

CONNECT

The West Yorkshire and Harrogate
Adult Eating Disorders Service

The Yorkshire Centre for Eating Disorders

Inpatient booklet: a guide
for service users and carers

CONTENTS

Introduction.....	3
The inpatient team.....	5
Preparatory visit and choosing your inpatient programme.....	8
Inpatient treatment programmes.....	9
The inpatient group programme.....	24
Your admission.....	30
Other important information.....	38
Information for carers.....	41
Case studies.....	42
Self-help material and other resources.....	45
References.....	48

Introduction

The Yorkshire Centre for Eating Disorders (YCED) is a national, award-winning specialist service for adults with eating disorders and is part of Leeds and York Partnership NHS Foundation Trust (LYPFT). YCED began treating individuals with eating disorders in 1978 and was originally known as the Leeds Eating Disorders Team before being modernised in 2005. The service has since rapidly developed into one of the largest eating disorders service in the north of England and is at the forefront of innovative research. Our vision is wedded to recovery from eating disorders and we aim to assist those who use our services to return to a state of health and well-being and promote independence and improved quality of life. Our priority is the people who use our services and we aim to provide a comprehensive and flexible clinical service that will meet and treat the needs of individuals with eating disorders. We believe that quality of care is dependent on the collective commitment and expertise of the team, including service users and carers, and we have a commitment to developing new treatment techniques and to actively pursue research interests.

YCED provides community, outpatient and inpatient treatment for adults (>17 years of age) with eating disorders from Leeds and across the UK. We aim to provide high quality treatments as recommended by the National Institute for Clinical Excellence (NICE) guidelines on eating disorders (NICE, 2017) to facilitate change in individuals with eating disorders. We provide a multi-disciplinary team (MDT) approach to care and treatment which allows individuals to develop and achieve personal growth. YCED won the Beat 'Service of the Year Award' in 2012 and is accredited by the Royal College of Psychiatrists Quality Network for Eating Disorders (QED) and the Care Quality Commission (CQC).

Our 19-bedded inpatient unit, situated on ward 6 at the Newsam Centre (Seacroft Hospital, Leeds), offers a number of different evidence-based treatment programmes tailored to individual need which have recently been reviewed and modernised in line with the recently updated NICE guidelines (NICE, 2017) and the Royal College of Psychiatrists MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa) guidelines (RCPsych, 2014). Structural changes have been made to the inpatient environment to include a two bedded male service user area, in line with Eliminating Mixed Sex Accommodation (EMSA) and CQC requirements. Our inpatient MDT is made of up psychiatrists, psychologists, nurses, dieticians, dietetic assistants occupational therapists, health support workers and administration staff who work together with service users and carers to provide high quality, evidence-based treatments on both an individual and group basis. Our inpatient unit is able to provide nasogastric feeding if required and can facilitate admissions for individuals detained under the Mental Health Act. Our inpatient team works closely with community services to ensure that the length of hospital stay is kept to a minimum whilst ensuring that individuals care needs are met and to ensure that the necessary care and support is in place in the community at the point of discharge from the inpatient unit.

We appreciate that inpatient treatment can be a difficult time for individuals with eating disorders and their carers. The aim of this booklet is to provide you with the information you need to make a decision about choosing to pursue inpatient

treatment with us here at YCED and to provide you with the information you need for your journey through inpatient treatment and beyond.

If you have any questions about our service please feel free to call us on 0113 855 6400 or email us at ycled.lypft@nhs.net.

The inpatient team

Your inpatient treatment at YCED will be provided by your MDT which includes psychiatrists, psychologists, nurses, junior doctors, dieticians, dietetic assistants, occupational therapists and health support workers who work together with you and your family and carers to provide high quality, evidence-based treatments. Treatments are provided by the MDT on both a one-to-one and group basis and all members of the team are trained in providing practical and psychological interventions. You will meet and be assessed by all members of the team within the first 4 weeks of your admission and your progress through inpatient treatment will be reviewed together with you regularly throughout your admission. Your inpatient team will work closely with you, your community team and anyone else who you feel is important in your care to support you in making the most out of your admission and to ensure that you have the care that you need in the community once you have completed inpatient treatment.

Psychiatry

Psychiatrists are medically and psychotherapeutically trained doctors who work as part of the MDT to assess and manage your physical and psychological health. In particular psychiatrists take responsibility for managing the physical and psychological risks your eating disorder may pose to you.

During your admission you will be under the care of a specialist eating disorders consultant psychiatrist (responsible clinician) and you will have the opportunity to meet with them regularly at the weekly inpatient MDT meeting and in between review meetings if you wish. Your consultant psychiatrist will often have a senior trainee psychiatrist who works closely with them who may also be involved in your care throughout your admission.

Nursing and health support workers

During your admission you will be allocated a primary nursing team (PNT) consisting of two qualified nurses (primary nurse and associate nurse) and a health support worker who are all trained in providing an array of therapeutic interventions. Your PNT will meet with you regularly to assess and review your care needs and support you in addressing any difficulties or worries you may be encountering. We believe that by developing a therapeutic relationship with your PNT, you will feel empowered and able to explore and begin to challenge some of the factors underpinning your eating disorder. Examples of some specific practical and psychological interventions which your PNT can provide include self-monitoring and behavioural remodelling based on the principles of cognitive behavioural therapy (CBT), psycho-education, meal planning, shopping, anxiety management and relapse prevention. Your PNT will also support you during your inpatient MDT review meetings and will work with your community or outpatient team to ensure a smooth transition from the inpatient unit to the community following discharge.

Nursing shifts:

- Early shift: 0730-1530

- Long shift: 0730-2030
- Mid-shift: 1230-2030
- Night: 2015-0745

Psychology

During your admission you will be allocated a psychologist who has specialist training in delivering evidence-based psychological treatments for individuals with eating disorders in line with NICE guidelines (NICE, 2017). Your psychologist is an integral part of the MDT and will provide either one-to-one individual therapy or will supervise another member of the MDT in providing this. Your psychologist will work closely with you and your MDT to develop a shared formulation and understanding of your difficulties and how this relates to your eating disorder and other needs. Your formulation will be an integral part of your treatment and will help inform which psychosocial interventions would be most appropriate for your individual care needs.

Specific psychological interventions which are offered include:

- Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA)
- Cognitive behavioural therapy (CBT-ED)
- Motivational enhancement therapy (MET)
- Psychodynamic psychotherapy
- Family interventions and support
- Family therapy
- Interpersonal psychotherapy (IPT)
- Compassion-focused therapy (CPT)
- Dialectic behavioural therapy (DBT)
- Mindfulness

Dietetics

During your admission you will be seen regularly by a dietician and a dietetic assistant. Our dieticians and dietetic assistants have specialist training in nutritional assessment and rehabilitation and will complete a detailed assessment of your current nutritional status and nutritional needs. Throughout your inpatient stay, the dietetics team, in partnership with the wider MDT, will support and review your progress through one-to-one and group work sessions to help you establish a healthier relationship with food. Specific dietetic interventions which are offered include:

- Developing an individualised meal plan with you which will ensure that you have a balanced diet with all the vital macronutrients, vitamins and minerals you need to maintain health.
- A weekly nutrition education programme with sessions covering nutritional physiology, digestion, re-feeding syndrome/symptoms, establishing healthy exercise levels and tackling avoidance and food myths.
- A weekly 'eat well' group which supports you in introducing new food challenges in a stepped approach as part of your individualised meal planning

- Practical sessions which will help you regain skills with self-catering, portion sizing, food shopping, meal planning, cooking and eating out.
- To meet and support families and carers as required.

Occupational therapy

During your admission you will be allocated an occupational therapist (OT) who has specialist training in eating disorders. Eating disorders can have a devastating impact on daily routines, self-esteem and quality of life which can lead to social withdrawal and isolation which makes it even harder to recover. YCED recognises that eating disorder treatment requires a holistic approach and your allocated OT, with support from the MDT, will support you in achieving and maintaining a balanced range of social and occupational activities which promote health and wellbeing.

Specific OT interventions that are offered include:

- An in-depth and holistic assessment of socio-occupational functioning.
- Support in establishing a healthy socio-occupational balance in your life so that your daily routines and life ambitions are driven by your values rather than your eating disorder.
- Develop and consolidate practical skills such as self-catering, portion sizing, food shopping, meal planning, cooking and eating out.
- Explore vocational and employment options.
- Develop self-management skills, e.g. anxiety management.

Ward doctor

During your inpatient stay you will be regularly reviewed by the ward doctor (foundation year (FY) doctor or core trainee (CT) psychiatrist) who is an integral part of the MDT and is supervised by the consultant psychiatrists. They will be involved in assessing and monitoring your physical and psychological health and will keep you up-to-date with bloods results and other physical investigations performed during your admission. They will also provide important input into the inpatient MDT review meetings and can offer regular reviews on the ward if and when needed. The inpatient unit has out-of-hours junior doctor cover ensuring that you will always have access to urgent medical input if needed.

Administration team

Our inpatient unit has a dedicated ward clerk who is an integral part of the inpatient MDT as well as the wider service administration team. They play an important part in role in administrative tasks and coordinating meetings.

Preparatory visit and choosing your inpatient treatment programme

YCED recognises that inpatient treatment is only one step in your treatment journey and we strongly advise that all admissions to our inpatient unit are carefully planned with the service user being at the centre of this process. We recommend that anyone considering inpatient treatment has a preparatory visit before signing up to inpatient treatment to ensure that their decision is as informed as possible. During your preparatory visit you will meet with a member of the inpatient MDT who will show you around the unit and go through our inpatient treatment programme pathway with you (outlined in Figure 1). They will answer any questions you may have and will outline the different inpatient treatment programmes available to you (outlined in Figures 2-6). They will also talk you through the different stages of treatment (see Table 1) and how your treatment should progress throughout your admission. There is no pressure to make a decision about choosing inpatient treatment during the preparatory visit but we ask that you decide within 7 days of your visit. Once you have chosen to pursue inpatient treatment your name will be placed on our inpatient waiting list and your planned admission date will be agreed with you based upon bed availability and your own individual needs.

Whilst the decision for individuals with bulimia nervosa to choose the 'symptom interruption programme' (see Figure 6) is usually made before your admission date, the decision to choose one of our inpatient treatment programmes for anorexia nervosa is usually made during the early stages of your planned admission (see Figure 1). Choosing an inpatient treatment programme can be difficult and the team are aware that many factors can affect and influence your decision. The MDT will offer the information and support you and your carers need to make this important decision and support you throughout the different stages of treatment.

Inpatient treatment programmes

In 2017 YCED formally reviewed our inpatient treatment programmes to ensure that the inpatient treatment we offer is in line with the recently updated NICE eating disorder guidelines (NICE, 2017). This review process involved input from service users and carers as well as NHS England and community services ensuring that our inpatient treatment programmes are evidence-based, responsive to feedback and individualised based on service user and carer needs.

Foundations for recovery programme (see Figure 2)

'Recovery' is different for each individual affected by an eating disorder and will mean different things to different people. Research has shown that earlier treatment leads to better outcomes and in the case of anorexia nervosa the best outcomes are usually achieved when weight restoration to a healthy weight range (BMI 20-25) is achieved and maintained alongside psychological change. Our 'foundations for recovery programme' is specifically designed for individuals with anorexia nervosa who want to build the foundations necessary to recover from their illness and move towards a life without an eating disorder. This programme takes into account your individual needs as well as your own views about recovery and supports and guides you in making the necessary changes in your life to ensure that you have the best chance of achieving and maintaining recovery following discharge from the inpatient unit.

As part of the 'foundations for recovery programme' there will be a focus on weight restoration and stability (BMI 20-25) alongside evidence-based psychological interventions, socio-occupational interventions, carers support and practical skills training. Your treatment will be delivered by the MDT on both a one-to-one and group basis.

The length of your inpatient stage 3 treatment (see Table 1) will depend on your individual needs and whether or not you have access to intensive home-based treatment from a community eating disorders team in your area. Whilst the length of inpatient stage 3 treatment is usually fixed (16 weeks if intensive home-based treatment from a community eating disorders team is not available, 4 weeks if intensive home-based treatment from a community eating disorders team is available), in some circumstances this can be extended if your needs cannot be met by the community team for whatever reason. Any decisions regarding potentially extending inpatient stage 3 treatment will be discussed and agreed with you at the weekly MDT review meeting with input from your community team.

Once you have chosen the 'foundations for recovery programme' there is no option to change to another programme so it is important that you think carefully about this with your team before you decide.

Stepped approach programme (see Figure 3)

Anorexia nervosa is a complex mental disorder and individuals accessing inpatient treatment may experience many fears and uncertainties about working towards recovery. Likewise intensive inpatient treatment can at times feel overwhelming and it can sometimes be helpful to have a brief period of time during your inpatient treatment when there is less focus on weight restoration and increased emphasis on graded leave and weight stability whilst consolidating the skills you have learned during the first stages of treatment. Adopting this approach allows time for the 'mind to catch up with the body' in your home environment whilst continuing to have the support of the inpatient unit before returning to the unit to resume inpatient treatment.

Our 'stepped approach programme' is very similar to the 'foundations for recovery' programme but offers an 8 week period when you reach a BMI of 18 where there is an emphasis on weight stability (BMI 18-18.5), consolidation of skills and enhanced graded leave. Your treatment prior to this 8 week period will be the same as you would receive as part of the 'foundations for recovery programme' with a focus on weight restoration alongside evidence-based psychological interventions, socio-occupational interventions, carers support and practical skills training. Your treatment will be delivered by the MDT on both a one-to-one and group basis.

During the 8 week period you will spend the first weeks building up home leave in a graded and structured way. Weeks 5-8 will involve you spending the majority of time at home but returning to the unit for 1 night per week. The days you return will coincide with your weekly inpatient MDT review meeting so that your progress can be monitored by your MDT. On the days you return to the unit you will be expected to participate in the individual or group based work outlined in your care plan and you will have a 1 hour therapy session with a member of the inpatient MDT. You will have a CPA meeting prior to this 8 week period to ensure that your treatment during this time is coordinated such that it best fits your individual needs.

Following this 8 week period, inpatient treatment is resumed as per the 'foundations for recovery programme' and the length of your inpatient stage 3 treatment (see Table 1) will similarly depend on your individual needs and whether or not you have access to intensive home-based treatment from a community eating disorders team in your area. Whilst the length of inpatient stage 3 treatment is usually fixed (16 weeks if intensive home-based treatment from a community eating disorders team is not available, 4 weeks if intensive home-based treatment from a community eating disorders team is available), in some circumstances this can be extended if your needs cannot be met by the community team for whatever reason. Any decisions regarding potentially extending inpatient stage 3 treatment will be discussed and agreed with you at the weekly inpatient MDT review meeting with input from your community team.

Once you have chosen the 'stepped approach programme' there is no option to change to another programme so it is important that you think carefully about this with your team before you decide.

Stabilisation programme (see Figure 4)

Some individuals who require inpatient treatment for their eating disorder may have had repeated admissions to specialist eating disorders units in the past with treatment outcomes often being poor. Likewise some individuals who require inpatient treatment may be ambivalent about change and may require treatment under the Mental Health Act or require nasogastric feeding. In such circumstances individuals may struggle to cope with the level of weight restoration and psychological change usually recommended and adopting a traditional 'recovery' model of care can often be counter-productive and can increase existing feelings of failure, low self-esteem and distress. The 'stabilisation programme' is specifically designed to offer an alternative treatment programme which adopts a 'rehabilitation' model of care where the focus is shifted away from 'recovery' in its traditional sense and is centred on promoting increased physical stability (BMI>15), motivational enhancement and improved quality of life. Individuals are only accepted onto the 'stabilisation programme' if they fulfil at least one of the following criteria:

- they are detained under the provisions of the Mental Health Act
- they are receiving nasogastric feeding
- they have a severe and enduring eating disorder defined as:
 - a prolonged history of severe symptoms (e.g. BMI<15, daily bulimic behaviours)
 - treatment resistance, i.e. lack of clinical progress despite receiving a number of evidence-based treatments in differing clinical settings (e.g. inpatient, day-patient, community-based services, outpatient treatment)

The length of your inpatient stage 3 treatment (see Table 1) will depend on your individual needs and whether or not you have access to intensive home-based treatment from a community eating disorders team in your area. Whilst the length of inpatient stage 3 treatment is usually fixed (16 weeks if intensive home-based treatment from a community eating disorders team is not available, 4 weeks if intensive home-based treatment from a community eating disorders team is available), in some circumstances this can be extended if your needs cannot be met by the community team for whatever reason. Any decisions regarding potentially extending inpatient stage 3 treatment will be discussed and agreed with you in the weekly MDT review meeting with input from your community team.

Individuals who choose the 'stabilisation programme' will have the option to change to an alternative treatment programme during stage 2 of treatment. Any decisions regarding a change of treatment programme will be discussed and agreed with you at the weekly inpatient MDT review meeting with input from your community team.

Enhanced stabilisation programme (see Figure 5)

Some individuals who require inpatient treatment for their eating disorder may not feel ready to choose one of our 2 recovery programmes. Reasons for this will vary but in most cases the individuals' chances of recovery remain high hence adopting a 'rehabilitation' model of care as per the 'stabilisation programme' is not recommended. The 'enhanced stabilisation programme' is specifically designed for individuals who for whatever reason do not feel ready to choose one of our 2

recovery programmes but are still motivated to work towards recovery in the longer-term.

As part of the 'enhanced stabilisation programme' there will be a focus on weight restoration and stability (BMI 18-18.5) alongside evidence-based psychological interventions, socio-occupational interventions, carers support and practical skills training. Your treatment will be delivered by the MDT on both a one-to-one and group basis.

The length of your inpatient stage 3 treatment (see Table 1) will depend on your individual needs and whether or not you have access to intensive home-based treatment from a community eating disorders team in your area. Whilst the length of inpatient stage 3 treatment is usually fixed (16 weeks if intensive home-based treatment from a community eating disorders team is not available, 4 weeks if intensive home-based treatment from a community eating disorders team is available), in some circumstances this can be extended if your needs cannot be met by the community team for whatever reason. Any decisions regarding potentially extending inpatient stage 3 treatment will be discussed and agreed with you at the weekly MDT review meeting with input from your community team.

Individuals who choose the 'enhanced stabilisation programme' will have the option to change to either the 'foundations for recovery programme' or the 'stepped approach programme' during stage 2 of treatment. Any decisions regarding a change of treatment programme will be discussed and agreed with you at the weekly inpatient MDT review meeting with input from your community team.

Symptom interruption (see Figure 6)

The 'symptom interruption programme' is specifically designed for individuals with bulimia nervosa where community or outpatient treatment has been unsuccessful in promoting sustained change or where the associated risks are such that community-based or outpatient treatment is not clinically appropriate. This 16 week inpatient programme focuses on promoting behavioural change thus enabling individuals to break the cycle of binge eating and purging and includes a course of inpatient cognitive behavioural therapy (CBT) in line with NICE guidelines (NICE, 2017) however other psychological interventions may be considered as an alternative if needed. This programme also includes socio-occupational interventions, carers support and practical skills training. Your treatment will be delivered by the MDT on both a one-to-one and group basis.

Individuals who do not have access to a community eating disorders service in their area will have the option to continue treatment with our outpatient department if clinically appropriate. Any decisions regarding post discharge outpatient treatment will be discussed and agreed with you at your discharge CPA meeting with input from your community team.

4 week inpatient assessment

In some cases there may be some uncertainties about diagnosis or the appropriateness of pursuing inpatient treatment. In such cases it can often be helpful

to arrange a planned admission to a specialist eating disorders unit to clarify diagnosis and make recommendations about longer-term treatment based on individuals care needs. With this in mind our inpatient unit offers a 4 week inpatient assessment programme. Once the 4 week assessment period has been completed a CPA meeting is arranged to discuss and agree with you the best way forward. If it is felt that you have an eating disorder and that continued inpatient treatment would be beneficial then you will have the option of choosing one of the inpatient treatment programmes as outlined in Figure 1. If continued inpatient treatment is not felt to be clinically appropriate for whatever reason then we will discuss and agree recommendations with you and your community team at your CPA meeting. In some cases where an eating disorder diagnosis has been excluded it may be recommended at the CPA meeting that further inpatient treatment is needed to ensure physical stability or to practise and consolidate practical skills. In these circumstances the unit can offer a further 4 weeks of inpatient care in line with stage 3 treatment boundaries.

Figure 1. Inpatient Treatment Programme Pathway

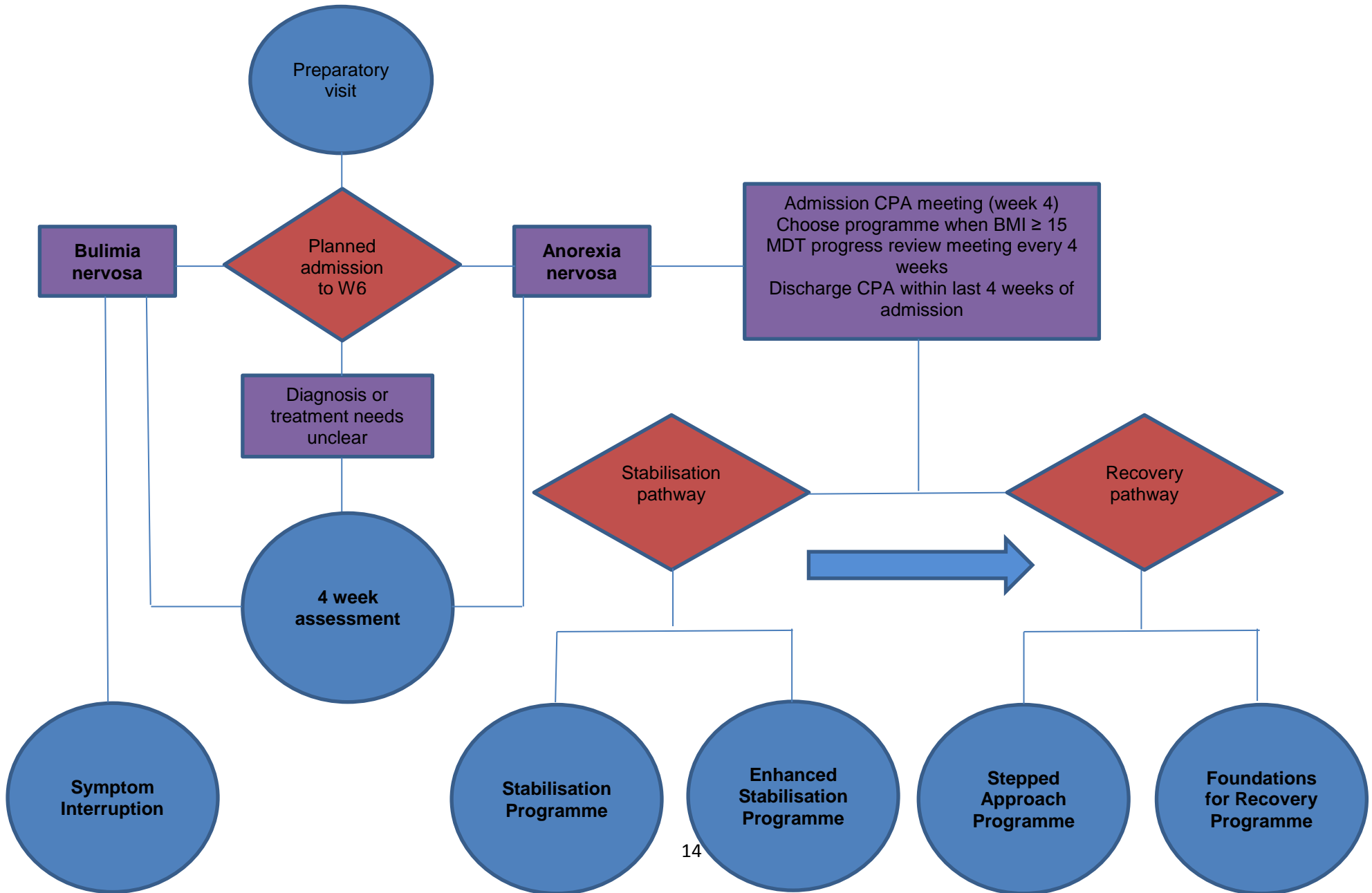


Figure 2. Foundations for Recovery Programme

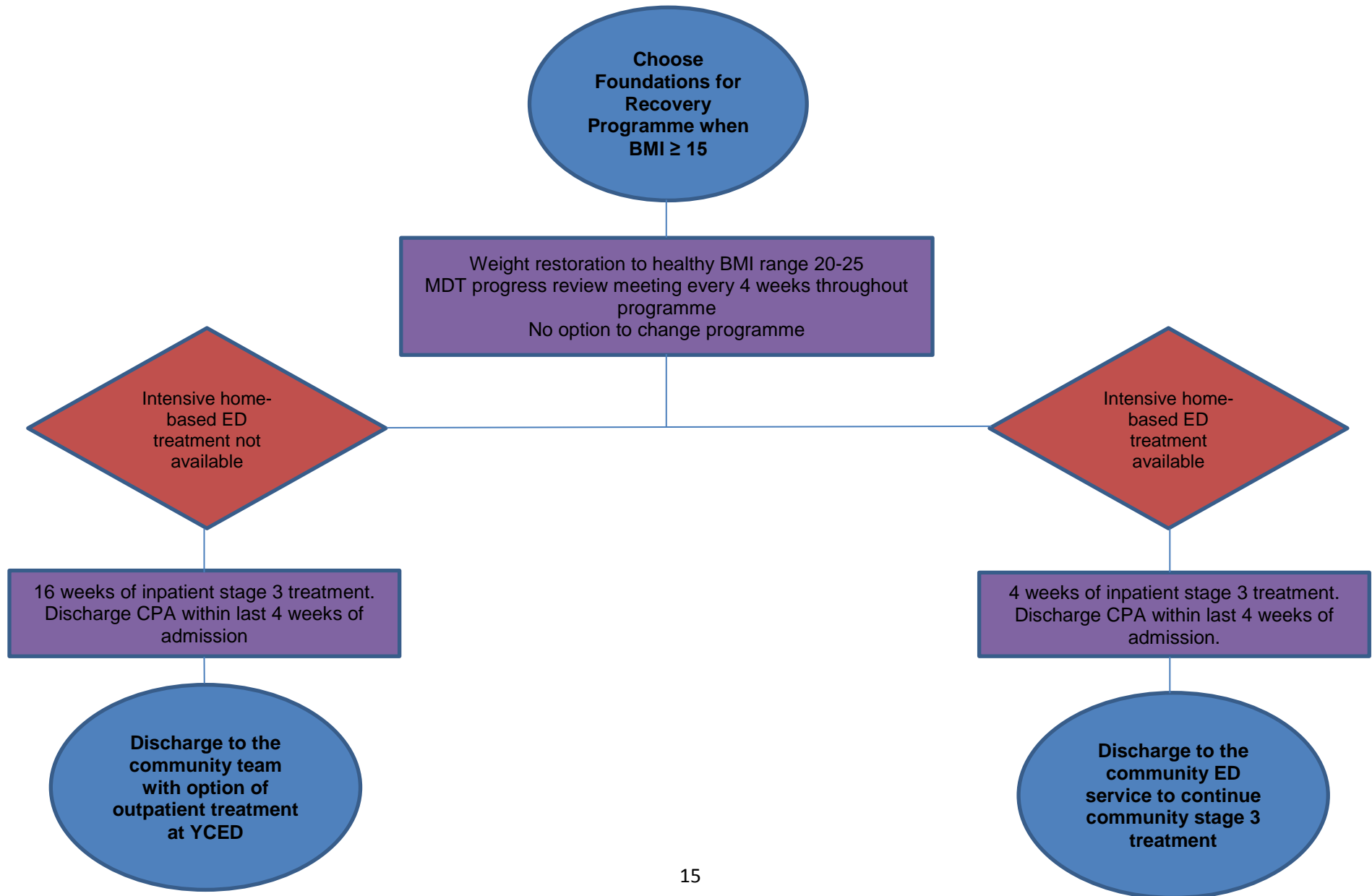


Figure 3. Stepped Approach Programme

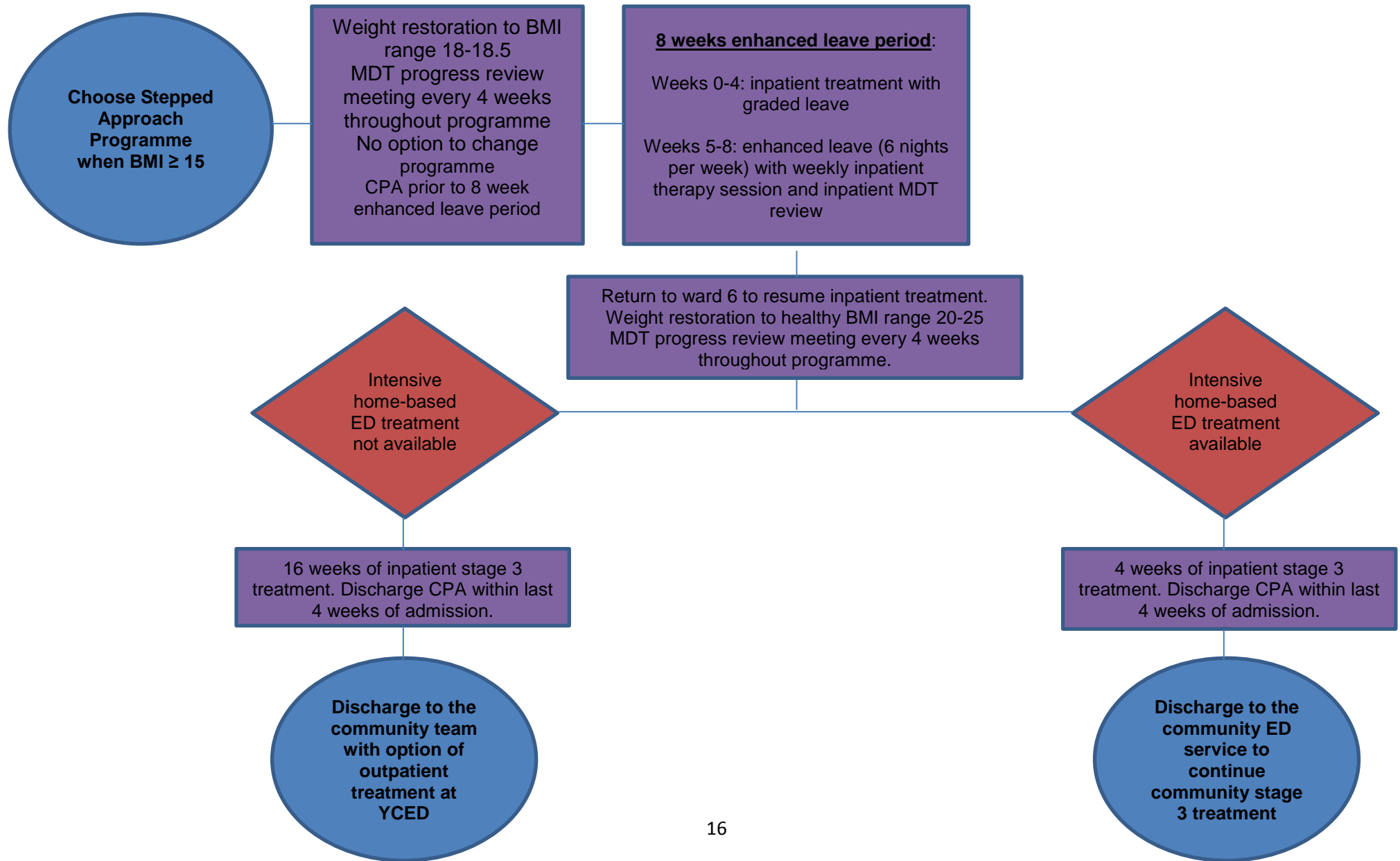


Figure 4. Stabilisation Programme

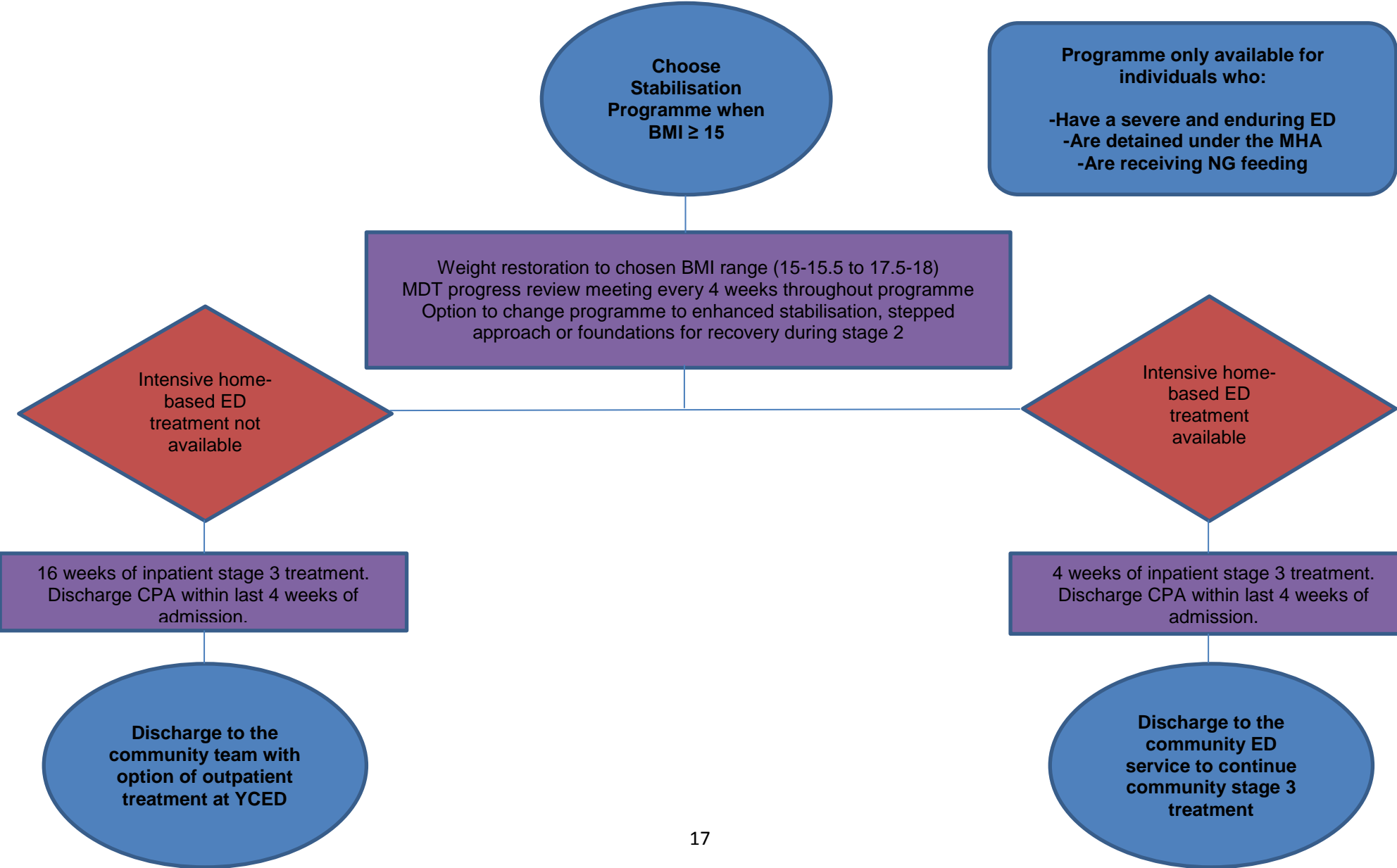


Figure 5. Enhanced Stabilisation Programme

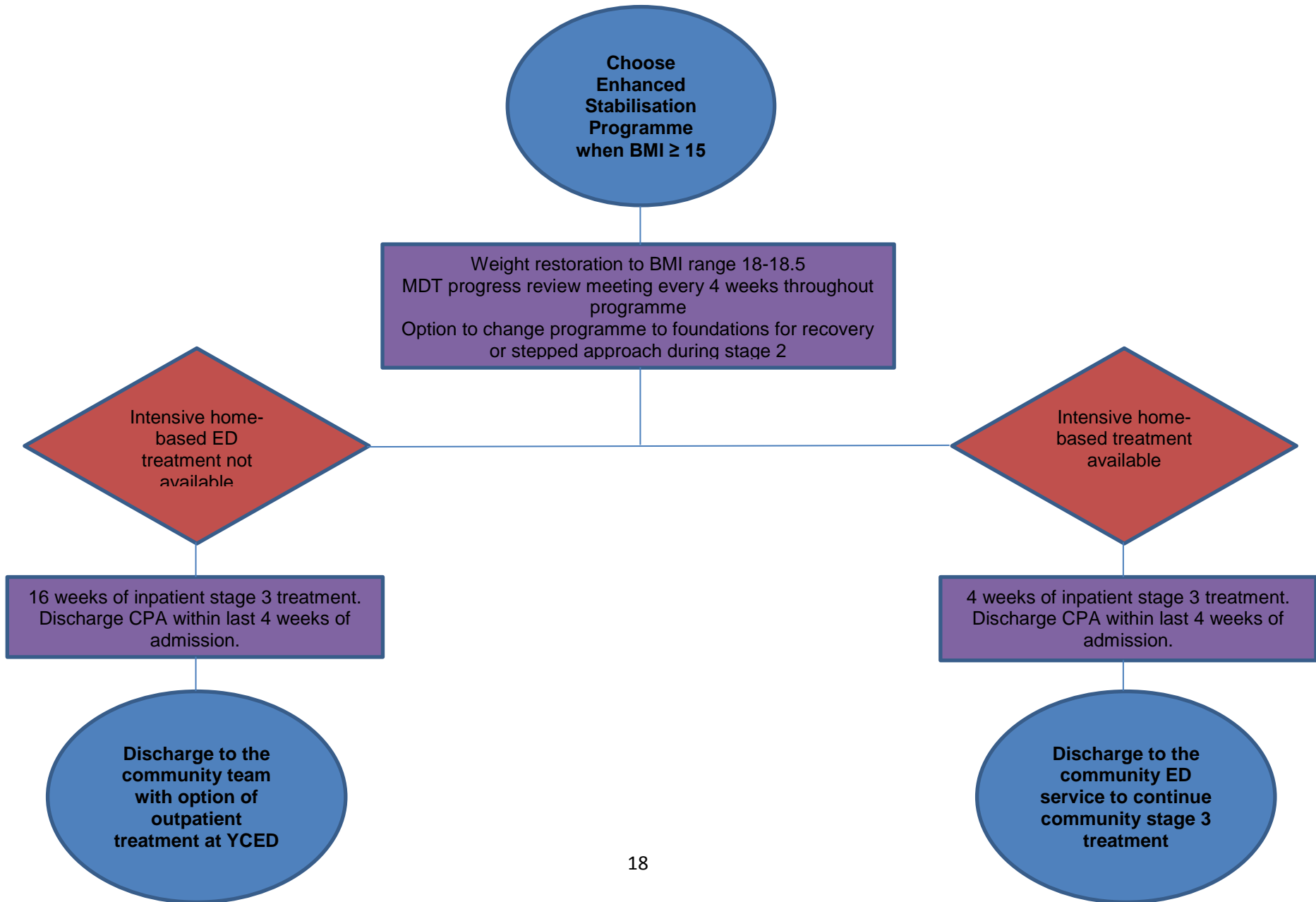


Figure 6. Symptom Interruption Programme

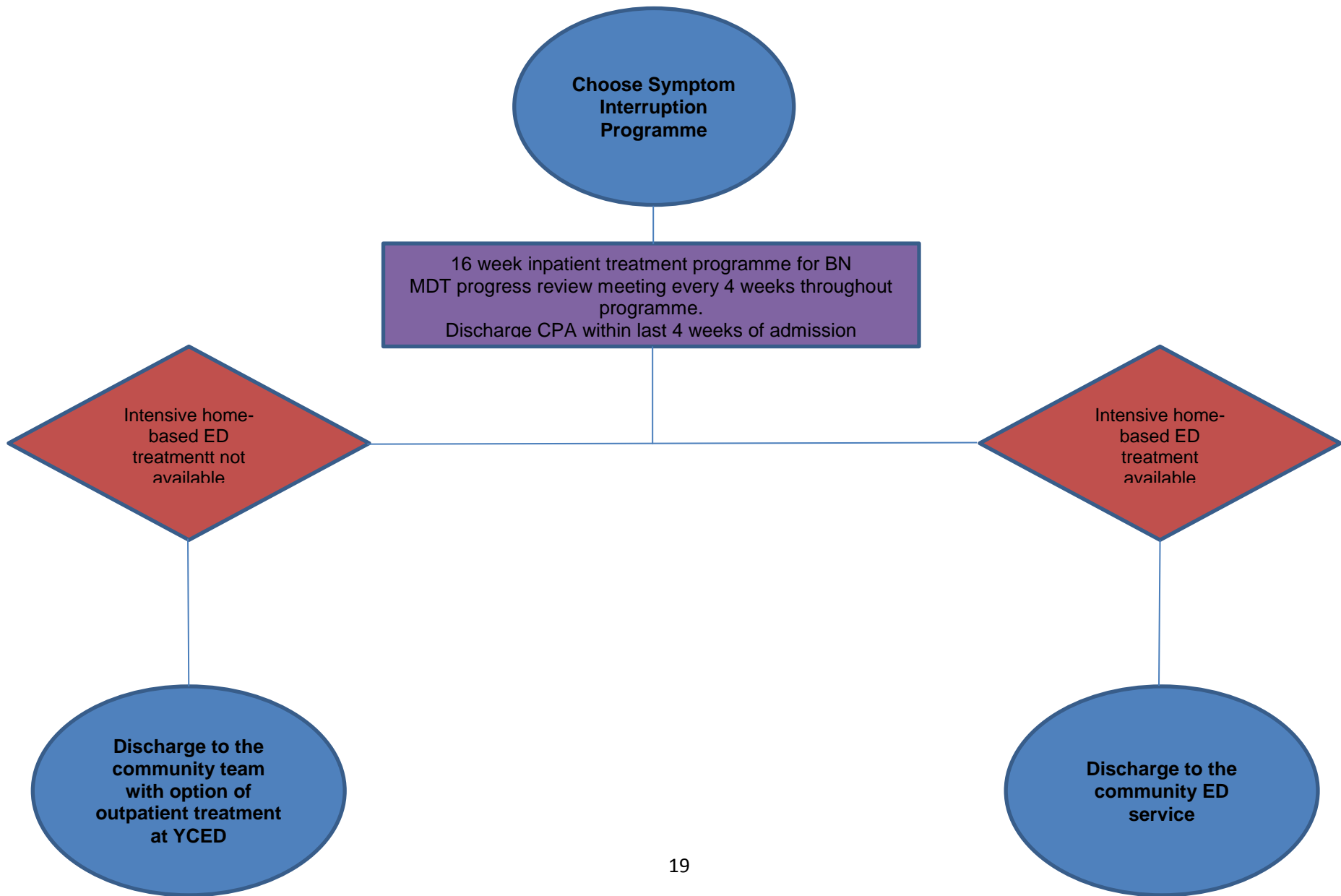


Table 1. Stages of inpatient treatment

	Duration	Aims	What happens
Stage 1 (stabilisation and assessment period)	Usually completed within the first 2 weeks of admission but can take longer in some circumstances	<ul style="list-style-type: none"> -to ensure that you are physically safe whilst increasing your diet -to meet all members of the MDT -to explore your specific care needs to make your stay on the unit as effective as possible. -to formulate an agreed care plan based on your specific needs informed by your initial assessment by the MDT 	<p><u>Physical health monitoring and MDT reviews</u></p> <ul style="list-style-type: none"> -initial assessment by the ward doctor and a member of the nursing team. This will include performing a baseline BMI, bloods, an ECG and a physical examination -twice weekly BMI monitoring (Monday, Thursday) -daily blood monitoring -regular monitoring of your physical observations (4 times per day) -regular monitoring of your blood sugar levels (BMs) (4 times per day) -supplements to prevent re-feeding syndrome will be prescribed for 2 weeks in most cases -you will be expected to stay in your room for the majority of the first 3 days of your admission. -you may be on continual bed rest dependent upon your physical health profile (e.g. BMI<13.5, heart rate<40bpm). -a commode and wash basin is provided for your use. It allows the team to keep an accurate record of your fluid balance and oral intake and to monitor physical risk which is a priority. These measures may also assist you to combat any desire you may have to use compensatory behaviours. -you will have supervised showers during the first 3 days of your admission if risks are identified. These may continue if there are ongoing concerns. -you will be reviewed regularly by the team at the weekly inpatient MDT review meeting (usually 10-15 minutes). <p><u>Mealtimes</u></p> <ul style="list-style-type: none"> -you will have 3 meals per day (breakfast, lunch and dinner) and a pint of semi-skimmed milk and snack at supper time (depending on your chosen programme). meals usually start with ½ portions and are increased to full portions over 2 weeks. -you will have your meals in the stage 1 dining room. A member of staff will be present during meals to provide support, supervision and encouragement. -40 minutes of post meal support is expected following each meal. <p><u>Leave</u></p> <ul style="list-style-type: none"> -we strongly advise that you do not take any leave during stage 1 of treatment due to

			<p>concerns about your physical stability -you will have access to the courtyard</p> <p><u>Moving on</u></p> <p>-you will move on to stage 2 of treatment once you are physically stable and are completing full portions. The specific timing of this will be discussed and agreed between you and the MDT.</p>
Stage 2 (moving on with treatment)	This will vary from a few days to several months depending on your specific needs	<ul style="list-style-type: none"> -to complete assessments with all members of your MDT -to develop an agreed formulation of your difficulties to help guide your treatment -to choose an inpatient treatment programme which best fits your needs (note: in some cases, e.g. symptom interruption, the treatment programme will have been agreed prior to admission). -to weight restore to your agreed BMI target range (note: not applicable for symptom interruption) -to begin evidence-based psychosocial interventions (e.g. CBT) -to reduce any disordered eating behaviours (e.g. binge eating, purging, calorie counting, body checking) -to explore alternative self-management and coping skills and practise them in different settings. -to begin to explore and potentially challenge difficult emotions and feelings. 	<p><u>Physical health monitoring and MDT reviews</u></p> <ul style="list-style-type: none"> -twice weekly BMI monitoring (Monday, Thursday) -other physical health monitoring will continue but will be done less frequently. -supplements to prevent re-feeding syndrome will be stopped -you will continue to be reviewed regularly by the team at the weekly inpatient MDT review meeting (usually 10-15 minutes) -you will have a more in depth progress review by the team at the monthly inpatient MDT review (usually 30-45 minutes) -the use of the toilet and bathroom facilities is no longer supervised unless medically indicated. <p><u>Choosing and starting your inpatient treatment programme</u></p> <ul style="list-style-type: none"> -detailed assessments by all members of your MDT will be completed and presented at your initial CPA meeting (week 4). These assessments will inform your formulation which outlines an understanding of your current and previous difficulties and is developed together with you to help guide future treatment -you will be expected to choose an inpatient treatment programme once you reach a BMI of 15 (not applicable for symptom interruption) -evidence-based psychosocial interventions will be offered and will be tailored to meet your needs -you will start 1:1 sessions with your PNT and other members of your MDT as outlined in your care plan. This may involve specific therapeutic activities. -you will be expected to attend and contribute to the inpatient group programme -you have unrestricted access to all communal ward areas. -you have access to the laundry facilities. <p><u>Mealtimes</u></p> <p>-transition to the stage 2 dining room. All meals are eaten together with other service</p>

			<p>users with support from inpatient staff. -you will be expected to continue 40 minutes of post meal support following each meal. -you will complete a kitchen assessment before you start self-catering.</p> <p><u>Leave</u></p> <p>-time off the ward will be negotiated with your MDT and is usually 3 x 60 minutes off the unit per week, either with staff, family or friends. You can go where you want within the hospital grounds.</p> <p><u>Moving on</u></p> <p>-you will move to stage 3 of treatment once you have reached your target BMI range which will vary depending on which inpatient treatment programme you have chosen</p>
<p>Stage 3 (continuing treatment and working towards discharge)</p>	<p>In most cases this will vary between 4-16 weeks depending on your specific needs and the availability of community eating disorders services in your area.</p>	<p>-to continue treatment as outlined in your care plan -to practise and consolidate the therapeutic work and practical skills you have learned during stages 1 and 2 of treatment with increased graded leave. -to experience and manage difficult thoughts and feelings which you may experience once you have completed stage 2 of treatment. -to develop and agree your post discharge care plan.</p>	<p><u>Physical health monitoring and MDT reviews</u></p> <p>-twice weekly BMI monitoring (Monday, Thursday) -other physical health monitoring will continue but will be done less frequently. -you will continue to be reviewed regularly by the team at the weekly inpatient MDT review meeting (usually 10-15 minutes) -you will continue to have a more in depth progress review by the team at the monthly inpatient MDT review (usually 30-45 minutes)</p> <p><u>Completing your inpatient treatment programme</u></p> <p>-you will continue and in most cases complete your evidence-based psychosocial interventions -you will continue 1:1 sessions with your PNT and other members of your MDT as outlined in your care plan. -you will be expected to continue to attend and contribute to the inpatient group programme -you will continue and consolidate the practical skills you have learned during stage 2 of treatment such as food shopping, meal preparation and eating out.</p> <p><u>Mealtimes</u></p> <p>-you will continue to have meals in the stage 2 dining room whilst on the unit -you will be expected to continue 40 minutes of post meal support following each meal. -you will start self-catering</p>

			<p>-you will start to have more meals at home and you can practise eating out.</p> <p><u>Leave</u></p> <p>-you will continue to have 3 x 60 minutes off the unit per week, either with staff, family or friends. You can go where you want within the hospital grounds. -in addition to this you will start to have graded increased home leave which will be negotiated with your MDT</p> <p><u>Discharge</u></p> <p>-you will identify goals for discharge -you will have a discharge CPA within the last 4 weeks of your admission to develop and agree your post discharge care plan. We will encourage you to invite your community team and any other people who you feel are important to your care to this meeting to ensure that your transition home is as smooth and safe as possible. -you will be invited to take part in an exit interview and complete outcome measures prior to discharge. This is voluntary and you can say no if don't wish to take part.</p>
--	--	--	--

The inpatient group programme (see Table 2)

Individuals with eating disorders can often feel a sense of isolation and group-based interventions can be extremely helpful in helping someone realise that they are not alone and to support them through their journey back to health and wellbeing. With this in mind our inpatient unit has developed a diverse inpatient group programme which offers an array of practical and therapeutic-based interventions with input from service users, inpatient staff and external facilitators. The group programme allows you to share experiences in a safe and contained environment build confidence and learn the knowledge and skills you need to hopefully move on to a life without an eating disorder.

You will be invited to join the inpatient group programme after day 3 of your admission once your physical health assessment is complete. Thereafter there is an expectation that you attend all of your recommended groups and contribute to group sessions in meaningful way. We appreciate that for some people this may difficult and our inpatient team will offer you additional support if needed to help you get the most out of the inpatient group programme. Access to the inpatient group programme is temporarily stopped if an individual is on eyesight nursing observations, is medically unstable or if they are receiving nasogastric feeding.

Details of the different groups are outlined in Table 2. Your attendance and contribution to the inpatient group programme will be continually monitored at your inpatient MDT meetings.

Table 2. Inpatient Group Programme

Group	Aim and what to expect	Where	When	How long	Who should attend	Facilitated by
Recovery group	<p>-to allow service users who have signed up to one of the recovery pathway programmes, a space to enable them to explore what recovery means to them and others both in theory and in practice.</p> <p>-the group aims to support individuals at the beginning of the recovery process and allows peers to support each other when working through this journey.</p> <p>-involves a rolling 8 week programme (2 week break between cycles) covering topics such as anxiety management, assertion techniques, sustaining motivation, coping strategies (helpful and unhelpful), time management, challenging the 'anorexic voice', identity and relapse prevention work.</p> <p>-attendance by guest speakers to share their recovery stories.</p>	Therapy suite, 1 st floor, Newsam Centre	<p>Weekly</p> <p>Tuesday</p> <p>1530-1630</p> <p>8 week cycles</p>	1 hour	-service users who have chosen the foundations for recovery programme or the stepped approach programme.	2 members of the inpatient team
Mindfulness	<p>-a group which practises mindfulness techniques to help service users to become more aware and able to manage thoughts, feelings and bodily sensations.</p> <p>-involves psycho-educational interactive sessions on the principles of mindfulness and utilises exercises based on evidence-based practise.</p>	Female lounge	<p>Weekly</p> <p>8 week cycles</p> <p><u>Not currently running</u></p>	1 hour	<p>-all service users are expected to attend unless they are on eyesight nursing observations, are receiving nasogastric feeding or have been on the ward less than 3 days.</p> <p>-service users can opt out after completing one 8 week cycle.</p>	2 members of the inpatient team
BAT-5	<p>-a 5 session psycho-educational group for service users to discuss concerns regarding their body image in a group setting.</p> <p>-to support service users in discussing body image topics such as perceptions, self-defeating behaviours, 'normal' weight, effects of the media and accepting change.</p> <p>-allows service users a chance to discuss personal experiences and to recognise and share difficulties in body image perception.</p>	Stage 1 dining room	<p>5 sessions</p> <p>Weekly</p> <p><u>Not currently running</u></p>	1 hour	<p>-optional</p> <p>-service users need to have a BMI \geq 15 to join.</p>	2 members of the inpatient team
BAT-10	-a 10 session psycho-educational group which follows on from	Stage 1 dining	10 sessions	1 hour	-optional	2 members of the

	<p>the BAT-5 group.</p> <p>-to gain a deeper understanding of the cognitive processes that drive body image distress and to promote a greater acceptance of body image.</p> <p>-utilises cognitive-behavioural therapy techniques with a focus on specific body image exercises and mirror exposure.</p>	room	<p>Weekly</p> <p><u>Not currently running</u></p>		-service users need to have a BMI \geq 17 to join.	inpatient team
Reflective leave	<p>-a forum where service users can discuss and share experiences encountered during leave.</p> <p>-to explore ways of consolidating skills learned on the ward and transitioning these to the home environment.</p> <p>-topics discussed include time spent with family, managing difficult or stressful situations during leave and sharing positive experiences during leave.</p>	Communal lounge	<p>Weekly</p> <p>Monday</p> <p>1400-1500</p>	1 hour	-all service users are expected to attend unless they are on eyesight nursing observations, are receiving nasogastric feeding or have been on the ward less than 3 days.	2 members of the inpatient team
Aims and objectives	<p>-a group which asks service users to set a 'SMART' goal for the week with staff and peer support.</p> <p>-to formulate a plan to achieve weekly goals, identify potential barriers in achieving these and identify any support needed.</p> <p>-to review progress of previously agreed goals and address any difficulties encountered.</p>	Communal lounge	<p>Twice weekly</p> <p>Thursday, Sunday</p> <p>1030-1130</p>	1 hour	-all service users are expected to attend at least 1 session each week unless they are on eyesight nursing observations, are receiving nasogastric feeding or have been on the ward less than 3 days.	2 members of the inpatient team
Thoughts and feelings	<p>-a group which enables the service user group to talk openly about their thoughts and feelings in a supportive and shared environment.</p> <p>-to share experiences of thoughts, feelings and emotions.</p>	Communal lounge	<p>Weekly</p> <p>Wednesday</p> <p>1030-1130</p>	1 hour	-all service users are expected to attend unless they are on eyesight nursing observations, are receiving nasogastric feeding or have been on the ward less than 3 days.	2 members of the inpatient team
Dietetics	<p>-an interactive dietary educational group which supports service users to return to a healthy weight and 'normal' eating habits.</p> <p>-promotes positive attitudes towards food and weight.</p> <p>-to gain knowledge and awareness of healthy nutrition</p>	Stage 2 dining room	<p>Weekly</p> <p>Friday</p>	1 hour	-all service users are expected to attend unless they are on eyesight nursing	Dietetics team

	<ul style="list-style-type: none"> -to work on challenging food hierarchies and set up regular food behavioural experiments to challenge unhelpful thoughts. -to be able to eat a balanced diet and maintain a stable BMI. -to establish a healthier relationship with food and help service users be able to eat without experiencing significant guilt and challenge compensatory behaviours (dietary restriction, purging). 		1030-1130		<ul style="list-style-type: none"> observations, are receiving nasogastric feeding or have been on the ward less than 3 days. -service users can choose to opt out during stage 3 of treatment. 	
Eat well group	<ul style="list-style-type: none"> -an interactive psycho-educational group which aims to equip service users with the skills needed to plan an appropriate diet. -provides information and protected time to discuss portion sizing, challenging hierarchies and difficult foods, self-catering, meal planning/preparation, dietary rules and budgeting. -provides support to enhance skills and autonomy in menu and meal planning. -to set clear goals to achieve for the coming week when planning menus and meals including self-catering and leave plans. 	Stage 2 dining room	Weekly Thursday 1400-1500	1 hour	<ul style="list-style-type: none"> -all service users are expected to attend unless they are on eyesight nursing observations, are receiving nasogastric feeding or have been on the ward less than 3 days. -service users can choose to opt out during stage 3 of treatment. 	Dietetics team
Breakfast club	<ul style="list-style-type: none"> -this group offers service users the opportunity to increase skills and confidence in preparing and cooking a range of different types of breakfasts. -promotes confidence building. 	Therapy kitchen (Therapy suite, 1 st floor, Newsam Centre)	Weekly 4 week cycles Times vary	1 hour	<ul style="list-style-type: none"> -optional -service users who have completed their cold and hot self-catering assessments. 	2 members of the inpatient team
Lunch cookery	<ul style="list-style-type: none"> -offers a graded programme to increase confidence and skills in self-catering. -service users will have opportunities to cook for staff, cook a joint meal as a group and cook individually. -explores the different components of self-catering including shopping, meal preparation, cooking, portioning and eating. -service users are encouraged to simplify their menu choices aiming to choose meals which take approximately 30 minutes to prepare and cook. 	Therapy kitchen (Therapy suite, 1 st floor, Newsam Centre)	Weekly Tuesday Times vary depending on activity planned.	1-2 hours	<ul style="list-style-type: none"> -service users with a BMI \geq 15 who have completed their cold and hot self-catering assessments. 	2 members of the inpatient team

Anxiety management	-an interactive psycho-educational group which provides information on the physical and psychological aspects of anxiety. -offers helpful ways to understand and manage feelings of anxiety in a variety of settings.	Communal lounge	3 times a week Monday, Wednesday, Friday Times vary	1 hour	-all service users are expected to attend unless they are on eyesight nursing observations, are receiving nasogastric feeding or have been on the ward less than 3 days. -service users can choose to opt out during stage 3 of treatment.	2 members of the inpatient team
Relaxation	-a group which aims to encourage, teach and promote an array of relaxation techniques. -usually held just before the evening meal. -utilises guided relaxation materials such as written pieces, breathing exercises and music.	Lounge areas	3 times a week Monday, Wednesday, Friday 1545-1615	½ hour	-all service users are expected to attend unless they are on eyesight nursing observations, are receiving nasogastric feeding or have been on the ward less than 3 days. -service users can choose to opt out during stage 3 of treatment.	2 members of the inpatient team
Inpatient support group	-a group which provides a safe environment to identify, share and explore themes (events, situations, experiences) which have occurred on the ward during the preceding 2 weeks. -to problem solve and seek solutions together as a group. -promotes guided exploration of themes arising on the ward which may have caused conflict.	Communal lounge	Weekly Friday 0930-1030	1 hour	-all service users are expected to attend unless they are on eyesight nursing observations, are receiving nasogastric feeding or have been on the ward less than 3 days.	2 members of the inpatient team
Community group	-an interactive group where service users can raise any issues or concerns about the ward environment, staff support or peer group.	Communal lounge	Weekly Tuesday	½ hour	-all service users are expected to attend unless they are on eyesight nursing	2 members of the inpatient team

			1430-1500		observations, are receiving nasogastric feeding or have been on the ward less than 3 days.	
Creative expression	<ul style="list-style-type: none"> -a group which aims to support service users to express their emotions through participating in creative activities. -to enhance concentration skills. -to challenge perfectionist traits through engagement in 'messy' creative techniques. -to provide opportunities for social interaction with others and to have fun. 	Stage 2 dining room	<p>Weekly</p> <p>Thursday</p> <p>1330-1500</p>	1 ½ hours	<ul style="list-style-type: none"> -all service users are expected to attend unless they are on eyesight nursing observations, are receiving nasogastric feeding or have been on the ward less than 3 days. -service users can choose to opt out during stage 3 of treatment. 	2 members of the inpatient team

Your admission

Prior to your admission you will ideally have had a chance to visit the unit and meet the team at your preparatory visit. You may also have seen one of your senior clinicians at your initial outpatient assessment but occasionally individuals are admitted directly to the unit without an assessment, particularly when physical risk is high.

What do I need to bring?

- Change of clothing, we recommend casual and comfortable clothes e.g. jogging bottoms.
- Electrical items (e.g. mobile chargers, hair drier, laptop). These will need testing in line with trust policy prior to use on the ward.
- You can bring in your smart/mobile phone but you will be asked to refrain from using this at important therapeutic times, e.g. in the dining room, during rest periods or group sessions.
- Filming and taking photos in the hospital is not permitted.
- You can bring personal items such as photographs, cups, books and magazines.
- DVDs and crafts material for free times.
- Toiletries
- We have laundry facilities and you may wish to bring your own detergent, washing powder/tablets.
- Fresh bedding and towels are provided.
- There is a lockable wardrobe in each room and you will need to bring your own padlock.
- Food and drinks. You can bring soft drinks, tea and coffee to the unit. You are not allowed to bring in your own meals. If you are uncertain about this then please check with a member of your team.

When you arrive

When you arrive you will be greeted by a member of the inpatient team who will show you to your room and inform you of who the members of your inpatient team will be. It may be helpful to write these names down in Table 3 for future reference.

You will be assessed by the ward doctor and a nurse shortly after arriving which will involve taking a history and performing a full physical health assessment (BMI, physical observations, bloods, ECG). You will begin stage 1 of treatment (see Table 1) on arrival and you will be informed of which members of the team will be involved in your care.

Table 3. Your inpatient team

Team	Members	Name (s)
Primary nursing team	Primary nurse	
	Associate nurse	
	Health support worker	
Medical	Consultant psychiatrist	
	Ward doctor	
	Higher trainee psychiatrist	
Psychology	Ward psychologist	
	Psychology trainee	
Dietetics	Dietician	
	Dietetic assistant	
Occupational therapy	Occupational therapist	
	Occupational therapy trainee	

Facilities on the unit

- Single bedrooms.
- One lounge and communal area.
- Two separate quiet areas for males and females.
- Two dining rooms
- A group room
- A therapy kitchen
- Laundry facilities
- Incoming and outgoing post
- Access to a computer and Wi-Fi.
- Library facilities. The unit has a selection of evidence-based self-help books as well as popular novels.
- A selection of jigsaws, games and magazines.
- Newspapers. You can purchase your own newspaper or you can ask a family member or friend to get you a paper if you can't leave the ward for whatever reason.

The first 4 weeks

During the first 4 weeks of inpatient treatment you will have hopefully moved from stage 1 into stage 2 of treatment. You will receive an in-depth assessment by the MDT which will be summarised and presented alongside your formulation at your first Care Programme Approach (CPA) meeting at the end of the initial 4 week assessment period. An individualised MDT management care plan will developed in collaboration with you and agreed at the initial CPA meeting. It will include recommendations from the MDT and it will be continuously reviewed with you throughout your inpatient admission. You will be given a copy of your individualised care plan throughout your stay.

For individuals with bulimia nervosa your inpatient treatment programme will usually have been agreed prior to your admission (i.e. symptom interruption). For

individuals with anorexia nervosa, there will be an expectation that you choose your inpatient treatment programme at this initial CPA meeting if your BMI is 15 or above. If your BMI is below 15 at this stage, you will be expected to choose your inpatient programme at a future inpatient MDT review meeting once you have reached a BMI of 15. Which inpatient treatment programme you choose will depend on your individual care needs and the MDT will guide and support you in making this decision.

Progressing through treatment

During your stay, many aspects of your eating difficulties will be challenged. To enable this to happen, the environment has to be one that provides safety and feels contained. We aim to provide this safe and contained environment which will help support you as you progress through your treatment.

Making a decision to enter treatment can be very difficult and anxiety provoking. A central part of making this decision is that you agree to temporarily hand over some of the control that is linked to your eating disorder. It will be tempting to think that you can manage this yourself from the start but experience has taught us and probably you too, that this is often not the case and that an eating disorder can have a strong hold despite best intentions. At times the process will feel slow and often frightening and the team are available to provide support if needed.

Inpatient MDT review meetings

Your care will be reviewed regularly throughout your inpatient stay and you will be invited to attend regular inpatient MDT review meetings. These meetings are usually chaired by your consultant psychiatrist but will sometimes be chaired by another member of the MDT. This may feel daunting at first and the MDT will support you in preparing for these meetings and helping you to contribute and steer your own care.

YCED is part of a teaching NHS trust and often there will be students or external clinicians visiting the unit to gain experience in working with individuals with eating disorders. Therefore numbers of attendees at inpatient MDT meetings can sometimes be high. We will inform you about this prior to you coming into the inpatient MDT review meeting and you can choose to just have your core MDT members present (i.e. psychiatrist, PNT, psychologist, OT, dietician, dietetic assistant, health support worker). You will also be given the opportunity during the meeting to ask that people step out if they are not part of your core MDT.

There are a number of different MDT review meeting formats which are outlined below.

Weekly inpatient MDT reviews

You will be invited to attend an inpatient MDT review meeting every week. These meetings are to review how your progress has been over the previous week and usually last up to 15 minutes. You will be informed about any recent changes to your care plan and updated on any recent physical health results. This is a space for you to ask questions and raise concerns together with the whole MDT present to ensure

that you have the best chance of progressing through treatment in a safe and contained manner.

Care programme approach (CPA) meetings

The Care Programme Approach (CPA) is a framework used within mental health care to assess, plan, review and coordinate your care and treatment. This considers all aspects of your care including your past experiences of treatment as well as your current and future care needs in a holistic way.

You will have an initial CPA meeting at the end of your initial 4 week assessment and a discharge CPA meeting within the last 4 weeks of your admission. These meetings usually last up to 45 minutes and your community team and anyone else you feel is important to your care will be invited to this.

Monthly inpatient MDT reviews

Following your initial CPA meeting (usually week 4) and in addition to your weekly inpatient MDT review meetings you will have a more in-depth progress review meeting with the MDT every 4 weeks. This usually takes up to 45 minutes and your community team and anyone else you feel is important to your care will be invited to these. This allows time and space for you and your team to reflect on how treatment is progressing over time, revisit your formulation and adapt your management plan if needed.

Prior to your monthly MDT review meeting the team will write a summary report with your input which summarise your progress through treatment over the last month and will usually be read out to the team during the meeting.

Psychological therapies

Our inpatient team can offer a wide range of evidence-based psychological interventions in line with NICE guidelines (NICE, 2017). Your allocated psychologist or another member of the inpatient MDT will take a lead in delivering psychological therapies on an individual basis based on your needs. Additional psychological support will be provided by the MDT and through the inpatient group programme. These sessions are an integral part of your treatment and it is expected that you will participate in these.

Specific psychological interventions which are offered include:

- Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA)
- Cognitive behavioural therapy (CBT)
- Motivational enhancement therapy (MET)
- Psychodynamic psychotherapy
- Family interventions and support
- Family therapy
- Interpersonal psychotherapy (IPT)
- Compassion-focused therapy (CPT)
- Dialectic behavioural therapy (DBT)

- Mindfulness

Meals and mealtimes (see Table 4)

We understand that eating a healthy diet may be difficult and challenging for you. Staff are present during meal times to support you and the following therapeutic mealtime boundaries are in place to assist you:

- All meals and snacks will be provided by the unit.
- You are asked to choose your meals from the hospital menus. Your team will support you in making these choices if needed. If you are unable to choose your meal for whatever reason your team will order your meal for you with your specific needs in mind.
- All meals are served in the dining rooms. We have two dining rooms, one for stage 1 service users and another for stage 2 and stage 3 service users.
- During stage 2, you will usually start to serve your own meals and snacks to learn about portion sizes.
- You are required to have 3 meals per day (breakfast, lunch and dinner), a pint of semi-skimmed milk and snacks depending on your chosen programme..
- You are asked to complete each meal in a set time. Breakfast is to be completed within 20 minutes, lunch and dinner within 30 minutes. This is a way of helping you to learn to pace yourself appropriately and challenge your eating disorder.
- There is a limit on the quantity of condiments you can use. We will offer guidance about what is felt to be clinically appropriate.
- Personal food dislikes. You can choose 3 food dislikes. These cannot be food groups or blanket dislikes such as cheese or spreads, only specific items such as Flora or soft cheese. Vegetarians cannot choose cheese as a dislike.
- Food intolerances should be confirmed with medical documentation.
- Your diet must be balanced both in terms of quantity and variety.
- You are asked to have 40 minutes rest following each meal. Post meal support is available to help you manage distressing thoughts and feelings and explore new coping strategies.
- Mobile phones should not be used in the dining rooms whilst eating or during post meal support.

Table 4. Mealtimes

Breakfast	8:00
Mid-morning snack	10:15
Lunch	12:00
Mid afternoon snack	15:15
Evening meal	17:00
Supper	2100

Other therapeutic boundaries and expectations of inpatient treatment

- For all inpatient treatment programmes, except symptom interruption, there is an expectation that you will gain a minimum of 0.8kg per week in line with NICE guidelines (NICE, 2017).
- No fizzy drinks are allowed on the unit for staff or service users.
- No chewing gum is allowed on the unit for staff or service users.
- You will be expected to keep your door viewing panels open in individual bedrooms unless changing.
- You are not permitted to smoke in any trust buildings, within the hospital grounds or in any of the car parks. Smoking cessation support is available and please approach a member of your team if you would like more information about this.
- Alcohol, illegal drugs and verbal and physical violence are not permitted in any trust buildings or within the hospital grounds. The ward and wider trust have a zero tolerance policy towards alcohol, illicit drugs and violence and failure to adhere to this this can lead to discharge.

Weight monitoring and weight restoration

You will be weighed and heighted on the day of your admission and the day after (day 2) to ensure that there is an accurate assessment of baseline weight and body mass index (BMI). Your BMI is an important aspect of your initial physical risk assessment and will also guide future treatment options. Thereafter you will be weighed twice weekly (Mondays and Thursdays) after you have used the toilet and before eating and drinking (usually before 8am).

You will be asked to wear your pyjamas or night-clothing for weighing and to remove your slippers and dressing gown. You will have the opportunity to discuss your worries and anxieties with a member of your team throughout this process.

For all inpatient treatment programmes, except symptom interruption, there is an expectation that you will gain a minimum of 0.8kg per week in line with NICE guidelines (NICE, 2017). Research has shown that treatment of anorexia nervosa is most effective when there is a combination of weight restoration as well as psychological change and this therapeutic boundary is an essential part of your treatment. This rate of weight gain also means that you are not in hospital for too long and we will ensure that is a rate that you can learn to cope with, both physically and psychologically. Your healthy target weight range will be discussed with you, taking into account your height, weight history, gender, ethnicity, age and predicted set point. Those on the symptom interruption programme will not have a target weight and there will be more flexibility in the frequency of weight monitoring.

Physical risk monitoring

Weight monitoring is only one component of your physical risk assessment and when you arrive on the ward the ward doctor will perform a full physical health assessment including taking a clinical history and performing a physical examination. The ward doctor or a nurse will check your bloods, perform an electrocardiogram (ECG) and check your physical observations (blood pressure, heart rate, temperature, respiratory rate). You will continue to have your physical observations monitored on a daily basis for at least 3 days including blood glucose (BM)

monitoring. For the first 2 weeks you will have daily blood monitoring to monitor for features of re-feeding syndrome and you will be prescribed re-feeding supplements to minimise the risk of developing re-feeding syndrome. Close physical health monitoring during this period is needed in particular during the first two weeks of establishing your new healthy, balanced diet and whilst portion sizes are increasing. Monitoring of blood results ensures your safety during the initial stages of refeeding and nutritional rehabilitation. Your sleep may be interrupted to allow staff to carry out physical health checks, for example blood glucose monitoring. The level of physical health monitoring is reviewed regularly by the MDT and any changes to this will be discussed with you at the weekly inpatient MDT review meeting.

Other physical tests include:

- A bone (DEXA) scan if you have not had one within the last 2 years. Your ward doctor will discuss your results with you and give you an opportunity to express any concerns that you may have regarding your bone health.
- Regular monitoring of your blood glucose level (via finger prick testing) in particular during the first 3 days of your admission. There may be a need for this monitoring to continue beyond the first 3 days if your blood sugar levels remain low.
- A record of your fluid intake and output will be monitored for minimum of 3 days following admission.

Please do not hesitate to speak to your team if you have any concerns or questions regarding your physical health monitoring. Medical tests and results are discussed and shared with you at the weekly inpatient MDT review meeting.

Leave

Home leave is discouraged during the first 2 weeks of treatment.

In stage 2 leave will be negotiated with your team and will usually be 3 x 60 minutes off the unit per week, either with staff, family or friends. You can go where you want within the hospital grounds.

In stage 3 you will continue to have 3 x 60 minutes off the unit per week, either with staff, family or friends. You can go where you want within the hospital grounds. In addition to this you will start to have graded increased home leave which will be negotiated with your team.

If there are concerns about your overall level of physical or psychological risk at any point during your admission then the team may advise that you remain on the ward for your own safety and leave will be discouraged.

Reflective leave

Treatment of an eating disorder can sometimes feel intolerable. The reasons for this are complex and can present in a variety of ways. The team recognise that for some individuals a brief period of reflection away from the intense environment of the unit may be helpful when treatment has proved challenging and can allow time and

space to reconsider commitment to change and to revisit the rationale for pursuing and continuing inpatient treatment. For this reason we allow all service users the option to have one period of 'reflective leave', lasting up to 72 hours, during the course of their admission. If you have any questions about reflective leave or if you are considering utilising this then please approach a member of your inpatient team.

Visiting times

Weekdays: 1530 – 2015.

Weekends and bank holidays: 1100 – 2015.

Visitors are requested to avoid meal times and rest periods.

Children visiting the unit

We acknowledge the importance of children being able to visit their family members on the unit and we aim to provide you and your family a safe and secure environment at all times. The team will aim to be flexible with visiting times if you have children visiting you on the unit and please discuss any requirements you may need with your team so arrangements can be made and included in your care plan. Responsibility for the visit, its appropriateness and relevant supervision arrangements remains the responsibility of the nurse coordinator on the unit.

Discharge

Your discharge from the unit will be planned together with you, your MDT, your family and carers, your community team and any other people who feel are important in your care.

Whenever possible we aim to agree a discharge date well in advance so that arrangements can be made to ensure that there is a smooth transition from the unit to the community. A member of the inpatient team will contact you within 3 days of discharge, either face to face or by telephone, to ensure that you are safe and to see if there have been any difficulties since leaving the unit.

Following discharge we will often recommend follow-up from community eating disorders services if this is available in your area. Service users who are registered with a GP in the Leeds area will have access to home-based treatment through the YCED Community Treatment Service (CTS). If you do not have access to community eating disorders services in your area then you may be offered outpatient treatment here at YCED if clinically indicated.

Other important information

Patient Advice and Liaison Service (PALS)

PALS is a confidential and free service providing information, advice and help to resolve concerns of service users, relatives and carers. PALS leaflets are available on the ward and please approach a member of your team if you have any questions about this.

Fire safety

Fire and smoke detectors are fitted throughout the unit. There is a weekly fire test every Friday morning. You will be shown where the fire exits are located on the unit during your first day on the ward.

Professional boundaries

The inpatient team aim to ensure that we:

- observe professional boundaries (appropriate verbal and non-verbal communication and inter-personal skills) at all times when engaging with service users.
- practice in a fair and non-discriminatory way respecting both confidentiality and an individual's best interests.
- support service users as needed as well as carers, friends and family.
- provide the standards of care that we in return would expect to receive.

Always ask if you are unsure about any aspects of your treatment. This will help to avoid any doubt or misunderstanding and will help to ensure that the boundaries between you and your team remain clear.

We have a duty to protect the privacy of service users on the ward and our staff have a right to go about their normal work without being filmed or photographed, unless there is agreement for such recordings to take place.

If you are unsure about the conduct of a member of staff, please speak to a member of your team who you feel comfortable speaking to or alternatively you can contact the PALS department.

Raising a concern, compliments, comments and complaints

If you have any concerns, comments or complaints about your treatment please approach a member of your team as soon as possible. This will be passed on to the ward manager and the service operations manager who may approach you to explore any issues raised with you in more depth and hopefully resolve any issues where possible. If any issue cannot be resolved through this process then you can raise your concerns formally through the trust's complaints department who will carry out a formal investigation. The trust complaints department leaflet is available on the ward.

Smoking

Our trust is a smoke free organisation and we have an obligation to provide a safe, smoke free environment for all service users, carers, visitors and staff. This means that you are not permitted to smoke in any trust buildings, within the hospital grounds or in any of the car parks. Smoking cessation support is available and please approach a member of your team if you would like more information about this.

Substance misuse and violence

Alcohol, illegal drugs and verbal and physical violence are not permitted in any trust buildings or within the hospital grounds. The ward and wider trust have a zero tolerance policy towards alcohol, illicit drugs and violence and failure to adhere to this this can lead to discharge.

Legal status

The unit operates an open door policy which means that the doors are not locked during the day. The unit is locked at night for security purposes. This is not to prevent you from leaving and you can open the doors by pressing the door release button. Please discuss decisions to leave during the night with ward staff.

Informal treatment

Service users who are 'informal' have agreed to come into hospital voluntarily and cannot be held on the ward against their will. They are not subject to any restrictions around leaving the ward however ward staff have a responsibility to ensure they know the whereabouts of all service users on the ward at all times. This is to comply with health and safety regulations. Service users who are informal have the right to refuse any treatment proposed by the team and we would encourage anyone who has concerns about their treatment to approach a member of their team as soon as possible to discuss this further.

Formal treatment

In some instances the use of Mental Health Act (formal treatment) may be needed. This is usually in the context of heightened risk where the physical or psychological risks are such that the individual concerned is at risk of harming themselves or others. If the use of the Mental Health Act is being considered then the inpatient team will discuss this with the service user involved to support them through what can sometimes be a stressful and difficult time. For individuals detained under the Mental Health Act the team will offer to make arrangements so that the individual involved has access to an Independent Mental Health Advocate (IMHA) who can provide additional and independent support through this difficult time. Moreover the team will provide information about how to appeal the detention and the process involved in doing this.

If you need more information about your legal status, please ask a member of the team or contact the PALS department.

Spiritual and pastoral care

The spiritual and pastoral care team delivers a confidential counselling and support service to service users, carers and staff across the trust. Please ask staff for their contact details if you feel you may benefit from their input.

Please note a peace room is available on the ground floor near the main reception area on the ground floor of the Newsam Centre.

Evaluation and clinical audit

The team is committed to ongoing evaluation of the effectiveness of the service that we offer. We will ask you to complete questionnaires on admission and prior to discharge for this purpose. We will also ask you to participate in a pre-discharge interview to hear about your views and experiences of your admission and explore any areas of the service which worked well or you feel could be improved upon. Please be assured that the information from your questionnaires and exit interview are anonymised and confidential and will only be used to inform and improve the treatment we offer.

Equal opportunities

The service is available to anyone over the age of 17 irrespective of gender, ethnicity, sexuality or physical disability.

Confidentiality

All service users have the right to access their health records and to know that those working for the NHS will, by law, keep their contents confidential. If you wish to access your health records, please speak with a member of your team who will assist you with this. Information that you share will be confidential to the team of professionals involved in your care. If it is felt however that you or another person or child is at risk, information may be disclosed without your consent. If this were to occur, please be assured that you would be informed by the team about this.

Your clinical notes are kept safely on the trust's electronic case records system (PARIS) and in the team office on the ward. They are stored and archived according to trust policy and further details on this are available on request.

A summary of your admission and recommendations for future care is provided to your community team on discharge. All information will be shared in a sensitive and respectful manner. Your consent will be sought to disclose specific information to others, except when required by law or court order, or when deemed necessary in the interests of the public.

Notice boards

There are a number of notice boards on the ward which provide up-to-date information such as PALS, advocacy, research and development, the inpatient group programme and trust policies.

Information for carers

Supporting a loved one who has an eating disorder can often be challenging and can evoke an array of mixed emotions. Family and carers often report that they feel unsure about what to say and what to do to support their loved one. If this is the case then it can often be helpful to ask them how they would like to be supported. We strongly advise that all service users have at least one family meeting during their admission which can be a helpful forum for you and your loved one to raise any concerns that you may have such as understanding the nature and treatment of an eating disorder, worries about home leave or post-discharge care. In some circumstances service users may wish to opt out of these family sessions which is their right. In such circumstances family and carers can still approach a member of the inpatient team to seek help and although they may not have consent to discuss the finer detail of the service users' care they can still offer you general advice and support.

Family and carers may express concerns about what their loved one is eating during periods of home leave. In such circumstances we would encourage you to speak to your loved one about this in the first instance and we also encourage service users to share their diet plans with their family and carers prior to home leave where clinically appropriate. We also encourage service users to involve their family and carers in the practical aspects of self-catering and portioning meals.

Please note that if you have any concerns about your loved one during periods of home leave you can contact the unit on 0113 855 6397 to discuss this with a member of the team.

YCED carers support group

The YCED carers support group aims to support people who care for anyone over 17 who is living with an eating disorder. The group provides a safe forum where carers can share their knowledge and experiences and offer each other empathy, support and understanding. The group is co-facilitated by YCED and the local charity Northpoint Wellbeing. Meetings are currently held on the **first Wednesday of every month (1900-2030)** at YCED, Newsam Centre, Seacroft Hospital, Leeds.

For further information please contact the inpatient team (0113 855 6400) or the YCED carers support group helpline (0113 206 3334).

Recommended reading for carers

- Skills-based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method (Treasure 2007).

Recommended online resources for carers

- Online toolkit for carers. Available at <https://issuu.com/instituteofpsychiatry/docs/toolkit-for-carers-feb3-09>
- b-eat online support groups. Available at: <https://www.b-eat.co.uk/support-services/online-support-groups>

Case studies

Julie

Prior to my admission to YCED I was not living, I merely existed. I felt like my life had come to an end, with no possibility of happiness, laughter or excitement. In short my admission to the YCED has saved my life. Whilst I cannot profess to have the perfect life, nor can I pretend that my problems are not still live, I do feel confident in saying that I have a renewed a sense of life with purpose. Along with restoring my confidence and self-esteem, staff at YCED have worked with me to rediscover my personality.

Working alongside my primary nursing team, which consists of two nurses and a health support worker, I have explored pertinent issues in further depth. Dieticians are also on hand to discuss diet plans and methods of breaking unhelpful cycles. I cannot stress enough how invaluable this time has been. Without this encouragement and direction, I would not have regained by confidence in order to socialise with my friends and my life would not be moving forward.

On a one to one basis, staff are available to offer support with cooking, baking and eating out. Once again, I could not have broken certain destructive behaviours without this support. In addition, the eating out group enables service users to experience the social aspects of eating and begin to reconnect with food in alternative environments. This has been most helpful to me when I have met friends for lunch, dinner and drinks out.

During my admission I received cognitive behavioural therapy (CBT). This has enabled me to identify triggers and alter my approach to stressful situations. Whilst in the past I have felt utterly overwhelmed by life, I am now starting to find a path for myself and cope better with life's uncertainties and challenges. CBT was offered alongside mindfulness and relaxation.

Additionally, there is meal support following meals. This can involve various worksheets on related topics, such as self-esteem, anxiety management and problem solving. Discussions also take place, along with games in the evening. The latter enables service users to relax, get to know each other and have fun. This has been instrumental in helping us discover more about ourselves as individuals, as well as a group. It is through this that I have started to learn about who I am, develop my personality and discover my identity, without my eating disorder defining who I am.

Personally, I have experienced an overwhelming amount of positives from treatment. This is not to say I did not have to deal with unfavourable aspects. Firstly, you are required to adhere to certain boundaries, both in terms of your freedom and your autonomy. It requires you to give up a certain amount of control, which can feel overwhelming and distressing. It also restricts your activity to more moderate levels and it does involve weight gain. I particularly found the activity related restrictions hard. I also found preparing my meals in a communal kitchen with staff support psychologically and emotionally challenging. I shouted, I cried and I blamed others. On reflection, I can identify that the expectations and the boundaries were necessary and are in place for valid reasons. Without these, I would not have pushed myself to

fight my eating disorder, because at the time it felt so right. However, I was never right when guided by my eating disorder, despite how much I protested at the time.

I might also highlight that the ward environment can be hard at times. With a large number of service users living almost 'on top of each other', inevitably, there is sometimes friction. Additionally, there is often a rapid turnover of service users, which can be disruptive. However, these apparent 'barriers' are not constraints. They come and they go. It is certainly worth riding them through.

Finally, I must say, with true sincerity, that all of the staff at YCED treated me with absolute respect and kindness throughout. When I was upset they would spend time working things through with me, providing clarity against a hazy blur of emotions. Without them, I can honestly say I could not have got through treatment. I cannot stress enough how much time and belief they invest in helping service users. Even when things seemed utterly hopeless, the staff always helped me to identify the positives. I entered hospital 'without a personality'. I have not only discovered that I have one but I have realised how much happier, stronger, energetic and capable I have become. These are things anorexia will never provide. So thank you YCED, there is not one day that passes in which I do not appreciate your help and reflect on how my life has changed for the better.

John (a carer's perspective)

Becoming a carer for a family member with an eating disorder is very difficult. It challenges your attitudes to mental health conditions and above all, will test your love and patience for someone dear to you.

It happened to us almost overnight, when our loved one who had been living and working in another part of the UK, suddenly asked if she could come home to live and by the time she arrived 3 weeks later she was seriously ill. It was only 6 months since we had last seen her but now she was thin, her skin was grey, her hair falling out and she would only eat tiny amounts of fruit or vegetables; we had entered the 'unknown' and gradually discovered that we were carers

After 6 months of wrestling with everything that an eating disorder could throw at us including, eating problems, deceit, over and under reaction to minor events at home and a variety of unexpected challenges, our loved one was admitted to YCED at Seacroft Hospital in Leeds. We were unsure what was happening and to test us even more, we met a confidentiality wall of silence because our loved one is over 18 years old and confidentiality rules are different for under-18s.

Gradually, from books, online searching and a carers' workshop we began to understand why some things had happened and more importantly, how to react. Our loved one received fantastic treatment from YCED and was eventually discharged after 7 months with a safe BMI and vitality, the knowledge of how to maintain it.

From our experience, there are 3 main things to be ready for when you become a carer of an adult with an eating disorder. First, expect the unexpected; remember it is a mental health illness not a fad! Second, be prepared to quiz the professionals

caring for your loved one until you understand what is happening. Finally, never give up, lose hope or doubt that a recovery is possible!

Self-help material and other resources

The following is a list of evidence-based self-help materials and other resources which service users and carers may find helpful. Copies of these should be available on the unit but if not please discuss this with a member of the inpatient team who will arrange for these to be provided.

Self-help materials

Anorexia nervosa

- Overcoming Anorexia Nervosa: A Self-Help Guide Using Cognitive Behavioural Techniques (Freeman 2009)
- The Anorexia Workbook: How to Accept Yourself, Heal Your Suffering, and Reclaim Your Life (Heffner 2004)

Bulimia nervosa

- Overcoming Bulimia Self-help Course: A Self-help Practical Manual Using Cognitive Behavioral Techniques (3-Book Set) (Cooper 2007)
- Overcoming Bulimia Nervosa and Binge Eating: A Guide to Recovery (Cooper 1993)
- Overcoming Binge Eating (Fairburn 1995)
- Getting Better Bit(e) by Bit(e): Survival Kit for Sufferers of Bulimia Nervosa and Binge Eating Disorders (Schmidt 1993)

Family and carers

- Skills-based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method (Treasure 2007).

Eating disorders in men

- The Invisible Man: A Self-help Guide for Men with Eating Disorders, Compulsive Exercise and Bigorexia (Morgan 2008)

Anxiety and OCD

- Overcoming Anxiety Self-help Course: A Self-help Practical Manual Using Cognitive Behavioural Techniques (Kennerley 2006)
- Overcoming Panic and Agoraphobia Self-help Course (3 Parts): a 3-part Programme Based on Cognitive Behavioural Techniques (Silove 2007)
- Overcoming Social Anxiety and Shyness Self-help Course (3 Parts): a 3-part Programme Based on Cognitive Behavioural Techniques (Butler 2007)
- The Mindfulness and Acceptance Workbook for Anxiety: A Guide to Breaking Free From Anxiety, Phobias, and Worry Using Acceptance and Commitment Therapy (Eifert 2008)
- Overcoming Obsessive Thoughts: How to Gain Control of Your OCD (Purdon 2005)

Depression

- The Mindful Way Through Depression: Freeing Yourself from Chronic Unhappiness (includes Guided Meditation Practices CD) (Williams 2007)
- Overcoming Depression: a Self-help Guide Using Cognitive Behavioural Techniques (Gilbert 2009)

Mindfulness

- Mindfulness: finding peace in a frantic world (Williams & Penman 2011)

General

- Overcoming Low Self-Esteem: a Self-help Guide Using Cognitive Behavioural Techniques (Fennell 2009)
- Breaking Free Workbook: Practical help for survivors of child sexual abuse: Help for Survivors of Child Sex Abuse (Ainscough 2000)
- Mind Over Mood: Change How You Feel By Changing the Way You Think (Greenberger & Padesky 1995)
- Overcoming Anger and Irritability (Davies 2009)

Support groups

- YCED support group – a weekly support group available to anyone over 17 years of age with an eating disorder. Held every Wednesday (1730-1830) at the Newsam Centre, Seacroft, Leeds. Please contact 0113 855 6400 or visit <https://www.leedsandyorkpft.nhs.uk/our-services/services-list/yorkshire-centre-for-eating-disorders/> for more details
- Beat (www.b-eat.co.uk) – formerly the Eating Disorders Association, Beat is the UK's leading eating disorders charity. This website includes information about eating disorders, a section specifically for young people, helpline telephone numbers and information about other help and support available.
- Bodywhys (www.bodywhys.ie) – Bodywhys is the Eating Disorder Association of Ireland. The website contains information and support service details.
- Anorexia and Bulimia Care (www.anorexiabulimiacare.org.uk) – a national Christian charity offering help and support to people with eating disorders and their carers.
- Student Run Self Help (www.srsh.co.uk) – a website about a project aiming to improve support available to students and young people with eating disorders by setting up a network of student-run self-help groups. The website contains information about existing self-help groups and on how to get involved.
- Men Get Eating Disorders Too (<http://mengetedstoo.co.uk>) – a website for men who have been affected by anorexia, bulimia, binge eating disorder, compulsive eating and/or compulsive exercise.
- Carers UK (www.carersuk.org) – an organisation of carers.
- Mind (<https://www.mind.org.uk>) – a UK based mental health charity which provides advice and support to empower anyone experiencing a mental health

problem. Campaigns to improve services, raise awareness and promote understanding.

References

National Collaborating Centre for Mental Health (2017) Recognition and Treatment. National Institute for Clinical Excellence.

Royal College of Psychiatrists (2014) *MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa* (College Report CR189). Royal College of Psychiatrists.

