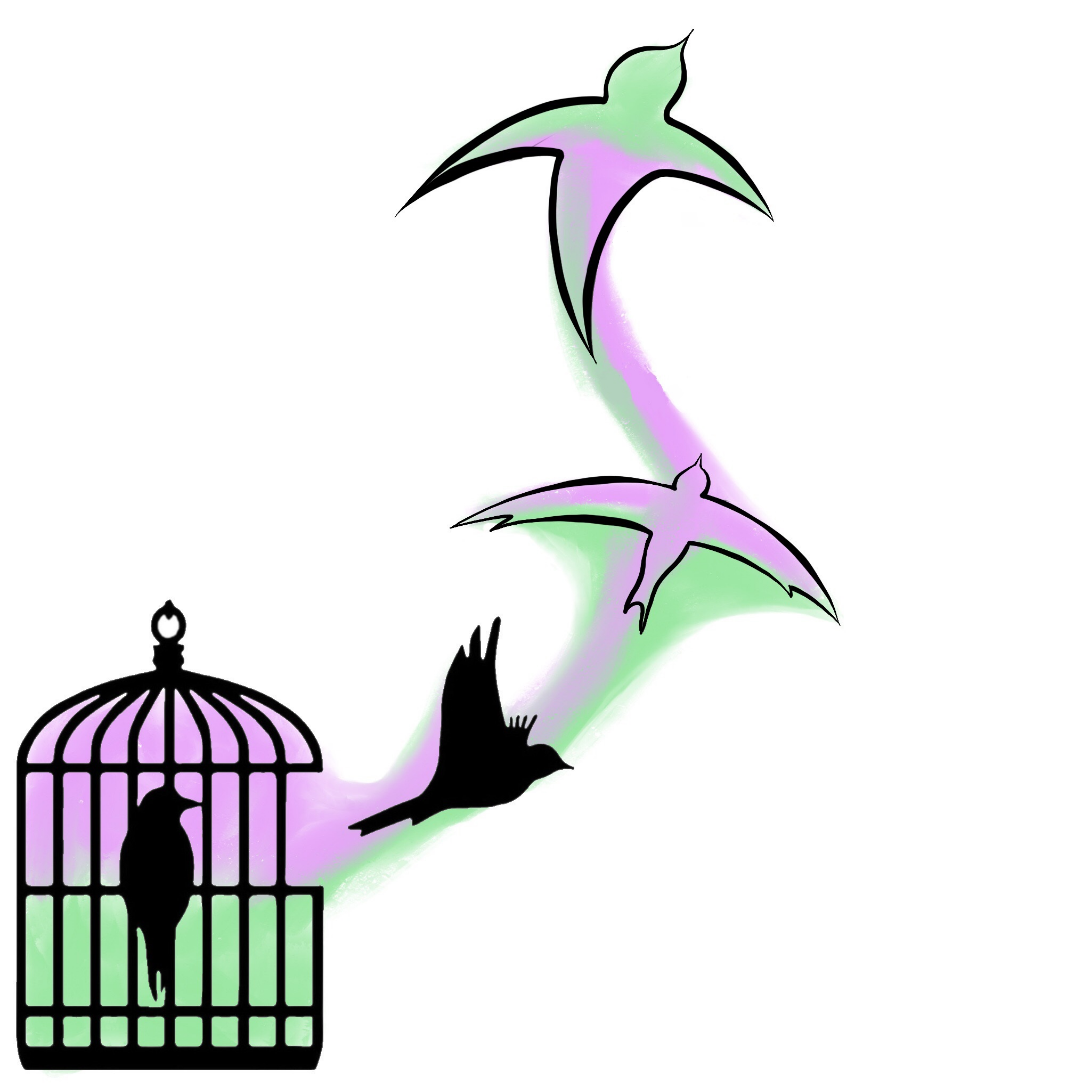


**Eating Disorders**

**Treatment Journal**



This Treatment Journal has been adapted from that developed by Hampshire Child and Adolescent Mental Health Service Specialist Eating disorders Team and the Sussex Partnership NHS Foundation Trust with permission.

**Hello and Welcome to Your Treatment Journal**

Welcome to your treatment journal.

You have been given this journal because the doctors, nurses and your family believe you have an eating related difficulty.

This journal has been put together by a team who work on the ward and clinicians who work in the community Specialist Eating Disorder Team- TEDS. The purpose of this journal is to provide you with information about the ward and information regarding what happens next in terms of your care. We know it can be overwhelming when a young person is first admitted to the ward so we hope this journal will have all the information you need and explain what might happen and why.

We invite you to read the journal thoroughly and use the journal as a space to store relevant documents and keep notes of what is happening whilst you are on the ward.

Even though a lot of information has been included in this folder, if you have any questions or concerns, please ask a member of the ward staff. You can also contact TEDS ; their contact details as well as information about the service are included in this treatment journal. Everyone will do their best to help you.

**Why Am I On The Ward?**

You have been admitted to the ward as the doctors have assessed that you are medically not well enough to be at home. There may be concerns that you are not able to eat or drink enough for your body to stay well or cope.

The doctors will want to monitor (check) your physical health observations such as checking your heart rate, blood pressure, temperature and blood test results. The ward staff will also want to help you to eat and drink.

The doctors and nurses looking after you will want to make a plan with you and your family about how to keep you safe and what the next steps should be.

The doctors and nurses will speak with the clinicians in TEDS who will come to assess you on the ward. This may be soon after you are admitted or it may be a few days after you have been admitted.

**How Long Will I Be Here?**

Every young person’s journey is different. The length of time you will be on the ward will depend on how you are physically and what kind of care/ treatment plan you need.

The doctors and nurses will review your progress regularly and speak with you and your family about what would be most helpful. TEDS Clinicians will also contribute to discussions and agreements about the next steps.

**What Can I Expect?**

Young people who have been on the ward for eating difficulties before have written a guide to ‘what to expect’ which is in the Resources Section of this folder.

**TOP TIPS FOR YOUNG PEOPLE –**

**FROM YOUNG PEOPLE WHO HAVE BEEN THROUGH OUR SERVICE**

1. Welcome to your treatment journal. This will be your go to for information and top tips with your recovery process.
2. Please bring this treatment journal to your appointments with us.
3. We have consulted with lots of young people while creating this resource for families.
4. Each time you see the image of a yellow speech bubble throughout the yellow folder, the speech bubble will hold helpful tips and advice from other young people that have been where you are today and may have had similar experiences.
5. These tips can be useful for young people as they access our service as things can all be quite new and overwhelming!



**Who Is In My Team?**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Contact Details** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Contact Details Salisbury TEDS:

Tel: 01722 336262 x2779

Email: salisburycamhs@oxfordhealth.nhs.uk

CARE PLANS

Initial care plans are agreed during your assessment appointment and are reviewed regularly. The care plan is a list of all the things professionals, your family and you are going to do or recommend to help you to work towards your goals and recovery.

Care plans are an assessment of strengths, risks, needs and past experiences considering information from families and other agencies. They will identify and address specific goals, risks and outcomes identified during the appointment.

All care plans provided by the team will be individualised but you may follow a ‘general’ care plan initially until a personalised one can be developed with you.

An example of a general care plan can be seen on the next page.



* Try and be honest with your team so that they can make the best care plan for you, with you. If you leave something out, it might not be considered.
* It’s very important that everyone follows your care plan, if there is any difficulty following parts of your plan speak to your team so that they can problem solve with you and help you.

**Example Care Plan**

|  |  |  |
| --- | --- | --- |
| **Date** |  | **Signature** |
|  | Problem: You, \_ \_ \_ \_ \_ \_ \_ \_ have an eating disorder, and have not been able to eat enough to maintain good health and growth |  |
|  | Goal/objective of admission:  * To restore physical health * To establish regular and sufficient nutritional and fluid intake * To support you with any difficulties in following the care plan |  |
|  | **Weigh Days:**   * Weigh days- Normally Monday and Thursday- you will not be able to drink any fluids from midnight the day before. * You will not be able to have a shower allowed before weighing * You need to use the toilet before weighing * You will be weighed in light clothing |  |
|  | **Safety and Support:**   * You will be admitted to a bed in view of the nurse’s station and separate from other ED patients * All curtains +/- door will need to remain fully open at all times, one curtain is to remain open at night and when you are eating your meals * You will be allowed time to talk through any concerns you may have. |  |
|  | **Food and Drinks:**   * You will need to choose meals and snacks based on the dietetic meal plan * Your total daily fluid requirement will be documented on your meal plan. Your intake will be documented on your food/fluid chart. * Nursing staff/auxiliaries/students/ED staff will supervise all meals and the rest period after meal in the first week. * You will be given 45 minutes for main meals and 30 minutes for snacks * You may be offered a nutritional supplement prescribed by your dietitian if you are not able to complete your meals. |  |
|  | **Daily Activities**   * You will initially be on strict bed rest and will need to use a wheelchair for mobilisation – this may be reviewed to include purposeful’ walking on ward (i.e. to toilet or shower) according to progress * You may sit out in chair during meals. * You must use the call bell for toilet/drinks (if longer than 5 minutes for toilet to use toilet in shower room (with nurse supervising from outside of the shower room) * You may have 10 minutes supervised seated showers (once daily) (nurse supervision from outside of the shower room) * You may only have access to any device which can access internet as per ward guidance. You can use ward phone (at appropriate times of day) * Your bedding, belongings, cupboard and nearest bins will be checked each day with you present (look for hidden food, cups, vomit, drinks, mobile phone) * No school work to be undertaken * Hospital school or play leaders may provide craft activities |  |
|  | **Family**   * Your family can visit outside of meal times * Your friends can visit as per your wishes * No food or drinks should be brought in from home for main meals; snacks can be brought in with agreement with the dietitian. * Your family/friends should not to discuss food/ weight/ calories with you * Your parents will be encouraged to be involved with mealtimes as you near time for discharge home from the ward |  |

MEAL PLANS

Meal plans might be recommended by clinicians to help establish or maintain a regular eating pattern and weight restoration. Our meal plans have been created by our team’s dietitian to provide guidance of a healthy balanced diet and appropriate quantities suitable for your child during their stage of recovery.

Meal plans and food diaries should be stored in this section if required.

* Menu plans change depending on how you’re doing and what your body needs. They can also be flexible – talk to your team about it if there’s something you’d like to adjust. You won’t be on a restoration diet forever; this plan is to get your body back to a healthy place. The only way you’ll get better is to eat – food is medicine. Don’t follow any diets unless they’ve been specifically discussed with the team and are medically helpful.
* Menu planning week by week doesn’t help everyone but for others it can help a lot. Try both ways and see what helps for you. Don’t stick to the same foods every day, it’s boring and unhelpful (keeps you stuck). Have fun with your meals and try new things. Try your fear foods, and challenge yourself. Life is more fun with variety.
* Parents and family don’t have to follow the meal plan! They’re not the one with the eating disorder. Your plan and your food is your medicine, they won’t need the same as you.



* Try to remember eating is normal, we all do it!
* Food is fuel and our bodies need regular fuel to survive, like a car would break down if it ran out of petrol. You don’t have to love or like your food (it helps) but you do need to eat to survive.
* Distractions can be a big help for managing anxiety before, during and after a meal. Think about what distractions might be helpful for you. Some examples of things other young people have found helpful include: a place mat with motivational words or goals on, playing a game with the family, have a puzzle to do like Sudoku, reading and watching your favourite TV show or movie.
* You might want to look at this animation of an A-Z list of coping strategies; <https://www.youtube.com/watch?v=5EXpkVw3fh0&feature=youtu.be>
* To help manage any negative emotions you might want to make a ‘self-soothe’ or ‘coping box’. This is a place where you store any items that bring you comfort, it might include things that are soothing to the senses like smelly candles or bubble wrap to pop, it might have some distraction toys in like fidget spinners or stress balls or it might be something that makes you smile or feel better like a letter from a loved one, pictures or a memory. Take a look at this animation which tells you more about coping boxes: <https://www.youtube.com/watch?v=OyfgodSSdV4&feature=youtu.be>
* At the table it might be helpful to have non-problem focused talk (e.g., what happened that day) - have some cards with topics on to save having to think about it when everyone is stressed or worried.
* Each person is individual on the environments they find most calming. Have a think about what some of your preferences are e.g. do you like having music/ radio/ TV/ chatting in the background or a quiet space (some people like some background noise some don’t).
* Have anyone that helps nearby (in person or on the phone)
* Have a chilled activity planned for afterwards (see distraction list)- away from kitchen.
* If you’re going out to eat, check menus before- have option A and B in mind in case option A not available
* If you’re going out sit somewhere quieter if that helps; perhaps book a table in advance.
* Remember that your parents are only trying to help. If they say or do something that you find unhelpful, let them know and if there is something they can do or say that is more helpful.

**HOW TO COPE AT MEALTIMES- TOP TIPS**

RESOURCES

When families are new to the eating disorders team, the journey that they begin on can be completely alien; this can leave a family feeling uncertain and unprepared. As a team we have put together a range of resources which we believe can help a family better understand their child’s difficulties and guide recovery. Our resource list comprises of books, websites, apps and more on a range of different eating disorder presentations. Each recommendation will have a little description to help direct you to the most appropriate resource for you and your family.

**RESOURCES FOR PEOPLE FAMILIES AND CARERS**

**Useful Websites:**

<http://www.b-eat.co.uk/>

Beat is the UK’s Eating Disorders Charity. They offer online support group, including one for fathers, this can be accessed via: <https://www.b-eat.co.uk/support-services/online-support-groups/sandpiper>

<http://thenewmaudsleyapproach.co.uk/>

The purpose of this website is to provide parents and carers of people with eating disorders, with a toolkit to help educate, empower and equip them to deal more effectively with the stressful caring role.

<http://www.maudsleyparents.org/>

These websites provide information on the Maudsley Family Based Treatment Approach

<http://www.feast-ed.org/>

F.E.A.S.T. is an international organization for parents and caregivers to help loved ones recover from eating disorders by providing information and mutual support

<http://www.aroundthedinnertable.org/>

"Around the Dinner Table" is an online community of parents of eating disorder patients around the world run by F.E.A.S.T.

<http://anorexiafamily.com/>

This website is linked to Eva Musby’s book: Anorexia and Other Eating Disorders; how to help your child eat well and be well: Practical solutions, compassionate communication tools and emotional support for parents of children and teenagers. The website provides Additional resources, including videos and audios.

<http://www.anorexiabulimiacare.org.uk/>

This website offers support and practical guidance for anyone affected by eating disorders, those struggling personally and parents, families and friends. They have an online community for carers and a live chat session one evening a week.

<https://www.youtube.com/watch?v=rni41c9iq54>

Emotional Hygiene. A great resource to remind parents & carers that they need to look after their own emotional hygiene & be a role model for the loved ones they are caring for.

<https://www.youtube.com/watch?v=UEysOExcwrE>

Eating Disorders from the Inside Out: Dr. Hill takes a look from the inside out from the "sound" to the biology of these diseases and how the future holds a different approach to manage the illness while bringing these patients hope.

**Useful Books For Parents:**

***Skills-based Caring for a Loved One with an Eating Disorder: The New Maudsley Method (2nd Edition).*** By Janet Treasure and Grainne Smith

***Anorexia and Other Eating Disorders; how to help your child eat well and be well: Practical solutions, compassionate communication tools and emotional support for parents of children and teenagers***. By Eva Musby

***My Kid is Back: Empowering Parents to Beat Anorexia Nervosa.*** By June Alexander with Daniel Le Grange

***Help Your Teenager Beat an Eating Disorder.*** By James Lock, MD, PhD and Daniel Le Grange, PhD

***Anorexia Nervosa; A recovery guide for sufferers, families and friends (2nd Edition)*** by Janet Treasure and June Alexander

***Overcoming Binge Eating: The Proven Program to Learn Why You Binge and How You Can Stop (2nd Edition)*** by [Christopher Fairburn](https://www.amazon.co.uk/Christopher-G.-Fairburn/e/B001JP2N1Y/ref=dp_byline_cont_book_1)

***Getting Better Bite by Bite: A Survival Kit for Sufferers of Bulimia Nervosa and Binge Eating Disorders*** by Ulrike Schmidt and Janet Treasure

***Life without Ed: How One Woman Declared Independence from Her Eating Disorder and How You Can Too.****By*[*Jenni Schaefer*](https://www.amazon.co.uk/Jenni-Schaefer/e/B001H6L87U/ref=dp_byline_cont_book_1)

***Goodbye Ed, Hello Me: Recover from Your Eating Disorder and fall in Love with Life*.** *By*[*Jenni Schaefer*](https://www.amazon.co.uk/Jenni-Schaefer/e/B001H6L87U/ref=dp_byline_cont_book_1)

**‘Life Hurts’ A Doctors Personal Journey through Anorexia.***By Dr Elizabeth McNaught*

**Useful Books For Young People**

***Mealtimes and Milestones: A teenager’s diary of moving on from anorexia.****By Constance Barter*

***Life Without Ed: How One Woman Declared Independence from Her Eating Disorder and How You Can Too.****By*[*Jenni Schaefer*](https://www.amazon.co.uk/Jenni-Schaefer/e/B001H6L87U/ref=dp_byline_cont_book_1)

**‘Life Hurts’ A Doctors Personal Journey through Anorexia.***B*y *Dr Elizabeth McNaught*

***Goodbye Ed, Hello Me: Recover from Your Eating Disorder and Fall in Love with Life***   
B*y*[*Jenni Schaefer*](https://www.amazon.co.uk/Jenni-Schaefer/e/B001H6L87U/ref=dp_byline_cont_book_1)

***An Apple a Day: A Memoir of Love and Recovery from Anorexia Nervosa****By Emma Woolf*

***Getting Better Bite by Bite: A Survival Kit for Sufferers of Bulimia Nervosa and Binge Eating Disorder****By Ulrike Schmidt and Janet Treasure*

**Weight Expectations.**   
*By Dave Chawner*

**Apps for Young People**

Good Blocks – Helps to improve confidence and self-esteem

Pacifica – Helps to manage stress, anxiety and low mood

Calm – Helps to practice mindfulness

Whats-up – Provides a platform to mood and thought track and promotes wellbeing

Clean up your social media – unfollow/ delete stuff that doesn’t make you feel good and delete unhelpful apps like My Fitness Pal/ trackers of diet and exercise.

**Websites for Young people**

The Mix – Supporting young people with body image and self-esteem difficulties.

<https://www.themix.org.uk/mental-health/body-image-and-self-esteem>

Be Real Campaign – Provides support and advice around body image issues.

<https://www.berealcampaign.co.uk/>

Dove Self-Esteem Project – Promotes body positivity and supports young people to grow in body confidence and self-esteem.

<https://www.dove.com/uk/dove-self-esteem-project.html?gclid=EAIaIQobChMI4-Tsm5L42QIVUC4YCh0ikQiLEAAYASAAEgK_5vD_BwE&gclsrc=aw.ds>

Oxford Health CAMHS website- [Wiltshire CAMHS | Oxford Health CAMHSOxford Health CAMHS](https://www.oxfordhealth.nhs.uk/camhs/wilts/)

Information on local CAMHS services or any difficulties you might be experiencing.

Hampshire CAMHS website- <https://hampshirecamhs.nhs.uk/>

You may find this video helpful - <https://vimeo.com/306136147> it was created by young people who have been through the Hampshire service to help provide a better understanding of eating disorders and to promote hope and positivity towards recovery.

This video was created by the FREED Project and talks about links between social media and body dissatisfaction and eating disorders <https://www.youtube.com/watch?v=rcqXvOpYF30>

**Instagram Accounts for Young People**

@I\_Weigh by Jameela Jamil <https://www.instagram.com/i_weigh/?hl=en>

@rebeccajleung – Rebecca Leung <https://www.instagram.com/rebeccajleung/>

**WHAT TO EXPECT ON A PAEDIATRIC WARD**

Sometimes when someone is experiencing an eating disorder or eating difficulties they can become physically unwell. This means that the body is struggling to cope as it should. The eating disorder team will regularly check your physical observations (e.g., height, weight, blood pressure and temperature). If they are concerned about your physical health based on these observations they may recommend that you be seen in a paediatric ward (a ward just for young people).

Going to a paediatric ward may be a completely new experience to you which can be a bit nerve racking, so here are a few things you can expect throughout your visit:

* Some young people may just need to go for an assessment and can go home the same day. Sometimes the doctor that sees you might want to admit you to the ward so that they can help support your physical health.
* The paediatric ward is a general ward which looks after children from 1 week old to 18 years old with a wide range of medical, surgical or psychological problems. This can mean that the ward can potentially be very noisy, busy and distracting. It also means that the staff are experts in children, not eating disorders or mental health. They will do their best to help and support you whilst you are there and they will work closely with the eating disorder team, TEDS.
* Young people admitted to the ward will be placed in a bay with other beds or in a room with a single bed. If in a bay with other young people, you will have access to private spaces for conversations with professionals and a plan will be made for supervision of bathroom/toilet use.
* If you are admitted to the ward it means you are unwell. The doctor will expect you to be on complete rest. This is because exercise may be unsafe but also to protect your energy reserves. It will vary from person to person but generally, although the ward will not insist on total bed rest, you will be supervised walking to the toilet/communal areas and if allowed off the ward you will initially be allowed out with the use of a wheelchair.
* There will be an expectation that you eat. The ward will have different options to help you to this. This is hard, but once you start it does get easier.
* On the ward there will always be a consultant in charge however this will change depending on the day/time of day. You will generally have a named consultant who will supervise your care, however, you will not be seen by them every day. The ward will generally have junior doctors covering the ward and they change shifts regularly in the day but information is handed over at shift changes to ensure that everyone knows what they need to know in order to be safe.
* The nurses change shifts regularly and although they will try to have some continuity, it is unusual for patients to have one nurse that looks after them regularly. You can expect to meet lots of people on the ward. They are all friendly and only want to help you.
* Along with consultants, doctors and nurses, some other staff you may see on the ward include ward clerks, play staff and support workers as well as dieticians, physiotherapists and occasionally other team members.
* The ward will generally expect you to have someone with you at all times, this will usually be a parent/carer, although the nurses, or occasionally an extra member of staff will be needed. The nursing and support staff will try to support you and your parent/carer during meals but they may often be called away unexpectedly due to other medical emergencies. Please be patient with our staff as the ward can be very busy at times.
* The ward will generally weigh a young person twice a week. Usually this will be on Monday and Thursday mornings (before a meal and after a toilet break) wearing the same thing (this will normally be a hospital gown and underwear only).
* When someone has had an extremely restrictive diet the body adapts to expect that amount of food. When someone begins to eat more again, there can be a risk of something called ‘refeeding syndrome’. Refeeding syndrome can be life threatening so it is important for doctors to monitor you throughout this process to ensure this does not happen. If the doctors think you are risk of refeeding syndrome, you will have regular blood tests, but this will be discussed with you.
* It can be really scary having to see medical professionals. It can be hard to be honest about what is going on for you. The doctors know that it is the nature of eating disorders to not always be truthful about how hard things really are. The doctors and nurses need to monitor how you are and they may check or query things in a way that seems untrusting, but this is only because we know that this is the only way of managing this disease. The ward staff will always try to be honest about what they are doing and why, and will try to be clear about what they are concerned about, and what they intend to do about it. They will always try to listen to everyone’s concerns but it’s important to remember that listening, acknowledging and respecting is not the same as agreeing though!
* There might be times when you are upset, frustrated and frightened. The ward staff understand this but please remember there are lots of other young and poorly people on the ward. Being verbally or physically aggressive is not ok. Some behaviour and language is unacceptable on a paediatric ward and the ward staff need to try to make sure that the ward is a safe and appropriate place for everyone.
* The ward does have WIFI. Whilst the ward has no restrictions on internet use, they expect all staff, visitors or patients to respect confidentiality and be sensible about what they post on social media (no selfies from the hospital bed!). Think about what you find unhelpful or triggering and use this to guide what you tell or share with other people. On some occasions, it may be that the care team recommend that you should not have access to your phone or tablet if it is felt it is detrimental to your health or putting other people at risk.
* Time spent on the ward can feel long, boring and at times upsetting. Consider what coping strategies you might need to utilise whilst on the ward. Take some belongings to distract you (e.g. books, colouring books, puzzle books, pack of cards) or that will bring you comfort in times of distress (e.g. favourite toy, reminder of goals). Don’t forget your phone or tablet charger!
* You can have things from home that comfort you like your own pyjamas, a blanket or pillow as well as other personal belongings. You are responsible for your belongings so make sure you look after them.
* If there are particular foods or drinks you like, your family can bring these in for you in agreement with the ward staff for snacks, but all main meals should be eaten from the hospital’s menu.

If you have any more questions about what to expect you can ask our clinicians who will be happy to talk to you more about it.



**TOP TIPS FOR MANAGING ‘BAD BODY IMAGE DAYS’**

* Remember, everybody has a body and that all bodies are different. We also only get one, so we need to look after it and be kind to ourselves.
* Imagine what you might say to a friend who is having a bad day and use those kind words and helpful advice on yourself.
* Weight does not equal worth. When you’re stressing about what you’re seeing in the mirror or the number on the scales, what you are seeing is not a measurement of “fat”. Do not forget we are a collection of vital bits; bones, organs, cells and water (60% water actually!). What’s even more important, is that you are crammed full of important stuff; personality, humour, values, morals, opinions, preferences, skills, knowledge and love. These things are immeasurable and so much more important that an arbitrary number on the scales! Make a list of your values and personality characteristics to remind you how important those attributes are and how many you have!
* Keep a list of helpful distractions for you. It can be helpful to keep yourself busy so that you don’t have time to overthink. Here are some strategies to try:

An A-Z of coping strategies: <https://youtu.be/5EXpkVw3fh0>

How and when to use a coping box: <https://youtu.be/OyfgodSSdV4>

* Do some self-care activities that takes the focus away from your whole body to a smaller part such as doing your nails or hair.

**WHAT TO SAY TO YOUR FRIENDS OR SIBLINGS**

When it comes to mental health difficulties, everyone is different; some people want to tell their friends, some don’t- it’s your choice. But if people know that you’re struggling, they are better able to help and support you. There’s no shame, lots of young people struggle with their eating, body image and self-esteem.

Below is some information or guidance which you might find it useful to share with friends/siblings:



* I’m not doing this on purpose; I can’t help what is happening.
* Eating disorders are mental illnesses, so any one of any age, any size or shape can have a serious eating disorder. You don’t have to be really underweight to have an ED/ really struggle.
* People with eating disorders do eat.
* Please don’t tell me you wish you had my body/ a figure like mine- this doesn’t help.
* Please don’t ask me about my weight or BMI and please don’t talk about ‘being fat’ or ‘wanting to diet’ in front of me.
* Please don’t comment on what I am eating or how I eat my food.
* Be normal with me, include me, invite me places, still laugh and have fun.

**GLOSSARY OF TERMS**

**(What do words and acronyms mean)**

**AN:** Anorexia Nervosa. This is a type of eating disorder.

**ARFID:** Avoidant/ Restrictive Food Intake Disorder. This is a type of eating disorder.

**AP:** Assistant Psychologist. These are junior members of the psychology team.

**BED:** Binge Eating Disorder. This is a type of eating disorder.

**BMI:** Body Mass Index. This is a person's weight in kilograms divided by the square of height in meters.

**BMR:** Basal Metabolic Rate. This is a measurement of the energy (number of calories) needed to perform your body's most basic (basal) functions, like breathing, even when resting.

**BN:** Bulimia Nervosa. This is a type of eating disorder.

**B/P**: Blood pressure. This is a measure of the force that your heart uses to pump blood around your body

**CAMHS**: Child and Adolescent Mental Health Service

**CBT:** Cognitive Behavioural Therapy. This is a type of psychological therapy. It focuses on how you think, feel and respond. Some, but not all young people will be offered this type of therapy when they are further on in their recovery journey.

**CC:** Care Coordinator (someone who oversees and co-ordinates your care)

**Consultant:** These are seniordoctors that have completed full medical training in a specialised area of medicine. A consultant paediatrician specialises in children’s physical health and a consultant psychiatrist specialises in children’s mental health.

**CPA:** Care Plan Approach; These are regular meetings with you, your family and your team to assess and review your needs and agree any plans that will help you and your family.

**DBT:** Dialectical Behavioural Therapy. This is a type of psychological therapy. It focuses on learning skills and techniques to help with intense and overwhelming thoughts and feelings. Some, but not all young people will be offered this type of therapy when they are further on in their recovery journey.

**DISCHARGE:** A planned time when a young person leaves the hospital/ ward and either returns home or is transferred to another facility.

**ECG:** Electrocardiogram. This is a test that can be used to check your heart's rhythm and electrical activity. This is done by attaching sensors to the skin which then detect the electrical signals produced by your heart each time it beats. This does not hurt.

**ED:** Eating Disorder

**EDT:** Eating Disorder Team

**HCA:** Health Care Assistant

**Inpatient:** This means you have been admitted to a ward in a hospital for assessment and treatment and will be staying overnight. The length of an admission

**Intervention**: This means treatment.

**MULTI FAMILY THERAPY:** Includes multiple young people and their family members together in group therapy sessions. This approach can be used in a variety of settings for inpatient and outpatient therapy, with varying degrees of intensity.

**NG TUBE:** Nasogastric Tube. This is a small thin tube which a doctor will put down someone’s nose into their stomach to give someone vital nutrients. These can also be known as feeding tubes. Some, but not all young people may need an ng or feeding tube to help them get the energy and nutrients they need if they are struggling to eat enough by themselves.

**OBSERVATIONS (Obs):** Refers to the monitoring of a young person’s physical health. This can involve measuring their weight; height; blood pressure and temperature.

**OSFED**: Other Specific Feeding or Eating Disorder. This is a type of eating disorder.

**OT:** Occupational Therapist

**Outpatient**: This means you have an appointment at a clinic within the hospital but you are not staying overnight.

**PAEDIATRIC:** Refers to the medical care of children and young people under the age of 18.

**PICU:** Refers to a paediatric intensive care unit. An area within a hospital setting that specialises in the care of critically ill children and young people.

**PSYCHIATRIC:** Refers to the study and treatment of mental illnesses and the recovery of those diagnosed with them.

**RESTRAINT**.This refers to a way of keeping young people safe when they are at risk of harming themselves or someone else.It is used as a last resort when other ways have been tried and not been helpful.The use of restraint involves ward staff physically holding the young person in a controlled and safe way. or someone else. Ward staff are highly trained in these restraint methods.

**RMN**: Registered Mental Health Nurse

**RMO**: Resident Medical Officer. This is a junior doctor.

**ROUTINE OUTCOME MEASURES (ROMS):** Refers to information that is collected from you when you are referred, throughout your time under the team and after you have been discharged.

**SECTION:** Involves being taken onto a ward or given other forms of treatment without consent. A section can happen when a young person does not consent to treatment but those in charge of their care and recovery feel that the young person lacks capacity to consider the implication of this decision.

**SUPERVISION:** This involves staying together with a member of staff for a set amount of time after finishing a meal or snack. For some young people they may be supervised when they go to the toilet or use the bathroom.

**TEDS:** The Eating Disorder Service. This is the name for the Community Eating Disorders Team

**TRANSFER:** This iswhen a young person is moved from one hospital/ ward to another. Alternatively, it can also mean being moved to a facility outside of hospital.

**W4H:** Weight for Height**:** This is a measure of a young person’s BMI (body mass index) compared to the average of young people of the same sex and age.

**YP:** Young Person