment will continue in the community with EDT until you are ready for discharge back into the care of your GP.

## The way we work

Our treatment model is multi-disciplinary and family based. It is primarily based on

evidence-based recommendations from NICE and the guidelines from Junior Marsipan, effective in the treatment of eating disorders. This treatment model considers the bond between parent/carers and their children and empowers them to help their child with the love and support they are able to provide. Although some parents/carers may feel that their child requires individual psychological therapy at the start of their treatment, focus is initially placed on family-based work, supporting parents and carers in supporting your child to restore weight and stabilise any physical health concerns. Restrictive eating impacts the brain, which can make it difficult for young people to process and engage in groups or individual therapy at the start, and weight gain is often difficult to achieve quickly through these therapies.

The Covid-19 pandemic has affected how our services are provided. We do a mixture of on-line, MS Teams and face to face sessions. All first assessments are face to face with a doctor or a nurse and a therapist.

## Overview of what we do

We work with young people up to the age of eighteen who have an eating disorder. We also co-work with other CAMHS teams in certain situations where other difficulties are happening with the young person. Young people can be referred to our service by a GP, healthcare professional, school or college, parent/carer or by the young person themselves.

Young people who meet eating disorders threshold are invited for first assessment. If a young person is given a diagnosis at first assessment, they are then offered evidence based treatment in the form of family therapy for anorexia nervosa or family therapy for bulimia nervosa (FT-AN or FT-BN). This will include regular family sessions with a lead clinician and family, initially focused on establishing regular eating and weight restoration. Family are very important in the child/adolescent's recovery.

# The Eating Disorders Team (EDT)

The Eating Disorders Team (EDT) is a Specialist Multi-disciplinary (MDT) Team within Child and Adolescent Mental Health Services (CAMHS). The team is made up of mental health professionals with many different roles, including: Psychiatrists, Mental Health Nurses, Psychologists, Family and Systemic Psychotherapists, Dietitians and Admin Staff.

## Child Psychiatrists

Psychiatrists are medical doctors who work with people with mental health difficulties. They provide specialist assessment, can diagnose mental illness and may use a range of medication to help a person recover. Child & Adolescent Psychiatrists work with young people and their families to better understand what is going on for them, to provide information and advice, as well as help put together a care plan. They work closely with young person's allocated clinician and with other members of the team to ensure young person and family are well supported.

## Family and Systemic Psychotherapists

Family and Systemic Psychotherapists are trained to explore the way beliefs and patterns of communication organise our sense of self and interaction with each other. An eating disorder can impact on the whole family system, not just the child/young person suffering from the illness. Family and Systemic Psychotherapists work within a family based approach. They meet with the child/young person alongside or separately from parent/s, siblings and other significant family members. They work to explore family members' experiences and emotions safely, support to understand each other's experiences and views, appreciate each other's need and build on family strengths.

## Dietician

Dieticians provides individual information and advice around food and nutrition, particularly for people who have specific dietary requirement or difficulties with eating, food or dietary conditions.

## Specialist Nurses

All our nurses are specialist mental health nurses. Our nurses have a range of skills and many have completed additional training in assessing and treating both physical and mental health needs.

## Clinical Psychologists

Clinical Psychologists are trained to assess and treat young people with mental health difficulties using a range of approaches. Psychologists mainly use talking therapies to understand and help young people, their families and support network to achieve their goal, and make changes that improve their health and wellbeing. Psychologists work together with young people to find a joint understanding of the difficulties and help young people to develop skills and techniques to manage and overcome difficulties.

All of these experienced people work together to provide a highly specialised service for families across three London boroughs.

We work with young people and their families from ages 8 to 17 years inclusive. From Monday to Friday 9.00am to 5.00pm we aim to have a clinical team member on duty receiving and screening referrals and to help with any worries, problems or queries. However, this line is not for emergencies and any emergencies should be directed to your GP or to your nearest A&E Department. We will endeavour to get back to you on the same day but this is not always possible due to high demands on the service.

## Referral information

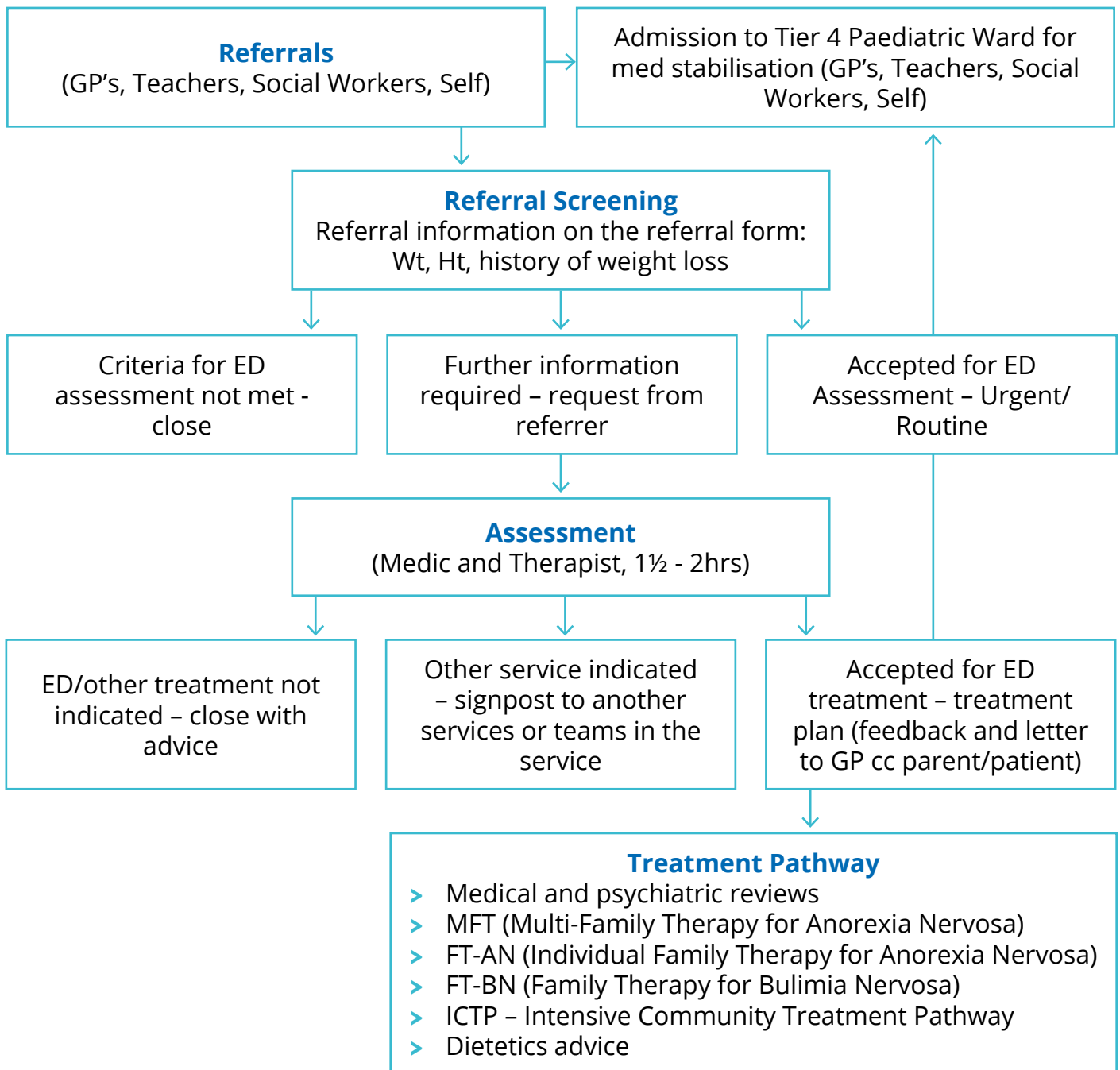
We accept referrals from GPs, Health professionals, Social Workers and Education Professionals. We also accept self-referrals. We recommend all young people with suspected eating disorders be assessed by their GP who can rule out potential physical causes for weight loss or vomiting, and assess the young person's current physical health. If that has not been done in the recent period prior to the referral, the young person will be directed to the GP first for this to be completed. This can be done concurrently with referring to our team. Parents/carers should always be involved and we encourage their involvement at all points.

We aim to assess quickly and all referrals are screened based on the information on the referral; decision made; if there is

not enough information to decide if an eating disorder assessment is indicated, we will request further information. Accepted referrals are classified as urgent or routine on the day of referral/screening and a response plan is formed depending on the risk classification. Initial assessments then take place depending on the urgency and a treatment plan is devised with the family and the young person. The core treatment is based on NICE Guidance, which is then further tailored around individual needs. In some cases, after the initial assessment we may identify that the referral is more appropriate for alternative services rather than the Eating Disorders Service, and they will be signposted to appropriate service. Examples of other services are the generic CAMHS team, neurodevelopmental services, paediatrics, community dieticians etc.



# Eating disorders care pathway



# Assessment process

Our assessments are carried out mostly face to face. We will invite the young person and their parents/carers to meet with us at our service. If you or your parents are not confident speaking English, we can arrange for an interpreter to attend the assessment. You will usually meet with two of our clinicians. One will be a doctor or nurse and the other will be a therapist who is trained in helping children and young people with eating difficulties. We normally want to meet with children /young people and parents/ carers at this appointment and see you together at first, and then provide some individual time, as we want to understand the difficulties from everybody's point of view.

You may be a young person aged sixteen or seventeen accessing our help without a parent/carer; depending on your age we will not automatically consult with parents/ carers if you have requested that we do not. However, it may be helpful to bring along someone you trust to help you feel more comfortable.

The assessment process usually takes 1½ to 2 hours. We will use this time to get to know you and discuss what help you would like from our service. This involves discussing the nature of the difficulties with eating that you are currently experiencing and how these have developed over time. We will also ask about how things are going at home with your family and at school with your friends. The purpose of asking these questions is so we can find out the best way in which we can offer help. The nurse or doctor who meets with you will also carry out a physical assessment with you to see if you are physically well. This will include measuring your weight and height, taking your blood pressure and pulse, and asking you about any physical symptoms you may have been experiencing recently.

Your first appointment is a chance for you to talk to us about what's happening. It also gives you the opportunity to find out more about us and the service that we provide.

## Routine Outcome Measures

We ask children, young people and/or parent/carers to complete comprehensive questionnaires to aid understanding of their difficulties. This will help us understand all family members' perspectives.

## What happens next?

At the end of your assessment visit, we will make a plan with you about what happens next. This might include further meetings either together as a family (or occasionally individually) to help you with the difficulties you have been experiencing, as outlined above. This may be with the same or different clinicians to the ones you have met at the assessment session. Further options are that we refer you onto another service if this seems appropriate or we may discharge you if things seem to have got better. A summary letter, including the plan will be sent to your GP and to you.

## Care plans

Co-produced Care plans are agreed during first assessment appointment. It is produced and agreed with you and your adolescent, it will also be highlighted in the letter outlining assessment details and outcome. Care plans include assessment of strength, risks, needs and past experiences gathered through information from families and other agencies. (Appendix 1).

Care planning identifies and addresses specific goals, risks and outcomes. It lists all the things our team and your family and you have agreed to or are recommended to do, to help you work towards your goals and recovery. During your treatment with us your care plan will be regularly reviewed, revisited and adjusted according to current presentation.

## Meal plans

We may provide you with meal plans. These will usually consist of three meals and three snacks with an incremental increase. Meal plans are important to re-establish regular eating and to provide guidance to yourself and your child on what is needed to restore their weight at a manageable pace. (Appendix 2)

Once a young person reaches a health weight it maybe helpful to explore intuitive eating. This is where a young person listens to body's response when your body tells you it is, hungry and eat until you feel comfortably full. Intuitive eating is helpful for those at the early stages of treatment, when their body may not tell them it is hungry and full or eating disorder thoughts maybe too strong for the young person to use intuitive eating.

## Parents support group

We run a monthly parent support group online, open to all parents and carers of young people with eating disorders receiving in our CAMHS service, irrespective of the stage of treatment. Session starts with presentation on a subject that parents have requested and then we have some time to have an open discussion on the themes from the presentation. Previous topics have included 'Managing at Christmas' and 'Social Eating'.

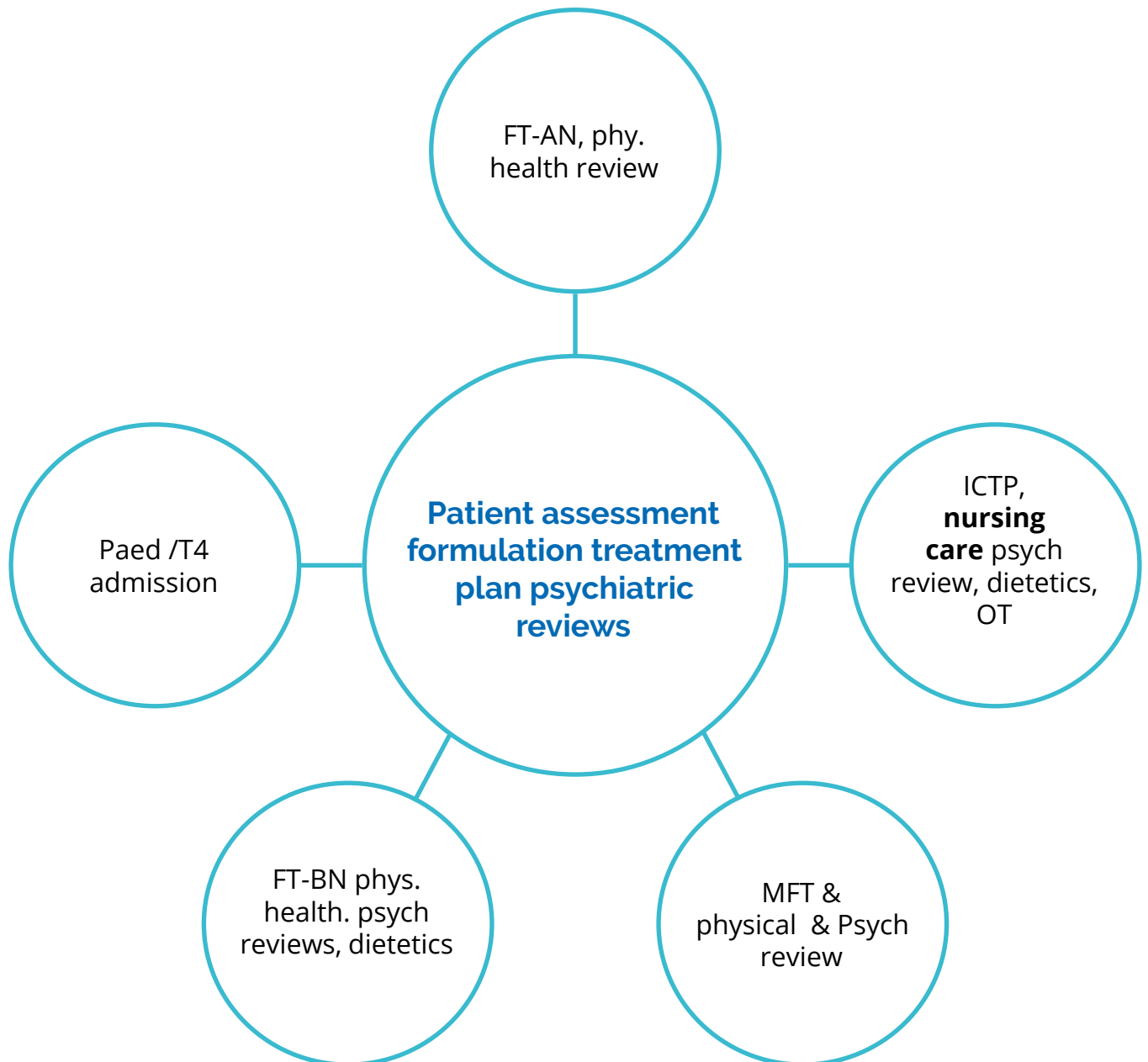




# Treatment pathways

The core treatment is based on NICE guidance, and also taking into account individual needs. For anorexia nervosa, the first line in treatment is a combination of family therapy, and psychiatric/medical monitoring, which will include individual space for the young person. Alongside this,

if required, we can draw upon specialist dietetics. In West London Eating Disorders Services our core offers include: Multi-family therapy MFT, family therapy for anorexia nervosa FT-AN, Family therapy for bulimia nervosa FT-BN and an intensive community treatment pathway shortly to be set up.



# Anorexia nervosa treatment pathway

## Multi Family Therapy - AFT

### What is Multi-Family Therapy (MFT)?

MFT is 4 days' group for children and families who have recently been diagnosed with anorexia nervosa. The aim is to bring families together to understand the illness and enable recovery. It draws upon family strengths, graduate family experiences (who have been through the recovery processes) and professional knowledge.

MFT is the treatment recommended by NICE (National Institute of Clinical Excellence).

### What does MFT offer?

- > A safe space to share experiences.
- > Space to gain insight into the illness and to explore its impact.
- > A range of strategies to assist recovery.

### How is the MFT programme run?

In West London we offer MFT, run over three full days from 9.30am – 4.00pm at regular intervals throughout the year.

The group consists of the clinical team and several young people with their families. One session is dedicated to hearing from a graduate service user their experiences of the service and their journey to recovery.

### What's in a typical MFT day?

- > Introductions/ Reflections
- > Group Activities
- > Multi-Family Lunch
- > Graduate Family talks

### Feedback from our last group

"Very useful and informative experience – not just for the parents but for the young people too" (Young Person, 13 years old)

"Committed and passionate team – thank you" (Parent)

"It was great to meet other families who were experiencing similar difficulties" (Young Person, 15 years old)

## Family therapy for anorexia nervosa, FT-AN

### What is FT-AN?

FT-AN is a single-family therapy treatment model. The aim is weight restoration. It focuses on accessing family strengths and drawing from family resources while helping families to find more effective ways to manage the young person's behaviour around mealtimes and support recovery. It gives a strong message that the family is not seen as the cause of the problem.

Parents/carers are expected to take a lead in managing their child's eating in the early stages of treatment while emphasizing the temporary nature of this role.

### What Does FT-AN offer?

FT-AN offer regular weekly family sessions. Number of sessions per week depends on how unwell young person presents and how quickly they regain weight. Meal session is a very important part of FT-AN. In West London meal sessions take place in the clinic.

FT-AN emphasises the empowerment of parents in their caring and the development of a shared narrative between young people and their parents that parental care is a support they need in order to manage the difficulties and overcome the illness.

### How does FT-AN work

FT-AN uses therapeutic conversations, psychoeducation and coaching methods to help families to manage meal times, understand the impact of eating disorder on their son/daughter and work to restore young person's weight.

There are 4 phases in FT-AN treatment: Phase 1 - engagement and development of the therapeutic alliance, Phase 2 - helping families to manage the eating disorder, Phase 3 - exploring issues of individual and family development and Phase 4; ending treatment and discussion of future plans and discharge.

# Bulimia nervosa treatment pathway

## Family therapy for bulimia nervosa, FT-BN

The Nice guidelines highlights two main treatments for Bulimia:

- > FT-BN (18-20 sessions over 6 months)
- > CBT-ED (18 individual sessions plus 4 parent/carer sessions over 6 months)

### What is FT-BN?

FT-BN is evidence based NICE approved treatment for young people diagnosed with bulimia nervosa. FT-BN assumes that secrecy, shame, and dysfunctional eating patterns associated with BN negatively affect adolescent and confuse and dis-empower parents who become critical. FT-BN put emphasis regulating the binge purge cycle.

### What does FT-BN offer

FT-BN offers 18 to 20session of therapy. The primary treatment strategy is to engage the adolescent in a more collaborative relationship with parents in promoting behavioural change. It targets emotions, thought and family dynamic.

### How does FT-BN work

FT-BN involves separate sessions for young person and separate sessions for parents to start with, this help to improve engagement and helps mentalization, space to exploring difference. No family meals session included.

As well as FT-BN there are other treatment options Eating Disorder Services have developed for Bulimia, whilst they do not feature in the guidelines, they have proved to be successful in work with young people with Bulimia. These include:

- > MFT-BN – Multi-Family Therapy for Bulimia Nervosa
- > CBT-T – Cognitive Behaviour Therapy – Ten
- > CBT-ED – Cognitive Behaviour Therapy for Eating Disorders
- > EFFT – Emotion Focussed Family Therapy
- > ABFT – Attachment Based Family Therapy

- > Psychoeducation
- > DBT Skills – Dialectical Behaviour Therapy
- > IPT-A – Interpersonal Therapy for adolescents
- > MI - Motivational Interviewing

You will work together with your assessing and treating team to discuss what approach would be most useful for you and your family, often this will be a combination of interventions or one that draws from the principles of these to create a bespoke package to meet the needs of your young person

# Admission to paediatric ward

## Why might your child need to attend a paediatric ward?

If we are concerned about your child's physical health, we may ask you to take them to our local paediatric ward for medical monitoring and for support with re-feeding. The clinician working with you will explain why this is happening. It may be daunting to hear that your child is physically unwell, but a short stay in a paediatric ward can be very helpful in supporting your child with this.

## The process

Everyone who needs to access a paediatric ward will have to go via the A&E Department. Our local hospital is West Middlesex University Hospital. Young people who attend Chelsea and Westminster A&E Department, will be admitted to the Paediatric ward at Chelsea & Westminster Hospital. To make this process smoother, we will speak to A&E staff prior to your arrival and send a letter and plan that you will take to them (although there still may be the usual wait!)

Once you have been through A&E, your child will be admitted to Starlight Ward. Older adolescents aged sixteen and seventeen will be admitted to an adult medical ward.

We will have sent a meal plan to the ward, that will gradually increase daily. (The meal plan starts at Day 1 – Day 7). The staff there will also monitor your child's physical health, to include bloods and ECG. We will provide a care plan to staff on the supervision level your child will require. This will always include, supervision at meal times and no bathroom use for 30 minutes after meals and snacks. We will also inform them if we need your child to use a wheelchair whilst on the ward.

The ward will provide a Registered Mental Health Nurse (RMN) or Health Care Assistant (HCA) to support your child. They will ensure that your child is receiving the correct meals and support them to eat this. If your child is unable to eat the food offered, then they will be offered a supplement drink instead.

CAMHS staff will review your child regularly on the ward (this may be virtually) and also speak to you. We also contact the ward daily to see how your child is managing.

## How long will my child be on the ward?

The average stay on a paediatric ward is seven to ten days. This is to ensure your child is physically stable and able to manage their increasing meal plan. There may be times when this stay is shorter or longer, this will be discussed with you on an individual basis.

## What happens at the weekend?

As we are a Monday-Friday service, we will only conduct reviews on these days. On the weekend we will hand-over a plan to our local CAMHS Out of Hours (OOH) Team who will review your child on the ward.

## What if I need to speak to someone?

If you need to speak to someone from Monday to Friday between the hours of 9.00am and 5.00pm please call the eating disorder service duty clinician on 020 8354 8160. If you need to speak to someone at the weekend, please ask the ward staff to contact the OOH Team.

# Admission to a specialist Eating Disorder Unit (EDU): continuing support

Occasionally, young people need more intensive support in a specialist unit to overcome their eating disorder. The clinical decision is made by the core team for the young person as to whether there is a need for an EDU admission. Some reasons for this may be the trend of significant weight loss with having received community treatment, very low weight where it would not be safe for young people to be at home and young people who have required paediatric admission, high suicide/self-harm risk and sometimes when it is known that young people cannot be re-fed safely at home despite having a meal plan.

These are some of the factors taken into account when considering an admission. There is often a big demand for such care nationally and there may be a delay in finding a bed. Young people and families are kept up to date on the bed-finding progress. Sometimes the wish to avoid admission can give young people the motivation to start eating and so sometimes we may “parallel plan” with families to apply for a bed whilst continuing intensive community treatment. We cannot give an estimate of how long it will take to find a bed, sometimes it can be weeks and therefore the clinical team will continue outpatient treatment appointments until a bed is located.

Some questions asked are “how long will admission be” and the answer is that it depends on the young person’s journey to recovery. Sometimes it can be a few months, others may need a little longer in hospital. Some hospitals may also have a set structure and routine for admissions but the average length may be around three to six months. We know that may feel a long time for a young person to be in hospital, but it is not just weight gain that is important and there is highly intensive treatment provided in hospitals to make sure that young people have the best chance of recovering. There is not usually a choice of units given the

scarcity of beds but the units are all routinely inspected by the CQC and approved for NHS use. Some units now offer pre-assessments so it is worth young people and parents having a think about the questions they would like to ask so they get a sense about what it may be like. The hospital will then give a date for admission and most units will require a coronavirus test prior to admission. It is also worth asking the units about their coronavirus restrictions that may be in place. When a young person goes into hospital, we do not provide community treatment but we will attend regular meetings to discuss progress and discharge planning.

Close to discharge from hospital, the community team will be able to make upcoming appointments and sometimes there may be the clinical need to provide joint appointments to help ease transition back home to community care and treatment. We would advise that when in hospital, any concerns parents may have should be directed to the units/hospitals themselves. When we look for a bed, we start the search nearest to home within London. Sometimes we may need to widen the search outside of London, but we would consult parents on where the bed is found and gain their views.

# Frequently Asked Questions (FAQs)

## What Is an Eating Disorder?

An eating disorder is a serious mental illness that involves a person developing thoughts, feelings and eating behaviour which can take over a person's life and make them very unwell. Eating disorders can involve eating too much or eating too little and becoming really unhappy, worried and preoccupied with things such as weight and shape.

It is important to remember that lots of people worry about what they look like and from time to time might be unhappy with their weight or shape, or try going on diets, but for someone with an eating disorder these thoughts and feelings can have a serious impact on their life.

There is no one cause of an eating disorder. Young people who develop eating difficulties and disorders often tell us that eating or not eating can be a way of coping with feelings of sadness, worry and stress or feeling more in control. Sometimes life stressors such as exams, bullying, friendship or family relationship difficulties and bereavement or loss may play a part in how someone copes or feels about themselves.

There are many different types of eating disorders and all of them are serious. All eating disorders are treatable and a full recovery is possible. It is important to notice that you might be having difficulties and ask for help and advice as soon as possible.

## What is anorexia nervosa?

Anorexia nervosa is an illness in which the young person is significantly underweight due to deliberate restriction of food and perceives themselves as being too fat, and may have a fear of gaining weight. Anorexia nervosa occurs in both girls and boys although it is much more common in girls. It occurs in many different cultures and races. Sometimes not all the symptoms are present – this is often the case in younger children – we sometimes refer to this as EDNOS (Eating Disorder Not Otherwise Specified).

## What is bulimia nervosa?

Bulimia nervosa is an illness in which the young person has preoccupying concerns about body weight and shape and has recurrent episodes of binge eating. The young person tries to prevent weight gain by using inappropriate methods to reduce weight, such as vomiting after meals, using laxatives or diet pills or over-exercising. It is a more common disorder than anorexia nervosa but can remain hidden as it is less visible.

## The overlap between anorexia and bulimia

There is considerable overlap between these two disorders. Some people with anorexia also have features of bulimia, and it is not uncommon for people recovering from anorexia to develop bulimic symptoms, or people with bulimia to develop anorexia.

## What causes eating disorders?

The causes are not yet fully understood. Some parents may feel responsible for causing the illness but studies have shown that the causes are complex and varied: genetic, physiological, psychological, social/cultural and environmental stressors have been identified as causative and contributory factors.

## What are the physical effects of Anorexia Nervosa?

Weight loss leads to a state of starvation. All the organs and tissues in the body are affected by the simple lack of calories and vital components in the diet which make our cells work, such as fat, vitamins etc.

Effects include:

- > Skin and hair changes
- > Difficulties in concentration
- > Loss of heart muscle tissue
- > Thin bones (osteoporosis)
- > Changes in salts in the blood, which can be life threatening
- > Digestive problems and constipation
- > Swollen feet and ankles
- > Kidney infection / failure
- > Irregularity and stopping of the menstrual cycle in girls
- > Depression
- > Dizziness, fainting, heart arrhythmias and heart failure in severe starvation
- > Repeated vomiting can also cause salt blood changes
- > Repeated vomiting can cause stomach tears and rotting of the front teeth
- > Numb, cold extremities
- > Muscle damage.

### Food is the medicine for anorexia

It may seem to fly in the face of current medical practice to treat the symptom, not the cause.

The rationale here is that starvation has serious physical consequences and must be reversed as soon as possible – there is not time to wait to uncover any “underlying” issues and deal with these first.

Also, starvation itself leads to distorted cognitions which in turn makes it harder for the young person to use individual therapies at the start of the illness.

Expected weight gain is of the order of 0.5 to 1kg per week; usually a young person needs to consume between 3000-3500kcal a day to achieve this. So food is the medicine – the young person has to eat enough calories to gain weight and reverse the effects of starvation. Once this is underway, we can then consider if individual therapies are also required.

### Regulation in the treatment of bulimia

As Bulimia invites people into unregulated and impulsive eating and patterns it is crucial that are supported by their loved ones, and schools, in bringing routine and order in their daily life.

Bulimia often brings secrecy and a sense of shame so inviting these issues out into the open counteracts that.

### How long will treatment last?

It takes time to recover from these illnesses. Recovery can take months to many years, but the active treatment phase is often shorter. As a framework, we see treatment as progressing in three stages, with many overlaps.

<b>Active treatment</b> Weight restoration (months)	<b>Active treatment</b> Challenging unhelpful thinking (months)	<b>Post-treatment</b> Re-connecting with everyday life and independence being established (years - life-long)
<ul style="list-style-type: none"> <li>&gt; Parental/carer control of meals. Meal plans become ‘non-negotiable’.</li> <li>&gt; Supporting and understanding emotional aspects of eating.</li> <li>&gt; Family support, malnutrition, education and meal planning</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Challenging the unhelpful thoughts eating disorders bring.</li> <li>&gt; Following weight restoration the young person may gradually regain choice and control of their eating.</li> <li>&gt; Ongoing emotional support to the young person and the family.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; The changes in eating behaviours and emotional support become integrated into the young person’s daily life and behaviour</li> </ul>

### **What are the outcomes for anorexia nervosa?**

Around a third of young people recover fully and a further third will make a partial recovery but may have issues and food in the longer term.

Around a third may require ongoing treatment into adulthood. Studies have shown that a minority of those with anorexia sadly will die of the condition. Studies show that people who seek and receive help quickly have a better outcome.

Onset during adolescence also tends to have a better outcome than onset in adulthood or earlier childhood, and the actual rates of recovery for onset-adolescence is probably better than the “rule of thirds”

### **What are the outcomes for bulimia nervosa?**

The outcome studies for bulimia suggest the majority of patients do recover, but around a third may have long-term symptoms.

Research suggests that patients who receive treatment early do better.

### **What does a carer need to be aware/mindful of?**

These disorders are diseases which drive the sufferer to lose weight, even if this means using dangerous or deceitful methods. It is not uncommon for young people to use vomiting, laxatives, diet pills, excessive exercise etc. in an attempt to lose weight and such behaviours are usually hidden.

Some young people try to disguise weight loss from their families or clinicians, for example, by wearing baggy clothes or by drinking excess water or strapping weights to themselves before being weighed.

Discovery of such deceit can be very upsetting for parents but it is important to remember the disease is responsible, not the young person. We also want to reassure parents that we are aware of the methods used!

There are popular underground movements on the internet. More mainstream social network websites may also have a negative impact e.g. Tumblr, Instagram – posting images that promote emaciated body shapes or glamorize self-harm.

**We therefore strongly advise parents/ carers to regularly monitor their child's use of the internet.**



# Hints, Tips and Information

## Eating outside home

How can I get my child to eat lunch at school? This is based on trust and giving your child the responsibility for being honest. Being calm and explaining that even if they cannot manage all lunch to not throw uneaten food away but to bring it home to show you. You will then be able to understand what is being eaten. However, regular weighing will also indicate what is happening. If it is early days of returning to school and you are able to, try any of the following:

- Offer to sit in the dining hall/room with your child (if school allows)
- Drive to school and have lunch together in the car
- Ask the school what provision they can make
- It may be that your child feels confident in eating with a close friend, but do not ask the friend to take responsibility to make your child eat.

## Social eating

Eating in front of others is often very scary, so the thought of going out to eat in a public place can be even worse. But start off gradually, such as going to a local cafe for a snack. Then you might join a social occasion and encourage your young person to have a pudding only, have main course at home before going out. Going online to choose from the menu in advance is always a good idea, it helps to eliminate the anxiety on the day.

## Eating a Varied Diet

**How do I get my child to eat a more varied diet?**

It is very common for youngsters with eating disorders to dramatically restrict the variety of foods that they will eat-often focusing on 'healthy' choices only. A way to overcome this is to get your child to make a list of foods that are 'fear' foods (such as chocolate, biscuits, cheese etc.). Then together ask your

child to group into degree of fear, with less fearful foods labelled 'green', more fearful as 'amber' and most fearful as 'red'. Then, at an appropriate time discuss the introduction of one of the 'fear' foods, starting with the green. Each green food is added into the meal plan and another tried, so it's a cumulative process all the way through to the red fear foods. This is not an overnight process, but a slow measured approach.

## Vegan and vegetarian diets

Whilst many people make life choices regarding their diet, some young people with eating disorders often wish to follow a vegetarian diet, even though they have always eaten meat and fish up to this point. It is possible to follow a weight restorative programme on both a vegetarian and vegan diet, but the volume of food required is substantial and supplements are often required to boost the calorific input of nutrition.

## Unhelpful behaviours

Remember, compassion is what is needed, when addressing unhelpful behaviours. A range of unhelpful behaviours maybe noticed, some examples are given below

**Mealtimes:** Often crumbing, the order of foods being eaten, different foods not touching on the plate, using exactly the same cutlery and crockery can all be exhibited with an eating disorder. Try to keep your young person away from food preparation and excessive weighing of foods and allocate time periods for mealtimes.

**Excessive Exercise:** can be a common challenge as your young person feels driven to exercise to get rid of the calories consumed. Try to minimize or set boundaries as to how much (if any) exercise can be done. Often they can be grateful for you stopping them exercising as they are quite often exhausted by it all.

**Vomiting and Purging:** can be seen even in eating disorders of a restrictive nature. Supervising the time after meals and using distraction to help overcome the urge to purge or vomit as well as the structure of regular mealtimes can be helpful.

**Self-Harm:** can occur as the eating disorder is challenged and is used as a way of self-punishment. For superficial cuts/burns ensure that they are cleaned and dressed properly and treated. Always contact CAMHS, GP, OOH Crisis line in emergency or if you are concerned about your child's deliberate self-harm

**Rigidity of routines:** Whilst structure is really important, try and demonstrate flexibility e.g. meals planned to be served within a 30-minute window.



# Travel advice

Holidays can be an important time for families and young people to relax together and recuperate, however, occasionally there may be concerns about the risk-benefit balance a holiday may provide. Every situation is unique, but the following issues should be taken into account when determining if it is safe to undertake a holiday.

- > **the physical health of your child** – are they physically stable, no significant concerns re heart rate, blood pressure, maintaining or increasing weight, managing their meal plan? NB Absolute weight for height may be less important than weight loss trends
- > **the mental health of your child** – is there a significant risk that needs managing or have they recently commenced medication? (this may not exclude a holiday but needs careful care planning).
- > your ability (or the ability of the adult in charge) to manage feeding etc. when away.
- > **the nature of travel** – mode of transport (a dehydrating long haul aeroplane vs a restful car journey; destination – climate, available health care, adult support, nature of travel (e.g., restful family break with extra grandparent support vs. school ski trip), length of time away

Parents/carers need to think about meal planning in advance and agree with your child what meal plans/times will look like, including adaptations to meal plan if food availability different. You will need to identify medical care facilities and how you can access these if required. **NB: we cannot provide support and treatment to young people who are outside the UK.**

You will also need to be mindful of current Covid rules/quarantine, that these may be subject to change at very short notice, and have contingency plans- what would you

do if made to unexpectedly quarantine on return or not be allowed to return to the UK, e.g. if test positive abroad. Ensure significant medication, (if prescribed) for the trip if required letter from doctor regarding this.

We can only advise you on whether we deem it safe to travel or not, ultimately the decision to travel is a parental decision.

**Please let us know as soon as you have any plans to travel so we can discuss with you in good time.**

There may be instances when, if you are planning to travel for a significant amount of time and have not yet started treatment with us, we will advise you and your referrer to seek a re-referral on your return, even if it has been deemed safe for you to travel.

# Supports and helplines

## In the case of a Medical Emergency

Contact your GP or present to the nearest A & E department.

## Emergency admissions to Paediatric Wards

Admissions to a paediatric ward for acute medical care such as correction of dehydration, electrolyte imbalances, or cardiac monitoring, aim for medical stabilisation and then discharge for outpatient follow up with the Tri- Borough Eating Disorders Team. The duty clinician at the Tri- Borough Eating Disorders Team can be contacted during office hours **020 8354 8160** by the treating team to arrange follow up.

If there is a medical recommendation for a longer admission to a paediatric ward for inpatient re-feeding, for example if it is considered that there is risk of re-feeding syndrome, or need for nasogastric tube feeding, consideration should be given to joined-up care with appropriate mental health liaison. Ideally, these would be semi-planned admissions co-ordinated by the CEDS (CAMHS Eating Disorders Service) together with the consultant paediatrician in a unit that can manage inpatient re-feeding.

## In times of emergency or you feel unsafe during the day:

### 9:00am – 5:00pm, Monday – Friday:

Contact your GP or the Tri- Borough Eating Disorders Team on Tel: 020 8354 8160. Out of office hours, in case of immediate risk of physical harm:

- > Call Crisis SPA CAMHS on **0800 328 4444** and choose Option 2 for CAMHS.
- > Present to the nearest A & E department.
- > Visit: [www.westlondon.nhs.uk/our-services/child-and-adolescent/camhs/how-we-help/camhs-helpline](http://www.westlondon.nhs.uk/our-services/child-and-adolescent/camhs/how-we-help/camhs-helpline)

## Other Support/Helplines

**NHS Direct:** 0845 46 47

**Crisis Line:** 0800 028 8000

**Safe Acton and Ealing:** 020 8825 7606

**Safe Northolt, Greenford and Perivale:** 020 8842 0220

- > **Childline:** [www.childline.org.uk](http://www.childline.org.uk)  
0800 11 11
- > **The Samaritans:** [www.samaritans.org](http://www.samaritans.org)  
08457 90 90 90
- > **Beating Eating Disorders:**  
[www.b-eat.co.uk](http://www.b-eat.co.uk)
- > **YOUTHLINE:** 0845 63 47 650 Helpline  
0845 63 41 414
- > **MIND:** [www.mind.org.uk](http://www.mind.org.uk)  
0300 123 3393
- > **YoungMind:** Text YM to 85258 to access 24/7 their Crisis Manager
- > **Best For You:** Best For You NHS

## Apps for Young People

- > **Good blocks:** Helps to improve confidence and self-esteem.
- > **Pacifica:** Helps to manage stress, anxiety and low mood.
- > **Calm:** Helps to practice mindfulness.
- > **Whats-up:** Provides a platform to mood and thought track and promotes wellbeing,
- > **Clean up your social media:** unfollow/delete content that does not make you feel good and delete unhelpful apps e.g. My Fitness Pal/ trackers of diet and exercise.
- > **StayAlive:** a suicide prevention app with helpful tools and info.
- > **WellMind:** NHS app that helps with stress, anxiety and depression.
- > **MoodPath:** asks daily questions to help awareness of thoughts.
- > **7 CUP:** has therapy 24/7 for support with anxiety and depression.
- > **SuperBetter:** a game focusing on increasing resilience
- > **Happy:** offers activities and games to help emotional well-being.

# Resources

Here at West London CAMHS Eating Disorders Service we understand that dealing with the issues at hand can be really tough to manage. In order to help young people and their families cope, we have compiled a list of useful resources that can help alleviate the uncertainty surrounding the difficulties they are faced with and understand them better.

## Useful websites

### [www.nhs.uk/conditions/eating-disorders](http://www.nhs.uk/conditions/eating-disorders)

This is the official NHS webpage with general information on eating disorders.

### [www.nice.org.uk/guidance/ng69](http://www.nice.org.uk/guidance/ng69)

NICE clinical guidelines are recommendations on how healthcare and other professionals should care for people with specific conditions. The recommendations are based on the best available evidence

### [www.beateatingdisorders.org.uk](http://www.beateatingdisorders.org.uk)

Beat is the UK's Eating Disorders Charity, they offer online support groups, including one for fathers. Helpline 0845 634 1414; Youth-line 0845 634 7650

### [www.youngminds.org.uk/find-help/conditions/anorexia/](http://www.youngminds.org.uk/find-help/conditions/anorexia/)

Provides information and advice on child mental health issue and a Parents' Helpline:0800 802 5544

### [www.mentalhealth.org.uk/a-to-z/eating-disorders](http://www.mentalhealth.org.uk/a-to-z/eating-disorders)

Find information from the Mental Health Foundation here.

### [www.anorexiabulimiacare.org.uk](http://www.anorexiabulimiacare.org.uk)

Information from a national UK organization with over 30 years of experience on eating disorders.

### [www.eating-disorders.org.uk](http://www.eating-disorders.org.uk)

You can find resources for those struggling with eating disorders here, as well as support information for carers.

The list comprises of useful websites, apps and websites for young people and recommended reading material, along with a short description of each source which will hopefully help the reader identify the most suitable for them.

### [www.thenewmaudsleyapproach.co.uk](http://www.thenewmaudsleyapproach.co.uk)

This website provides a toolkit to help parents and carers of people with eating disorders.

### [www.maudsleyparents.org](http://www.maudsleyparents.org)

This website provides information on the Maudsley Family Based Treatment Approach

### [www.feast-ed.org](http://www.feast-ed.org)

This is an international organization which aims to provide information and support to parents and caregivers, so that they can help loved one's recover

### [www.anorexiafamily.com](http://www.anorexiafamily.com)

This website is linked to Eva Musby's book: Anorexia and Other Eating Disorders; how to help your child eat well and be well: Practical solutions, compassionate communication tools and emotional support for parents of children and teenagers. Additional resources including videos and audio are provided.

### [www.narrativeapproaches.com/resources](http://www.narrativeapproaches.com/resources)

"A lifesaving archive of personal stories, essays, poetry, art, scholarship, and conversations about the body, anorexia, bulimia, perfectionism, and identity."

### [www.papyrus-uk.org](http://www.papyrus-uk.org) HOPELineUK

A confidential support service for young People having Suicidal thoughts.

### [www.mermaiduk.org.uk](http://www.mermaiduk.org.uk)

National support for transgender and gender diverse young people and their families and friends.

# Websites for young people

## The Mix:

Supporting young people with body image and self-esteem difficulties.

[www.themix.org.uk/mental-health/body-image-and-self-esteem](http://www.themix.org.uk/mental-health/body-image-and-self-esteem)

## Be Real Campaign:

Provides support and advice around body image issues - [www.berealcampaign.co.uk](http://www.berealcampaign.co.uk)

## Dove Self-Esteem Project:

Promotes body positivity and supports young people to grow in body confidence and self-esteem. [www.dove.com/us/en/dove-self-esteem-project](http://www.dove.com/us/en/dove-self-esteem-project)

## Kooth-Online Counselling:

Free on-line counselling and well-being platform for young people. You can talk to a counsellor, read helpful articles, get support from Kooth community and keep a private Journal. [www.kooth.com](http://www.kooth.com)

## Recommended Reading

- > Managing mealtimes: WLMHT CAMHS Eating Disorder Service
- > Anorexia Nervosa; A Survival Guide for Families, Friends and Sufferers by *Janet Treasure*
- > Overcoming Anorexia Nervosa, a Self-Help Guide Using Cognitive Behavioral Techniques by *Christopher Freeman*
- > Eating Disorders, a Parents' Guide, from the Great Ormond Street Hospital, Eating Disorders Clinic by *Rachel Bryant-Waugh and Bryan Lask*
- > Eating with your Anorexic – How my child recovered through family-based treatment and yours can too by *Laura Collins*
- > Boys Get Anorexia Too – Coping with male eating disorders in the family by *Jenny Langley*
- > Anorexia and Bulimia in the Family by *Grainne Smith*
- > The Body Image Workbook: An 8-Step Program for Learning to Like Your Looks by *Thomas F. Cash*
- > Biting the Hand that Starves You: inspiring resistance to anorexia/bulimia by *Richard Maisel, David Epston and Alisa Borden*
- > Skills-based learning for caring for a loved one with an eating disorder: The new Maudsley method by *Janet Treasure, Grainne Smith, Anna Crane.*



# Appendix 1

## Co-produced care plan

Young Person's Name:

Assessing Clinician:

Case Manager:

Allocated Workers:

Area of difficulty relating to goal	Goal	Intention	Person responsible	Review date

**Comments**

Young person:

Parent/Carer:

Clinician:

Parent/Carer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Young Person signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician's Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents' copy provided? YES/NO \_\_\_\_\_ Date: \_\_\_\_\_

Young person's copy provided? YES/NO \_\_\_\_\_ Date: \_\_\_\_\_

# CAMHS Eating Disorders Service

## Parents/Carer feedback form

Please tell us what you think about CAMHS Eating Disorders Service Information Booklet (SIB)

	<b>Strong disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
I have looked through/ used the SIB	1	2	3	4	5
The SIB is easy to understand	1	2	3	4	5
The SIB has been helpful	1	2	3	4	5
The SIB helped me to better understand the service	1	2	3	4	5
The SIB help me to better understand treatment plan better	1	2	3	4	5

What did you find most helpful?

What did you find least helpful?

What will you suggest to make the SIB better?

**Thank you for your help**



# CAMHS Eating Disorders Service

## Young person's feedback form

Please tell us what you think about CAMHS Eating Disorders Service Information Booklet (SIB)

	<b>Strong disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
I have looked through/ used the SIB	1	2	3	4	5
The SIB is easy to understand	1	2	3	4	5
The SIB has been helpful	1	2	3	4	5
The SIB helped me to better understand the service	1	2	3	4	5
The SIB help me to better understand treatment plan better	1	2	3	4	5

What did you find most helpful?

What did you find least helpful?

What will you suggest to make the SIB better?

**Thank you for your help**



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