EATING DISORDERS

Let's carry on IMPROVING CARE



Mandy Scott, mental health nurse, discusses the challenges faced in helping people with eating disorders – lack of funding, transitions from child to adult care and ensuring full understanding of the illness.

Eating disorders (EDs) have the highest mortality rate of any psychiatric illness through either medical complications or suicide (Smink et al, 2012). And yet we still struggle to understand what really causes them.

There can in fact be many contributing factors or triggers of an eating disorder: stress vulnerability, family history of ED, trauma or abuse, a history of dieting, social and media pressures, chemical imbalances in the brain, and physical illness such as flu. While not everyone experiencing these triggers goes on to develop an ED, it is estimated that more than 725,000 people in the UK are affected by an ED (BEAT, 2015).

CHILD TO ADULT CARE

My experience as a registered mental health nurse has highlighted many of the challenges we face when trying to treat eating disorders. As an in-patient nurse working with young people in a specialist unit, helping the patient realise the seriousness of their ED, restore weight (when they are terrified) and helping reintegrate them back into home life are key challenges.

As a child and adolescent mental health services (CAMHS) outreach nurse in the community, engaging the patient, when denial is a key feature of ED, can prove difficult. However, it is very rewarding when you build up a trusting, therapeutic relationship and see quality of life improve.

Maintaining change can be difficult psychologically once the person restores weight, and this is where a robust support package is key. Juggling resources when thresholds are different for children and adults is a real challenge, especially as the transition age approaches and the patient is used to 'the CAMHS way'.

A suggestion would be to develop standardised protocols relevant throughout the transition period and dependent on risk. For example, a patient who came to my charity explaining she had been under CAMHS was advised to stay out of sixth form and study at home. When she transitioned to the adult team, she was told she should be in school and that it would help her recovery. While both sides have merits, the conflicting views can be very confusing for the patient and family.

As a CAMHS and adult ED case manager for NHS England, I had the aim of keeping people as close to home as possible when needing hospital admission, facilitating repatriation where patients had gone out of the area and working with the local clinical commissioning groups (CCGs) to improve care pathways. This proved particularly difficult when the CCGs no longer had the budget for in-patient admissions.

The most obvious suggestion would be for more collaboration between NHS England and local CCGs, with an incentive for CCGs to

Mandy will be running a masterclass on the new guidance on managing EDs at the Unite-CPHVA Annual Professional Conference on **17-18 October**

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