

Eating disorders service

Our environment

Our hospital-based unit is dedicated to the assessment and treatment of eating disorders in adolescents and young people. We focus on providing intensive, skilled, experienced, multidisciplinary inpatient treatment for those who are too ill for outpatient treatment, or who have not responded to less intensive methods of treatment. Central to this is the involvement of the patient's family and the provision of help and support for those persons most affected by these distressing and potentially life threatening disorders.

Our 15 bed unit is self contained with its own separate therapy and living areas. School (within the hospital's own education unit) and leisure activities form an integral part of treatment. Patients are generally admitted for treatment seven days a week but, as they progress towards discharge, they and their families are supported in their reintegration into normal life by the gradual introduction of periods of leave prior to discharge.

The young people that we treat

We treat young people of both sexes and offer two programmes, one for 13 to 18 year olds and a second for those aged 19 to 25. Patients accepted for treatment will normally be suffering from a severe eating disorder such as anorexia nervosa. We have earned a reputation for our successful outcomes with treatment-resistant patients and frequently admit young people with a very low BMI (Body Mass Index) and associated poor physical health.

Patients are admitted either on a voluntary basis, under parental consent or, where appropriate, using the powers of the Mental Health Act.

Focus on psychology

Our psychology department offers both individual and group therapy. Individual therapy includes Mindfulness-Based Cognitive Therapy (MBCT), Cognitive Behavioural Therapy (CBT), Compassion Focused Therapy (CFT) and Motivational Interviewing. In addition, we offer neuropsychological testing on admission, as part of the assessment phase. The results of the neuropsychological tests are used therapeutically with patients and by the education department within the hospital.

Our clinical care

Our established specialist team offers a wide range of experience and professional expertise. It includes a full time consultant psychiatrist, psychiatrist, clinical psychologists, specialist nursing team, healthcare support workers, qualified teachers, psychotherapists, family, art, occupational and sports activity therapists, a dietician, social workers and teachers. The team is supported by our Medical Advisor, Professor Bryan Lask, who is renowned for his work in the field of eating disorders.

Our unit is staffed 24 hours a day by trained nurses specialising in the treatment of eating disorders. In addition, to support the needs of patients who are physically ill as a result of their eating disorder, we employ general nurses (RGNs).

Treatment programmes

As a basic minimum of care we follow NICE guidelines for eating disorders. In addition, we tailor care plans to meet the individual needs of patients and families.

We have developed a range of treatment programmes and a way of working that optimises the prospect of patients' recovery while minimising the length of time they have to be treated away from their families and local community, and strengthens the links with their local provider services. This is achieved through closer joint working with local providers, from joint assessments and discharge planning from the point of assessment, through a range of in-patient programmes and, if indicated, step-down day patient and outpatient treatment.

Following initial assessment and diagnosis, we tailor comprehensive treatment programmes to meet the individual needs of patients and families.

Components of treatment include a combination of family therapy, individual psychotherapy, art therapy, dietetic advice, education, prescribed exercise, occupational therapy and socialised eating. By supporting patients in shopping for their own food and preparing meals in our therapy kitchen, we help them to overcome the issues and fears that they have around food. We place a particular emphasis on close working with families and carers to help them support the patient through their recovery. At the same time, we support the patient's age-appropriate independence with help in planning and implementing further education, employment and accommodation.

■ Emergency admission – six weeks

We accept patients with funding agreed for six weeks.

A brief focused admission for acutely ill patients, who can be admitted on the basis of their own consent, or their parents' consent (for children under the age of 16, or 18 if they lack capacity to consent) or under the Mental Health Act, to stabilise the patient's physical and psychological state sufficiently to carry out a safe and appropriate assessment. We can then agree with the patient (if consenting), parents, referrers and commissioners, an appropriate ongoing care plan. Through a structured programme, the aim would be to help the patient and their family reach a point at which the patient is able to make a successful transition to continuing recovery as an outpatient (usually with their locality team).

■ Comprehensive programme

An individualised programme to help the patient and their family reach a point at which the patient is able to make a successful transition to continuing recovery as an outpatient when it has not been possible to achieve this through the six week admission programme, or when it has been predicted to be unlikely to be possible or safe to attempt this through the six week programme.

We ensure that evidence based practice is followed by administering a range of measures (eating disorder psychopathology; depression; anxiety; obsessive behaviour and strengths and difficulties) upon admission and discharge.

Follow-on day patient and outpatient treatment

Recovery from severe eating disorders such as anorexia nervosa, generally takes two to three years from commencing treatment. The majority of this time will be in outpatient treatment. The transition from inpatient treatment to outpatient treatment is a time of increased risk of early deterioration and for some individuals this risk can be effectively managed by a period of day patient treatment, prior to outpatient treatment. Following an initial transitional period, ongoing outpatient treatment will generally be with the patient's local mental health services,

the details of which will be finalised during the admission.

In some circumstances it will be agreed that we continue the outpatient treatment at our hospital, which usually consists of ongoing individual and family therapy with psychiatric review and other specific inputs as required. All treatment planning is developed in collaboration with the local provider team, as well as involving the patient and their family or carers, and the funders.

Ongoing support

We offer supported discharge packages aimed at maximising patients' therapeutic progress and treatment outcomes. Discharge packages are tailored to meet the needs of the patient and the local provider team, and can be provided on an outpatient or outreach basis. A typical package provides the patient and their carers with access to the treating consultant, psychologist and family therapist for up to 12 months following discharge. We can also arrange for patients to continue other therapies such as art and occupational therapy on an outpatient basis. Support in the community, supported home visits and support back into education can be included in the package if required.

Research programme

Our eating disorders unit takes part in a multi-centre research programme based at Great Ormond Street Children's Hospital. This is led by Professor Bryan Lask, Professor of Child and Adolescent Psychiatry, who is also Medical Advisor and Research Director for The Huntercombe Group.

The Huntercombe Group's research team helps us and others to further develop the quality and effectiveness of the treatment of eating disorders and has published extensively in this field. All research receives approval from the local research and development committee and the ethics committee prior to commencement to ensure it is of the highest quality and that it fulfils all ethical requirements.

“When I first came here I was so unhappy and didn't have a life worth living. But now I'm so happy and you've made all that possible for me!”

From former patient to staff on our Eating Disorders Unit

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Huntercombe
Group



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