



Child and Adolescent Eating Disorder Service

Information about the Eating Disorders Service for young people and their families

Information for young people and families

Eating disorders are relatively common in young people and can have a serious impact on emotional, physical and social functioning.

The specialist community eating disorder service provides outpatient treatment for children and young people (up to the age of 18-years) with eating disorders together with their parents, carers and families.

What are eating disorders?

Eating disorders include:

- **anorexia nervosa:** In this condition there is significantly low weight and/or weight loss and a fear of eating along with anxiety about weight, shape and hormonal disturbance (loss of menstruation in females).
- **bulimia nervosa:** In this condition there is recurrent binge eating as well as purging the body by vomiting or other means, along with over concern about weight and shape.
- **atypical eating disorder:** In this condition there are serious signs of an eating disorder but it does not fulfil all the criteria for anorexia nervosa or bulimia nervosa.

In all of these conditions the young person will have significant concerns about their weight and shape.

Treatment for eating disorders

The specialist eating disorder service aims to provide treatment consistent with 'The National Institute for Health and Care Excellence (NICE) guidelines for eating disorders (2004)'. The aim is to improve psychological, physical and social functioning of the young person.

For children and young people there is evidence that a family-based approach is effective. This is achieved within the context of a multidisciplinary team of health professionals (MDT).

Treatment starts with a comprehensive assessment to which the whole family is invited. The assessment involves taking a detailed history of the problems and the background, as well as an assessment of physical and emotional functioning.

The assessment concludes with a treatment plan agreed with the young person, the family and the multidisciplinary team.

A written copy of the care plan, referred to as a CPA plan, will be sent to the young person, family and the GP. The full assessment might require more than one session.

Care programme approach (CPA)

The care programme approach is a structured approach to care, involving allocation of a care coordinator, creating a care plan and having regular reviews. Follow-up appointments with members of the MDT will be frequent initially, sometimes once or twice a week. There is evidence that intensive treatment at the start leads to improved outcomes. The frequency of appointments will reduce over time.

The care plan will be reviewed regularly, every few months, at a CPA meeting, to which the young person and their family, the GP, relevant school staff and the MDT members are invited.

The multidisciplinary team (MDT)

Each family may have two or three of these professionals allocated to them in their care team:

- Consultant psychiatrist and junior doctors
- Clinical psychologist and trainee/assistant psychologists
- Barnardo's Buddy
- Consultant paediatrician
- Psychiatric nurse
- Dietitian
- Family therapist
- Senior mental health practitioner
- Team manager

Students may be involved in observing your treatment although you are entitled to refuse this.

Medical monitoring

This is an important part of each care plan as there can be a serious risk to physical health. It will include regular measurement of weight, blood pressure, pulse and blood tests in addition to an assessment of general health.

This can be assessed by the medical and nursing staff within the child and adolescent mental health team (CAMHS).

Dietetic support

An individual meal plan may be helpful to support the health of the young person and to provide meal structure for them and their family.

The meal plan may be drawn up by the family, with guidance from the team as necessary, or the meal plan may be drawn up collaboratively with the dietitian, taking into account usual family patterns of eating.

The predictability of the meal plan helps to reduce anxiety before eating and can make mealtimes easier to manage. When weight restoration is necessary the meal plan will be increased with appropriate dietary advice.

During the first stage of treatment the family may be invited to have a supported meal in the clinic to help the family and professionals work together to understand the eating disorder. As well as, its impact and to develop helpful strategies at meal times.

Treatment approaches

Treatment may involve the following therapeutic approaches, depending on the requirements of the individual patient. Treatment will be overseen by the care coordinator, with medical consultation from the consultant, child and adolescent psychiatrist as necessary.

Psychoeducation

Psychoeducation aims to increase knowledge and understanding of the eating disorder. It can help the individual and their family to recognise factors that may be triggering or maintaining the eating disorder and helps to reduce feelings of guilt or blame.

Gaining an understanding of body function and physical health risks associated with eating disorders can also help to promote positive behavior change.

Family-based approach

A family-based approach is usually used in the treatment of child and adolescent eating disorders.

The family is commonly seen together, as well as parents on their own, and occasionally siblings on their own.

The aim is to explore the impact of the eating disorder on the whole family and identify how everyone in the family can support a young person's recovery. This work may be provided from the team as necessary, or the meal plan may be drawn up collaboratively with the dietitian, taking into account usual family patterns of eating.

The predictability of the meal plan helps to reduce anxiety before eating and can make mealtimes easier to manage. When weight restoration is necessary the meal plan will be increased with appropriate dietary advice.

During the first stage of treatment the family may be invited to have a supported meal in the clinic to help the family and professionals work together to understand the eating disorder. As well as, its impact and to develop helpful strategies at meal times.

Exercise and activity

Excessive exercise and/or increased activity can often be associated with eating disorders. Being active is fundamental to good health; however extreme behaviors such as excessive exercise can be detrimental to recovery and pose a risk to physical health.

The young person may be given advice and support to help reduce excessive exercise and activity. In some cases, if there is a physical risk to health, the young person may be advised to significantly reduce their activity level until their physical health has improved.

Individual therapy

This may initially be supportive work to assist the young person in making changes and help to motivate them towards recovery. Once the young person's physical state has improved they may be offered regular individual therapy.

In some instances, individual therapy for an eating disorder may be recommended as the treatment of choice. This is usually specialist cognitive behavioural therapy (CBT) or another model of therapy, depending on the needs identified.

The service can also offer individual psychological therapy for other mental health difficulties e.g. anxiety, depression or obsessive-compulsive disorder, should these need addressing alongside the eating disorder.

Parent/Carer support group

It is widely recognised that caring for someone with an eating disorder can be challenging. Parent/Carer support groups and workshops are held on a regular basis. These groups aim to provide an opportunity to meet other parents and share experiences.

One day skills workshops for carers aim to help parents/carers learn skills in how to help the young person.

When a young person is referred for treatment, the parents may be added to the mailing list for these groups.

Multifamily therapy (MFT)

MFT workshops run four times a year alongside individual family-based treatment for anorexia nervosa. MFT offers a unique opportunity to work intensively alongside other families to better understand and overcome the eating disorder. Each family attends four consecutive days with three follow-up days.

A range of family members can attend with the young person who has an eating disorder, including parents, grandparents and siblings across the age range.

Families who have attended these workshops report that helpful gaining support from other families and learning how other families manage similar problems is helpful.

Medication

Medication is not routinely used in the treatment of eating disorders. However, if a young person is also very low in mood disorders. However, if a young person is also very low in mood or very anxious, medication may be considered.

The length of treatment

The length of treatment will usually depend on the severity and history of the eating disorder. Normally we would expect treatment to last nine months to a year (this may be around 20 sessions, spaced out over the last few months), but it may take longer to achieve a full recovery.

Generally treatment will be more intensive at the start and appointments will become further apart as recovery progresses.

Higher intensity treatment

Some young people with eating disorders find it very difficult to make the changes needed in order to get better. If a higher intensity of support is needed, the Outreach Service for Children and Adolescents (OSCA) home treatment team in Buckinghamshire or assertive outreach team in Oxfordshire may become involved.

The home treatment team can provide intensive and home-based support, for example around mealtimes. Sometimes, this can be a way of avoiding a hospital admission. The need for higher intensity support will always be discussed with families in advance.

Inpatient treatment

If a young person's physical health is at risk or if their mental health deteriorates and they are not able to access community-based care, it is sometimes necessary to refer a young person to a paediatric ward or an inpatient adolescent facility for a short period of inpatient care either locally or further afield, depending on bed availability.

Confidentiality

Staff must keep your details of care confidential. However they also have a duty to share information related to your care with the CAMHS team looking after you and your GP practice. It is often helpful to share information with families and carers.

We would always discuss this with you before doing so and would be guided by you in most cases about what information is shared.

Very occasionally there may be times when staff are concerned about safety, either your own or others. At these times staff may have to share confidential information with others on a need-to-know basis but they will always inform you that this is the case and seek your permission where possible.

Where to find more information about eating disorders

- The National Institute for Health and Care Excellence (NICE) published guidelines for the treatment of eating disorders (2004)

www.nice.org.uk/

- Beat, formally the Eating Disorders Association

www.b-eat.co.uk/

Comments, compliments and complaints

We want to hear from you...

CAMHS really values hearing your experiences and feedback from using our services in order to improve the service. If you would like to draw attention to any part of the treatment plan offered to you, for whatever reason, please let your care coordinator know.

We offer regular eating disorder participation forums throughout the year. These give you the opportunity to come together with other young people and parents to talk about your experiences and put forward your suggestions on how we can improve our services. To find out more speak to your worker at CAMHS for more information.

If at any time you are concerned about your treatment by staff, please do not hesitate to contact the CAMHS team manager to discuss any concerns that you may have.

The patient advice and liaison service (PALS) can also help you with any concerns or complaints. They can be contacted on: Freephone: 0800 328 7971.

Contact information

Central Oxon CAMHS

Raglan House
23 Between Town Road
Oxford
OX4 3LX
Tel: 01865 902 720

Abingdon CAMHS

The Clockhouse
22-26 Ock Road
Abingdon
Oxfordshire
OX14 5SW
Tel: 01865 904 700

Banbury CAMHS

North Oxfordshire Child and Family Clinic
Orchard Health Centre
Cope Road
Banbury
Oxfordshire
OX16 2EZ
Tel: 01865 904 600

Buckinghamshire CAMHS - Aylesbury

Sue Nicholls Centre
Manor House
Bierton Road
Aylesbury
Buckinghamshire
HP20 1EG
Tel: 01865 901 951

Buckinghamshire CAMHS - High Wycombe

Harlow House
Harlow Road
High Wycombe
Buckinghamshire
HP13 6AA
Tel: 01865 901 951

Out-of-hours support

Outside office hours - if there is a crisis, the family can approach the out of hours GP, who can access the out of hours CAMHS team if necessary.

Notes

Notes

If you would like to have information translated into a different language, please contact the Equality and Diversity Team at: EqualityandInclusion@oxfordhealth.nhs.uk

Arabic يُرجى الاتصال بنا إذا كنتم ترغبون في الحصول على المعلومات بلغة أخرى أو بتسويق مختلف.

আপনি এই তথ্য অন্য ভাষায় বা আলাদা আকারে **Bengali** পেতে চাইলে অনুগ্রহ করে আমাদের সাথে যোগাযোগ করুন।
Urdu اگر آپ یہ معلومات دیگر زبان یا مختلف فارمیٹ میں چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کریں۔

Chinese 若要以其他語言或格式提供這些資訊，請與我們聯繫

Polish Aby uzyskać informacje w innym języku lub w innym formacie, skontaktuj się z nami.

Portuguese Queira contactar-nos se pretender as informações noutra idioma ou num formato diferente.

Oxford Health NHS Foundation Trust
Trust Headquarters
Warneford Hospital
Warneford Lane
Headington
Oxford
OX3 7JX

Switchboard 01865 901 000
Email enquiries@oxfordhealth.nhs.uk
Website www.oxfordhealth.nhs.uk

Become a member of our Foundation Trust
www.ohftnhs.uk/membership