

Ellern Mede Eating Disorders
Outpatient Service



**Expert Early Intervention in Eating
Disorders for Children and Young Adults**

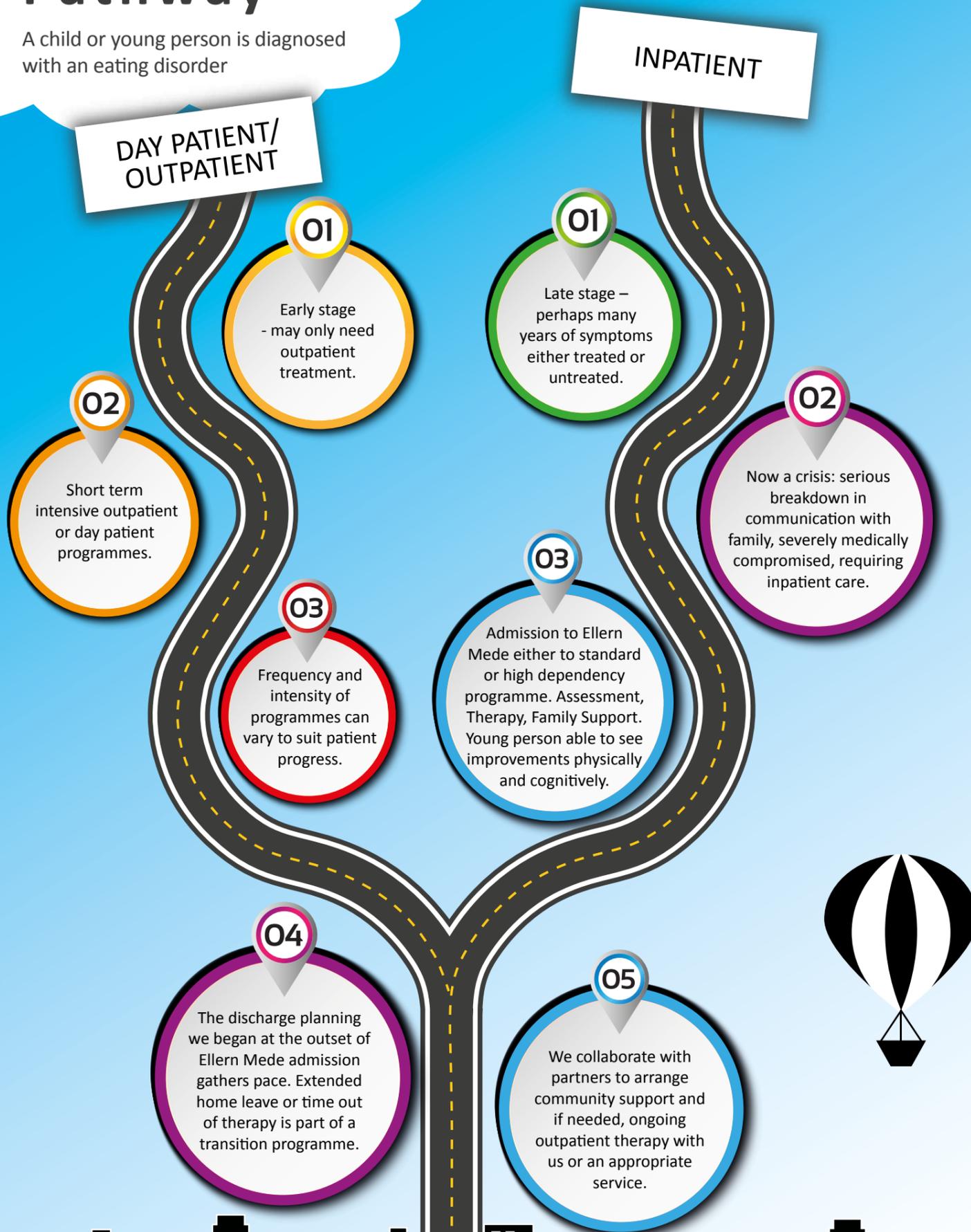
Ellern Mede 
specialists in eating disorders treatment

Pathway

A child or young person is diagnosed with an eating disorder

DAY PATIENT/
OUTPATIENT

INPATIENT



Introduction

Ellern Mede Outpatient Eating Disorder Service provides affordable, expert, early intervention, short term to intensive, and post-discharge outpatient and day patient eating disorder treatment for children and young adults aged:

- 12th to 18th Birthday
- 18 to 20 transitions pathway
- 21 – 25 youth care pathways

We are part of Ellern Mede Group, a leading provider of specialist Inpatient and Outpatient care. The group has treated patients from across the UK and abroad for the past 20 years. Ellern Mede Outpatient Service

provides CQC-registered NICE-concordant comprehensive treatment. Below is a diagram of how we work with our patients, their families, and other professionals.



Ellern Mede's Outpatient / Day Patient Stepped Care Model

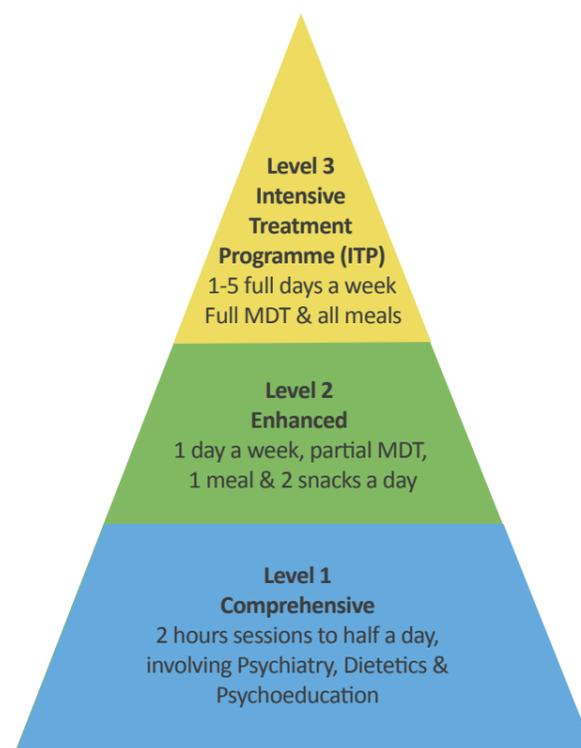
The outpatient service provides therapeutic assessment and a short term, focused period of collaborative management of eating disorders, offering intensive, multi-dimensional input to young people and their families within a framework of a Stepped Care Model.¹

Ellern Mede's outpatient package includes early intervention, physical monitoring, psychoeducation, nutritional restoration and specialist therapeutic intervention. We help the young person return to their normal pace of development, reducing impairment resulting from their illness.

This service is much needed, not only because there are very few funded options in outpatient and community eating disorder services. We will help people have early intervention in the community and help to prevent the need for inpatient stays.

Ellern Mede is independent, but requires and maintains close liaison with both NHS and Private Primary care and other providers. This is essential in an outpatient service for continuity of care and crisis planning. Outpatient emergencies remain the responsibility in the UK of the NHS. We aim to work closely together to enable safe care.

Our contact with your usual primary care providers are maintained during Ellern Mede treatment episodes. The advantages include help during and after your programme. This partnership provides management of all aspects of patient care.



Day Patients

Ellern Mede offers day patient services for children and young adults when they require a more intensive package of support than outpatient, but do not require full hospitalisation. This may be as stepdown after inpatient care or early intervention after initial diagnosis.

See Page 12 for Treatment Programme Options.

¹ Stepped Care is a system of delivering and monitoring treatments, so that the most effective yet least resource intensive, treatment is delivered to patients first; only 'stepping up' to intensive/specialist services as clinically required or stepping down from inpatient to outpatient care.



Philosophy of Care for Outpatient Services

Our philosophy is guided by the belief that recovery is achievable. Our goal is to help the patient and their family to develop an understanding of the disorder, to regain self-esteem and confidence and to recognise untapped strengths and resilience in managing this illness.

As a team we aim to empower and support the family through building trust in the team. We can help you to challenge the emerging

illness at its earliest stages. We also help you to sustain recovery when you step down from more intensive treatments.

Our team ethos is collaborative, multi-disciplinary, communicative and holistic. Our comprehensive outpatient treatment plans are tailored to individual needs.



Inclusion criteria

1. Self-Referral accompanied by Specialist or GP-referred eating disorder including:
 - a. Anorexia Nervosa
 - b. Bulimia Nervosa
 - c. OSFED: Other Specified Feeding & Eating Disorders -DSM5
 - d. Binge eating disorders
2. Early Intervention, early risk assessment and management or Step Down Post Inpatient Discharge Support
3. Ongoing contact with a named GP for shared care
4. Physical risk assessment should rule out other organic causes of weight loss, with risk management already advised based on Junior MARSIPAN and MARSIPAN Guidelines.
5. Red Alert status MARSIPAN is an exclusion criteria for Ellern Mede Outpatient Treatment as it indicates the patient requires a more intensive type of care.

Junior MARSIPAN & MARSIPAN

– guidance for Clinicians diagnosing and referring patients with eating disorders

The Royal College of Psychiatry’s MARSIPAN reports are to provide clinicians with guidance when managing patients with an eating disorder. There are two separate reports - one for Adults and one for children, called Junior MARSIPAN.

There is no substitute for reading the entire reports for a full understanding of this complex condition as there are many criteria, physical and psychological, to investigate; certainly more than weight, but when it comes to weight, adults and children are measured differently. BMI is a useful

index for adults. For children, we use Weight for Height percentage measured using typical weight centiles for age and height.

Before Ellern Mede agrees to see an outpatient, we ask for clinical referrers to use the MARSIPAN checklist we provide to confirm the patient is not Red on this diagnostic tool, as if so, the patient would require a higher level of intensity care.

The tests we ask GPs or a clinical professional to perform in the assessment of eating disorders in children and young adults are:

Weight (BMI / WfH depending on age of patient) Duration and degree of weight loss ECG if heart rate < 50bpm	Height Resting HR and BP Orthostatic changes Mid Upper Arm Circumference	Sit Up Squat Stand Test Is there any current or past history of self-harm
<p>It is essential to exclude other medical causes of weight loss; eg endocrine, gastrointestinal, oncological, chronic infection, other psychiatric co-morbidities.</p> <p>Blood tests must include: FBC, U&Es, LFTs, TFTs, Glucose, Ferritin, Vit D, Calcium, Magnesium, Phosphate, Albumin, CK (if over-exercising), CRP, Chloride and Bicarbonate.</p> <p>If amenorrhea is present, also include Prolactin, FSH, LH and Oestradiol</p> <p>If amenorrhea has been for > 6 months, a DEXA Scan should be performed.</p>		

Visit our website to view the two MARSIPAN Reports and a Checklist

For adult patients:

https://ellernmede.org/wp-content/uploads/2019/11/marsipan-rcpsych-2nd.ed_..pdf

For children:

<https://ellernmede.org/wp-content/uploads/2019/11/junior-marsipan-cr168-1.pdf>
<https://ellernmede.org/wp-content/uploads/2019/11/gp-guidance-in-managing-eating-disorders-in-children.pdf>

Checklist:

<https://ellernmede.org/wp-content/uploads/2019/11/MARSIPAN-CHECKLIST.pdf>

Note: We keep our reports continuously updated as Royal College of Psychiatry guidance changes.

CR189



MARSIPAN:
Management of Really Sick Patients with Anorexia Nervosa



Treatment Approach

Our treatment approach focuses on both physical and psychological stabilisation. Nutritional restoration is supported from the outset of treatment with an intensive therapeutic programme which includes working closely and supportively with families. All patients have personalised care plans developed collaboratively by our multi-disciplinary team, in partnership with the patient and their family.

Families and carers may find the struggle of managing this illness detrimental to their own wellbeing. We offer a guiding platform for carer support and interaction in the form of Carer Groups which are perceived to be helpful.

Family Support

Family therapy is offered by expert family therapists, and is the most evidenced based, NICE concordant eating disorders therapy for young people under 18 and their families.

Therapy

Ellern Mede Outpatient Service offers a range of both individual and group therapies delivered by our multi-disciplinary team. Interventions delivered as part of Outpatient & Day Care packages, tailored to the young person's needs may include:

- Psychoeducation
- Dietetics assessment
- Nutritional Restoration
- Supervised re-feeding and meal support
- Psychology input to include interventions such as CBT-E, CRT, DBT, MET and creative art therapies, mindfulness
- Motivational Enhancement Therapy (MET) and Motivational Interviewing
- Individual psychotherapy to include integrative psychotherapy
- RESPECT-ME therapy model
- Family therapy
- Occupational Therapy and therapeutic activities including life skills
- Psychopharmacology advice
- Symptom Interruption
- Relapse prevention advice
- Transitions planning

Our team of Family Therapists offer the vital support needed to promote positive dynamics within the home and family setting. We have an outstanding record of working alongside families to facilitate care and communications. We see that family involvement and group support are key in the recovery treatment process and our friendly professionals will work closely with you.

Another critical component of recovery is the strong support offered to families from our social workers and dietitians. We believe that preventative work within the social context is vital towards early detection and intervention, recovery and managing various maintaining factors for this illness. We offer educational seminars to GPs and schools to improve awareness of symptoms of eating disorders and how to spot the signs.

We aim to equip both the patient and their family with the tools and coping skills they need to manage the eating disorder in the home environment post discharge from the Outpatient Programme.



Introducing Dr Kiran Chitale's therapeutic menu of individualised options called RESPECT-ME:

- R** esilience building
- E** nabling eating choices
- S** elf-esteem building
- P** sychoeducation
- E** motional regulation and Empowering
- C** reativity and Compassion for self
- T** ool box to prevent relapse
- M** otivation
- E** nhancement Therapy (Me-T) with Mindfulness /Music

The Team

We have an expert clinical and therapeutic team who work in close collaboration under the experienced leadership of our Medical Director, our Consultant Child & Adolescent Psychiatrists and Specialist Doctors.

The full multi-disciplinary team (MDT) consists of:

- Consultant Child and Adolescent Psychiatrists
- Specialist Doctors
- Clinical Psychologists and Psychotherapists
- Assistant Psychologists
- Family Therapists
- Social Workers
- Dietetic Team
- Occupational Therapist
- Specialist Nurses
- Healthcare Assistants

The Psychiatrists who lead the MDT



Dr Hind Al Khairulla

Consultant Child & Adolescent Psychiatrist & Medical Director.

Dr Hind has over 20 years' experience in psychiatry, with a special interest in eating disorders. Working in partnership with the rest of the team she leads on treatment and is passionate about never giving up on any patient.



Dr Kiran Chitale

Consultant Child & Adolescent Psychiatrist – Eating Disorders

Dr Chitale led on early intervention & treatment for eating disorders in a specialist community eating disorders service for children and young people (CED-CYP). She has 20 years' experience in psychiatry and psychological therapies. Using creative art as a medium, she developed the RESPECT-ME model of therapeutic approaches.

Outpatient Care Programme choices

Comprehensive Outpatient Care programme:

Time commitment:

2 hours per week for 6 weeks

Therapies:

Psychiatry, Psychology, Dietetics & Meal support, Nursing and medical observations including weight, blood pressure, blood tests, ECG.

Enhanced Outpatient Care programme

Time commitment:

One day per week (10 am – 4 pm) for 6-8 weeks:

Therapies:

Psychiatry, Psychology, Senior Dietitian, Family Therapy, HCA-supported meals including one main meal and two snacks, creative therapies (individual/group), option to participate in therapeutic activity of choice.

Day Patient / Intensive Treatment programme

Time commitment:

3-4 days per week for 6-8 weeks

Therapies:

(As in the enhanced programme) Psychiatry, Psychology, Senior Dietitian, Family Therapy, HCA-supported meals including one main meal and two snacks; Enhanced Symptom Interruption provided by nurse monitoring; Psychopharmacological advice and intervention; Carer Skills Training. Including creative therapies (individual/group), option to participate in therapeutic activity of choice.

These programmes are affordably priced. Price on enquiry.

Outcomes and Quality

Expected treatment outcomes from an Ellern Mede Outpatient Treatment Episode will include:

- Nutritional restoration
- Functional Rehabilitation: gradual return to developmental trajectory
- Improved psychological functioning and wellbeing
- Improvement of ED symptoms / Symptom interruption
- Patient reported outcome measures
- HoNOSCA, EDE-Q, CGAS
- Transition support to other local private or NHS support.

Outpatient Recovery - a Patient's Poem

Goodbye Ana...

You stole my life and you took control,
You said just lose a little bit,
But you wanted me dead, that was your only goal

You made me lie, hide every bite,
You made me count every calorie,
But I would never put up a fight

'Have more, have more', my mum would say,
You made sure that didn't happen,
You would always get your way

Just as you wished, the numbers on the scales went down,
You had me trapped in a cage,
You always made me feel like I let you down

You grew stronger, you were so hard on me,
You made my life a nightmare,
Yet I still didn't want to be free

You convinced me I was fine, 'keep going, you said',
You pushed me deeper into the hole,
Your thoughts constantly filled my head

Your harsh words echoed through my ears,
You would scream 'a little bit less!'
As my eyes filled with tears

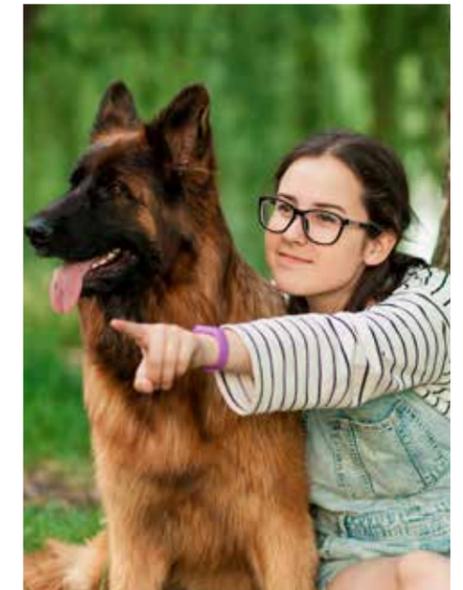
You fatty, you failure, you always repeated,
You got worse and worse,
I felt completely defeated

You were the centre of my life, everything revolved around you,
Your voice became louder,
All your rules I felt I had to stick to

Lower and lower the number on the scales became,
Yet it was never enough,
You tricked me, you fooled me, my life was your game

You robbed me of happiness, I was under your spell,
You wasted my precious time,
I no longer wanted to be unwell

I was done with you, there was so much of my life to discover,
After all you did,
I decided, it was time to recover



"We get a real insight into the progress our daughter is making. We have a voice, and great relationships with the team."

Parent

"Living with my illness was not sustainable. Thanks to the team at Ellern Mede I have made a change that will save my life."

Patient



Facilities

Ellern Mede Outpatient Services uses spacious therapy rooms, patient activity and lounge areas, clinical treatment rooms, chef-run dining facilities, occupational therapy kitchens and consulting rooms across the following locations:

- Ellern Mede Ridgeway in Mill Hill, NW7 4HX
- Ellern Mede Barnet in High Barnet working from both 2, Warwick Road as well as adjoining premises at 102 Leicester Road, postcodes EN5 5EE
- Consulting rooms at House Rooms, 85 Wimpole Street, London

Ellern Mede Group is an approved NHS Qualified Provider, registered with the Care Quality Commission (CQC) and peer reviewed through the Royal College of Psychiatrists Quality Network for Inpatient CAMHS (QNIC). Outpatient Services are CQC-approved as satellite services to the main hospital group's resource.

Ellern Mede's partnerships between NHS, Private Sector, Insurers and Charity-run services help to increase family and patient choice.

Our therapy approaches reflect best practice and are based in the guidelines endorsed by The National Institute for Clinical Excellence (NICE).

Enquiries

Outpatient and Private Patient Enquiries: 020 3209 7900 Option 4
NHS Referrals: Option 5

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The Ridgeway
Mill Hill
London
NW7 4HX

T: 020 3209 7900

Ellern Mede Barnet

2 Warwick Road
Barnet
EN5 5EE

T: 020 8906 6900

Ellern Mede Moorgate

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Queensway
Rotherham
South Yorkshire
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Outpatient and Private
Patient Enquiries: Option 4
NHS Referrals: Option 5

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