



# FACULTY OF EATING DISORDERS NEWSLETTER

## Foreword from the chair

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Dr Dasha Nicholls

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It's been a year now since I took office as Faculty Chair, and there is much to report, as you will see in the pages that follow. In fact, so much, that I have been told to keep this brief! So I will stick to the highlights, and let you read the details in the rest of the newsletter.

We recently held our strategy day, at which we honed our mission as a Faculty as covering three main areas: training, standards and advocacy. Within each of these are myriad objectives, from ensuring all psychiatrists have to answer MCQs on eating disorders as part of the MRCPsych, through a dissemination strategy for MARSIPAN, to developing our position on key issues such as 'healthy eating' and many more. The challenge is keeping the strategy achievable! Once we have finalised our one year plan we will share it with the Faculty membership, together with information about which Faculty executive committee members are responsible for each objective, so that you can get in touch with feedback and ideas.

For now, a key priority is planning the annual conference. This year the topic will be 'Comorbidity', so put the date in your diaries (Friday 4<sup>th</sup> November) and hope to see you there. We will also use the business meeting at conference as an opportunity to update you all on the activities of the Faculty, and to hear your thoughts and feedback.

Do get in touch if there are any burning issues you think we need to address. And have a great summer.

Dasha

## Reflecting on working in eating disorders

**Dr Rebecca Mairs, Advanced trainee in child and adolescent psychiatry and paediatrics, [r.mairs@auckland.ac.nz](mailto:r.mairs@auckland.ac.nz)**

I used to shrink away from treating eating disorders because I felt I would say the wrong thing. I thought families would quickly see through my limited repertoire of skills and my veneer of composure would start to crack as the sessions progressed. I didn't want the young person to miss out on the chance of an early recovery because of me. I felt I had to follow the FBT manual to the letter and this made me feel rigid in sessions and unable to use the skills I already had to engage and work with families. I decided to tackle this aversion head on by obtaining a fellowship at the Feeding and Eating Disorders service at Great Ormond Street Hospital. My most memorable experience was watching a young woman recover from years of severe anorexia. As the weeks progressed, I could see glimpses of her emerging and then her fully fledged and excited about the possibilities that lay ahead. How proud and in awe I felt and I shared in the delight and relief of the family. I can't remember seeing a recovery like that from a mental illness that had been as severe and how rewarding it was to be part of that. Don't get me wrong, she was not free of her

illness, but life was beginning to feel normal again.

When services struggle to know how to monitor outcomes or sometimes hold on to patients for longer than is necessary, it's satisfying to have the weekly marker of weight to help focus sessions or flag the need to rethink an approach. The medical aspects add an exciting dimension. Psychiatrists shouldn't feel afraid of this and have confidence in their medical skills especially with guidelines like MARSIPAN and on the nutritional management of anorexia.

I am a UK graduate and after moving to New Zealand in 2007 trained in both paediatrics and psychiatry in the Dual Fellowship Training Programme delivered by the Royal Australasian College of Physicians (RACP) and the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Although I think New Zealand has its own challenges in delivering eating disorder services, paediatricians and psychiatrists have developed good working relations. Having a dual fellowship helps to promote this and the feeling we are working together and supporting each other. It also makes eating disorders work a good fit for me.

## Executive Committee Work Plan

The Executive Committee recently met to decide on a new work plan for the coming year, and details of this will be available in the winter edition of the newsletter later this year. The following outlines the work that the committee has undertaken on last years work plan:

### College position statement on 2016 Eatwell guide

Sandeep Ranote, Jane Whittaker and Caz Nahman will be meeting to draw up a position statement around current 2016 Eatwell guide. We acknowledge obesity is a growing public health concern but we also need to consider that nutritional need varies significantly between individuals. "Healthy eating" involves meeting one's own nutritional needs rather than a prescribed guideline which could be unhealthy if it results in failure to meet nutritional requirements in a particular group (e.g. Children and adolescents who have high energy needs for growth and development). School curricula should take care that health promotion does not inadvertently promote disordered eating or eating disorders in vulnerable groups.

### Publishing a revision of CR130

Dr Tony Winston is heading a revision of guideline CR130 Nutritional management of Anorexia Nervosa. This document looks at the latest evidence including nutritional rehabilitation, bone health, more specialised Nutritional needs (e.g. children and adolescents, pregnancy and lactation) as well as the most recent evidence around bone health. We aim to have a draft out for consultation towards the end of 2016.

### Develop a 'New to Eating Disorders Training Programme'

The 'NEW2' pack is getting there! This resource is aimed at psychiatric trainees, and consists of a dozen chapters of stimulus material, designed to shape a 6 or 12 month attachment to the specialty. Supervisors can use the material to structure their teaching sessions with a trainee, and people can elect either to read the bare chapter or to explore the further resources signposted there and to undertake 'homework' suggested. There are MCQs too, based on a series of clinical vignettes.

We know there is a demand for this material - the EDSIGlistserve has suggested only recently what a good idea it would be to put together something similar. As editors and chapter authors we can assure you that it is easier said than done, but it IS being done. We expect to send the final draft to the Exec at the end of this calendar year and hopefully to launch it at next year's Congress.

### Develop a position statement on early intervention

M Simic, U Schmidt and C Nahman are developing a position statement on early intervention in eating disorders. The faculty acknowledges the growing evidence base that eating disorders, while being serious, potentially life threatening mental illnesses are best treated as early as possible. The earliest phase of illness is a critical period for preventing or modifying onset, course and duration of illness and rapid access to effective treatment is important. However it is important not to overlook the needs of individuals with severe enduring illness who also have a chance of recovery or better quality of life with appropriate intervention.

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## Public education and engaging with the media

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Several members of the FED exec are registered with the College's Public Affairs Office and have been contacted - usually at a few hours' notice - to speak on Radio or TV as issues arise. Since media are most interested in the very new or unusual aspects of our specialty, it may fall to the most brazen of us rather than necessarily the most authoritative, to come up with a response! Some honourable exceptions include Jacinta Tan's thoughtful exploration for Radio 4, of issues relating to Deep Brain Stimulation for treatment of resistant anorexia nervosa. Feedback from audiences and viewers has been positive, on the whole, and we can often use such opportunities to remind the public of important issues related to the topic in question - for instance, we have spoken about the damage done by school 'healthy eating' campaigns at every opportunity.

At our recent Strategy Day we decided to start taking a more assertive approach to public education and our contact with the media. The plan for the future is to prepare and issue Press Releases to generate important messages to the public from an informed perspective. We would value members' opinions on which topics to tackle first.

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## MARSIPAN Implementation Strategy

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At the RCPsych FED executive meeting on 9th October 2015 it was agreed that a MARSIPAN working group was needed to finalise an implementation strategy to promote MARSIPAN awareness and training. It was agreed that William Rhys Jones would chair this group.

Since the publication of the MARSIPAN report in 2010, many positive developments have been reported. These include educational initiatives, with training of many psychiatric and some medical service staff and changes in clinical arrangements, with regular meetings between staff from medical and mental health services in what have been called MARSIPAN groups or committees. These activities should be occurring wherever patients with anorexia nervosa might be admitted urgently.

Specific recommendations made in the second edition of the MARSIPAN report in 2014 included:

- The availability and uptake of MARSIPAN training should be increased, especially among medical teams.
- MARSIPAN principles should be taught to frontline undergraduates in medicine, nursing, dietetics and trainees in psychology.
- MARSIPAN one-page guidance should be made available to all frontline staff (medical, psychiatric, nursing, psychology, dietetic) at induction.
- The number of MARSIPAN groups bringing together eating disorders and medical expertise in planning and directing local services should be increased.
- A nationwide survey of MARSIPAN implementation and an audit of admissions of patients with anorexia nervosa to medical units and the outcomes of such admissions should be mounted.
- Establishing MARSIPAN training and MARSIPAN groups should be targets for acute trusts (e.g. CQUIN targets) admitting patients with severe anorexia nervosa.
- Engage liaison psychiatry teams in facilitating the implementation of MARSIPAN.
- Raise the profile of MARSIPAN in professional and general media.

*With this in mind our objective is to ensure that these recommendations are implemented within the next 2 years.*

**Current MARSIPAN resources include:**College reports

- Royal College of Psychiatrists (2010) MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa (College Report CR162). Royal College of Psychiatrists.
- Royal College of Psychiatrists (2012) Junior MARSIPAN: Management of Really Sick Patients under 18 with Anorexia Nervosa (College Report CR168). Royal College of Psychiatrists.
- Royal College of Psychiatrists (2014) MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa (2nd edn) (College Report CR189). Royal College of Psychiatrists.

Books

- Robinson PH & Nichols D (2015) Critical Care for Anorexia Nervosa: The MARSIPAN Guidelines in Practice. Springer.

Publications

- Jones WR, Morgan JF, Arcelus J (2013) Refreshment: Managing risk in anorexia nervosa. *Advances in Psychiatric Treatment*, 19: 201-202.
- Robinson PH (2012) Avoiding deaths in hospital from anorexia nervosa: the MARSIPAN project. *Psychiatrist*, 36: 109-13.

Training courses

- MARSIPAN one-day training course. UCL Life Learning (Paul Robinson)
- Leeds Clinical Nutrition course. University of Leeds (Rhys Jones, Clare Donnelan)

Online resources

- MARSIPAN website. A national resource for clinicians caring for the medical aspects of eating disorders. [www.marsipan.org.uk](http://www.marsipan.org.uk)
- RCPsych MARSIPAN checklist. Available at: <http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr189.aspx>
- RCPsych MARSIPAN powerpoint training slides. Available at: <http://www.rcpsych.ac.uk/pdf/Slides%20to%20use%20in%20UG%20medical%20student%20AN%20talks.pdf>

**Recommendations and Strategy**1. The availability and uptake of MARSIPAN training should be increased, especially among medical teams.

- Develop brief postgraduate e-learning MARSIPAN training modules which can be provided and accessed across all specialties:
- Develop short (?half-day) postgraduate MARSIPAN training workshops for all specialties:
- Submit MARSIPAN workshops/symposiums to national conferences

2. MARSIPAN principles should be taught to frontline undergraduates in medicine, nursing, dietetics and trainees in psychology.

- Include training on MARSIPAN within medical school curriculums
- Include training on MARSIPAN within postgraduate medical training curriculums for psychiatry, general medicine, paediatrics, general practice
- Include training on MARSIPAN within postgraduate non-medical training curriculums for dieticians, nurses, psychologists

3. MARSIPAN one-page guidance should be made available to all frontline staff (medical, psychiatric, nursing, psychology, dietetic) at induction.

- MARSIPAN checklist already in use
- Contact the relevant bodies overseeing standards (Royal College of Psychiatrists, Royal College of Physicians, Royal College of Nursing, British Dietetic Association) to cascade this advice to their members.

4. The number of MARSIPAN groups bringing together eating disorders and medical expertise in planning and directing local services should be increased.

- Identify the number of current MARSIPAN groups across the UK
  - ★ Regional/national survey of eating disorder psychiatrists (Rhys Jones)
  - ★ Suggest a registration process for MARSIPAN groups through RCPsych and central database to collate information.
  - ★ Promote the development of MARSIPAN groups through postgraduate training and media work.

5. A nationwide survey of MARSIPAN implementation and an audit of admissions of patients with anorexia nervosa to medical units and the outcomes of such admissions should be mounted.

- Request that all MARSIPAN groups carry out such an audit utilising a standardised audit tool which can be replicated nationally
- Survey of gastroenterologists experience of MARSIPAN currently ongoing through BSG (Rhys Jones, Paul Robinson)

6. Establishing MARSIPAN training and MARSIPAN groups should be targets for acute trusts (e.g. CQUIN targets) admitting patients with severe anorexia nervosa.

- Liaise with NHS England and CCGs

7. Engage liaison psychiatry teams in facilitating the implementation of MARSIPAN.

- Invite Chair of RCPsych Faculty of Liaison Psychiatry service to future FED and MARSIPAN meetings
- Promote Liaison Psychiatry's role in implementing MARSIPAN through training modules/ workshops.

8. Raise the profile of MARSIPAN in professional and general media.

- Discuss with Chief Executive of Beat (Rhys Jones)
- Liaise with journalist contacts (Rhys Jones)

### Discussion and Decisions

FED Executive Committee to discuss/decide the following:

- Clarify membership of MARSIPAN working group
- Feedback from RCPsych Rights and Permissions department
- Allocate members to specific roles as part of the implementation strategy

## Eating Disorders Faculty Website.

<http://www.rcpsych.ac.uk/workinpsychiatry/faculties/eatingdisorders.aspx>

The Faculty Website has long been in need of a thorough update, and we (Andrea Brown and Navjot Bedi) are taking the lead on this. We have spotted several obvious things that need to be changed (such as the fact that we still seem to be calling ourselves a SIG!), but would welcome any other suggestions. **If you are able to take a look at the website, and you see areas for improvement, or have new ideas, then please e mail us with your thoughts.** In particular, if you know of any useful resources (for professionals, patients or carers) then please let us know and we will consider them for the resources page. Contact: [navjot.bedi@leicspart.nhs.uk](mailto:navjot.bedi@leicspart.nhs.uk) and [abrown@theretreatyork.org.uk](mailto:abrown@theretreatyork.org.uk)

# Compassion Focussed Therapy

Dr Georgina Chan, ST4 CAMHS, South West London and St George's Mental Health Trust

I initially heard about compassion focused therapy (CFT) from a friend working in perinatal psychiatry. While she was enthusing about this therapy and detailing ways of gaining some expertise in this, I found myself really quite surprised at her enthusiasm. The word "compassion" had triggered the sceptical part in me. After all, how effective could a therapy be that centred around kindness? This just sounded like some new fangle, such as Neuro-Linguistic Programming.

In fact, scientific study has shown that the crux of compassion lies in the virtue of courage. "The courage to be compassionate lies in the willingness to see into the nature and causes of suffering – be that in ourselves, in others and the human condition" (Compassionate Mind Foundation).

Now, after more research into CFT, I find myself in this very same position as my friend – enthusiastic to learn more about CFT and wanting to enthuse others about the great potential this therapy offers in helping patients suffering from the whole gamut of eating disorders.

## What is Compassion Focused Therapy (CFT)?

CFT is an integrated therapy seated in social, developmental, evolutionary and Buddhist psychology, as well as neuroscience. It combines Western and Eastern approaches to help people change. The CFT approach views the therapeutic relationship as a pivotal component.

Paul Gilbert, Professor of Clinical Psychology at the University of Derby, has spent the last twenty years developing CFT. His initial use of this therapy was in helping people with high levels of shame and self-criticism, factors which have been associated with the development and maintenance of a variety of mental health problems, notably depression.

CFT aims to train the mind to enable an individual to experience compassion, both for themselves and others, to improve the capacity to self-soothe and affiliate with others, and to harness an

individual's courage and wisdom needed to effectively manage difficult life events, memories or emotions.

## Compassion Focused Therapy for Eating Disorders (CFT-E)

There has been a recognition in recent years that transdiagnostic treatments may be beneficial in eating disorders. Therefore, Compassion Focused Therapy for Eating Disorders (CFT-E) has been developed as a transdiagnostic approach to eating disorders, especially to tackle affect regulation difficulties, shame, self-directed hostility, and pride in eating disorder behaviour.

There are two fundamental assumptions of CFT-E:

- (i) Eating-disordered clients share transdiagnostic psychological processes, and
- (ii) Biological starvation must be addressed during treatment.

CFT-E provides a structured way of helping patients achieve control of their chaotic eating habits and to work on the cognitive and behavioural mechanisms behind these. It consists of four distinct stages:

- (i) Psychoeducation and motivational enhancement
- (ii) Developing self-compassion skills
- (iii) Recovery and
- (iv) Maintenance

CFT-E was pioneered by one of Paul Gilbert's students – Ken Goss. Dr Goss is a consultant clinical psychologist and currently head of the Eating Disorders Service in Coventry.

The Compassionate Mind Foundation was founded by Paul Gilbert in 2006 and aims to advance research in the field of CFT and provide resources for individuals looking for help in this area.

*Continued overleaf*

I hope this article has piqued the interest of some of you to find out more about CFT in general. Whether we are treating a patient dealing with anorexia nervosa or obesity, CFT-E is a valuable addition to the array of psychotherapeutic techniques we can offer our patients suffering from a host of eating disorders. It will be interesting to see the body of research grow in this fascinating area.

### References

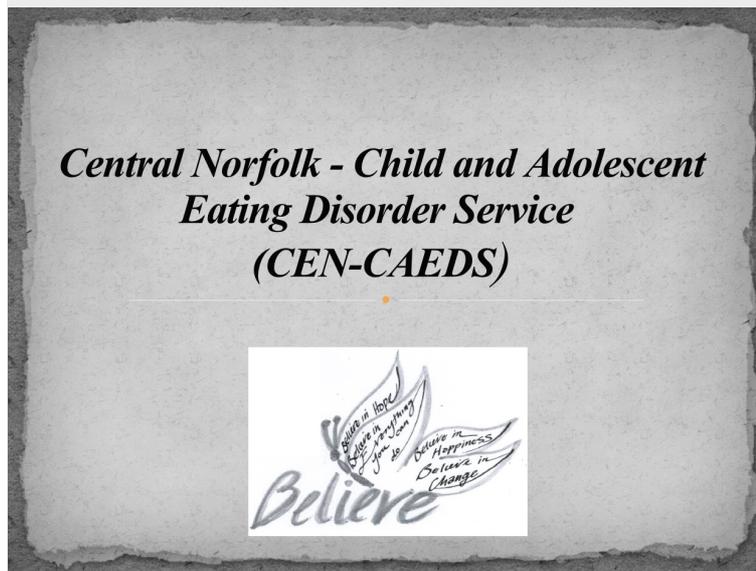
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## "I am that Butterfly"....

### How Young People can help shape a Service

Dr Kiran Chitale

Consultant Child & Adolescent Psychiatrist & Lead,  
Central Norfolk Child & Adolescent Eating Disorders  
Service ( CEN-CAEDS), Norwich, UK



As we embark upon the exciting new journey of Child & Adolescent Eating Disorders service transformation in keeping with Local Transformation plans and Access & Waiting time standards we may be afforded many opportunities and challenges.

What could guide us during these times of reform? Could it be the voice of the young person and their families amongst several others that reinforce our conviction that the young person is at the heart of it all?

As I appraise the tasks ahead of us , I look to this powerful voice of the young person which has been the shining light during our journey of transformation over the past 6-7 years. Some influential voices:

#### Case 1: 'The Round -about with no exits'

DC, a 16 yrs old boy was referred to CEN-CAEDS directly from the local A&E , about 6 years ago on a cold December morning. At first presentation he was emaciated, cold, with peripheral cyanosis, skin breakdown, chest pain, breathlessness and syncope. His resting heart rate was 39 bpm with a significant postural changes , blood pressure of 80/40 mm Hg and unable to perform a squat test.

His BMI measured at 12.5 and he described acute calorific restriction to few cookie crumbs and some sips of water over the previous week. He admitted that he wanted to end his life and couldn't see a way out. DC was diagnosed with Anorexia Nervosa, restricting type and required urgent hospitalisation for medical stabilising and supervised re-feeding. There were no SEDU beds identified nationally, and he declined admission to any inpatient unit that would not allow his mother to stay with him, as he was worried about being taken into care due to alleged threats from his father subsequent to an acrimonious divorce. He was able to receive supervised re-feeding on the local Paediatric unit with therapeutic input from our team whilst on the ward and as such admission to a specialist inpatient unit could be prevented. He was discharged in a wheelchair and was managed by our service. This remarkable young person made full recovery within 2 years with intensive input from our team, MAP, Education support and his caring and supportive mother. He successfully completed his education and went on to briefly join the army, and now is in full time employment. He externalised his eating disorder as 'A round-about with no exits'. He is now our Young Ambassador and helps us with teaching and training for Primary care, Carer support groups and schools and inspires young people to find the exit....

This presentation along with similar such presentations led us to intensify our joint work and further consolidate existing liaison pathways with the Paediatric team at NNUH. With the launch of Junior MARSIPAN ( Management of Really Sick Patients with Anorexia up to 18) in 2012, we worked jointly with the Paediatric team at the Norfolk & Norwich University hospital to develop the current care-pathways and our model of care.

## Case 2

GM, a 17 yrs old young lady, described her journey as that of a 'caterpillar to a butterfly" ( she received input from the age of 6 yrs for OCD) as she made great strides towards recovery from Anorexia, OCD and co-morbid depression. She required inpatient care in a SEDU, where she experienced her 'light bulb moment" and engaged in individual work, self-esteem development, MET, Family therapy & CRT post discharge. She used her excellent artistic skills to represent her journey through her illness and went on to achieve full recovery. She was awarded a distinction in Art at University and works full time in an art gallery.

CEN-CAEDS team logo of a butterfly as above was created by her and she is now our Young Ambassador.

**"My voice" :**  
**Young Ambassadors for CEN-CAEDS share their stories....**

- "I feel my journey was like a caterpillar who developed into a butterfly... I felt so lost & worthless when I first came here. Then I slowly became emotionally and bodily stronger and discovered I had dreams...I am flying out like a butterfly...happy into the blue sky ..."
- "My eating disorder was like a roundabout with no exits...everyday was a struggle. My brain wouldn't think and my heart wouldn't beat well ... I worked so hard with my team who never allowed me to lose hope. Then one day I found the exit...I am driving off to uni..."




## Young Ambassador Program was launched in 2010 :

Young people were involved in service design and joined us for teaching & training; participated in Stakeholder panels for interviews, service development, talking to MPs and Education.

A " My Voice" Focus group was facilitated by CEN-CAEDS on the backdrop of Young peoples' groups that were developed and would form a guiding principle for ongoing service development.

**Young people** discussed concerns around the relentless social pressure they experienced through 'anti-obesity campaigns' which seemed to play a major part in their functional repertoire. There was anxiety expressed at being lined up and weighed in schools amongst peers, a fear of perceived negative appraisal and non-acceptance by peers and subsequent letters to families prescribing a life-style change. There was some subjective pressure to own a 'perfect beach body', reinforced by online airbrushed images, the power of 'like' on social media sites. Some described feeling victims of cyber bullying that never seemed to stop and the harmful influence of dangerous sites such as Pro-Ana, Pro-Mia, Instagram, Tumblr and many more that were seen to create havoc within a backdrop of insecurities and body change in the face of puberty.

A daily diet of critical comments about weight and shape, and the controversy surrounding food that tends to contaminate the world that our young people live in, continues to confuse and confront their struggling self-esteem and identity. Young people described how these pressures triggered dangerous food restricting behaviours amongst vulnerable young people. They felt an urge to conform to the various food fashions and fads, for fear of being ostracised for appearing greedy. In some instances, a snack bar had to be consumed within the secret confines of a school toilet. The recent media coverage about food packets to be accompanied by amount of exercise to burn calories has created another wave of fear. Our Young ambassadors have recently begun work on a film that would be supported by the trust communications, with a view to campaign against societal triggers.

Young people have indicated their preference for **ongoing group work** with a view to compliment individual therapy, and as such an overarching model that covers relevant themes is due to be piloted in the next 6 months as follows:

**'RESPECT-ME' model:**

- Resilience building
- Eating Choices
- Self esteem building

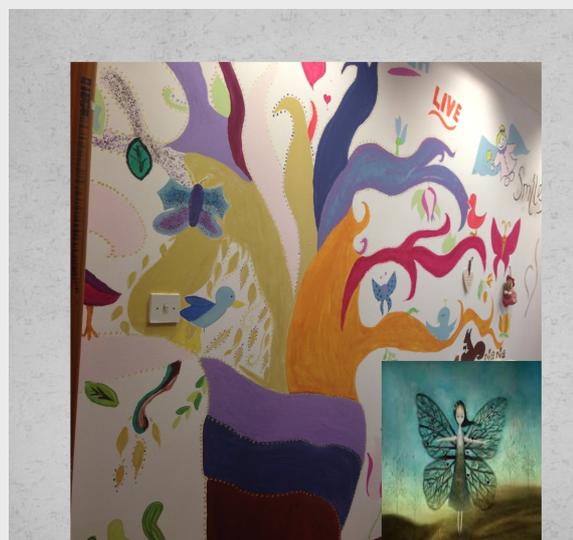
- Psychoeducation
- Emotional support and enabling self
- Compassion & care
- 'Tool-kit': Relapse prevention
- MET

Other groups that received positive feedback over the past two years include :

- Christmas preparation group
- Creative Arts Group
- 'Social Media : friend or foe'
- Stress Management group

Based on a recent presentation at a wider Stakeholders panel by the 'My voice ' Group, an 'Underweight pathway' is now under way & being discussed for joint implementation with Schools / colleges in the region.

In 2014, young people joined the team in a Creative Art Project to create a colourful ' Tree of Life ' for the Clinic room which was perceived as an 'anxiety provoking 'space . This enabled ownership and involvement in service design



tailored to young peoples' needs.

Within the past 2-3 years, we have seen increasingly complex referrals of acutely ill young children presenting with Anorexia, Bulimia Nervosa ranging between 11-16 years (14 yrs being the most common age of presentation), presenting such high physical risk to warrant immediate admission into an acute setting or a specialist inpatient unit out of area.

Development of robust care pathways based on Junior MARSIPAN guidelines jointly with the local Paediatric team and dedicated intensive work from team members providing an 8 am-8 pm service , there are currently between 6-8 young people requiring specialist inpatient care in SEDUs (current case load consists of 140+/- complex and severe ED).

Recent figures suggest that only up to 7-9% of our caseload have required transitions into Adult services in 2015-16, most working well towards recovery by age 18 with support from the CEN-CAEDS , Intensive support team, families and primary care. This supports the case for further intensifying our critical mass within the under 18s ED service to provide the best possible, NICE concordant treatment at an early stage during the developmental trajectory to maximise chances of recovery. We hope that the increase in staffing levels proposed within the Local Transformation plans would afford us safer service provision, and also enable us to set up an Intensive Treatment Day care Program as part of gold standard service provision for young people and families requiring intensive support around meal times within a therapeutic framework (Amber on Junior MARSIPAN), with a view to prevent IP admissions where deemed appropriate. Accordingly, a series of stakeholders meetings were facilitated in 2015, which included Young people and Carers to help with planning & preparing a business case to support an Intensive Treatment Program : 'Strengthening Wings", which they have proposed.

### **The Central Norfolk Child & Adolescent Eating Disorders service ( CEN-CAEDS ) :**

We are an Outpatient CAMHS service (up to 18th birthday), based at the Bethel Child & Family Centre, Mary Chapman House in Norwich, which caters to a population size of around 500,000 within Central Norfolk area. CEN-CAEDS is a Consultant led, multidisciplinary team, which evolved over the past 5-6 years from being a virtual team to a Core Eating Disorders Service. In 2015-16 to date, we received over 100 referrals of complex & severe eating disorder cases ,many with high physical risks at first presentation requiring urgent medical stabilising in acute settings.

The multi-disciplinary team currently consists of 7.8 WTE members to include a Consultant CAMHS-ED part-time, Associate Specialist part time, a Clinical Nurse Specialist Band 7, a Systemic Psychotherapist part time, 2.6 Band 6 Nurses, 1 band 5 developmental nurse post , 1 Clinical support worker with part time senior administrative support. Having gradually developed from 1.6 WTE in 2008 to 3.2 WTE in 2014 , and subsequently as a result of a successful business case to stakeholders , local CCGs and subsequent Local transformation funding received this year, we have managed to continue to develop as a team. We look forward to recruiting few more members to join the MDT, with a view to fill a vacant Band 6 Nurse post , along with 2 days of Dietician time, part time CBT therapist time and few sessions of an Assistant Psychologist .

We hope to access 'Whole Team Training' as part of CYP-IAPT and Local Transformation Plans. We have built in internal Team Teaching and Team Reflections on a weekly basis as part of Continuing professional development and peer support. We participate in weekly MDT meetings for team triage, diagnostic formulations, complex case discussions, team business and governance. We have recently set up a Trust wide Peer Supervision Group for CAMHS Eating Disorders to enable complex case discussions, sharing skills, teaching and training and reflective practice. We proposed an 'Overarching standardised model of care' and to foster close working links with our local network teams: based in Great Yarmouth & Waveney ( Life- span ED service model) and West Norfolk ( up to 18 CAMHS ED), as a part of our Local transformation for Eating Disorders. CEN-CAEDS hosts two trainee doctors including a Foundation Year 1 trainee, a GP-VTS and one trainee nurse. We are involved in teaching & training of medical students, core & foundation trainees, postgraduate trainees, primary care , education sector and third sector providers.

The service provides assessment and management of eating disorders, offering intensive, eclectic and multi-dimensional input to young people and their families.

This includes early intervention, physical monitoring, psycho-education and specialist therapeutic intervention working within a framework of a 'Stepped Care Model', with a view to helping the young person back on their developmental trajectory, whilst minimising any functional impairment that may occur as a consequence of their illness.

### BEAT Assured Quality Certificate:

Our service qualified for BEAT Assured service standardisation and as such was awarded the Certificate of Assurance. It was also rated very positively within a recent CQC inspection.

### Team Ethos:

The team aims to work towards full and complete recovery, based on the evidence that up to 50 % of young people can achieve full recovery from an eating disorder within five years, working to maximise input within the "critical window" of first three years .

Based on evidence that brain development undergoes significant modification throughout adolescence and the likelihood that poor nutrition, hormonal changes and high levels of stress are disruptive to brain maturation, nutritional rehabilitation commences promptly with a holistic care package that supports early recovery.

### Carer Support & Empowerment:

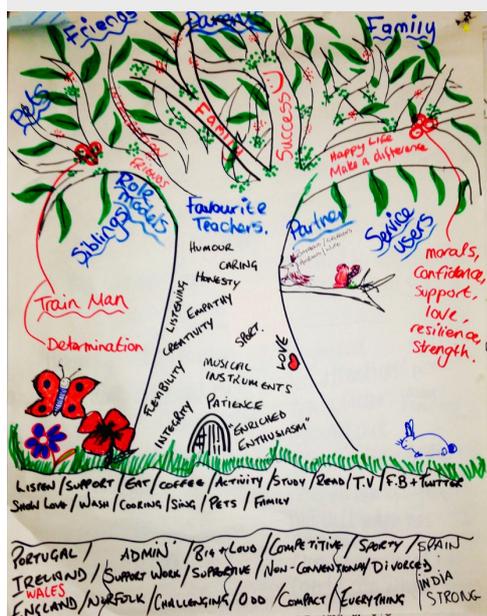
We have learnt from pioneers in this field that empowering parents and carers is quintessential to robust management, as the illness is known to shake the very foundations of the family system at an interpersonal level. Our Carer support groups have received excellent feedback from Families/ Carers and we have continued to offer these as a rolling programme on a fortnightly basis in the evenings over the past 3 years. We now have 'Expert Carers' helping others as Carer Ambassadors following the successful national ECHO study that we participated in . We are now developing a support programme for siblings, peers and extended support networks of young people with eating disorders.

### Multi-Family Therapy ( MFT):

MFT is offered as part of the treatment package which continues to receive excellent feedback. This was a 'Team Tree' created during a 'Family tree ' exercise in a MFT Group.

Given the value of preventative work within the social context towards early detection, recovery and managing maintaining factors for the illness, we successfully completed a CQUIN in Education support in 2014 (to include early detection, pathways of referrals, education packs for teachers, teaching and training programs). As such we continue to organise training days to aid understanding about the value of Nutrition in Schools for young people as they develop physically and emotionally.

We work closely with BEAT and have joined them for virtual 'chat rooms' to help with primary prevention and psychoeducation. We co-facilitated self -esteem groups with Eating Matters Charity and aim to provide support to those who may be at-risk via our Young ambassador program. Our GP referral pathways have been audited within our team by trainee doctors and MDT, leading to development of referral protocols with commissioners, which have been included on Knowledge Anglia: a shared website for primary care and acute sector.



**Who our service is commissioned for:**

- Young people up to their 18th Birthday and their families
- Joint assessments with generic CAMHS/Youth teams/ Adult ED
- Transition work with NCEDS ( Norfolk Community Eating Disorders Adult service at 17.5 yrs, hosted by Cambridge and Peterborough FT.
- Suspected or confirmed diagnosis of an Eating disorder :
  - Anorexia Nervosa
  - Bulimia Nervosa
  - OSFED: Other Specified Feeding & Eating Disorders ( DSM-V)
  - ARFID ( Avoidant Restrictive Food Intake Disorders) : Consultation only or focused Joint working with Generic CAMHS/ Youth teams
  - Co-morbidity: Depression, Anxiety disorders, Obsessive Compulsive Disorders, Neuro-developmental disorders (ADHD, ASD, SPELD), DSH : Consultation and Joint work with Generic CAMHS / Youth Service as per Trust protocol.
  - Binge Eating Disorders : co work with generic teams

Therapy- Enhanced ( CBT-E)

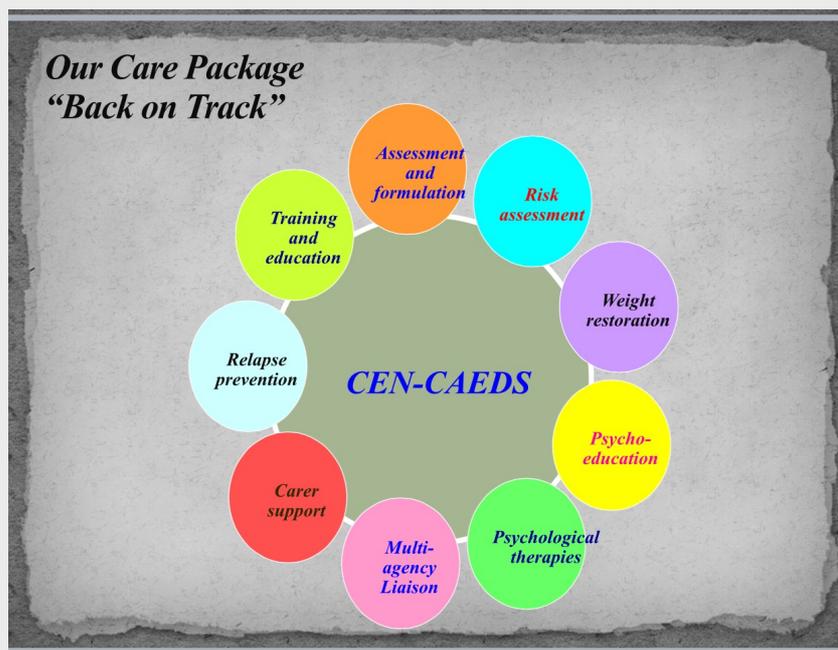
- Motivational Enhancement Therapy (MET)
- Specialist Supportive clinical management (SSCM)
- Nutritional Assessment , support and rehabilitation
- Family/ Systemic therapy & Family Based Therapy ED
- Carer Support & Empowerment groups
- Multi-Family Therapy ( MFT)
- Cognitive Remediation Therapy ( CRT)
- Individual therapeutic working with YP
- Home meal plan support ( In-reach/ Out-reach)
- Joint work with Intensive Support Team input
- Group programme for young people and families
- Mindfulness based therapy
- Psychopharmacology based on diagnostic formulation
- Intensive Summer Group Programme for 2 consecutive years
- Relapse prevention work
- Transitions planning work jointly with NCEDS from age 17.5
- Multi-agency work with partnering agencies: BEAT/ Eating Matters

**Interventions:**

CEN-CAEDS provide a range of evidence based, therapeutic interventions endorsed by NICE. Medical risk monitoring is an integral part of our treatment and we work on tailored step -up and step-down care based on individual needs. We work closely with GPs in managing physical health aspects of care as part of shared care protocols

Interventions include :

- Psycho-education : using an inter-active Torso , drawings and role-play
- Cognitive Behavioural



**Outcomes Measures/ Assessment tools:**

- CEN-CAEDS Assessment tool
- SCOFF Questionnaire
- SDQ
- Weight restoration monitoring
- CGAS: Functional Rehabilitation & return to developmental trajectory
- Improvement of ED symptoms represented through creative art work
- Patient satisfaction measures (Young people have helped us design a questionnaire)

**In the process of using:**

EDE-Q Short version

DAWBA ( Development & Wellbeing assessment ) for ED

**Reflections:**

As I reflect upon this trailblazing journey , there are stories of passion & compassion; perseverance & dedication ; limitless good-will and most of all a shared belief that nothing was impossible.

Every young person played an important role in shaping our service. Some helped us develop our care pathways, some were generous with their voice as our Young Ambassadors , and others recruited their family and carers into our Carer Ambassador program.

Without our stakeholders , service managers and a shared vision, we could not have had wings to fly...

**References:**

- *Junior MARSIPAN : Management of Really Sick Patients under 18 with Anorexia Nervosa: CR 168 : 2012*
- *Skills-based Learning for Caring for a Loved one with an Eating Disorder: The New Maudsley Method :*
- *Prof Janet Treasure*
- *A Multi-Family Approach to Eating disorders: Maudsley*
- *Multi -Family Therapy : Concepts and techniques*
- *Family Interventions in Adolescent Anorexia Nervosa : Maudsley parents*
- *BEAT Assured Quality Mark report can be found online*
- *Access & Waiting time standards for Children and Young people with an Eating Disorder : July 2015*

## Faculty of Eating Disorders Annual Conference

04 November 2016

Royal College of Psychiatrists HQ, 21 Prescot Street, London, E1 8BB

**Call for papers**

The committee invite abstract submissions to be considered for poster presentation at the Faculty conference. Submissions should be in the form of a maximum of 300 words and submitted by email to [louise.harman@rcpsych.ac.uk](mailto:louise.harman@rcpsych.ac.uk). The prize is available for trainees, staff grades and new consultants. Instructions on how to prepare your abstract are available online.

Deadline for submissions: **14:00 on Friday 16 September 2016.**

The programme will be made available later in the year. All faculty members will be emailed when it becomes available to view online.

For further information and to book online go to: <http://www.rcpsych.ac.uk/traininpsychiatry/conferencetraining/conferences/eatingdisorders.aspx>



## The Royal College of Psychiatrists Quality Network for Community CAMHS

# QNCC-ED network now open!

**We are pleased to announce that our QNCC-ED network is open. We would like to invite all Community Eating Disorder services for children and young people to join**

**The quality improvement network is aimed at raising standards of care that people with mental health needs receive by helping providers, users and commissioners of services assess and increase the quality of care they provide**

#### Benefits of membership

- A peer review visit from a multi-disciplinary team of eating disorder and CYP service clinicians from throughout the UK
- A detailed team report recognising areas of achievement and suggesting approaches to improvement
- The opportunity to visit other Community Eating Disorder Services and CYP services as a peer-reviewer
- Free attendance at our annual National CYP MH Conference discussing findings across the network and sharing service development
- Regular newsletters updating members on developments within the network
- Access to our email discussion group providing the opportunity to contact other experienced and knowledgeable professionals from community eating disorder services and CYP service professionals from a range of disciplines
- Special interest days held free of charge on topics such as the transitions from CYP services to other services including adult mental health services
- Use the standards and review process to develop dialogue with commissioners and use this as a framework to monitor contracts and develop service level agreements
- Use your review report to demonstrate quality of care for local young people, parents/carers, referrers and commissioners
- Use your review findings to support CQUINs and demonstrate progress towards meeting the ED AWT and compliance with the ED guidance and delivery of the service model

#### Membership options:

- Self review only (£995 + VAT)
- Peer review (£2495 + VAT)
- Accreditation review (£2495 + VAT)

10% and 15% discount available for 3 year and multiple team sign up.

Please contact

[jasmine.halvey@rcpsych.ac.uk](mailto:jasmine.halvey@rcpsych.ac.uk) for more information and booking forms

**If you would like to join or find out more about the network please contact Jasmine Halvey at [jasmine.halvey@rcpsych.ac.uk](mailto:jasmine.halvey@rcpsych.ac.uk)**

## List of Executive Committee Members

Member	Year of joining	Position
Dr Dasha Nicholls	2015 (E)	Chair
Dr Helen Murphy	2015 (C)	Financial Officer
Dr Agnes Ayton	2015 (E)	Vice Chair
Dr Navjot Bedi	2015 (E)	Elected Member
Dr Mark Berelowitz	2015 (E)	Elected Member
Dr Andrea Brown	2015 (E)	Elected Member
Dr Joan Brunton	2013 (E)	Elected Member
Mr Andrew Radford	2016 (C)	Co-opted Member
Dr William Jones	2015 (E)	Elected Member
Dr Izabella Jurewicz	2013 (C)	Co-opted Member
Ms Veronica Kamerling	2015 (C)	Co-opted Member
Dr Ashish Kumar	2015 (E)	Elected Member
Dr Jessica Morgan	2015 (C)	Co-opted Member
Dr Carolyn Nahman	2013 (E)	Elected Member
Dr Sandeep Ranote	2015 (E)	Elected Member
Dr Sonu Sharma	2013 (E)	Elected Member
Dr Miroslav Simic	2015 (E)	Elected Member
Dr Sophie Tomlin	2015 (C)	PTC Rep
Dr Jane Whittaker	2015 (E)	Elected Member
Dr Irene Yi	2015 (C)	Academic Secretary

### SUBMISSIONS FOR THE NEXT NEWSLETTER

The Faculty of Eating Disorders newsletter is bi-annual and goes out in both December and July. We are always keen for people to submit articles to be published. Suggestions for themes you may wish to write about include, but are not limited to:

- Updates on innovative working in your local area
- Articles about personal experiences of working in Eating Disorders
- Interviews with professionals working in ED
- Articles relating to observations of ED in popular culture and the media
- Reports and reflections from any relevant courses or conferences

This is not limited to consultants, and it would be great to get as many articles as we can from trainees and students. Please look out for emails from the Faculty later in the year for the next submission deadline, or email [sophietomlin@nhs.net](mailto:sophietomlin@nhs.net) or [lwright@rcpsych.ac.uk](mailto:lwright@rcpsych.ac.uk) for more information.