

Welcome back to the Mawson House Quarterly Newsletter. This edition is focusing on the changes we have been making to the service and coping during this Christmas time.



MAWSON HOUSE

WINTER 2021
ISSUE

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A word from Alison

Dr Alison Eivors—Consultant Clinical Psychologist & Clinical Team Lead



After 27 years in the NHS and 20 of those spent working in eating disorders, I have made the very difficult decision to leave my role as clinical lead in the CAMHS EDT and as part of this I was asked to reflect on the changes and challenges during this time. I'm delighted to do this, as I've been fortunate to lead such a fantastic team and see some much needed change in the way we approach the treatment of clinical eating disorders.

I've had a long standing interest in this area, and think the way in which a psychological condition impacts in such a profound physical and visual way has always fascinated and motivated me to understand more, and why it has held my interest in working in this area for such a long time.

I began my eating disorders career initially through research when training to be a psychologist in the early 1990's (wow that makes me sound very old!) and I worked with the Leicester Adult Eating disorders team and completed my doctorate research on reasons for the high levels of 'drop-out' from services. I interviewed patients who had found it challenging to remain in treatment, and heard stories of how isolated they felt with long term difficulties in relation to not just their eating issues, but in terms of their social life, family...

...relationships, careers... I was 'sold' from this point onwards in finding a way to work in this area and hopefully to make a difference to the lives of people who were so impacted by the long term effect of living with debilitating disorders such as severe and enduring anorexia nervosa.

Soon after completing my training I was recruited to a post in the adolescent inpatient service. It was devastating to see a number of patients at a young age being separated from their families and requiring lengthy inpatient admissions. The approaches then were very much focussed on individual therapy – working to help the young person gain insight and motivation. I'm honest in acknowledging that despite significant effort, our outcomes were very variable.

There was a growing awareness from clinical experience, and backed up by research that a significant change was required in service delivery to make a real difference to the trajectory for young people and their families. Up until 2005, there were only a handful of specialist teams in the UK, and most young people were treated in generic CAMHS by staff who had little training and expertise in eating disorders, which at that point were quite a 'rare' presentations.

Dr Catherine Coffey was instrumental in pioneering the specialist team here in Leicester, by setting up a pilot project in 2004. I'm indebted to her for allowing me to be part of this exciting small but perfectly formed team of very motivated staff and also to the managers who were persuaded to release our time from existing roles to develop a treatment pathway to support young people with eating disorders. As I remember, during the year long project, the team assessed around 50 patients and were successful in treating them all as outpatients.





After a few years of lobbying, we formed as a substantive team in 2007. We were based at the Oakham House inpatient hospital which allowed us to retain links with the inpatient team, but really get to grips with developing our assessment and treatment model and working to implement the guidance from the 2005 National Institute of Clinical Excellence (NICE) recommendations.

I was very fortunate to have a sabbatical to Australia in 2012 and whilst I kept connections with the Leicester team by offering ongoing supervision, I took on a role as clinical lead of a community all age eating disorders team in Melbourne. They had clearly embraced and embedded family based treatment and I was fortunate to receive excellent training with James Lock who wrote the manual which we now consider to be the 'Family Based Treatment (FBT) bible'!

When I came back to the UK, we all took to implementing the approach with more confidence and accessed further training here. There was a growing recognition of the benefit of specialist teams and the Access and Waiting Time strategy which was published in 2015 laid out a comprehensive plan for significant investment in specialist teams. It was an exciting time of development, with the expansion of the team to include additional professions and staff to help us support the increasing number of patients requiring support. The team wholeheartedly embraced ways of working which fostered the skills, capacity and love of concerned family members, and the outcome of improved rates of recovery and fewer admissions to hospital was incredibly reinforcing.

A national training strategy was part of the investment and I was mentor for a number of teams, which helped keep us connected and learn from innovative practice elsewhere in the country. The team worked incredibly hard to embed a clear pathway to ensure early access to treatment, and have always had a strong ethos of evaluating the impact of the work we undertake, and connecting this to current research which ensures we're offering the most up to date approach.

The past few years have been incredibly challenging, with a clear gap in the resources required to meet the increasing demand. By evidencing the impact that the team makes, we have secured funding for the Home Intervention Team (HIT), and now support over 250 patients with a team of around 35 staff (including professionals from psychiatry, nursing, psychotherapy, dietetic, family therapy, administrative, occupational therapy and research roles). I'm delighted that we now have a health promotion/carer coach role, which will help us to reach out to families and young people who might face more obstacles to accessing treatment, and offer coaching and support from the lived experience.

One of the most rewarding parts of my role has been hearing real life accounts of change and recovery. I am indebted to the many families who have shared their experiences, to help us learn, reflect and develop as a team. I can't quite put into words the impact it has on us as clinicians to see a young person metamorphosise through treatment and to see their personality revealed after the mask of an eating disorder. I have always felt incredibly fortunate to work in this unique area and have the incredibly support of such a vibrant, passionate, committed group of colleagues who I know will continue to do amazing things to support young people and families in recovery.



WHAT TO DO WHEN YOU'RE FEELING BLUE

10 TIPS FOR MANAGING CHRISTMAS

There may be a lot to manage around Christmas, such as how to cope with the focus around food and how you might feel eating in front of others. To help you manage during this challenging time, we have included some suggestions for you to consider which might make it easier for you to look after yourselves.

1. Make a plan. This can help you to feel more prepared and in control on the day. Think about what you need to do and what you need from others to help you get through the day.

2. Distraction. Can be useful as a way to divert your attention away from the food. Write down some things that usually help, cut out the below and keep it somewhere safe.

My Distraction Plan

1. _____
2. _____
3. _____
4. _____

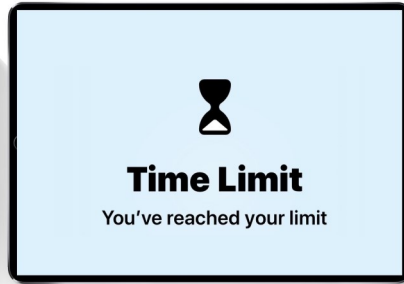
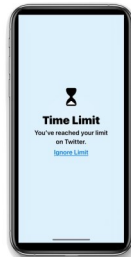
3. Communicate. Is there someone in your family that you trust and feel able to speak about your concerns?
Alternatively, see page 11 for helplines.

4. Be kind to yourself. Make sure you give yourself the care and love you deserve.



5. Acceptance. You may not enjoy Christmas day. It may be a difficult time for lots of people for many different reasons. It is okay to feel unhappy or anxious.

6. Limit your social media use. It may be helpful to have some time away from sites where you are more likely to compare, as there is a danger that this could make you feel worse. Consider setting a time limit on your screen time and blocking triggering content.



7. Take the focus away from food. Could you think about activities you could do either alone or with others that you usually do not have the time for? For example, reading or playing board games.



8. Keep routine during the Christmas break. Is there a project or task that you could do over the holiday period to help give you a sense of structure? Maybe sorting out your paperwork, or helping out with the redecorating?

9. Remember how far you have come and the progress you have made! Nothing and no one can take that away from you.

10. Access further support and resources

- ⇒ <https://www.youngminds.org.uk/young-person/blog/tips-for-coping-with-an-eating-disorder-at-christmas/>
- ⇒ <https://www.derbyshirehealthcareft.nhs.uk/about-us/latest-news/coping-christmas-time-eating-disorder>

Youthline BEAT: 0808 801 0711

So far you've
survived 100% of your
worst days. You're
doing great.

icantdrawbutdontcare.tumblr.com

Important notice

During the dates of 27th—28th Dec and 3rd Jan, Mawson House will be closed for the festive period.

Support providers such as Beat will be open the entire festive period, should you require support.

Please remember that the last day to order your prescriptions is the 17th of December.

MAKE YOUR OWN FESTIVE PANIC PLAN

As we've already discussed the festive period is an anxious time for many of us and this can feel quite overwhelming if you are not prepared. The following guide can help you to create a problem-solving plan to reduce your feelings of uncertainty at this time.

What do I like about the festive season?

What are my worries about the festive season?

What plans am I comfortable to make?

What activities can help me to keep my worry levels low (i.e. keep a journal talk to friends, treat yourself , go on walks etc.)?

What measures will help me to realise that my worries are overwhelming me?

Who can I talk to about my worries?

RESEARCH

READ ALL ABOUT IT :

The reality is that eating disorders do not discriminate but that ill-founded and fundamentally untrue stereotypes do.

Eating Disorder (ED) charity BEAT has published research showing that the stereotypes people hold about who develops EDs can act as a barrier towards the BAME communities receiving treatment. A YouGov poll found that 4/10 people thought that ED's are more predominant in white populations. Yet clinical research suggests that these communities are just as, or more so affected by eating disorders. These misconceptions can mean ED's among BAME people can go undiagnosed.

Beat found that only 52% of BAME respondents said they would feel confident seeking ED treatment, compared to 64% of White British respondents. Additionally, BEAT found that 30% of respondents believed less affluent individuals were less likely to develop an ED compared to more affluent individuals.

It's not just ethnicities and class that come into play with regards to ED stereotypes, sexual orientation and age are factors too. Even though LGBTQ+ people are a significantly higher risk of developing ED's, BEAT research found that 37% of LGB (in this particular research, only these identities were considered) people would not feel confident seeking help compared to 24% of people who identify as heterosexuals. Likewise, even though more adults suffer from ED's than young people, still 60% of respondents associated the illness with young people. Older sufferers can go unnoticed.

WANT TO GET INVOLVED ?

BEAT has a dedicated page on its website providing information on a whole range of ongoing studies surrounding eating disorders . Most are being conducted by masters and doctoral students through out the UK . If you're interested in seeing what ongoing research is currently occurring—whether that be out of curiosity or because your interested in getting involved your self , please follow the link provided below and see .

<https://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/research/eating-disorder-research/>

CARERS CORNER

INTRODUCING THE CARERS CAFÉ YOU ARE NOT ALONE!

Carers play a vital role in helping their loved one on the road to recovery, however, caring for a young person with an Eating Disorder can be a frightening, exhausting, and isolating experience. It is therefore essential for carers to find ways of looking after themselves. The Carer Cafe provides a confidential, non-judgemental source of understanding, listening and support for parents by parents.

On Monday 13th December 9.30am-10.30am we are launching our virtual Carer Café, led by Frances, our recently appointed Carer Practitioner. If you have been accepted for treatment and would like to attend or to find out further information, please contact reception **0116295310** or email **lpt.edtadmin@nhs.net**. You will receive the Teams link a few days before the event. This month some time will be spent discussing how to cope with Christmas as this can often be a very tricky time.

DATES FOR YOUR DIARY !

Future Carer Café meetings will be the last Monday of the month:

24th January 2022, 9.30 -10.30am

28th February 2022, 9.30 -10.30am

28th March 2022, 9.30 -10.30am

5th April 2022, 9.30 -10.30am

30th May 2022, 9.30 -10.30am

To register your interest in attending the Carer Café call **01162950310**.



Resources!



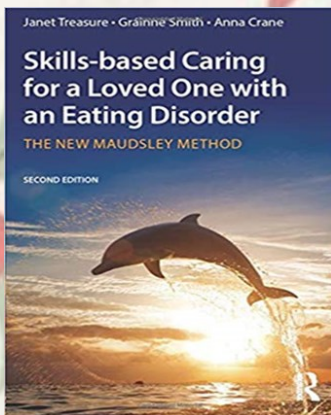
Words of wisdom from one carer to another



Parents do not cause Eating Disorders. Young people do not cause Eating Disorders. Knowledge is power – the more you understand the illness, the better prepared you will be. You will make mistakes – lots of them! That's ok. Reflect, learn from them, and move on. Recovery is a marathon, not a sprint – self-care and self-compassion is essential for everyone.

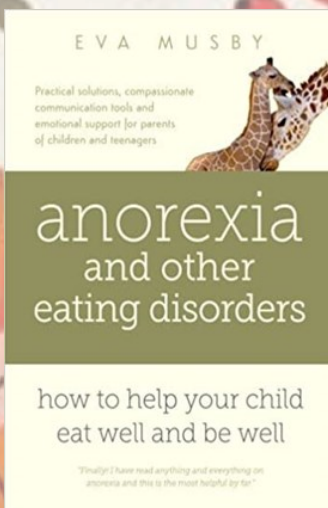
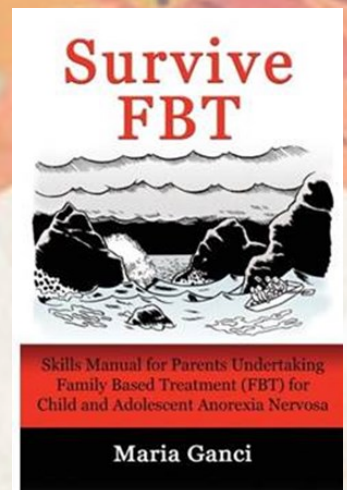
Recovery is absolutely possible.

RECOMMENDED READING



Skills-based Caring for a Loved One with an Eating Disorder – Janet Treasure, Grainne Smith, Anna Crane

Survive FBT – Maria Ganci



Anorexia and other Eating Disorders – Eva Musby

USEFUL WEBSITES

B-EAT >>>

www.beateatingdisorders.org.uk



FIRST STEPS >>>

www.firststepsed.co.uk/



F.E.A.S.T >>>

www.feast-ed.org/

SKILLS BASED LEARNING AND USEFUL VIDEOS >>>

www.newmaudsleycarers-kent.co.uk/new-maudsley-carers/

EVA MUSBYS WEBSITE & YOUTUBE VIDEOS >>>

www.anorexiafamily.com/

HELPLINE



Beat's Helpline are open from 9am – midnight weekdays and 4pm-midnight weekends.

Tel: 0808 8010677

ONLINE PLATFORM



Peer-support and online development (POD) is Beat's new e-learning platform. It provides carers with a space to learn, share experiences and find supportive community through workshops, courses, and forums. To register and for further information visit their website; www.beateatingdisorders.org.uk

WOULD YOU LIKE TO CONTRIBUTE TO OUR NEWSLETTER?



We welcome volunteers to write us a short piece (maximum one A4 side) on their recovery journey, or what recovery means to them.

If you prefer to express your ideas visually, we would love to see your drawings or photos that represents what recovery is to you. Please add a caption to explain why this image relates to your recovery. Please ensure that these photos are not of anyone.

If you would like to get involved, please hand in your piece to reception/ or email lpt.edtadmin@nhs.net, and if you would like to discuss anything further about your work and how it would appear in the newsletter just let us know.

You can post these anonymously by not leaving your name on the piece.



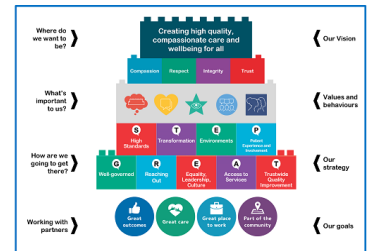
POLICY UPDATE:



Due to an amendment in trust policy, staff at Mawson House will now have the choice whether they wear uniform. We want to reassure service users that the highest standards of infection prevention control measures and PPE will be maintained.

If you have any queries or concerns, please don't hesitate to contact Mawson House on 0116 295 0310 email staff at lpt.edtadmin@nhs.net.





Instagram : [LPT.camhs.ed](https://www.instagram.com/LPT.camhs.ed)

Twitter : [@lptCAMHS.EDT](https://twitter.com/lptCAMHS.EDT)



Thank you for reading our Winter Newsletter.
The next edition will be out in March 2022 for the spring edition.

If you have any queries, feedback or ideas for future editions, please let us know by calling 0116295310 or emailing lpt.edtadmin@nhs.net.

In case of Emergency :

- ⇒ CAP (Mental Health Central Access Point) : 01162953060
- ⇒ Dial 111
- ⇒ Go to A&E