

Developing the Post-Admission Relapse Prevention and Liaison, Enhancing Local Services—the PARALEL Project

Dr Jessica Nuttall MRCPsych (ST4 Psychiatrist),
Dr Matthew Cahill MRCPsych (Consultant Psychiatrist)

Introduction

An issue encountered by patients on discharge is a gap in the transition from a Specialist Eating Disorder Unit (SEDU) to community services. This is compounded by the risk of relapse following discharge being greatest at day 66 or day 54, depending on 60 or 90 day analysis, after which the risk reduced. *Walsh et al (2021)*. This service deficit prompted the creation of a cost-effective service to bridge this potentially risky transition, the **Post-Admission Relapse Prevention And Liaison, Enhancing Local services (PARALEL)**. PARALEL offers a 12 weeks of tapered-down programme of follow-ups, specialist OT support and a personalised program, running alongside standard community support. This provides a additional month of intensive support after the average relapse peak.

Method

- Data from patients admitted to Oaktrees SEDU between June 2022 and October 2024 were examined, of which 42 patients met inclusion criteria.
- Demographics collected included age, length of stay, admission and discharge BMI, change in BMI, BMI trajectory 12 weeks post discharge, re-referral rates within 1 year of discharge, number of contacts with eating disorder services within 12 weeks following discharge.
- These will be re-examined following implementation of PARALEL to assess outcomes

Results

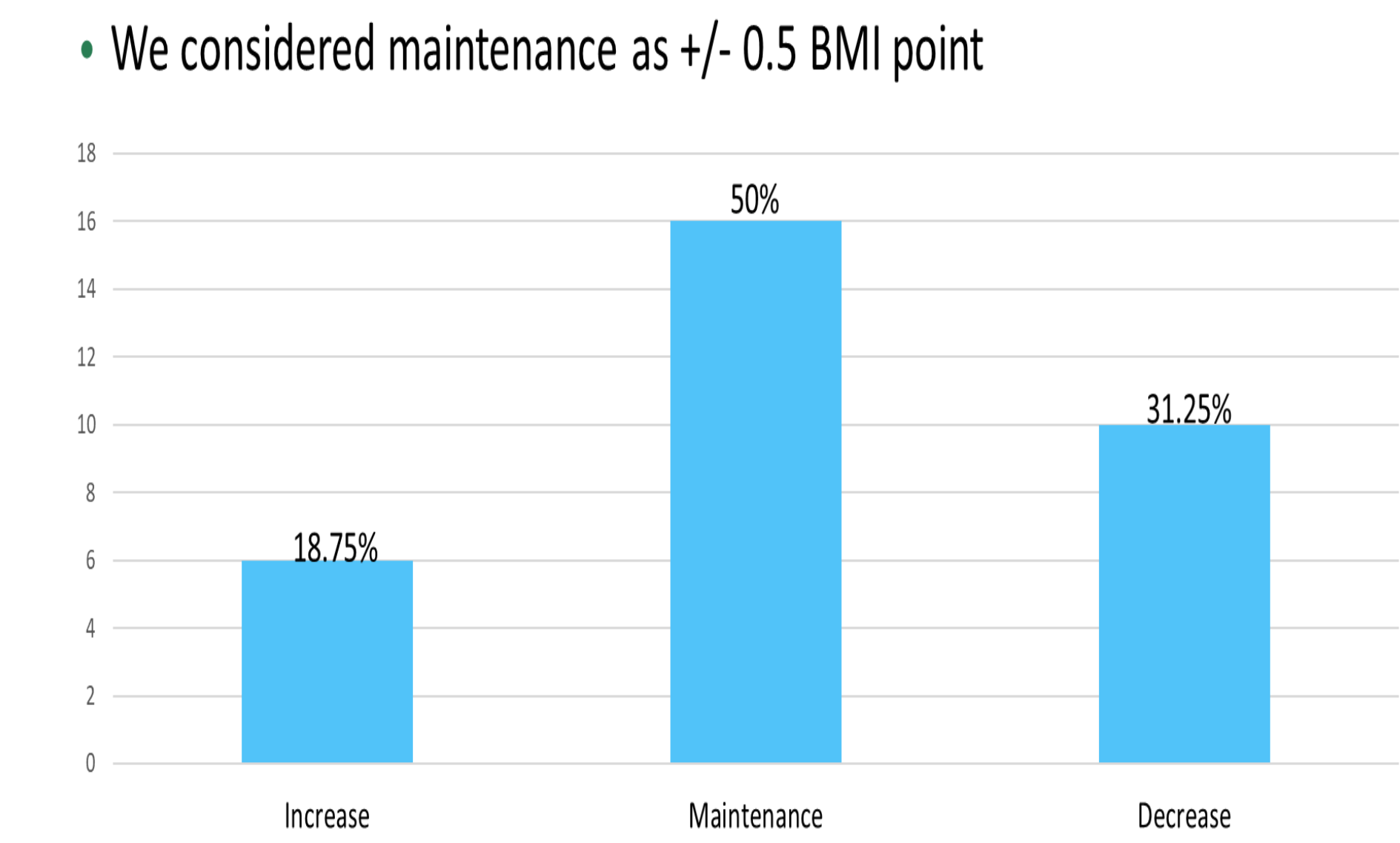


Figure 1: BMI trajectory for patients after 12 weeks following discharge. Majority of patients plateauing (50%) or an early decline in BMI (31%)

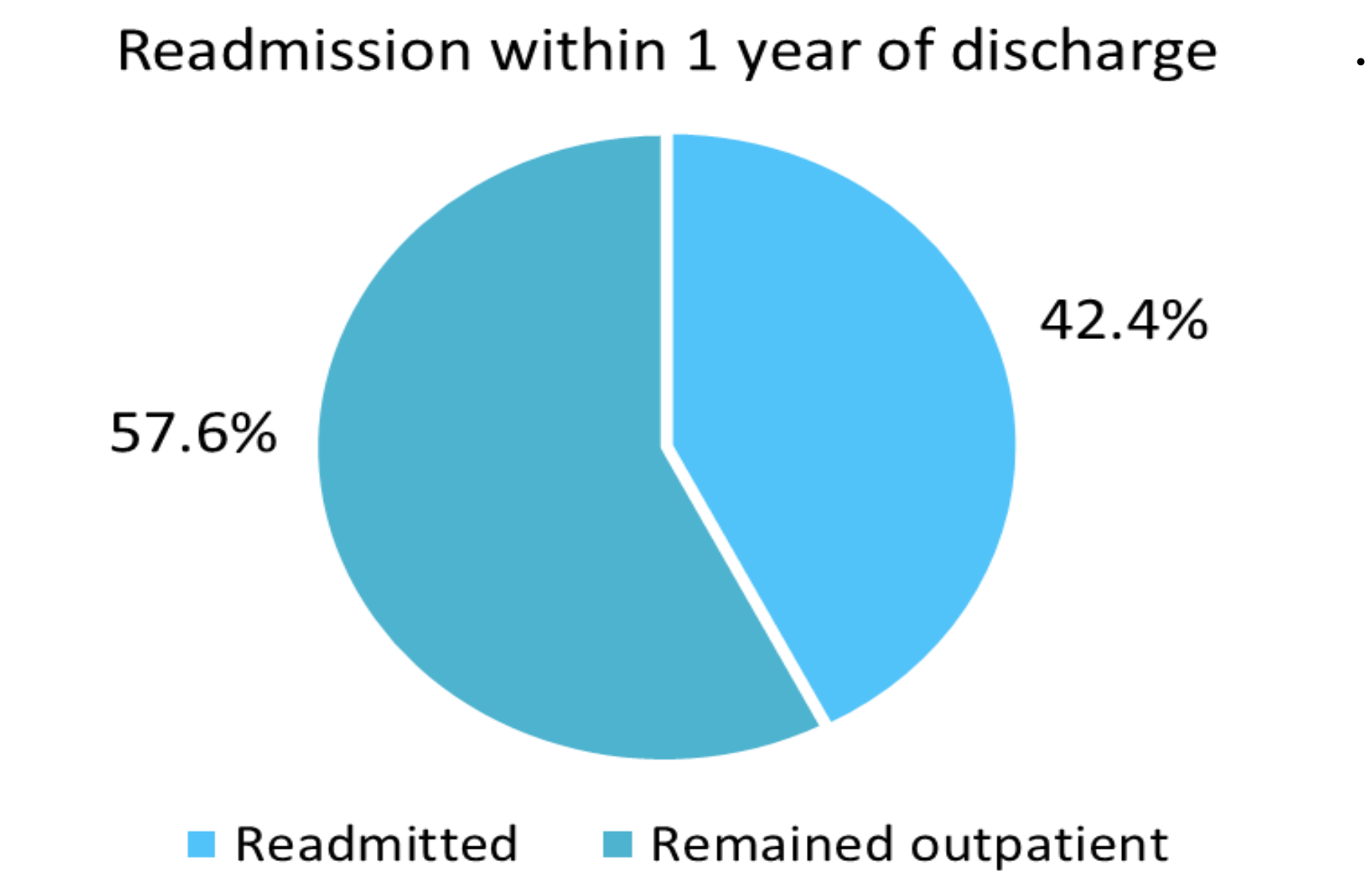


Figure 2: This shows the high rates of readmission (42.4%) within 1 year of discharge

Ethos of PARALEL

Co-designed with CWP clinicians to provide **structured, tapered post-discharge support** during this high-risk period.

Consistent themes included **supported mealtimes**, developing **good habits** around eating (portioning, meal times), **motivation** & encouragement, **psychoeducation**, **family support** and support with **educational and occupational** opportunities.

The intervention was developed to align with **existing community pathways**. PARALEL enhances partnership and continuity, rather than duplicating treatment or replacing it. Skills-building focus on **social and occupational functioning** as well as providing a step-down service to bridge the gap between inpatient and outpatient.

Contact frequency tapers from 5 days per week to 1 day per week, over 12 weeks to support confidence and independence.

Example day of the PARALEL programme

08:40-09:10 Breakfast and support via Teams

09:10-09:20 Morning snack and lunch preparation discussion. 1:1 support

10:50-11:50 Group work (may include: Relaxation, mindfulness, life skills, DBT, perfectionism work, body image work, craft group, MANTRA work, revisiting motivation)

12:30-13:00 Supported lunch, group lunch or 1:1 face-to-face meal cookery followed by support (type of support dependent on patient need/request)

14:00 –15:30 1:1 identified individual interventions, including afternoon snack and tea support (Teams or F2F). Monday and Friday includes weekend reflection/planning

PARALEL-user Feedback:

“The transition was seamless, being discharged and the next day starting in PARALEL, knowing there’s no break between support never leaves you feeling vulnerable.”

Example Frequency of Input	
Week 1-3	5 days per week
Week 4-5	4 days per week
Week 6-7	3 days per week
Week 8-9	2 days per week
Week 10-12	1 day per week

Expectations of service users

Service users are expected to attend at least 60% of the daily sessions. The group sessions can be adapted and evolved depending on individualised patient need.

There would be an expectation that patients at least maintain their weight (or continue to weight restore) to access the intervention.

Staffing and Costs			Cost for 18-month pilot
Band 7	OT/Service Manager	1.0 WTE	£91,417
Band 6	Specialist Dietician	0.4 WTE	£29,552
Band 4	OT Assistants	1.4 WTE	£56,976
Band 3	Admin	0.4 WTE	£28,488
Consultant	Medical cover/leadership	0.2 WTE	Not included as funded as part of LPC role
TOTAL COST			£206,433

Summary

PARALEL works alongside the community EDS team to provide virtual and face to face input, leading to enhanced community support following an inpatient stay. This will address the two difficulties of **iatrogenic harm** caused by long hospital admissions, and **high relapse rates** on discharge. PARALEL represents an innovative and cost-effective way of delivering this enhanced service given that will become a valuable resource to patients, families and eating disorder service staff.

At present, it is too early in the pilot to provide meaningful data regarding outcomes. However, early feedback is positive

“Having realised this reluctance was all part of my illness, I agreed to start. I’m so happy I did, it’s exactly what I needed. I would have very easily relapsed quickly if PARALEL had not been there to help prevent me going backwards. I am extremely grateful I get to participate in the service and to those in PARALEL for the dedication to my recovery.”