Eating Disorders Service
Outpatient and day care service

Providing expert assessment, treatment and management of eating disorders for more than 25 years.
The butterfly knot is a symbol of growth and change. The idea came from my own personal experiences of undergoing treatment and my continuing long journey towards recovery from an eating disorder. I used Celtic knot-work to represent the never ending knots and circles anorexia and bulimia ties its sufferers in, and yet at the same time these knots seem perfect and beautiful but soon change into unending muddles and greater knots.

The butterfly is the colour of the sky and is flying into the warm colours of the sun itself – to recovery and freedom. « Nia, cover artist.
Contents

Service overview 4
Our philosophy 5
Who is our service for? 6
Interventions 8
Our care pathway 14
Outcomes 16
Research 18
Our facilities 20
Our team 22
Training and consultancy 28
Case studies 30
Referring to our service 34
Service overview

We provide specialist assessment, treatment and management for people with eating disorders, including anorexia and bulimia nervosa, binge eating disorder or mixed eating disorder symptoms.

Our service is a leading centre for the clinical management and research of eating disorders and professional training. Psychological therapies are the cornerstone of our work, many of these have been developed and tested by our team.

Our service offers advice and support on nutrition, mealtimes and daily living for adults with eating disorders. We work collaboratively with families and carers to help them become experts in supporting the person with the eating disorder. We work closely with primary care, community mental health teams and other agencies to develop tailored treatment and discharge plans.

Our team is active in research across all aspects of eating disorders treatment, understanding causes and specific clinical problems. We are committed to translating new research findings into improved treatments.

King’s Health Partners
Our service is part of the Psychological Medicine Clinical Academic Group. SLaM has joined with King’s College London, Guy’s and St Thomas’ NHS Foundation Trust, and King’s College NHS Foundation Trust to establish King’s Health Partners, an Academic Health Sciences Centre. King’s Health Partners involves bringing clinical care, research and education much more closely together. Our aim is to reduce the time it takes for research discoveries and medical breakthroughs to become routine clinical practice. This will lead to better care and treatment for patients.

Visit www.kingshealthpartners.org for more information.
Our philosophy

We deliver a service that is focused on the person, working with each individual to develop a treatment package to suit their stage of recovery.

We strive to:

- Provide a clinical service that is based on the best available evidence, taking into account the needs and wishes of all concerned
- Work in partnership with all relevant parties to help a person achieve recovery from their eating disorder, maximise well-being and achieve any other appropriate treatment goals
- Disseminate knowledge and skills to people with eating disorders, their families, healthcare professionals and other relevant parties
- Work towards improved treatments and care through research and auditing

» The changes in me have been plentiful, progressive and quite amazing. From the acceptance of eating certain foods and quantities, to the enjoyment of re-introducing old foods, and a sense of feeling social and normal at mealtimes, eating out or with people, and eating similar foods «   Jo
Who is our service for?

**Outpatients**
We offer services to people with a primary diagnosis of an eating disorder. A typical outpatient care package for people with anorexia nervosa involves 20 to 30 weekly sessions and several follow-up meetings. For bulimia nervosa, there is greater flexibility in treatment, intensity and duration.

**Eligibility**
- 18+ years
- Male or female
- Suspected or confirmed diagnosis of an eating disorder
- A primary diagnosis of anorexia nervosa, bulimia nervosa, binge eating disorder or mixed eating disorder symptoms
- Other eating problems, including selective eating, food phobia, functional dysphagia, food avoidance or weight loss in the context of depression, somatisation disorder, obsessive compulsive disorder, anxiety disorders, or eating problems post obesity surgery

**Exclusion**
- Moderate or severe learning disability
- Current psychosis, substance dependence or any other major psychiatric or physical disorder requiring treatment before the eating disorder can be addressed
- Obesity without an eating disorder

**Day care**
We offer treatment to people with anorexia nervosa or other severe and complex eating disorders, either as a step-down from inpatient care or where outpatient treatment is not sufficient. Day care is for people who want to move towards recovery from their eating disorder.

Our day care programme operates from Monday to Friday, 9am to 4pm, and includes active nutritional rehabilitation, key working, occupational therapy and evidence-based group and individual therapy.

**Eligibility**
- 18+ years
- Male or female
- Diagnosis of anorexia nervosa or other severe and complex eating disorders
- Has previously received outpatient treatment which has not resulted in improvement, or is at a stage physically or psychologically where more intensive support is required
- Step-down care after inpatient treatment
- Willing to engage in the ethos of the day care programme
- Medically safe to attend day care, including travelling to and from the facility

**Exclusion**
- BMI <15
- Medically unstable
National Services: Eating Disorders Service, outpatient and day care services
Interventions

We provide a range of therapies, endorsed by NICE or offered as part of our research and development programme. Medical risk monitoring is an integral part of treatment and if appropriate, step-up or step-down care may be recommended. We work closely with patients’ GPs in managing the physical health aspects of their care.

Our interventions may include:

- Cognitive behavioural therapy (individual, group and online)
- Cognitive analytic therapy
- Motivational enhancement therapy
- Maudsley model of anorexia nervosa treatment (MANTRA)
- Mentalization-based therapy
- Specialist supportive clinical management
- Skills training for families and other carers (workshops, DVDs and online)
- Dietetic assessment and support
- Discharge planning

Day care only:

- Individual key working
- Nutritional rehabilitation
- Group programme
- Occupational therapy

Cognitive analytic therapy (CAT)
This therapy focuses on repeated patterns that were set up in childhood as a way of coping with emotional difficulties and deprivations. Our therapists work with patients to recognise their maladaptive patterns, and help them to revise and change them. A reformulation letter written to the patient sets the working hypothesis for therapy and helps promote change.

Motivational enhancement therapy (MET)
MET is an evidence-based treatment that supports people in identifying the problems they are facing that could be changed. People are also encouraged to explore and increase their motivation to make these changes.

Maudsley model of anorexia nervosa treatment (MANTRA)
MANTRA is a psychological therapy for anorexia nervosa, developed and evaluated in our service. This treatment helps people work towards recovery by helping them understand what keeps them attached to their anorexia and how to gradually learn alternative and more adaptive ways of coping. This is done at a pace that suits people and their needs.

Mentalization-based therapy
This therapy encourages people to develop an awareness of what they are thinking and feeling. Our therapists work together with each patient to address the thinking and feeling vacuum by increasing the patient’s capacity to mentalize, this leads to changes in mood states, behaviours and interpersonal relationships. This therapy is offered in a one-to-one or group setting.
Specialist supportive clinical management
This approach combines specialist clinical management with supportive psychotherapy, which involves regular monitoring and reviews of target symptoms, psychoeducation and general support to help people normalise eating. Patients are encouraged to make changes and explore issues that promote change in a safe and supportive therapeutic context. Our therapists play a supportive role and the agenda is patient-led.

Skills training for families and other carers
Our service has pioneered innovative ways for clinicians to work with families and carers of people with eating disorders. Our Collaborative Care New Maudsley Model begins with the premise that no one is to blame for the illness, and that collaborative work between parties is the most helpful way to challenge it. Through a variety of skills-based interventions, we share our understanding of the impact on the patient and family or carer, before experimenting with alternative responses to address the behaviours that people may have adopted. We offer individual and group family work. We have a carer support group, and offer outreach family work. We also have DVDs and a web programme for carers.

Individual key working
All day care patients have a key worker who meets with them on a weekly basis to discuss their progress and goals. Patients have access to individual therapies as agreed between them and the team.

Nutritional rehabilitation
All day care patients are supported by specialist staff. Our active nutritional support involves developing transferable skills in areas like meal planning, shopping, cooking and meal support.

A specialist dietician works to ensure safe re-feeding in people with severe anorexia nervosa, and to provide people with a range of options depending on food preferences, nutritional rehabilitation and weight restoration. The dietician meets patients individually to discuss their food needs, as well as to support them as they gradually take more responsibility for feeding themselves. Outpatients can access dietetic assessment and support as appropriate.

Group programme
An extensive programme of group therapies is offered in day care. Separate groups cover areas like mindfulness, goal-setting, cooking group, nutrition, well-being and life skills, psychotherapy, art therapy, flexibility, body image, exercise management, anxiety management, self-esteem and relapse prevention. All patients are expected to attend and homework is often completed between sessions.

Occupational therapy
All day care patients will have an occupational therapy assessment. Aims for treatment are jointly agreed and a programme is devised to ensure a balance of occupations in the areas of self-care, productivity and leisure.

Patients are supported with the practical tasks of meal planning, shopping, cooking and setting goals to transfer the skills learnt in day care to home. Patients are also supported to engage in community activities and receive individual support in preparation for discharge, whether that means returning to university, work, gaining voluntary work experience, or help with managing the family home.

Discharge planning
Discharge planning for outpatients and day care patients includes discussions about relapse prevention, crisis planning and, if appropriate, after-care like further monitoring, treatment or support from the patient’s outpatient therapist, community mental health team or GP, and specifying the conditions that would make a new referral to the eating disorders team necessary.
## Day care programme

<table>
<thead>
<tr>
<th>TIME</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00 – 09.45</td>
<td>Arrive</td>
<td>Arrive</td>
<td>Arrive</td>
<td>Arrive</td>
<td>Arrive</td>
</tr>
<tr>
<td>09.45</td>
<td>Physical monitoring</td>
<td>Physical monitoring</td>
<td>Physical monitoring</td>
<td>Physical monitoring</td>
<td>Physical monitoring</td>
</tr>
<tr>
<td>10.00</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
</tr>
<tr>
<td>10.30</td>
<td>Rest</td>
<td>Rest</td>
<td>Rest</td>
<td>Rest</td>
<td>Rest</td>
</tr>
<tr>
<td>11.00</td>
<td>Nutritional health group</td>
<td>Art therapy</td>
<td>Body image</td>
<td>Psychotherapy or flexibility group</td>
<td>Anxiety management, relapse prevention and self-esteem</td>
</tr>
<tr>
<td></td>
<td>Cooking group</td>
<td>Mindfulness therapy</td>
<td>Exercise management group</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feelings and behaviours group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.00</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>13.15 – 13.30</td>
<td>Rest</td>
<td>Rest</td>
<td>Rest</td>
<td>Rest</td>
<td>Rest</td>
</tr>
<tr>
<td>13.30</td>
<td>Summing of the day</td>
<td>Summing of the day</td>
<td>Summing of the day</td>
<td>Summing of the day</td>
<td>Summing of the day</td>
</tr>
<tr>
<td>14.00</td>
<td>Weekend review and goal setting</td>
<td>Community group MDT</td>
<td>Clinical progress reviews and healing arts</td>
<td>Well-being or recovery group</td>
<td>Weekly review and goal setting</td>
</tr>
<tr>
<td>15.00</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
</tr>
<tr>
<td>15.30</td>
<td>Daily summary</td>
<td>Daily summary</td>
<td>Daily summary</td>
<td>Daily summary</td>
<td>Daily summary</td>
</tr>
<tr>
<td>16.00</td>
<td>Home</td>
<td>Home</td>
<td>Home</td>
<td>Home</td>
<td>Home</td>
</tr>
</tbody>
</table>
Our care model

**DAY CARE**
- Intensive six month program
- Meal support and meal modelling
- Individual intensive care
- Stepped care approach
- Group therapy program
- Key working
- Practical skills

**RISK MANAGEMENT**
- Maintaining medical needs
- Routine blood investigations
- Understanding blood results
- Psychological and physical risk management
- Continuing care clinic
- Recommendations for managing the illness in the community
- Appropriate use of MHA, MCA and DOLS legislation
- Discharge planning

**FAMILY AND CARERS**
- Skills-based training for carers
- Joint understanding of the illness
- Understanding medical risks
- Education about eating disorders

**PATIENT**
- Developing an independent life, away from the illness
- Support to develop social skills
- Optimal therapeutic outcomes
- Reclaiming life in work, social and family arenas
- Greater psychological and physical well-being
- Improvements in eating disorder symptoms

**THERAPIES**
- Cognitive behavioural therapy
- Cognitive analytic therapy
- Motivational enhancement therapy
- Specialist supportive care
- Online, group and individual therapy
- Group therapy programme for day care
- Occupational therapy

**DIETETIC SUPPORT**
- Individual diet plan
- Dietetic group support
- Consultation with the patient and carers about maintenance and discharge

**WORKING WITH OTHERS**
- Facilitating local therapists to provide support and aftercare
- Working with the local CMHT and other health and social care providers
- Discharge planning with family and local service providers

**ASSESSMENT**
- Multidisciplinary formulations
- Neurological assessments with feedback
- Occupational and nursing assessments
National Services: Eating Disorders Service, outpatient and day care services
Our care pathway – outpatients

Referral received and funding approved  
Urgent assessment if required  
Assessment  
Criteria not met  
Post assessment review by team (for complex cases)  
Treatment recommendations  
Referred to inpatient or day care service  
Joins waiting list  
Web-based CBT available for bulimia  
Treatment  
Treatment review  
Discharged

» I have found a new confidence, one of the greatest things I lacked. I can now describe myself as happy, helpful, positive, friendly, unique, attractive, funny, interesting and adult, as opposed to negative traits I heard, believed and internalised in the past. «  Megan
Our care pathway – day care

1. Referral received and funding approved
2. Assessment
3. Treatment
4. Joins waiting list
5. Intensive nutritional rehabilitation package
6. Treatment reviewed monthly
7. 4 month formal review
8. Treatment reviewed fortnightly
9. Continue treatment in our outpatient or inpatient services
10. Treatment continues
11. Discharged to referrer or our other eating disorder services

Criteria not met
6 month treatment package (initially 5 days per week, then tapering down)
Outcomes

We are committed to translating new research findings into improved treatments for our patients, and reviewing patient experiences to improve their care.

Expected treatment outcomes may include:

› Healthy or healthier weight
› Ability to nutritionally support themselves independently
› Greater psychological functioning and well-being
› Improvement in eating disorder symptoms or recovery
› Maintenance of the person in the community

Graph 1 shows the EDE-Q score for patients in the day care service pre and post-admission. Upon discharge, patients showed a significant reduction in eating disorder symptoms.

Graph 2 shows a comparison of the BMI of former day care patients pre and post-admission. Overall, people experienced an improvement in weight restoration and BMI.

Graph 3 shows patient outcomes from CBT group outpatient treatment for people with bulimia nervosa being able to stop bingeing and vomiting.

Graph 4 shows the improvement in BMI, eating disorder behaviours and thoughts using MANTRA, one of our specialist outpatient treatments for anorexia nervosa.
2. Patients’ body mass index (BMI) pre and post-admission to our day care service

3. CBT group treatment results for people with bulimia nervosa

4. Improvement in body mass index (BMI) and eating disorder symptoms for MANTRA treatment, for people with anorexia nervosa
Research

Our service is active in research across all aspects of eating disorders treatment, understanding its causes and specific clinical problems. An important strand of our research focuses on developing and testing psychological treatments in clinical trials. Findings from our research have been incorporated into NICE guidelines and other evidence-based guidelines.

We also conduct many other studies into the biological and psychological factors of eating disorders. For a full description of our research programme, visit our website www.eatingresearch.com

Our current research topics include:

- Translating experimental neuroscience into the treatment of anorexia nervosa including a comparison of MANTRA and specialist supportive clinical management
- Study on hyperactivity, anxiety and stress in people with anorexia nervosa
- Mentalization-based therapy across different eating disorders
- Comparison of group treatments for bulimia nervosa

» I would say by the fourth or fifth session I felt the difference. Especially afterwards, I haven’t had any bingeing or vomiting since then. And the methods, they helped. I sometimes feel nervous and I feel like eating, I just look at the workbooks that I’ve written or I think of the things, and after 10 minutes I’m okay, so that’s really helped. «  Alice
National Services: Eating Disorders Service, outpatient and day care services
Our facilities

Our outpatient services are located at the historic Maudsley Hospital, Denmark Hill. We also provide outpatient services at Guy’s Hospital, London Bridge. Both sites are well connected to public transport.

Our day care facilities are also located at the Maudsley Hospital. We have individual and group therapy rooms, a living and dining area and kitchen facilities.

Wheelchair access is available on both hospital sites.
National Services: Eating Disorders Service, outpatient and day care services
Our team

Our multidisciplinary clinical team includes doctors, nurses, dieticians, psychologists, psychotherapists, occupational therapists and therapy assistants.

**Professor Ulrike Schmidt**  MD, PhD, FRCPsych
Consultant Psychiatrist | Professor of Eating Disorders
Head of Section, Eating Disorders

Professor Schmidt is a consultant psychiatrist in the Eating Disorders Service. She is also a fellow of the Academy for Eating Disorders.

As a consultant, she has responsibility for the outpatients service which safely treats very low weight anorexia patients in the community, with regular, in-depth medical risk assessments accompanying individual psychological therapy and carer support.

Professor Schmidt also leads on research and sets up and co-ordinates many of the treatment studies in the service, trains the therapists, and has clinical responsibility for patients in trials.

**Other roles**
Dr Schmidt has a number of other roles, including chair of the newly-formed Section of Eating Disorders at the Royal College of Psychiatrists and also chair of the Academy for Eating Disorders.

**Background**
Professor Schmidt completed her medical studies and Doctor of Medicine (MD) thesis at the University of Düsseldorf.

She trained in psychiatry at the Maudsley Hospital, and, in 1993, became a consultant in community and liaison psychiatry at St. Mary’s Hospital. Since 1998, she has been a consultant in the Eating Disorders Service at the Maudsley. In 2006, she became professor of eating disorders at the Institute of Psychiatry, King’s College London.
Research
Professor Schmidt’s research interests include brief psychological treatments and the use of new technology in the treatment of eating disorders. Additionally, she has carried out work in related areas, like deliberate self-harm and the treatment of poorly controlled diabetes.

Danielle Glennon  BSc, MA, RMN, MBACP
Service Lead, outpatient and day care service

Danielle provides leadership and operational management for the service, co-ordinating referrals and discharges, agreeing care packages, and developing and maintaining quality standards across the service.

Background
Danielle completed a Bachelor of Science (BSc) Hons in Psychology at Teeside University in 1998. She went on to do a Masters (MA) in counselling studies and psychology at Durham University and a Diploma of Higher Education in accelerated mental health nursing at King’s College London.

Danielle has been involved in setting up and implementing a new day care service founded on a bio-psycho-social model, as well as expanding the day care and outpatients’ team and service, including a late clinic.

She was appointed service lead for the outpatients and day care service in 2010.
Dr Nikola Kern  MD, MRCpsych
Consultant Psychiatrist

Dr Nikola Kern is a consultant psychiatrist with the Eating Disorders Service. She is responsible for day care and part of the outpatient service at the Maudsley Hospital, as well as the inpatient service at Bethlem Royal Hospital.

Background
Dr Kern studied medicine at the University of Heidelberg and completed her Doctor of Medicine (MD) thesis there.

She worked at the Max Planck Institute of Psychiatry in Munich and was awarded a scholarship from the Max Planck Society to follow research in the field of genetics of affective and anxiety disorders.

Moving to London, she trained in adult psychiatry at the Trust and developed a special interest in various forms of psychological treatments, including family and mentalization-based therapy. She became a member of the Royal College of Psychiatrists (MRCpsych) in 2006 and completed a postgraduate diploma in systemic family therapy at the Institute of Family Therapy in 2008.

She received a certificate of completion of training in general adult and liaison psychiatry in 2010 and has since worked as a consultant in the Eating Disorders Service at the Trust.
Research
She is part of the research team for a project called ‘Nice outcomes for referrals with impulsivity, self-harm and eating disorders’. The project, running in locations across South East England, aims to find out whether mentalization-based therapy or specialist supportive clinical management is better for people with eating disorders and either impulsivity and self-harm or borderline personality disorder.

Dr Victoria Mountford  BA, DClinPsy
Principal Clinical Psychologist

Dr Victoria Mountford is a principal clinical psychologist, responsible for patient care, research and teaching, supervision, management and service development across the Eating Disorders Service.

She is also an honorary research associate at the Institute of Psychiatry, King’s College London.

Other roles
Dr Mountford is a member of the British Psychological Society; an accredited practitioner, supervisor and trainer with the British Association of Behavioural and Cognitive Psychotherapy (BABCP), and a member of the Academy for Eating Disorders.

She is the co-author of a text on CBT for eating disorders and has worked on a number of grant-funded randomised controlled trials on the treatment of anorexia.

She was the co-author of a text on CBT for eating disorders and has worked on a number of grant-funded randomised controlled trials on the treatment of anorexia.

Background
She completed her BA (Hons) in Psychology degree at Reading University and a Doctorate in Clinical Psychology (DClinPsy) at University College London.

Before working at the Trust, she was a clinical psychologist at South West London and St George’s eating disorder service and an honorary research fellow at St George’s Hospital medical school.

In 2007, she was a runner-up in the London NHS Innovations Award (Publications).

Research
Her current research interests include treatment processes and outcomes for body image. She is also involved in a four-year project called ‘Psychological therapies for anorexia nervosa: what works for whom, and does patient choice matter?’
Our team continued

Lana Crewe
Administrator

Lana is an administrator for the Eating Disorders Service.

Lana has been with the service for eight years, starting in a part-time role before becoming an administrator for the outpatient service in 2004.

She co-ordinates referrals for the outpatient service at the Maudsley Hospital, liaising with referrers to arrange assessments. She also provides administrative support to staff, maintaining patient records and helping to facilitate patient and carer enquiries.

Mary Grier
Administrator

Mary Grier joined the Eating Disorders Service 11 years ago.

Her role includes processing new referrals, liaising with parents, carers and professionals, dealing with enquiries, liaising between therapists and patients and managing patient records.

Mary and her colleagues are often the first point of call for patients and carers enquiring about the service and are always willing to discuss the referral process and the treatment packages available.
National Services: Eating Disorders Service, outpatient and day care services
Training and consultancy

Our team is experienced in providing national and international training in all aspects of assessment and treatment of eating disorders.

We teach on established courses and provide workshops, addressing different aspects of eating disorders. Bespoke courses can be created upon request. For further information please contact Mary Grier on 0203 228 3180 or email mary.grier@slam.nhs.uk.

» I have seen how my thoughts, relationships, confidence, behaviour, outlook and personality have changed so much for the better due to therapy. I have a vision of how that can improve even more as my health improves, to a normality and happiness I had lost for so many years. « Belinda
National Services: Eating Disorders Service, outpatient and day care services
Shani

“I cut down the amount I was eating, then I started skipping meals until I stopped eating altogether.”

I’ve always had food issues. They’ve been around since I was a teenager but never really took hold until two years ago when a problem with mobility – an issue with my upper limbs – forced me to take time off work. There was nothing I could do about it. I wanted to work but I couldn’t.

The only thing I could take control of was food. At first I cut down the amount I was eating; then I started skipping meals until I stopped eating altogether. The more weight I lost, the better I felt. I was under the impression that I was just eating a healthy diet, but I managed to get down to around 60 calories a day. I weighed six stone.

“At first I was in total denial.”

I had a wound on my arm that I’d had three or four operations on, but it wouldn’t heal, and the infection wouldn’t clear up because I was so malnourished. I was oblivious.

There was nowhere else to go really. I’d lost all reality and knowledge of what I needed to be eating. I was in a situation that was destroying my life... unable to cope. My supervisor said I shouldn’t come back to work until it was sorted. I’d even contemplated suicide.

My hand was forced, but even then it was difficult to see that my situation was exceptional. My family were very concerned though... and so was my doctor, who got in touch with the Trust.

“Things had to change for me to go on.”

The first meeting at the Maudsley was an hour-long assessment where we spoke about my eating habits and what was going on for me. They then give you a recommendation for treatment, setting out the days they think you need. For me it was day care, four days a week.

They feed you as part of the day care programme... in the morning, a drink and a biscuit, then lunch and an afternoon snack and drink. Being fed was very hard at first. I was petrified of putting on weight and this puts your stress levels through the roof. I was also very depressed, so I was in contact with a consultant psychiatrist who worked on my medication.
There were sessions on diet and eating myths – like those around eating carbohydrates – cognitive behavioural therapy groups led by one of the therapists, and one-to-one sessions every week with my key worker. The occupational therapists are really good, but they’re strict. At home you can become really manipulative – you can hide food or take trips to the toilet after food – but they know all the tricks.

It is really tough to begin with, but things do get easier.

“I’d always imagined anorexics to be young, but that’s not true.”

One of the best things about the programme is to be with people who are experiencing similar things. No one could understand how I was feeling like they did. It was such a relief. When you’re on your own, you think it’s just you that has a problem, but when you’re sat at a table with six people with similar issues you don’t feel so different and you’re not so frightened by it all. You can be more at ease with the others around you, and there are people who know how you feel when you’re having a difficult day.

There were young people on the programme, but also middle-aged people like me.

I was with the day care programme for nine months in total. Most people stay on it for six months, but at six months we knew that if I left, I might move backwards to where I was before. I’m really relieved I stayed longer because it was in the last three months that I made most of my progress. I don’t know why, but that’s how it happened. Different people walk at different paces, I guess.

“\textit{This is never going to be the type of illness where you can just take a tablet and it goes away.}”

I wouldn’t say I’m completely cured, but the process takes time and I’ve accepted that my issues with food may never go away completely. Having said that, I’m much better at keeping it in check, much more aware than I was before. Knowing that this is a slippery road actually helps me.

Now I’m having one-to-one sessions with the outpatient service, which are really good. The Trust didn’t want me to go straight from four days a week to nothing, so the sessions are allowing me to step down slowly. Food is still the first thing I think about when I wake up in the morning and it’s also the last thing I think about when I go to bed at night, but I stay with reality and I know I have to eat.

To be honest, I don’t think I’d have survived without the Maudsley.
Ella

“It crept up on me really.”

Things began to go downhill when I started university. I wasn’t happy... then, in the second year holiday, it got really bad and became more noticeable.

My mum and dad said I should see a doctor, so I went to Guy’s Hospital and was seeing a lady there every week for a while, which was really helpful. They wanted to avoid an inpatient admission so day care was suggested at the Maudsley. The idea of inpatients really freaked me out actually, so this seemed like a good middle ground.

“Told really didn’t engage with the service at first.”

I wasn’t sure that the unit was the place for me, or even whether I’d take my place there, but I decided to give it a go.

Two members of staff sat me down to tell me what things were about – they gave me an outline and some ground rules. I didn’t really engage with the service at first... I wasn’t into it that much. But, I started forging better relationships with the staff and people on the unit, so things changed. Ultimately, I guess I accepted being there as a positive thing.

For me, the biggest challenge was decision making... what I was going to have for breakfast and lunch. There always seemed to be massive decisions to be made, though I can’t really remember what they were. It was also hard being in that environment sometimes, dealing with the emotions. I did feel safe and supported though.

“I knew things were getting bad before, but I was blocking it out and focusing on the weight.”

I know it sounds clichéd, but it felt like I was in a black hole. I knew I was falling into it too, but I didn’t really care. Subconsciously, I probably wanted to be really bad so people would notice. I wasn’t happy and let things plummet so I wouldn’t have to deal with what was going on.

I think my issues with food probably started when I went travelling in my gap year. I lost weight while I was away, and when I got back people said I looked really good. There were other things too. I was at a campus university and that made me feel claustrophobic; I didn’t like the course I was on and I also felt a bit trapped where I was living. These were all quite tangible things and they might sound a bit small, but on top of that there were emotional things that are more difficult to put into words. It wasn’t something specific, and in a way I felt guilty about that. My mother had also had an eating disorder in the past.

“I wasn’t sure about the service at first. I think I was worried it meant I was crazy.”
As time went on though, I realised that there wasn’t just one type of person on the unit and it was down to me to get what I wanted from being there. That’s the good thing; they treat you as an individual... it’s not just one framework for all. It worked well for me quite quickly too and I managed to put on some weight.

Because I was progressing well, I was allowed to choose my morning snack. They definitely like to get you involved, and this was important for me. I mean, you always have the fear of losing control. That’s what eating disorders are about.

“It was a safe place for me to vent... to get rid of the stuff I was holding onto.”

It was the first time I’d had the chance to do that. And, though it felt horrible to be upset, it also felt positive... and there were people there who could see me through. I really liked the dietetics group, which was led by a really good dietician. There was always a theme to those sessions, but there was also space for questions. Also, each person had a key worker and we’d have an hour a week with that person one-to-one. We’d both bring things to these sessions and they were a really positive experience... we had a really good relationship. You’d also have a review every month with the key worker, your psychiatrist and anyone else you wanted to bring. That’s when you took everything on board and looked at progress.

“Now I’m massively different with food.”

Most people are on the unit for six months, like me. At the time I could have done more, but I was in a good place and they thought I should be more independent. Now I’m massively different with food. Having a proper lunch for six months was a huge thing when you haven’t done it for years. We used to have sessions buying food at the supermarket, and I’ve brought things like that across to my everyday life. I think they also give cooking sessions there now, which sound good.

All in all, it was such a good opportunity to make things better. Now I feel it’d be just a waste if I didn’t carry it on.

“I’m better at dealing with stress and anxiety.”

I’m also better at talking about things and being open with people... and I’ve probably got more friends. That might sound funny, but I think I shut myself off to others before and attending day care helped me open back up. Since finishing, I’ve kept in contact with some of the girls I met there.

I’ve got a few exams at the moment, but after that I’ll probably start CBT with them. We did a lot of work on thinking styles and that’s definitely made me more aware of my patterns of thinking.

I’d definitely urge others to try the Eating Disorders day care service. It’s a really positive, supportive place and they will always try to work towards what’s best for you.
Referring to our service

We accept referrals from all healthcare professionals including GPs, consultant psychiatrists, community mental health teams and GP consortia.

**Eating Disorders Service**  
**Outpatients and day care**  
Middle House  
Maudsley Hospital  
Denmark Hill  
London SE5 8AZ

T: 020 3228 3180/5356  
F: 020 3228 2358  
mary.grier@slam.nhs.uk
www.national.slam.nhs.uk

It’s easier than ever to find out more about our national services.

› Make secure online referrals
› Access detailed information about each of our national and specialist services, including service contact details
› View care options, interventions, outcomes and costs
› Read profiles of our experts
› Catch up on our latest research
› Discover the experiences of people who have used our services
› Sign up for our e-newsletter

Offering over 50 national and specialist services for adults and children, accepting referrals from across the United Kingdom.

Visit www.national.slam.nhs.uk today.
» The aim is simple; to help each patient with their recovery, using the most current, evidence-based therapies available to us. Our Eating Disorders Service strives to provide treatment to people at all stages of their illness. «

Professor Janet Treasure