

EATING DISTRESS THERAPY SERVICE

ANNUAL REPORT FOR 1.4.2004 to 31.3.2005

INTRODUCTION

The Eating Distress Therapy Service (EDTS) is a developing specialist service, working with clients known to experience the highest mortality and morbidity rates. The EDTS has maintained and enhanced its countywide and national reputation as a highly valued specialist resource, with a reputation for creativity, innovation and quality. We are committed to pursuing the highest standards of clinical excellence, in conjunction with local strategic plans and guidelines.

SUMMARY

The EDTS has continued to undergo change and refinement over the past year. This has included changes in staff composition and, hence, in the skills and expertise we are able to offer, as well as development of our protocols, procedures and scope of service provision. At the end of this development period, the EDTS is closer to being able to provide the fully comprehensive community therapy service for eating distress that was envisaged in 2000/2001 when the service was initially established. These developments have been largely funded by a substantial SaFF contribution provided by Shropshire County NHS Primary Care Trust, and supported by the consistent interest and enthusiasm of Trust senior managers.

Over the past year, the EDTS has continued to provide direct psychological and practical input for individuals experiencing anorexia nervosa and bulimia nervosa, but with the addition of dedicated specialist dietetic support. This has included both individual and group work, as well as support for parents, partners, families and friends of our service participants. We have offered open days, a variety of training events, consultancy, conducted research, appeared on Radio Shropshire, continued to develop and enhance links with other services (both statutory and voluntary), and further reduced the number of individuals placed outside Shropshire in specialist units, with the financial and clinical benefits that this brings. By the end of this period, we had further broadened our remit to include EDNOS (eating disorder not otherwise specified), within which falls Binge Eating Disorder.

CLINICAL

Despite small staffing levels, staff movements and maternity leave, the EDTS over the past year has continued to offer high quality clinical input, with a range of intervention options tailored to individual service participants' needs and wishes. At the same time, through judicious use of our limited resources, we have avoided extended waiting lists, both for initial screenings of referrals as well as for commencement of psychological and other therapy.

Individual Clinical Work

From 1st April 2004 until 31st March 2005, the EDTS received 107 referrals, of which 68 opted into the service. The total number of contacts with service participants during this period was 1255.

In terms of the individual services we were able to offer, this included a range of evidence-based psychological therapies such as person-centred counselling, cognitive-behaviour therapy, interpersonal therapy, cognitive analytic therapy for both female and male clients, and integrated psychological therapy for women only. As well as psychological therapies, we were able to provide when needed specialist dietetic input, and both social and eating-related community support.

The nature of the work of the EDTS means that we are frequently dealing with complex situations and multiple diagnoses, in a group of individuals with the highest risk of mortality and morbidity. People often come into the service with a Body Mass Index (BMI) below 15 (e.g. height 5' 5", weight below 6 st 6 lbs), concurrent substance misuse, a history of childhood sexual abuse, and dual diagnoses, for example. This necessarily means that the work is intense and very long-term, and that service participants require a range of interventions which we have aimed to provide. Where clinically possible, our goal is to work with the individual's own motivation, and to enable them to work towards their own change and improvement in the community, rather than extract them from their day-to-day lives by means of any hospital admission.

Group Work

The EDTS aims to offer therapy groups and courses according to the needs of service participants at any particular point in time. Consequently we have offered a 16 week psycho-educational group for the experience labelled "bulimia nervosa", as well as a Body Image Group which was conducted for 9 months from May 2004 until January

2005. The psycho-educational group was conducted along evidence-based cognitive-behavioural lines, whereas the Body Image Group was influenced by creative process, and is currently being qualitatively evaluated as a new and innovative venture.

Out-of-County Placements

At the beginning of 2004, there were five individuals in specialist in-patient units outside of Shropshire, and four individuals in receipt of out-patient input from services from outside of Shropshire. At the beginning of 2005, this was reduced to three individuals in specialist in-patient units outside of Shropshire, and two individuals in receipt of out-patient input from services from outside of Shropshire, both of whom will be discharged from these services in 2005. The EDTS has continued to reduce out-of-county placements, sustaining more individuals in the community who would otherwise have been admitted with the consequent disruption to their lives and uncertain prognosis from their in-patient admission.

Progress and Outcomes

Because the nature of the work in eating distress can be quite long-term, we monitor progress at 6 monthly intervals, as well as eventual outcome. Together with open-ended questions, we ask the following questions in an anonymous therapist colour-coded postal questionnaire, and received the following responses from 18 service participants in the most recent survey:

	AVERAGE SCORE
1. Ask yourself, 'Compared with <i>how I felt</i> before using the Eating Distress Therapy Service, I am now...' (worse 0% – much improved 100%)	74%
2. To what extent do you feel that your hopes for support/therapy are being or have been fulfilled? (hopes not fulfilled 0% – hopes fulfilled 100%)	74%
3. To what extent do you feel satisfied that your problems are being or have been addressed? (totally unsatisfied 0% – completely satisfied 100%)	76%
4. My therapist seems to understand what I am or what I was trying to say. (not true at all 0% – completely true 100%)	91%
5. How would you describe the overall quality of your therapist? (awful 0% – excellent 100%)	97%
6. How would you describe the overall quality of the help that you have received? (awful 0% – excellent 100%)	90%
7. (OUTCOME) How satisfied were you with the way your therapy ended? [5 responses] (totally unsatisfied 0% – completely satisfied 100%)	80%

EDUCATION AND TRAINING

The EDTS has continued to offer various training events for junior doctors, general practitioners, student nurses, counsellors and other workers in the statutory and voluntary sectors in Shropshire. In this period, we also repeated our highly successful five half-days (at weekly intervals, with a longer gap to follow-up) course for 12 participants in "Counselling Skills for Eating Distress", which is likely to become an annual event. Most typically this is attended by counsellors, CMHT workers and mental health professionals from other parts of the Department of Psychological Therapies.

As a specialist service, we have also undertaken a considerable amount of supervision, not just within the service but also as both a regular commitment and "one-off"s for counsellors, clinical psychologists, CAMHS workers, students, trainees, CBT workers, and others. We were able to facilitate placements for a student nurse at short notice, as well as a longer-term specialism for a final year trainee clinical psychologist from Birmingham University.

The EDTS has continued to maintain good relationships with local media, conducting "indirect education" via appearances on both Radio Shropshire and Beacon Radio.

RESEARCH

Research forms a major part of the work of our service, particularly noting that as a developing specialist service evaluation is of considerable importance. To this end, we have now installed a database which will provide detailed information about demographics, referral process, attendance, outcome and service participants' actual experience of eating distress.

Alongside the above, various projects are underway:

- One of our Specialist Therapists has undertaken a literature review to produce an article submitted for publication on "*Anorexia nervosa: an evolutionary puzzle. Social competition and famine*".
- A clinical psychology trainee from Liverpool University is in the process of collecting data on "*Describing the impact of a therapist's body size and shape on individuals receiving psychological therapy for eating distress: a qualitative study*", for her doctoral thesis.
- Our assistant psychologist and a clinical psychology trainee from Birmingham University are qualitatively evaluating the Body Image Group, conducted from May 2004 until January 2005.

- A pilot study has been done for a study of the impact of working with individuals experiencing eating distress on those mental health professionals working with them.
- Research and evaluation is ongoing on the experiences of parents, partners, families and friends of individuals experiencing eating distress.

During this period, the EDTS has been involved in one research publication:

Booth, D.A., Blair, A.J., **Lewis, V.J.** & Baek, S.H. (2004) *Patterns of eating and movement that best maintain reduction in overweight*, ***Appetite***, 43, 277-283.

SERVICE PARTICIPANT AND CARER EXPERIENCE

Service participants are actively involved at all levels of the Eating Distress Therapy Service. They have been included in all interview panels, and through all parts of the recruitment and selection process. Their views on the service are regularly, both formally and informally, expressed.

The EDTS has now established a regular forum for parents, partners, families and friends to meet and hear a range of different speakers, which began in December 2004. These bi-monthly "PPFF" evenings are held on the first Monday of every other month, from 7:00pm to 8:30pm, and have included talks based on EDA materials on the "do's and don't's" of being a parent, partner, family member or friend of an individual experiencing eating distress, a talk on the service itself from the manager, and a talk from a man recovered from the experience labelled "anorexia nervosa" using a variety of creative visual media.

We also aim, whenever possible, to be able to offer input from one of our clinicians to any parent, partner, family member or friend who feels the need of additional information or support concerning eating distress. This is independent of the clinician who would be working with the individual experiencing the eating distress herself.

STAFFING AND MANAGEMENT

From April 2004 to March 2005, the EDTS experienced further changes in staffing, due to career development and maternity leave. This has meant that we have been able to recruit new members of the team with substantial prior experience in eating distress. During this period, we were successful in gaining funding to be able to recruit a new full-time nurse consultant and 0.2 couples/family therapist.

This means that, at the end of this period, we are finally in a position to be able to offer a service which is far closer to the comprehensive community service that was first planned and envisaged in 2000/2001. From the end of March 2005 and going into the next year the following range of evidence-based clinical approaches, supports and interventions can be offered:

- Individual psychological therapies, including:
 - person-centred counselling
 - cognitive behaviour therapy
 - interpersonal therapy
 - cognitive analytic therapy
 - psychoanalytic psychotherapy
 - integrated psychological therapy
- Specialist therapy for couples and families.
- Group psychological therapies, including:
 - psycho-educational groups for bulimia nervosa
 - group analysis
 - body image group work
 - educational courses/groups
 - support groups
- Specialist dietetic support, including:
 - nutritional and dietary information, advice and counselling
 - body weight measurement and BMI calculation
 - body composition measurement
- Community support, including:
 - social, welfare and daily living support
 - assistance with meals, menu planning and food shopping
 - assistance with eating in public
- Additional support for parents, partners, families and friends - on an individual basis, as well as via "PPFF" open evenings.
- Facilitation of admission should hospitalisation be required to a specialist unit outside Shropshire, together with continuity of care from the EDTS itself.

The permanent staffing of the EDTS now comprises:

- Consultant Clinical Psychologist/Lead Clinician and Manager (full-time)
- Nurse Consultant (full-time)
- Specialist Therapists (1.24 wte)
- Clinical Psychologist (0.4 wte, from October 2005)
- Consultant Psychiatrist/Cognitive Analytic Therapist (0.2 wte)
- Couples/Family Therapist (0.2 wte)
- Senior Dietitian (0.3 wte)
- Assistant Psychologist (full-time)
- Administrator (20 hours per week)

FUTURE PLANS, SERVICE DEVELOPMENTS AND INNOVATIONS

The service expects to further develop the clinical treatment of eating distress and work towards finding an enduring solution. At the same time, it expects to work closely with funding bodies to improve financial efficiency, and to explore other income streams to contribute to the overall budgetary health of both Shropshire County and Telford & Wrekin PCTs.

The EDTS is now four years old, and the team possesses an energy, creativity and innovative strength to further expand and extend the quality, depth and range of service it offers to individuals experiencing eating distress within Shropshire.

The team regularly meets to review progress against the business plan and to ensure the ongoing development of the service. The strategic aims for the next five years are:

- To offer a dedicated in-patient service to improve clinical treatment and ensure maximum financial efficiency.
- To become a recognised centre of excellence in the treatment of eating distress, both locally and nationally.
- To develop and refine treatment therapies to improve the clinical provision for clients.
- To develop the body of knowledge through research and monitoring, to work towards a final solution for eating distress.

Once every 6 months, the whole team meets to consider where it has come from, learning from prior experiences, and where it should go, directly related to the needs of service participants. We are next due to meet in June 2005, when the team will:

- Agree a mission statement and a vision for the service.
- Discuss the strategic aims, and plan cohesive and staged logical steps towards implementation.
- Agree the principles for our research programme which underpins the strategic aims.
- Further develop effective and efficient pathways, protocols and procedures through every part of the service, in particular regarding hospital admissions, whether locally general medical or psychiatric, or outside Shropshire to specialist in-patient units.