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WELCOME

Welcome to the Quality Network for Eating Disorders' newsletter, autumn edition. In this issue, we will be looking back over the past year of work and ahead to future developments.

You may have noticed a number of changes within the QED Project Team last year... On pages 2 to 3 we give you the chance to get to know Karishma, Hannah and Harriet a bit better, and see the faces behind the emails!

2019 has been a really busy and exciting year for us. Over the last 12 months, we've conducted 21 reviews across the country, awarded accreditation to five teams, held a successful Annual Forum, and launched the

pilot of our new standards for community eating disorder services.

Looking ahead to the *coming* 12 months, we're anticipating another 20 reviews, an even more successful Annual Forum(!) and other special interest days, the revision of our current inpatient standards, plus the national launch of the community network.

Thank you to the Cotswold House Oxford team, Barry Rogers and Aoife Bingham for your contributions to this newsletter. We're always delighted to share people's work and creativity with the wider network.

Finally, thank you to all our members for your ongoing participation and support. We wish you the best for the coming cycle.



60 seconds with the QED team



Harriet Clarke
Head of Quality &
Accreditation

When you joined the College:

HC: Originally in November 2011 as a Project Officer on the inpatient CAMHS network (QNIC). I left in July 2017 and then returned in my current role in November 2018.

HL: June 2015 as a Project Officer, then returned in November 2018 after my 'gap year'.

KT: I joined the College in December 2018.

Tell us a little bit about your role:

HC: I oversee a group of quality improvement programmes within the RCPsych. Part of my role is to work directly with the network teams to ensure there is a consistently high standard of service provided to all members. The other part is to collaborate with other Heads of Department within the College to further the work of the CCQI.

HL: I manage the quality networks for eating disorders, perinatal mental health, and inpatient and community CAMHS. I still do reviews when I can (it's nice to get out and about!) but my role now is a bit more strategic, i.e. monitoring the budgets and finances, promoting the projects, and looking for development opportunities.

KT: I organise and lead reviews, keep in contact with our members, troubleshoot any issues, organise our meetings and events, and write newsletters!



Hannah Lucas
Programme Manager

What were you doing before you joined the College?

HC: During my break from the College I worked for a Camden CCG in the world of CAMHS Commissioning.

HL: I spent a year at the Royal College of Physicians managing their accreditation scheme for occupational health services.

KT: I completed an MSc in Counselling and Coaching at the University of East London.



Karishma Talwar
Project Officer

If you could learn anything new, what would it be?

HC: Languages – I have attempted many times, but they just don't seem to stick.

HL: I come from a family of musicians but my piano playing is abysmal, so I'd love to be good enough to sight-read any piece in front of me!

KT: I've owned a guitar for about 10 years and spent about 10 minutes trying to learn it, so probably that.

What superpower would you like to have and why?

HC: Teleportation – it would be nice to avoid London tubes when there are delays at rush hour!

HL: It would have to be the ability to 'apparate' anywhere in the world

at the click of my fingers. I love travel but loathe long-haul flights!

KT: Teleportation. To ease my guilt when I fly, and avoid commuting – easy.

Who would you like to play you in a film about your life?

HC: Emilia Clarke, AKA Mother of Dragons!

HL: I've been compared to Emma Stone before which I feel is overly flattering but won't complain.

KT: Dwayne 'The Rock' Johnson

What was the title of the last book you read?

HC: 'I am, I am, I am' by Maggie O'Farrell.

HL: 'Little Fires Everywhere' by Celeste Ng. Would give it 7.5/10.

KT: 'Conversations with Friends' by Sally Rooney. I loved it!

What is your favourite comfort food and when was the last time you had it?

HC: Banoffee pie – the combination of biscuit, caramel, banana and cream. I've not had any in months though so I'm long overdue some! For something more accessible though it would have to be Crunchy Nut which is the perfect any time snack.

HL: Chinese food (chilli beef specifically), and about a week ago (shocking).

KT: Any and all fried Indian snacks. In India they have restaurants with all the street food, but inside – we're really missing a trick in England.

What three things would you take with you if you were stranded on a desert island?

HC: I feel like I should say something practical like matches, water sanitizing tablets and a boat, but in reality I would quite like my phone and a solar powered charger.

HL: A raft, a good book, and a bottle of gin. Might as well enjoy myself!

KT: A Kindle, an inflatable kayak, and a pillow.

Tell us an interesting fact about yourself that few people would know about:

HC: I spent some time studying Spanish at the University of Arts in Havana. Please refer to answers above to get a sense of how much Spanish I can now speak...

HL: I once sang at a royal wedding (some distant cousin of the Queen) and the Queen walked past me. She's teeny!

KT: I once climbed a mountain overnight to see the sunrise. Of course, it was completely foggy when we finally made it up (still quite nice though).

What is the one thing you wish people knew more about?

HC: How important it is that everyone makes changes to the way they live in order to slow down climate change.

HL: How to speak to and support people who are struggling with mental health problems in day-to-day life.

KT: The positive impact of Happiness Classes in schools.

What is your favourite quote/saying?

HC: "Live, laugh, love" (Just kidding!)

HL: "It's all coming up Milhouse"

KT: "Everything will be okay in the end, and if it's not okay, it's not the end"

QED Project Update



Annual Forum 2019

The QED Annual Forum took place on 8th May 2019, and it was a fantastic day all around. We had a superb turn out of over 100 attendees, furthering on the success of last year's Forum.

This year's event was focused on diabetes and autism alongside eating disorders. Both topics gathered interest very quickly. As the presence of these issues prevail within eating disorder units, professionals and within the field are working hard to learn, research and advise as much as possible to be able to work as effectively as possible, throughout eating disorders care.

We were very lucky to hear both from those working and conducting research in these areas, and those with lived experience of being treated within eating disorder services.

The day's presentations focused on understanding and treating eating disorders with type 1 diabetes, collaborative care, a case study on diabulimia, pharmacological treatment of and working with comorbidities in eating disorders, adapting treatment for and what may be missing within autistic spectrum disorder and eating disorders. All presentations and posters gathered very positive feedback!

A huge thank you to our presenters: Dr Jacq Allan, Dr Carla Figueiredo, Micki Bennett, Penny Vlachou, Louisa Watson, Dr Hubertus Himmerich, Hannah Stevenson and Paola Falcoski, and our

Chairs, Jess Griffiths and Jo Wallace, without whom we wouldn't have been able to facilitate such a successful and informative day. Thank you also to all that attended and engaged in discussion; we hope to see you all again in 2020!

We will be addressing a topic for next year's event soon.

Please contact us with any topics of interest at QED@rcpsych.ac.uk.

Advisory Group & Accreditation Committee

This year, we opened applications to our Advisory Group and Accreditation Committee as we continue to develop the project.

We are very excited to have expanded our Advisory Group to encompass the 'four quadrants of eating disorders' (i.e. CAMHS and adults; inpatient and community). We hope this will help us to ensure that consistency and continuity is maintained across different service types.

Our Accreditation Committee is also very pleased to welcome new members, joining us from inpatient backgrounds and from community services as we develop the community branch of QED and enhance our group's expertise.

We are incredibly grateful to all who applied and look forward to working with the new complements to further the work of the network.

Community Standards Launch

We were delighted that, after almost two years of discussions, workshops and revision group meetings, we were finally in a position to launch our first-ever QED Standards for Adult Community ED Services at May's Annual Forum. These combine CCQI Core Standards (standards applicable across all areas of mental healthcare) and a series of specialist eating disorder standards as developed in collaboration with our Community Steering Group.

From November 2019, we will see the first of our community peer review visits taking place. Nine teams are bravely participating in our pilot year, including representation from each of the devolved nations, and will receive a peer review visit, report, and all other usual membership perks throughout the year.

Peer review visits are different to accreditation: the days, while still attended by a team of professionals from other similar services, are more discussion-based and not designed to validate evidence. Conversations are centred around celebrating the areas where teams are excelling, and offering support and suggestions for those that prove more of a challenge.

Based on feedback and findings from the pilot year, we will briefly be revising and refining the standards in Spring 2020 before launching them nationally at next year's Annual Forum.

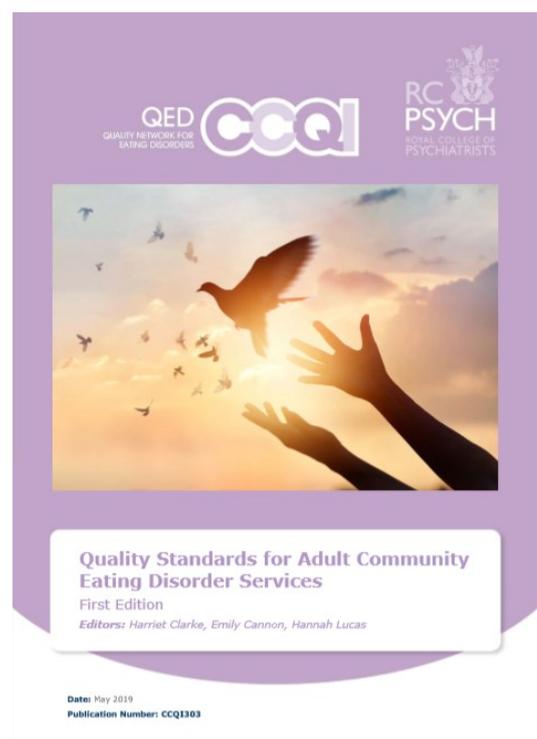
Unlike for our inpatient members, we plan to offer two forms of membership for community services: accreditation or developmental (whereby teams are welcome to undergo an annual discussion-based visit). We hope that this will incentivise teams to participate without the pressure of needing to apply for accreditation.

If you work for a community eating disorder service and would be interested in attending a review to understand the process better or are interested in joining the network from May 2020, please feel free to contact the QED Project Team on QED@rcpsych.ac.uk, or by calling 0203 701 2662.

A copy of the existing standards is currently available on our website, and we would like to remind teams that feedback is welcomed for all aspects of the network, from standards and review days to events and communication.

Congratulations to the following services accredited this year!

- ◆ **Cilantro Suite**—Birmingham & Solihull Mental Health NHS Foundation Trust
- ◆ **Oaktrees**—Cheshire & Wirral Partnership NHS Foundation Trust
- ◆ **STEPS Unit, Clifton Ward**—Avon & Wiltshire Mental Health Partnership NHS Trust
- ◆ **Ward 6, Newsam Centre**—Yorkshire Centre for Eating Disorders
- ◆ **Phoenix Ward, St Ann's Hospital**—Barnet, Enfield & Haringey Mental Health Trust



Students: A transient population posing challenges to continuity of care

Dr Rebecca Dale (Clinical Psychologist), Eimear Galvin (Assistant Psychologist), David Viljoen (Consultant Clinical Psychologist) – Cotswold House, Oxford Health NHS FT



The QED network sets out clear guidelines for the treatment of students, including seamless continuity of care, protocols for liaison between university and

eating disorder services, and continued family support. Students can often be a transient population with busy, demanding schedules, making consistent healthcare challenging.

Students should be able to access seamless treatment in their home and university towns. The reality, however, is that when services are stretched and under-resourced this can be difficult to implement. With long waiting times for treatment, and short university terms, there is a risk of disjointed transitions between services. If timely onward referrals are not made students can 'fall between the cracks'. It can also be difficult to predict exactly when transitions will happen, if students need to return home earlier than planned.

Given the length of evidence-based psychological treatment, continuity of care is paramount. If people have built up a rapport with a therapist, frequent transitions between services can be a daunting prospect which can make for poor patient experience and outcomes. To minimise the effect of transitions in Oxford, we offer sessions remotely and flexibly (e.g., over the telephone, Skype or Facetime). However, this also presents challenges due to the need to proactively monitor risks. When students move home for their university vacations, it remains important for them to be monitored by the home GP and services. These transitions require good information sharing and robust care plans between all parties involved to ensure safe care.

For students with eating disorders the heightened academic pressure, changes in routine (particularly around eating and drinking) and support networks can present significant challenges. Universities themselves have a vital role in identifying students at risk of mental health problems, ideally before they arrive at university (if people choose to disclose a pre-existing diagnosis), or if difficulties become apparent as they settle in.

In this regard, we have jointly developed a protocol for liaison between the Oxford University Counselling Service and Cotswold House which involved the respective legal departments to address issues of information sharing. College welfare teams play an important role in identifying physical and psychological risks and providing psychoeducation and support, but they also need to know when and how to refer to secondary eating disorders services. We have found that by clarifying referral pathways, having termly joint meetings, and providing ongoing training for the university welfare team, we have improved our stepped-care approach so that students receive appropriate support in a timely way. Ensuring that university services, university GPs and the community eating disorders services are in unison when it comes to implementing the fitness to study guidelines has also proved to be essential.

University is an exciting time for students and can be an important developmental milestone. However, offering continuity remains a challenge for this transient group of patients. We would therefore like to hear from students, carers and other services about creative solutions to ensure quality and consistency of care.

'Leaning Out' as a Carer

Barry Rogers, QED Carer Representative

In her 2016 book '*Lean In*', Sheryl Sandberg, the COO of LinkedIn, spoke about the small but significant things that women can do to empower themselves at work. The central concept of the book, that of *leaning-in*, captures a range of beliefs and behaviours in a simple, powerful metaphor. It is a metaphor I suspect that resonates with many carers.

Living with a loved one who has an eating disorder is a complex phenomenon. Advice as to our role as carers comes from multiple well-meaning sources: professionals, books, courses etc. This advice always appears helpful, worthy and reasonable in the cool light of day. Things feel very different however when we are in the moment, when we are experiencing a challenging situation with a loved one. Suddenly, all the certainty and confidence of the 'detached' advice can disappear. These are the moments when the best-laid plans and sensible suggestions evaporate, when the emotions, the love and the fear kicks in.

If you are anything like me these are moments when we *lean-in*. We actively engage, arguably over-engage, to find a quick fix or 'solution', anything that can bring some relief to all concerned. Over time we run the risk that *leaning-in* as a carer can become second nature and habitually enabling. We don't even notice we are doing it.

I don't have an easy solution for this. For me, however, the detailed book chapters or

lectures are little immediate use in these situations. I forget them. I need something more visceral; something that can give me support as my own behaviour unfolds.

From a personal perspective. playing with the core metaphor helps. If what I tend to do in these situations is *lean-in*, then the mantra of doing the opposite, of *leaning-out*, is useful. Recalling something simple like *leaning-out* helps me focus on a range of more helpful behaviours in the moment-keep quiet, listen, step away and don't be so eager to fix. It also brings a wider lens to my actions: shared with a loved one or family member, just the reminder of the metaphor ('Lean out Dad') can act as a yellow card when they see me do something that is unhelpful for the illness.

Ultimately, I suspect I fail as many times as I succeed with this approach; but at least I have something that I can reach for more readily in challenging moments that calls me to account.

Dates for your Diary

- ◆ **Dietitians Special Interest Day:
Friday 28 February 2020**
- ◆ **Annual Forum:
Wednesday 6 May 2020**
- ◆ **Accreditation Training Day:
Thursday 21 May 2020**
- ◆ **Inpatient Standards Revision:
Wednesday 3 June 2020**

I am not Anorexia, and Anorexia is not me; a Public Service Announcement

Aoife Bingham

I am an anorexic.

Stop

I do indeed have

Anorexia Nervosa; a psychiatric disorder characterized by an unrealistic fear of weight gain, self-starvation, and conspicuous distortion of body image ¹

But do not think, my dear, that I, am Anorexia.

Anorexia is an illness.

Stop

An illness of the mind that ruins lives

So do not think, my dear, that Anorexia is glamorous

For it is not

Nor,

Shall it ever be

Stop

My mind is not well,

I am not insane, deluded or a “basket-case”

So do not think, my dear, that I have chosen to be this way

Who would want

A life tinted by self-hatred; overshadowed by body dysmorphia

No-one

That is who.

Stop

So let us stop.., pause.., take a breath

And ponder the fact,

That

“Anorexia is not mine; it does not belong to me.”

Therefore,
Quite simply,
I, am not Anorexia.

STop

I am lost in life, confused and scared
I, am trying so very hard each day to fight
the demons in my head
*So, do not think, my dear, that I do not
want this; a life without this hell*
Because I do;
More than anything.
Please believe me when I say
I, am trying so very hard to live, not just
exist

STop

I, am fighting every day, battling my own
head to regain control
A control I thought Anorexia gave to me,
A Power.
When,
In reality,
It is a control that Anorexia, instead, has
over me.

STOp

I am reaching out for help, I am choosing
to get better
I will not succumb to Anorexia
I, am not my illness encompassed
*But do not think, my dear, once I look
"okay"*
*That within myself,
I am in fact, "okay"*

STOp

The truth is
I will not be okay
Not for a while
But I can try, try with all my might to
recover
*So do not think, my dear, that when I
struggle, I am not in recovery*
For I am
Struggling is a part of it
It comes with the territory
Of recovery
*Because, my dear, recovery is damn well
hard.*

STOP

To struggle does not mean to fail.
It means you are fighting that demon
inside your head
Telling you
You do not need to eat
That you cannot eat
That food is not necessary
Because, my dear,
You do
You can
And it is.

Anorexia is not me,
And I, most definitely, am not Anorexia.

Useful Resources

QED

www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/eating-disorders-qed

College Centre for Quality Improvement

www.rcpsych.ac.uk/improving-care/ccqi

Peer Review Training

www.rcpsych.ac.uk/improving-care/ccqi/resources/peer-review-training

Eating Disorders Faculty

www.rcpsych.ac.uk/members/your-faculties/eating-disorders-psychiatry

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