

## LEICESTERSHIRE ADULT EATING DISORDERS SERVICE

### Welford Ward

#### Information Leaflet for Carers, Families and Friends

This leaflet provides information for carers about the inpatient and day patient treatments that we offer on the Welford Ward. If you have any questions about any of the information contained in this leaflet please do not hesitate to ask any member of staff on the unit or call us on the following numbers.

0116 2951474

0116 2951511

You may also like to look at the information available on our website which can be accessed via [www.leicspt.nhs.uk](http://www.leicspt.nhs.uk) or [www.leicestereatingdisorders.co.uk](http://www.leicestereatingdisorders.co.uk)

**If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.**

## **Our philosophy**

Our philosophy is based on a set of overall attitudes, beliefs and expectations concerning the nature of the tasks of recovery from anorexia nervosa and how these may be assisted.

Recovery from anorexia nervosa requires both physical and psychological change. Such change is frightening for the person with the disorder. Change is demanding and yet real progress towards recovery cannot take place unless the person with the disorder is motivated to face up to the changes that recovery demands. The person needs, as much as possible, to “own” the process of attempted change. However, treatment is almost always experienced with mixed feelings.

In general treatment within our service aims to reverse weight loss, normalise eating patterns, and achieve stabilisation at a healthy weight. We also seek to encourage a healthy and balanced attitude towards food, weight and shape. We anticipate that as people begin to regain their body weight they may well become more emotionally upset. An important part of the treatment is to help the person concerned to deal with their emotional distress and to try to understand how it has come about. The success of treatment will depend on the ability of the person to cope with these difficulties and emerge from the grip of emotions that may feel overpowering.

We do recognise that not all people will be able to realise all these goals and may need our help to try to live with their disorder in the best and safest way that they can. If this is the case we may help someone to set and realise goals that feel achievable for them and help them to move to a healthier and more stable position.

The aim of our service is to offer advice, assistance and most of all to try to promote an atmosphere of support, safety and confidence within which the person may take risks and strive to change. We try to promote a safe atmosphere by setting out clear guidelines and boundaries that describe and explain what is expected. It may be that sometimes people find these hard to adhere to and may feel panicky and frightened. However these guidelines are designed to try to help people face up to the difficult business of changing their behaviour. We aim to be consistent, but are sympathetic to the need for flexibility if this seems to be clinically appropriate.

## What kinds of treatments do we offer?

An important factor in deciding what kind of treatment a person may have is what the person themselves feels they might be able to cope with. We always try to work collaboratively with the person concerned and to engage them in decisions about their treatment. To start with most people will be offered some form of individual psychotherapy as an outpatient and the majority usually make progress with this kind of help. However, if you are reading this leaflet it probably means that you are caring for someone who needs more help and support than this and is considering either inpatient or day patient treatment.

In this instance we offer several different kinds of treatment packages that are tailored to meet the needs of the people who need either hospital admission or day patient treatment to help them to make progress. The treatments that are currently available are as follows:

- 1 Admission to the weight restoration programme. These admissions last for around six months and maybe longer. They aim to restore the patient's body weight to within the normal range and to address any other abnormal behaviours associated with their condition. This treatment programme also provides the patient with individual psychotherapy and a range of group therapies which help to address issues such as anxiety, low self-esteem, and poor self-confidence, as well as helping with meal planning and preparation. This treatment programme has been devised to meet the needs of those patients wanting to achieve full recovery and therefore all the patients opting for this treatment follow a broadly similar programme.
- 2 Shorter admissions normally last between six to eight weeks but may be extended for longer if necessary. They either aim to restore the patient to a more stable physical condition, to help them address a particular problem (such as laxative abuse or excessive exercising) or serve to provide a period of assessment. These kinds of admission are usually tailored to the individual needs of the patient but would usually include attendance at some of the group activities provided for those on the weight restoration programme together with some form of individual psychotherapy.

Most people will have discussed their treatment with one of our clinicians prior to coming into hospital. However it may be that the precise details of the treatment cannot be decided upon until we have had a period of time to fully assess your relative's problems. We will discuss the treatment plan with your relative and are happy to involve you if they agree to this (see 'Where do I fit in?').

Occasionally people who come in on shorter admissions may decide to opt in to the weight restoration programme. In this case they will then follow the weight restoration programme and will stay in hospital for longer.

- 3 Day patient treatment is usually offered for people who may not immediately require hospital treatment and who want to try to restore their weight whilst living at home. In this case they would follow a version of the weight restoration programme that has been adapted for day patients. The day programme also provides treatment, support and aftercare for people who have been discharged from hospital. It aims to help them to maintain their weight and to work on any problems that they might have. Patients on the day programme come to the ward during weekdays for meals and group activities and individual psychotherapy

If you would like further details about any of these treatments please ask a member of staff who will be happy to answer any queries that you might have.

### **Medication**

If you have any queries about medication which has been prescribed for your relative then ward staff will be able to direct you to a pharmacist who can answer your queries.

### **The Use of the Mental Health Act**

Occasionally some people may feel they cannot decide what to do even though they are very ill and need admission to hospital. In such cases people may be detained and admitted under the Mental Health Act for a short period of time. This kind of admission is rare and we would seek to do all that we can to get people to decide to come into hospital voluntarily.

### **Where do you fit in?**

Most people who are in hospital feel that they would like their families, friends and carers to be involved in their treatment in some way. However, there may be some aspects of their treatment that they wish to keep between themselves and the clinical team. Occasionally some patients will express the wish that their family/carers are not involved in their treatment at all.

If the person wants their family/friends/carers to be involved in their treatment this may take several different forms. Often it might be that you will join in on informal discussions about treatment with members of the nursing or medical team. The majority of patients will also have regular scheduled reviews of their treatment

that involve the whole treatment team, and your relative/friend may be keen for you to attend these (see - How is treatment reviewed?). Occasionally it might be helpful for patients and their partners to meet with one of our clinicians to discuss any problems and how things are going or sometimes it might be that meetings with the patient and either their mother or father would be helpful.

The kinds of meetings that take place will usually depend on both an individual assessment of each patient's problem and also, most importantly, on what the patient feels would be helpful. Therefore, do not feel concerned if you are not asked to take part in meetings of this kind. It does not necessarily mean that you are deliberately being kept out of their treatment it may simply mean that such meetings are not thought to be either necessary or helpful.

Sometimes there will be occasions when your relative/friend may wish to discuss particular issues, or aspects of their treatment, without involving you. This can be very difficult if you sense that something is wrong, or that your loved one is upset, distant, depressed or angry, but you are not being told what is happening. In our experience it is usually helpful for patients to be given the space and time to work through their feelings. However, we do appreciate that these kinds of situations demand great tolerance and understanding on your part and can be very stressful. You may feel frustrated that we may know what is happening but will not tell you because we have to respect the patient's right to confidentiality. Again, please do not assume that you are necessarily the problem, it may be that there are other things that have happened that you do not know about and that the patient would like to protect you from. There are lots of different reasons which may be behind them not wishing to discuss certain things with you. It may also be that once they have come to terms with their own feelings they may then feel more ready and able to talk openly with you.

Very occasionally some patients make the decision that they do not want their families/friends/carers involved in their treatment in any way. This kind of decision is very painful for those on the receiving end and if it happens we will try to offer what support we can.

### **How is the patient's treatment reviewed?**

There are weekly ward round meetings which are attended by the different people who make up the treatment team. This will include Consultant Psychiatrists, ward doctors, nurses, occupational therapists and therapists. Each patient's care and treatment is regularly reviewed and discussed with them in these meetings.

In addition to the ward rounds there are other meetings where the patient's care and treatment are reviewed. These meetings will form part of the Care Programme Approach and are called CPA Review meetings. These meetings happen within the

first four weeks of admission and approximately once every eight weeks throughout the admission. Patients can invite their carers, family members or friends to attend these meetings.

If you would like to know more about the CPA process, please ask a member of staff for a leaflet.

## **What happens about food and weight?**

The main reason most people are admitted to the ward is to try and re-establish healthy eating patterns and usually to restore weight to a healthier level. People requiring inpatient treatment have often found it very difficult to make significant progress with this as outpatients. In recognition of this, we are asking patients to temporarily hand over control of what and when to eat to us. This can generate a lot of anxiety and in order for them to feel safe enough to do this, we aim to offer a predictable meal programme accompanied with regular support and supervision with meals. To assist your relative and us in this task, we would respectfully ask you not to bring in food for them unless requested to do so by staff.

## **Abnormal methods of weight control**

Many patients try to control their fears about weight gain by engaging in abnormal behaviours that they believe will help them to lose weight. This may involve inducing vomiting, taking laxatives or diuretics, exercising excessively, using diet pills or other means. The use of these behaviours is driven by anxiety about weight gain and we aim to try to help the person find alternative ways of coping with their emotional distress by providing emotional support combined with a range of both group and individual therapeutic interventions.

## **Visiting**

Visiting times are balanced around the running of the ward and mealtimes. There are set times for visiting during the day or evening with more flexibility at weekends.

At the weekend, visiting times are more flexible and we appreciate that many visitors have long travelling times. However, visitors are requested not to arrive before 10:00 and to have left the unit by 20:00. Visitors will also be asked to leave the unit around protected mealtimes:

Lunch: 12:00 - 14:00

Tea: 16:30 - 18:30

Please talk to nursing staff if you expect to receive visits from children. Children may visit the ward with prior arrangement, we have visiting areas suitable for families that we can book for you. Children under 14 are not permitted to enter the main part of the ward.

## **Leave**

At the beginning of treatment, when people are acutely ill, they will be expected to spend the majority of their time on the ward under observation. However, once they reach an appropriate weight, and are considered well enough, the majority of patients may begin to spend time off the ward. If all goes well they may then start to have meals at home before progressing to longer home leaves.

## **Support for Carers**

This service recognises that carers have needs in their own right and that supporting a loved one with an eating disorder can be stressful. Meeting the needs of carers is increasingly seen as an important part of treatment and is an area of research interest nationally. The service operates a friends and family support group, more information can be found on our website.

More information about carers assessment and free skills workshops can be found via the links in the useful contacts section below.

All service users can expect the needs of carers to form a part of assessment and ongoing treatment. If your relative/friend does not live in Leicestershire this will probably best be provided by your local county eating disorder service.

## **Safeguarding**

We are committed to safeguarding the welfare of children, young people and vulnerable adults and assure you will treat all allegations of abuse seriously.

## **Complaints procedure**

If you are worried or unhappy about any part of your loved ones care, talk it through with a member of the team or another member of staff. You can also ask to see the Ward Sister. Very often it is possible to sort out any problems in this way.

If you are not happy with the outcome, then there is a formal complaints procedure that staff will tell you about and a leaflet which explains how to make a complaint. We guarantee that your care will not suffer because you have made a complaint.

If you would like independent help in making a complaint the complaints leaflet contains information about the help that is available, or you can contact an

advocate. Your keyworker team can help you with this if you would like them to. If you do not feel able to raise the matter with a member of the team in the first instance, please contact:

Complaints Manager or Chief Executive  
Leicestershire Partnership NHS Trust  
Swithland House  
352 London Road  
Leicester LE2 2PL  
Email: [lpt.complaints@nhs.net](mailto:lpt.complaints@nhs.net)  
Tel: 0116 295 0831 (9am to 4.30pm Monday to Friday)  
You can also submit a complaint online via  
<https://www.leicspart.nhs.uk/contact/complaints/>

### **Patient Advice and Liaison Service (PALS)**

The Trust has a Patient Advice and Liaison Service (PALS) to provide support and advice about services and to try to resolve any concerns people may have about their care and treatment. PALS can be contacted -  
By Phone: 0116 295 0830 (9am -4.30pm Monday to Friday)  
By email: [lpt.pals@nhs.net](mailto:lpt.pals@nhs.net)  
By Post: Freepost LPT Patient Experience



### **Making a suggestion**

It is useful for us to hear what has been helpful during your loved ones stay and we are keen to learn from good experiences as well as concerns or complaints. We will ask you about your experience before your loved one leaves via our anonymous carer experience questionnaire, links to this can also be found on our website.

If you have a comment or suggestion for how your care could be improved, or would like information regarding how to make a charitable donation, please speak to any member of staff or write to:

Matron/Clinical Lead/ Family Services Manager  
Leicestershire Adult Eating Disorders Service  
The Bennion Centre  
Groby Road  
Leicester  
LE3 9DZ



## Useful contacts for Carers

[www.b-eat.co.uk](http://www.b-eat.co.uk) / Tel. 0845 634 1414

A UK wide charity providing information, help and support for people affected by eating disorders

[www.carersuk.org](http://www.carersuk.org)

[www.carers.org](http://www.carers.org) (Princess Royal Trust)

[www.youngcarers.net](http://www.youngcarers.net)

[www.rethink.org](http://www.rethink.org) (they also have a Siblings' Network)

How to access a carers assessment

<https://www.nhs.uk/conditions/social-care-and-support-guide/support-and-benefits-for-carers/carers-assessments/>

Free skills workshops for anyone caring for a loved one with an eating disorder

<https://www.charliewaller.org/what-we-offer/projects-in-partnerships/the-new-maudsley-approach>

<https://www.charliewaller.org/what-we-offer/new-maudsley-training-course-dates>