

First do no harm: A values-based approach to inpatient working with young people with eating difficulties



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Overview

- Recognising a need for change
- Why do some young people need a different approach
- The Darwin Centre values
- Creating change
- Learning so far
- Questions and comments

Recognising a need for change

- Diversity and comorbidity of disorders: RISH, ARFID, OCD, c-PTSD
- Increasing community provision for eating disorders
- Concerns around dependence on private SEDUs
- Culture of care work: ASC and trauma informed practice
- Social media influence
- Ethical and political drivers around “terminal anorexia”

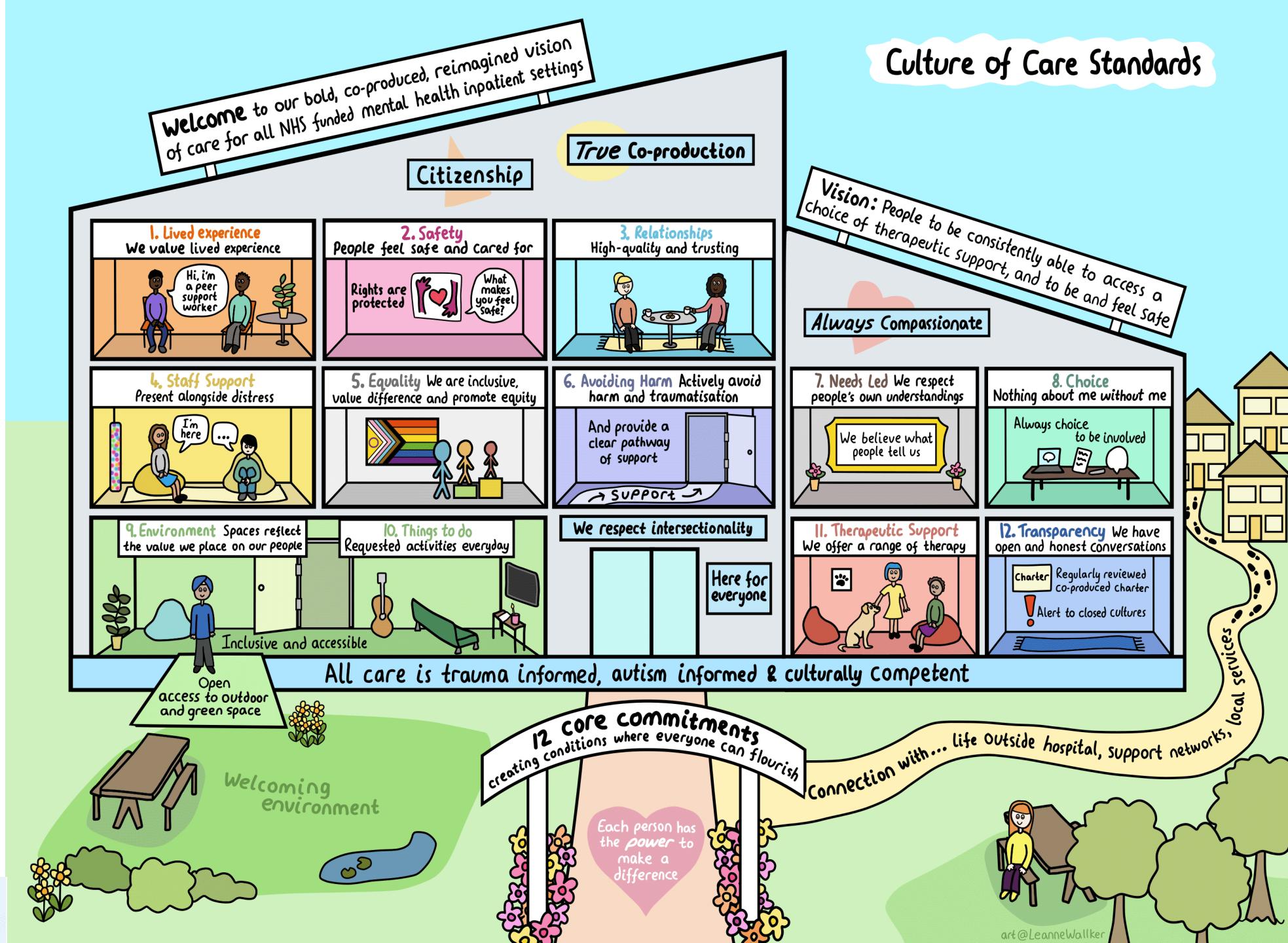
Why do some young people need a different approach?

Clinical treatment method	Observed Response
Imposed Increased Restrictive Practice (e.g.; <i>rigid meal plans, nasogastric feeding (NGF), restrictions on movement and freedom (such as stopping school, sports, social engagement or trips)</i>).	Precipitative increases in the patient's restrictive eating and other behaviours. These other behaviours typically include resistance to feeding, the need for physical restraint, and an increased instance of all forms of self-harm.
Positive diversions are used (e.g.: engagement time that is spent with the individual on areas of their interest without having an eating/treatment focus).	When carried out with a caring clinician, these typically have a positive effect on the patient's restrictive behaviours.
Directly challenging observed eating*	Is experienced as invalidating and confrontational. Doing so typically leads to an inflammatory response in the patient's restrictive behaviours.
validating the emotion/distress but not observing or commenting upon the desired behaviour (eating)*	Typically leads to the desired behaviour (e.g. eating) continuing



The Darwin Centre Values

- Respect
- Safety
- Discovery

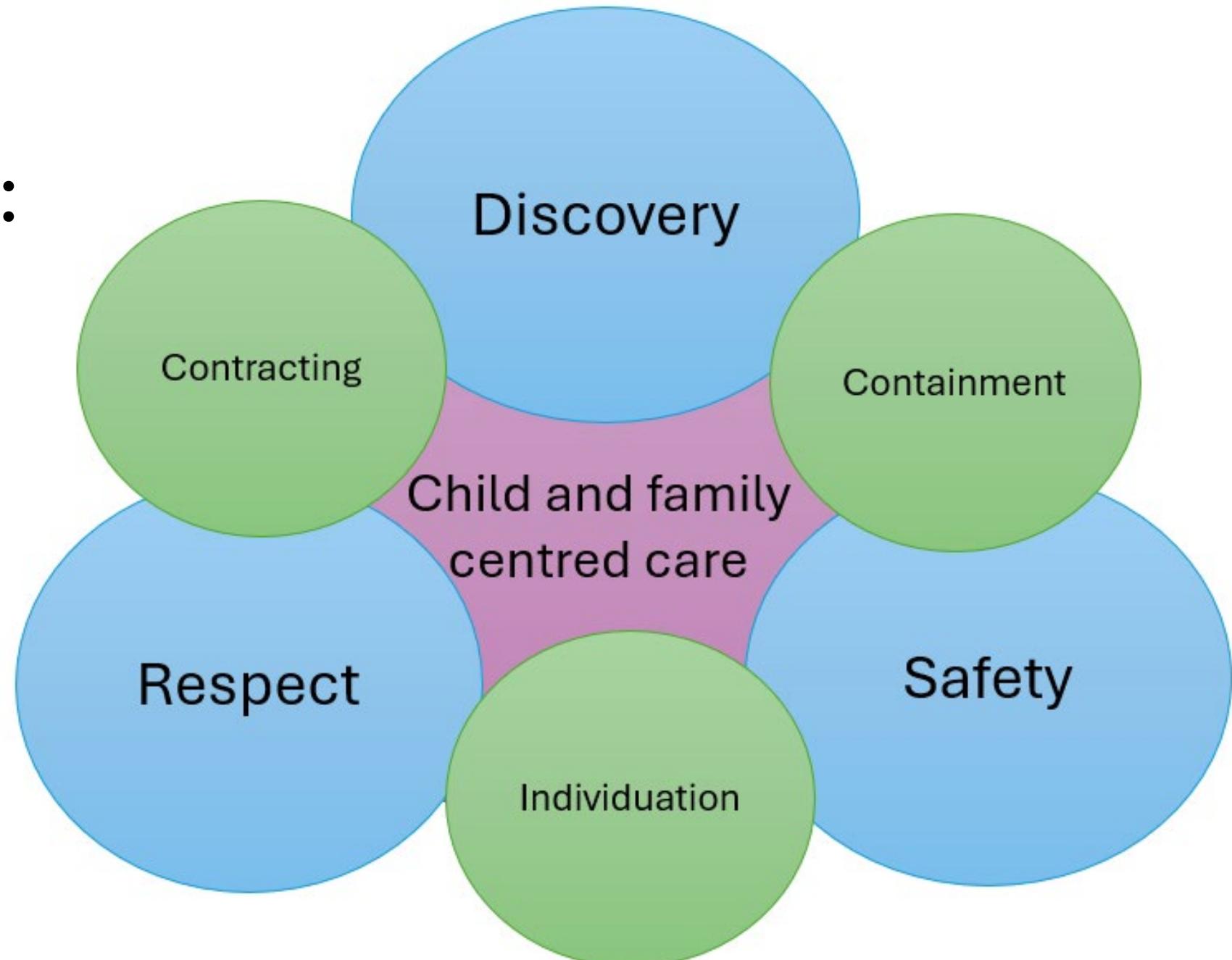


Creating change: who?

- Autistic young people with PDA profiles
- RISH, ARFID, disordered eating
- Eating disorders with other comorbid mental illness
- Multiple cycles of weight restoration and relapse
- NG-dependent weight-restored young people
- Older adolescents transitioning to adulthood and adult services
- NOT young people with a classical ED needing a first admission

Creating change: the model

- 1 aim
- 3 values
- 3 processes:
 - 1) Contracting
 - 2) Containment
 - 3) Individuation



Creating change: how?

- Works with all complexity
- Collaborative goals
- Minimally restrictive
- Clear minimum expectations
- Personal responsibility
- Positive risk taking
- Focus on functioning rather than numbers
- Reduced demands
- De-medicalisation
- Understanding of eating as a behaviour
- Psychological and family work may not focus on eating
- Focus on a life worth living



Learning so far

- Necessity of communication and trust
- Resource intensive
- Patterns in trajectory
- Improved collaboration with families as well as young people
- Benefits to team dynamics
- Need for robust and bespoke 117 packages
- Systemic shift from diagnostic-driven to needs-led provision
- We can (and must) do hard things!



Cambridgeshire and
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Questions and comments?



RESPECT. SAFETY. DISCOVERY.
THE DARWIN CENTRE FOR YOUNG PEOPLE

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