Eating Disorders Service
Outpatient, Day Care, Inpatient and Step up

An internationally renowned service dedicated to excellence in the research, assessment and treatment of people with eating disorders and their families for more than 25 years.

Eating disorders aren’t always visible

South London and Maudsley
NHS Foundation Trust
“1 in 10 people with eating disorders are men”

“I’d always imagined people with eating disorders to either have anorexia or bulimia and be young, but that’s not true. I’m 45 with two children and have an eating disorder not otherwise specified”

“Having an eating disorder can feel very lonely”

“An eating disorder can affect the whole family”
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Service overview

The Eating Disorders Service is a specialist facility for people who have anorexia nervosa, bulimia nervosa, binge eating disorder or mixed eating disorder symptoms. Our service provides a safe space where people can explore their difficulties and gain control over their eating disorder, working one-to-one, within a group and as part of their family.

Our service is a leading nationally recognised 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.

A wide range of evidence-based care packages are available, and can be tailored to suit specific needs. The agreed therapeutic aims will vary, but may involve gaining weight and establishing regular eating patterns.

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, the National Commissioning Board and other agencies to develop tailored treatment and discharge plans.

King’s Health Partners
Our service is part of the Psychological Medicine Clinical Academic Group, within SLAM and part of Kings Health Partners. 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

The Eating Disorders Service is a leading centre in the clinical management of eating disorders and professional training. We address life-threatening issues and deliver a service that is focused on the person, working with each individual to match a treatment package to their stage of recovery.

We recognise that having an eating disorder, and experiencing the thoughts and feelings that go with it, can be extremely confusing and distressing. Our psychological therapies are focused on providing a space where people can begin to make sense of what has happened to them before they work towards change. Above all, we aim to empower people by giving them the skills they need to live a more fulfilling life.

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, maximum wellbeing and 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

Our unit is active in research and development across all aspects of eating disorders treatment, biology and clinical problems. We have won an NHS Innovation Award for developing methods of administering treatments for anorexia nervosa.

» It wasn’t until my daughter was undergoing treatment through SLaM that I felt valued as a carer. Previously, it was a struggle to be listened to, to get any support, and to get appropriate help for my daughter. The service has been wonderful and the collaborative care approach is excellent. Thank you! « Joan, carer
Who is our service for?

**Outpatient**
We offer services to people with a primary diagnosis of an eating disorder. A typical outpatient care package involves up to 12 - 48 one hour 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, 10am 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 commit to the day care programme
- Medically safe to attend day care, including travelling to and from the facility

**Exclusion**
- BMI <15 (individual cases considered if lower)
- Medically unstable

Step Up to Recovery was proud to be awarded first place in the SLaM Psychology Service User Involvement Award in December 2012.
Step up to recovery
This service was introduced in April 2011 in response to patients often reporting that they felt unprepared to manage the full range of life experiences that follow inpatient treatment, and that without practice they can struggle or relapse. The programme supports people to increase their independence and take more personal responsibility for their health, social and emotional life. It is based at the Bethlem Royal hospital, with access to facilities on the Inpatient Eating Disorders Service.

Our step up to recovery programme operates 7 days a week, from 8am to 8pm, and includes meal support, daily and group therapies, and structured time for planned activities.

Eligibility
› 18+ years
› Male or female
› BMI >15
› Diagnosis of anorexia nervosa or other severe or complex eating disorder
› Medically safe to attend, including travelling to and from the facility
› Willing to work towards becoming able to manage the eating disorder well enough to stay out of hospital and achieve improved social inclusion and quality of life (e.g. engaging in voluntary work or employment, improving number of leisure activities and circle of friends, being able to cook and eat to a reasonable level independently)
› Motivated to engage in the programme consistently
› Willing to agree objectives and meet attendance targets

Exclusion
› BMI <15 (individual cases considered if lower)
› Medically unstable

Inpatient
The inpatient unit admits people who are diagnosed as having an eating disorder according to ICD 10 criteria. Referrals are accepted from consultant psychiatrists, subject to funding agreements.

Eligibility
› 18+ years
› Female
› Low weight, need for refeeding
› BMI <15
› Need to meet the diagnostic criteria for severe anorexia nervosa and related conditions
› Formal and informal clients
› Physical complications associated with rapid weight loss including unstable biochemistry
› Eating disorders not otherwise specified
› Support from local CMHT care co-ordinator and local consultant psychiatrist

Exclusion
› Risk assessment may exclude those with moderate or severe learning disabilities, severe florid psychosis, or a forensic history
› Obesity
Interventions – Outpatient and Day Care

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.

**Interventions may include:**

**Cognitive behavioural therapy (CBT)**
CBT is an active, short to medium-term psychological therapy that focuses on understanding the link between thoughts, feelings, physiological state and behaviours. Our patients are encouraged to become aware of unhelpful patterns of thinking and behaviours that maintain their eating disorder. By understanding patterns, they can work towards changing unhelpful thoughts and, in turn, change feelings and behaviours. This therapy is provided in a one-to-one, group or online setting.

**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 in relation to themselves and others. Our therapists work together with each patient by increasing the patient’s capacity to understand their own and other’s mental states which 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.

**Carers skills workshops and support**
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. 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 have a carer support group. We also have DVDs and a web programme for carers.

**SEED clinic**
This clinic is typically for those patients with severe and longstanding anorexia nervosa – who have very complex needs and who need ongoing active medical and psychological risk management. The aim of the clinic is to help patients achieve and maintain best possible quality of life whilst living with a severe and enduring eating disorder.

**Specialist dietetics**
Our specialist dietitians provide nutritional assessment, care planning and follow up for individuals referred to them from within the outpatient service. Dietitians support patients, and their carers, to understand and better meet their nutritional needs.

**Recovery group**
We offer a 90 minute recovery group on a monthly basis. Attendees include those currently attending the day care programme, ex-day care members and outpatients by therapist referral. The group is a forum in which members can discuss issues relating to the journey through recovery, sharing experiences of the success’s and struggles faced and generating and exchanging helpful strategies to deal with them.

**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 specific**
An extensive programme of group therapies, individual key working, nutritional rehabilitation and occupational therapy is offered in day care. Separate groups cover areas like mindfulness, goal-setting, cooking group, nutrition, wellbeing and life skills, psychotherapy, art therapy, flexibility, dialectical behaviour therapy skills, body image, exercise management, anxiety management, self esteem and relapse prevention.

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. All patients are expected to attend and homework is often completed between sessions.

**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 also have an individual therapist assigned to them.

**Occupational therapy** – all day care patients will have an occupational therapy assessment. This assessment will help to highlight where the eating disorder has created occupational imbalance/interruption. Goals will then be set and agreed upon by the patient in collaboration with the OT. OT treatment interventions may take place in Day care or in the community and are facilitated either in group work sessions or individually – with the aim of promoting and supporting social inclusion and to help support the transfer of skills learnt in Day care to the wider environment.

**Nutritional rehabilitation/specialist dietetics** – Day Care is supported by a specialist dietitian who meets patients individually and in groups to help them to plan and achieve personal nutritional goals, and supports them as they gradually take more responsibility for feeding themselves. Nutritional rehabilitation in day care involves supported eating and meal modelling, and the development of skills around meal planning, shopping, and cooking. The Day Care food service offers a choice menu aiming meet the nutritional and cultural needs of all.
Interventions – Step up and Inpatient

Interventions may include:

Groups and individual sessions
A range of individual treatments are available alongside a comprehensive group programme. Patients are encouraged to attend groups, occupational therapy and psychological therapies throughout the day. There is a range of supervision groups on offer to the multi-disciplinary team on the ward.

Assessment of daily living skills
An interview is undertaken with the person to explore current circumstances, the history and events leading up to admission. This helps us to understand the person’s specific difficulties and enables future goals to be set. The person may be asked to complete a short questionnaire. Some tasks or questionnaires may be repeated closer to discharge to monitor changes over the course of the admission, and to help plan the transition to the next stage of treatment.

Cognitive behavioural therapy
Cognitive behavioural therapy is recognised as one of the promising treatments for eating disorders (National Institute for Clinical Excellence – NICE, 2004). It is also highly effective in the treatment of a number of other psychological disorders, including depression, obsessive-compulsive disorder and anxiety. CBT is an active, short to medium term psychological therapy that focuses on understanding the link between thoughts, feelings, physiological state and behaviours. In treating eating disorders, our patients are encouraged to become aware of unhelpful patterns of thinking and behaviours that maintain their eating disorder. By understanding patterns, they can work towards changing unhelpful thoughts and, in turn, change feelings and behaviours. CBT also addresses a person’s core beliefs about themselves and the world, and each person is encouraged to set goals. This therapy is offered in a one-to-one or group setting.

Cognitive remediation therapies
Through this innovative therapy, we aim to give our patients the skills and understanding they need to challenge less flexible behaviours and thinking styles, which can make engaging with recovery difficult. This therapy incorporates a series of puzzles, cognitive exercises, discussion and reflection. The emphasis is on thinking processes and style, rather than the content of thoughts. It is offered in a one-to-one and group setting.

» Cooking and canteen groups have seriously helped me to find confidence in eating socially, and have allowed me to find a new relationship with food. «  Hannah, 18
Collaborative family work and carers support
Our service has pioneered innovative ways for clinicians to work with the families and carers of people with eating disorders. The Collaborative Care New Maudsley Model, begins with the premise that no one is to blame for the illness, and that collaborative working between parties is the most helpful way to challenge it. Through a variety of skills-based interventions, we share our understanding of the impact of the illness on the person and their family or carer, before experimenting with alternative responses to address the behaviours that the person may have adopted. We offer individual and group family work. We also run a facilitated carer support group, and offer outreach support for families.

Dietetic support and nutritional rehabilitation
The ward programme is supported by a specialist dietician, who works closely with our catering service to ensure the food we provide is suitable for re-feeding in the early stages. A range of options are provided to cater for nutritional rehabilitation, weight restoration and food restoration. We cater for the needs of vegetarians, vegans, people with special food requirements for religious and cultural reasons, and special medical diets. The dietician also meets people individually to discuss their food needs, and support them as they gradually take more responsibility for feeding themselves.

Group work
An extensive programme of group therapies is offered on the ward. Separate groups cover self esteem, relapse prevention, flexibility, diet, anxiety management, emotions, relaxation and body image. All patients are encouraged to attend groups, and homework is often completed between sessions.

Motivational enhancement therapy
Motivational enhancement therapy is an evidence-based treatment that incorporates the behavioural change strategies outlined in recent NICE guidelines, including; outcome expectancies, personal relevance, positive attitude, self-efficacy, descriptive norms, personal and moral norms, intention formation and concrete plans, behavioural contracts and relapse prevention. The aim is to support 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.

» The level of psychological treatment you can access is brilliant. « Jo, 26
Interventions continued

Occupational therapy
A wide-ranging and varied occupational therapy programme is available. We offer aikido, digital photography, drumming, karaoke, organic kitchen, pottery and textiles. Occupational therapy provides people with an eating disorder the opportunity to explore and develop their interests, and set practical and healthy goals. We encourage group activities where people can interact with others, which assists with building and developing social skills.

Nursing
We have a team of nurses who are highly specialised in supporting individuals with the re-feeding programme. Patients can expect to meet with their named nurse to engage in care plans that will incorporate a holistic view on their care. The nursing skills on the unit include being able to provide some specific therapies to enable patients to progress in treatment.

Staff supervision groups
Since 2003, psychodynamic supervision has been provided by an external Psychoanalytic Psychotherapist for both the Clinical Lead individually and the multi disciplinary team as a group. His provision of this vitally important resource enhances our understanding of the psychopathology of patients suffering with an eating disorder and the impact that this can have on the relationship between the patients and staff; augmenting the eclectic approach to patient care. This supervision also emphasizes the true value of having male staff working on the unit and the crucial difference that they can bring to the team.

The family work supervision is provided by the Professor of the unit to members of the multi disciplinary team who work closely with families. This approach includes being taught the different emotions that families experience in caring for a loved one and using alternative responses to help manage the illness. This supervision promotes the true value on including the family in treatment.

The CBT supervision group provides a space for the multidisciplinary team to reflect on their knowledge and understanding of an individual patient, in order to develop a formulation, to guide and support treatment plans. The group is led by a clinical psychologist and welcomes a range of theoretical approaches and perspectives.

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1 National Institute for Health and Clinical Excellence (NICE), Behaviour change at population, community and individual levels (NICE Public Health Guidance, London, 2007).
# Inpatient programme

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» Practical and emotional support was given, and we were encouraged to support each other. «  Aisha, 20

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Brand design and graphic design by www.piersanddominic.com london bristol bath
# Day care programme

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> Stepping up to recovery is about realising your own potential in areas that you define yourself. « Peer support worker
Our care model

EDUCATION, VOCATIONAL OPPORTUNITIES
› Support to achieve or continue with further education
› Support to start voluntary work during admission

RISK MANAGEMENT
› Maintaining medical needs
› Routine blood investigations
› Understanding of blood results
› Psychological and physical risk management
› Discharge planning
› Recommendation for managing the illness in the community
› Appropriate use of MHA, MCA and DOLS legislation
› Continuing Care Clinic

WORKING WITH OTHERS
› Liaising closely with the patient’s community mental health team or GP or other health and social care providers
› Providing information and reports if required
› Discharge planning with family and local service providers

PATIENT
› Developing an independent life, away from the illness
› Gentle re-feeding and weight restoration
› 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
› Attention to spiritual needs

FAMILY AND CARERS
› Skills-based training in caring for a loved one with an eating disorder
› Joint understanding of the illness
› Understanding medical risks
› Education about eating disorders

THERAPIES
› Occupational therapy
› Problem solving techniques
› Relapse prevention group
› Body image group
› Complementary therapies
› Convalescence controlled exercise
› Drama therapy
› Cognitive behavioural therapy
› Cognitive analytic therapy
› Motivational enhancement therapy
› Mentalization based therapy
› Specialist supportive care model
› Online, group and individual therapy
› Family therapy

DIETETIC SUPPORT
› Individual diet plan
› Dietetic group support
› Consultations with the patient, and family or carer about maintenance and a discharge diet plan
› Naso Gastric feeding (inpatient only)

ASSESSMENT
› Multidisciplinary formulations
› Neurological assessments with feedback
› Self report questionnaires
› Holistic approach
Our patients often come to us at a low point in their life. Many feel very frightened; others believe that they are beyond help or that they do not deserve help. At the end of treatment here in the EDU many feel positively transformed and able to enjoy their lives again, free from the shackles of their eating disorder. « Professor Ulrike Schmidt
Our care pathway

Step up and Day care

Referral received and funding approved
Assessment
Joins waiting list
Treatment package
(Treatment reviewed weekly
Step up – up to 6 months
Day Care 6 – 9 months)
Monthly formal reviews of patient progress and needs
Change of treatment intensity
Care pathway
Discharged to referrer or our other eating disorder services

Criteria not met, discharge back to referrer

» 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

Inpatient

Referrals from CMHT & consultant psychiatrists

Review referral

Details entered into system

Recommend treatment package

Funding approved

Half day assessment with consultant

Joins waiting list

Discharged with care plan approach

Referred to outpatient service

Referred to day care treatment service

Referred to Step up to recovery service

Monthly follow-up offered

Treatment plan reviewed monthly

Treatment plan decided

Inpatient assessment

Admitted when bed becomes available

Criteria not met, discharge back to referrer

Treatment plan continues/extended

Discharged with care plan approach

Monthly follow-up offered
Outcomes – outpatients and day care

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

**Graph 2** shows the improvement in BMI, eating disorder behaviours and thoughts using MANTRA, one of our specialist outpatient treatments for anorexia nervosa.

**Graph 3:** Significant improvements in MBI mean of all patients in day care on a weight gain programme and patients who completed treatment. Further significant improvement of all patients who completed prescribed treatment programme.

Mean BMI at discharge of all patients on a weight gain programme > 17.5 (AN boundary). Mean BMI at discharge of patients who completed treatment close to 18.5 (healthy BMI).

**Graph 4:** Significant improvements on all subscales (n = 30). Non Eating Disorder Controls are found to score: Restraint 1.30; Eating 0.76; Weight 1.79; Shape 2.23; Global 1.52 (Mond et al 2006). The EDE-Q is a measure of eating disorder symptomatology and behavior (Fairburn & Beglin, 1993).
» Recovery from an eating disorder is a process. As a Unit we are deeply passionate about working with people with an eating disorder and their families to fight the illness and work towards recovery as best as we can. We are equally passionate about improving treatments through research. «

Professor Ulrike Schmidt

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

3. Day care – BMI is improving from admission to discharge

4. Day care – Symptoms are improving: Eating disorder examination questionnaire (EDE-Q) (Fairburn & Belglin, 1994)
Outcomes – inpatient and step up

Our service aims to help people gain control over their eating disorder and enables patients and carers to develop an understanding of eating disorders, their likely causes and consequences.

Expected outcomes include:

› Weight restoration
› Establishing regular and balanced eating patterns
› A clarification of diagnosis
› Stable biochemistry
› Identifying and exploring underlying emotional problems
› Improved psychological functioning

Our results

**Graph 1** shows consistent improvements of body mass index (BMI; weight [kg]/height [m]²). The pattern of severity changes overtime, yet BMI at discharge is significantly higher than at admission each year.

**Graph 2** shows improvements in Eating Disorder Examination Questionnaire (EDE-Q) scores, a self-report questionnaire in which higher scores reflect greater disturbance in core attitudinal and behavioural features of eating disorders.

**Graph 3** shows improvements in Work and Social Adjustment Scale (WSAS) scores. Higher scores reflect self-reported impairment in domains including work, home management, leisure activities and personal relationships.
» At times, when this illness shattered and destroyed any kind of relationship within my family, therapy slowly helped pick up the pieces and start to put them back together again. The staff are so experienced and never let you give up the battle against anorexia, which only sets out to kill its victims. «  Rachel, 21

2. EDE-Q score at admission and discharge

3. WSAS score at admission and discharge

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
Our facilities

Our inpatient and step up service is based at Bethlem Royal Hospital which has a long history of providing the highest quality care for people recovering from mental health issues. The hospital offers the perfect therapeutic environment for promoting recovery, set in 270 acres of green space, with woodland and meadows that are designated as a ‘site of importance for nature conservation’.

Facilities at the Bethlem include a swimming pool, art gallery, walled garden, a chapel, nature walks and an extensive occupational therapy programme, utilised by many of our patients. This programme provides a wide choice of creative activities, which gives people the opportunity to rekindle old skills, learn from new experiences and build their confidence on their path to recovery.

Our outpatient and day care service is located at the historic Maudsley Hospital, which is internationally renowned for excellence in research, treatment and teaching in mental health. The hospital is based in South London and has close links to public transport.

The inpatient unit has:
- 18 beds
- Two living areas
- Dining area for meals and snacks
- Kitchen for supervised cooking
- Family rooms
- Group and individual therapy rooms

The outpatient and day care unit has:
- Individual and group therapy rooms
- Living and dining area
- Kitchen facilities
- Canteen facilities

Wheelchair access is available. The site is well connected to public transport.

» The reflection groups after dinner helped me to de-stress and let go of any problems or issues. « Megan, 19
Our team

Our specialist team includes professors, psychiatrists, nurses, psychologists, occupational therapists, health care assistants and administrators.

Our patients benefit from a multidisciplinary approach, and the wealth of diverse skills that are on offer allow us to design specialist care plans that are tailored to individual needs.

Each person has an allocated team, plus one-to-one care from a primary nurse.
Key staff members

Professor Janet Treasure  OBE, PhD, FRCP, FRCPsych
Director of the Eating Disorder Unit | Professor of Psychiatry

Professor Janet Treasure is a psychiatrist who has specialised in the treatment of eating disorders for more than 25 years.

She is currently director of the Eating Disorders Service, a leading centre in the clinical management of eating disorders and training.

In 2011 she introduced the ‘step up to recovery’ service for patients with eating disorders.

Other roles
Professor Treasure holds, or has held, the following posts:
› Chief medical advisor for Beat, the UK’s primary eating disorder charity
› Patron of the Sheffield Eating Disorders Association
› Fellow of Academy of Eating Disorders
› Former Chair for the physical treatment section of the UK National Institute for Health and Clinical Excellence (NICE) Guideline Committee

Background
In 2007, Professor Treasure received an Eating Disorders National Award from national eating disorder charity Beat.

During her career, she has edited seven academic texts on eating disorders and authored three self-help books, including, *Getting better bite by bite* on bulimia nervosa, *Anorexia nervosa, a survival guide for families, friends and sufferers*, a book for people with anorexia nervosa, parents and teachers, and *Caring for a loved one with an eating disorder: a skills-based manual of the new Maudsley method*, for families and parents of people with an eating disorder.

She delivers information and training via DVD, face-to-face workshops and seminars, for professional and non-professional carers. She has also developed an e-learning module on motivational interviewing.

Research
Professor Treasure has been active in research and has over 150 peer reviewed papers.

In 1984, she was awarded the Gaskell medal from the Royal College of Psychiatrists. In 2004, she was awarded the Academy for Eating Disorders (AED) Leadership Award in Research. The award honours an individual who has, over substantial period of time, used research to develop new knowledge about eating disorders.

In addition to her work with eating disorders, she has been involved in treatment trials for people with type 1 diabetes through cognitive behavioural therapy (CBT) and motivational interviewing. She is also developing an intervention for working with the carers of adolescents with type 1 diabetes.

Professor Janet Treasure has trained over 20 PhD students in research on eating disorders.
Our team continued

**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.
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.
Our team continued

**Dr Kate Tchanturia**  PhD
Consultant Clinical Psychologist | Senior Lecturer in Eating Disorders

Dr Tchanturia is the lead psychologist in the Eating Disorders Service at the Trust. She is also module leader of the Mental Health Studies Programme (women’s mental health module) at the Institute of Psychiatry, King’s College London.

**Other roles**
As part of her work at the Institute of Psychiatry, Dr Tchanturia supervises PhD students, DClin Psychology trainee placements, dissertation projects and MSc dissertation projects. Since 2005, she has been chair of the specialist interest group in neuropsychology at the Academy of Eating Disorders, the largest international organisation covering eating disorders.

She has been a member of the Maudsley Forum organising committee for a number of years.

**Background**
Dr Tchanturia completed her psychology training in 1982 and gained her PhD in experimental psychology in 1991.

She is a Chartered Clinical Psychologist and member of several professional bodies including The British Psychological Society (BPS), the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the Academy for Eating Disorders (AED).
Danielle Glennon  BSc, MA, RMN, MBACP  
Clinical Specialist Service Lead | Psychological Therapist

Danielle is the clinical specialist service lead for outpatients and day care eating disorders service at the Maudsley Hospital. She provides clinical leadership, service development, operational management for the service, liaising with commissioners, referrers, and international visitors and provides training and supervision.

Other roles
As part of her role, Danielle co-ordinates research in the department, has been involved in setting up and implementing the new day care service, SEED clinic, implementing new therapy treatments, expanding the day care and outpatients’ team and clinical service including an early and late clinic. She is a psychological therapist as well as a trained mental health nurse. She was involved in developing bulimia group manuals and implementing mentalization based therapy. She continues to take a clinical role as a therapist in cognitive behavioural therapy, mentalization based therapy, motivational interviewing and Maudsley model of anorexia nervosa treatment.

Background
Danielle completed a Bachelor of Science (BSc) Hons in Psychology at Teesside 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.
Our team continued

**Lynn St Louis**  RN (Mental Health), MSc, CAT practitioner  
Specialist Clinical Lead | Registered Mental Health Nurse

Lynn St Louis is the specialist clinical lead for the inpatient Eating Disorders Service at Bethlem Royal Hospital and is responsible for service development. She manages the clinical work, teaching and research of eating disorders. She is responsible for liaising with referrers, primary care trusts and commissioners. She also provides training, supervision and organisational consultancy to the Trust and external stakeholders.

**Other roles**
During her time at SLaM, she has worked alongside leading professors and nurses in the eating disorders field. She has played a key role in therapy groups run at the inpatient unit, including motivational interviewing, cognitive analytic therapy, CBT and psychodynamic therapy. Over the years, she has also supported the team through the introduction of national referrals and the development of care packages to meet the needs of people with a severe form of anorexia nervosa and complex personalities. Lynn supported Professor Treasure to implement the ‘step up to recovery service in 2011.

**Background**
Lynn has worked in the eating disorders field since 1986. She opened outpatient and day care services for Croydon residents at Bethlem Royal Hospital.

Lynn completed her master’s degree in mental health studies in 2007. In 2002, she completed her diploma for the cognitive analytic therapy practitioner qualification. She also completed a development programme for women managers in the NHS between June 1999 and February 2000.

**Research**
Her research interests include cognitive remediation therapy and its application to people with anorexia nervosa on an inpatient unit specialising in eating disorders.
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 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?’
Alain Broglio  RNM  
Clinical charge nurse  

Background  
Alain started his career in Italy as a community nurse in 1991, and then came to the UK to continue with his career.  

Alain has worked on the unit since 2006.  

Other roles  
Alain’s professional development includes multi-family therapy, motivational interviewing training and solution focus training.  

Alain also plays a key part on the unit on working with patients who suffer with binge/purging symptoms.
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.
Training and consultancy

We offer an extensive programme of training courses and consultancy in the assessment, treatment and management of different aspects of eating disorders. These courses are suitable for eating disorder professionals and teams, voluntary and professional groups and range from basic to advanced levels or master classes. Bespoke training to suit different services or needs is also available.

The purpose of the training is to enhance treatment compliance with local teams, reduce relapse rates, enhance the role of carers, and disseminate research knowledge and skills to people and teams nationally and internationally.

For more information about available training, contact Lana Crewe on 020 3228 3180 or email lana.crewe@slam.nhs.uk

“\textit{All in all, I thought the service was outstanding. The combination of the programme and the team, together, helped me face up to the biggest battle of my life, and set me on the road to recovery.} “ Claire, 20
Adult Services: Outpatient, Day Care, Inpatient and Step up
Melanie

“Anorexic... me? No way.”

Thin, yes. But anorexic, never. I was a dancer.

With hindsight, I think I’d been ill for a long time, but at the time I wouldn’t be told. I ducked, dived and lied... anything to keep out of hospital. Admitting something was wrong would be admitting failure and I didn’t want that. I wanted to be perfect.

My first contact with services was when I was 16. The problems started long before then, but I quickly learnt to hide and cover up the illness I refused to be associated with. This went on for years. I ran from services, never really committing, but I grew tired and was struggling to cover things up. A friend took me to outpatients in October, and that November I had an emergency admission.

“It all seemed so drastic – so extreme and unnecessary.”

I still didn’t want to give in... didn’t want to admit anything. I thought I could persuade everyone – the doctors, nurses, my family and friends – that I didn’t have a problem. I certainly didn’t need to be locked away.

It wasn’t working though and I lacked the energy to fight. I agreed to a voluntary admission because a section was the only alternative. My new plan: I’d put on weight and leave a.s.a.p. I was still in control.

“I wasn’t sick like the others.”

The first couple of months felt like a daze. I wondered ‘why am I here?’ I’d been holding down a good job in the City before, travelling into London every day. I felt lucky in comparison to the others and didn’t feel I had the characteristics of someone I’d associate with an eating disorder.

I hated it. I hated the system. I hated that I had no control. I felt the whole unit – the staff, the other patients, the rules – were against me. I resented being kept there. I resented being trapped with no space to breathe. And this resentment pushed me into trying to break and dodge the rules. It was a long time before I realised I needed to put something into the programme myself.

“They work damn hard to get people out of their traps, but it takes time to build up trust.”

As soon as I changed my approach, the staff gave me the support back ten times over. The combination of people there is really helpful. There’s someone to talk to anytime day or night if you need it.

It was a good while before I started to talk about things that weren’t just all rosy though. I’ve always been social, but didn’t speak about anything too deep. One nurse kept prodding. She was the worst... the strictest... I used to avoid her. She didn’t stop, so I started with one or two things from under the exterior. Actually, I trusted and respected her and some difficult things started coming out. That’s when I felt others started understanding where I was coming from.
I was also speaking to a psychologist on a regular basis, which was really useful. I hadn’t spoken to someone regularly like that before. I was developing self-awareness, understanding and skills to equip myself with healthier ways to cope.

“We were all going through our own journeys.”

Talking was starting to help, but I was emotional and upset and couldn’t see why. I was always busy before, so I never had free time like I did there. I had nothing and that was hard to cope with.

Art was suggested as part of the occupational therapy programme. At first I thought the idea was patronising, but then started to enjoy it. It kept me grounded and away from the compulsion to exercise. It gave me a purpose and I started to feel more like a person than an illness in other people’s eyes.

“The friends I made there got me through.”

I think I just wanted to make others better at first, but I started focusing on myself and it got to the point where I was extremely vulnerable.

It was horrendous opening up actually. I was speaking about things I never wanted to address. I’d shoved these things in the deepest closet, right at the back. Before, when I was upset, I didn’t eat so I could control the situation. It’s draining going through your own experiences, but if I hadn’t my problems would have remained. I built up a good relationship with the others and still meet up with them today.

“I have a different philosophy now.”

Since leaving, I’ve been working as an intern at Crisis, the national charity for homeless people, which I love. I have a boyfriend; I’ve been on several holidays; I’m doing an art A-Level this year, and have applied to university.

I’ve changed my priorities a lot. I had a very rigid career path before, driven by money, success and prestige. I was doing well on paper, but life’s too short for all of that.

I’ll always be me: someone who’s passionate, energetic and not happy just doing a nine-to-five job. But I’m more laid back now. I don’t need such a structure or plan. I’m focused, but it’s channelled in a different direction.

“Without the admission, I’d still be running down that same road.”

I didn’t always agree with the people there – so much felt unfair and there was so much I couldn’t understand – but I realise now that it had to happen. I could have died and the service gave me the courage to pull myself out. It was the catalyst to take stock, draw a line under the past and start over.

It was the hardest thing I’ve ever had to do... it really tore me apart. But they didn’t leave me in a mess. They pulled me back together and made me stronger than ever.

I had to go through that situation. I needed that group of people and was really lucky I went through it all with so much help. Amazing.
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.

“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.

“I didn’t really 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 and community mental health teams.

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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