

Ellern Mede

specialists in eating disorders treatment



Ellern Mede's journey

NANCY MAICOO

DR HIND AL-KHAIRULLA

Once upon a time...

Ellern Mede Ridgeway

- ▶ Ellern Mede Ridgeway re-launched in its current location in 2011, as a specialist 11 bed High dependency unit named 'Lask unit', to provide intensive treatment for patients with severe eating disorders
- ▶ At this time there were no other services exclusively available to provide the intensive and holistic care required by young people with severe eating disorders, providing NG feeding under restraint, if necessary, for life saving re-feeding
- ▶ The HDU unit was given it's name after the late Professor Bryan Lask, pioneer in research into ED, and co-founder of the original Ellern Mede, formed in 2000.

High demand for high dependency treatment

- ▶ Since 2011 Ellern Mede has successfully treated over 400 patients
- ▶ However there is a huge and increasing demand for eating disorders services, with the prevalence of eating disorders rising approx. 7% each year (1).
- ▶ Another theme is that patients are presenting with more severe and complex forms of ED at younger ages often accompanied by co-morbidities, such as EBPD, ASD, DD, OCD and Psychotic Disorder.
- ▶ A typical Eating disorder cycle is between 2-7 years and can have a debilitating effect on individuals and their families.
- ▶ Ellern Mede receives over 200 referrals per year from all around the UK, Ireland and overseas. Approximately 15% of those referred can be accepted for treatment.

Nature of referrals

- ▶ Many of the referrals are from other tier 4 CAMHS/ED specialist units.
- ▶ Often a history of several previous failed admissions.
- ▶ Complex family background with dysfunctional relationships.
- ▶ Presentations are challenging with complex team dynamics and splitting behaviours.
- ▶ Large percentage of detained patients.

Eating Disorder..... Challenging and Complex behaviours

- ▶ Food refusal
- ▶ Food disposal
- ▶ Purging behaviours
- ▶ Over exercising
- ▶ Water loading
- ▶ Body checking behaviours
- ▶ Weight manipulation
- ▶ Splitting behaviours
- ▶ Rigid thinking styles.
- ▶ Lack of central coherence

Eating Disorders with comorbidities...additional challenging behaviours

- ▶ Self harm
- ▶ Suicidality
- ▶ Aggression and Violence
- ▶ Absconsion

Do we need to treat? (Ethical Dilemmas)

- ▶ Yes we do.....
 - ▶ For the purpose of saving and improving quality of lives.
 - ▶ Restabilisation of physical state and ensure growth and development.
 - ▶ Restabilisation of mental state
 - ▶ Improvement in psychosocial functioning of patient and carers.

A vital part of treatment is to refeed...

- ▶ Life saving treatment
- ▶ Nutritional insufficiency during periods of development can slow growth and puberty, decrease bone density, changes in brain neuro plasticity.

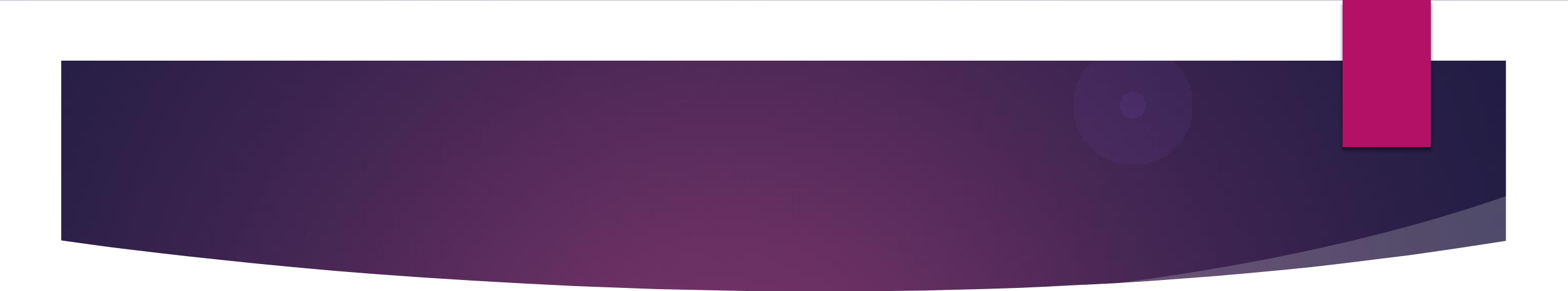
HOWEVER THIS TREATMENT COMES WITH ITS OWN CHALLENGES.....

Challenges and Specialist interventions

- ▶ Patients can require up to 3 restraints a day for refeeding, in many cases this will require 4-5 person restraints. This can present as a challenge in terms of adopting “The least Restrictive Approach” to treatment.
- ▶ This by itself presents as an ethical dilemma leading to splits within the team and high anxieties in regards to the regulatory bodies.

Prior to 2016... there was little evidence based practise in relation to CAMHS and in particular ED specific restrictive physical interventions.

- ▶ In 2016, Ellern Mede embarked on a strategy to develop specialist physical interventions.
- ▶ EM partnered with Andy Johnston Associates to formulate approaches which address the unique complications and challenges involved in eating disorders, in order to-
 - ▶ improve efficiency and reduce intervention times
 - ▶ improve safety
 - ▶ reduce harm

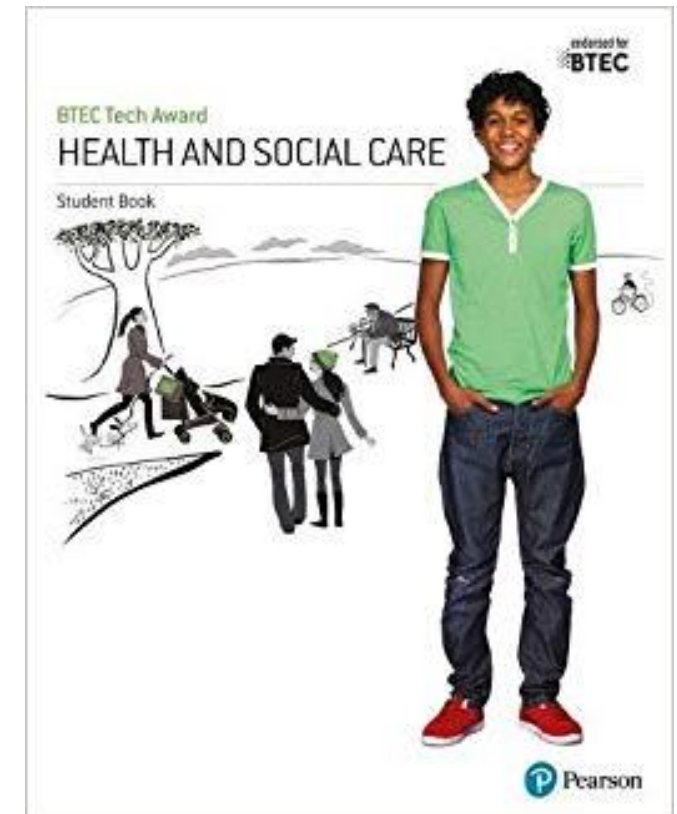
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- As part of the partnership we identified the following:-
 - Lacking in Competency being the biggest reason for adverse incidents.
 - **Risks** increase exponentially when we introduce complex anorexia pathology driven resistive behaviours
 - As an expert specialist service, Ellern Mede carry out on average 1200 NG feeds under a hierarchical physical intervention approach each year.

Innovations and improvements. A constant journey to improve...

Ellern Mede 'Btech Award – NG feeding using restrictive interventions'

- Current available training for NG feeding is sub-optimal and geared towards passive recipients of NG feeding
- NG Feeding using restrictive interventions requires specialist skills, knowledge, experience, evidence base and safety considerations
- There have been 4 national Patient Safety Alerts on the dangers of NG tube insertion (2005, 2011, 2013, 2016)
- Between 2011 – 2016 there were 32 deaths and 63 serious harms involving misplaced NG tubes

LEARNING!!!



Innovations and improvements. A constant journey to improve Eating Disorder Restrictive Intervention Support Training (EDRIST)

- 2 years in development
- UK's first ever 'evidence-based' physical and theoretical intervention programmed developed specifically for CAMHS/ED
- Data informed training – meets the needs of the service – significant focus on planned NG feeding
- Training covers all elements of behaviours associated with ED pathology (NG feeding, self-harm, violence and aggression)
- 3 day programme, hierarchy of response, use of public health model (Primary, Secondary and Tertiary interventions)
- Values based and trauma informed training package
- EMIMS recording system uses same language and descriptions as staff are trained in

► **LEARNING!!!**



Innovations and improvements. A constant journey to improve...

Ellern Mede EDRIST - A Sustainable model

- Preparing for external validation and assessment process of EDRIST
- Applying for UK Restraint Reduction Network accreditation 2020 in line with National Training Standards
- In-house process to identify internal potential instructors
- Use mixture of external and internal instructor preparation programmes
- Involve patients and their parents in training provision

► **LEARNING!!!**

Patient engagement strategies (Posters)

- ▶ Patients at Ellern Mede Ridgeway have worked closely with a number of our multi-disciplinary team members (Art therapist, Patient Engagement and Inclusion Officer, Family Therapists as well as Nursing and care staff) to come up with posters that have been professionally printed to encourage a better and more productive interaction between care staff and our patients. The following are examples of the products of the patients which we believe are amazing conduits for appropriate support and effective change and are now prominently displayed on the ward as a constant positive reminder of how we can care for our patients better.

Patient engagement strategies

I feel supported
when.....



Patient
engagement
strategies

Meal support



Patient engagement strategies

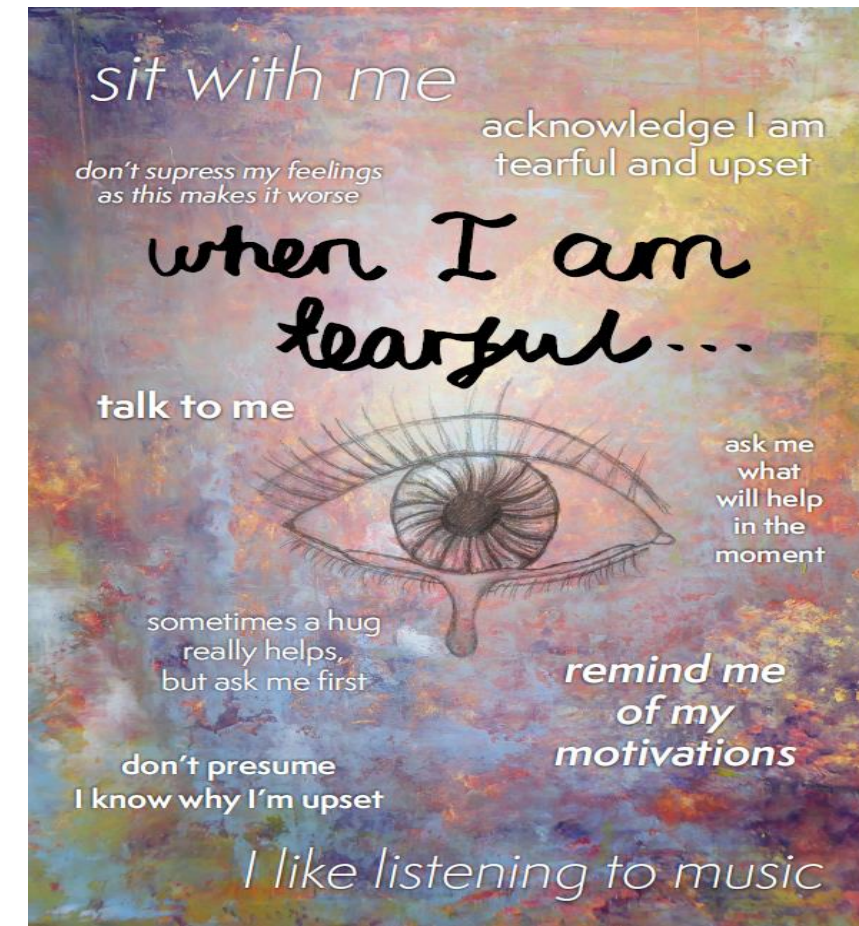
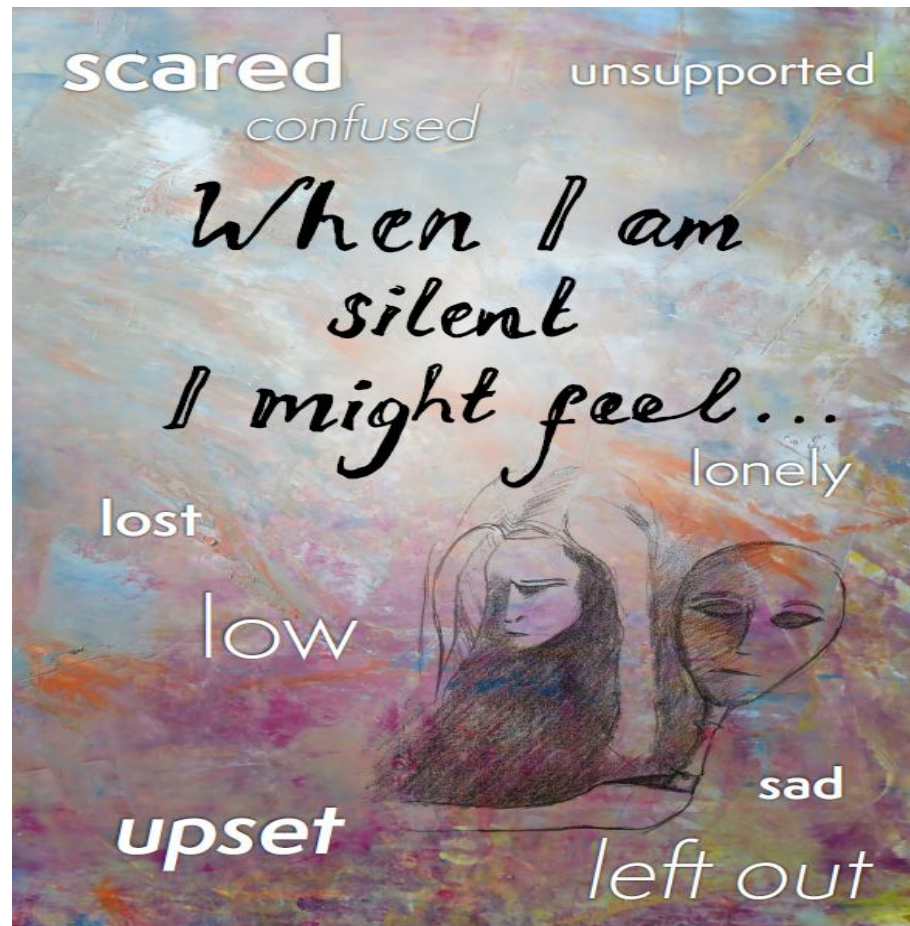
I feel listened to when.....



Patient
engagement
strategies

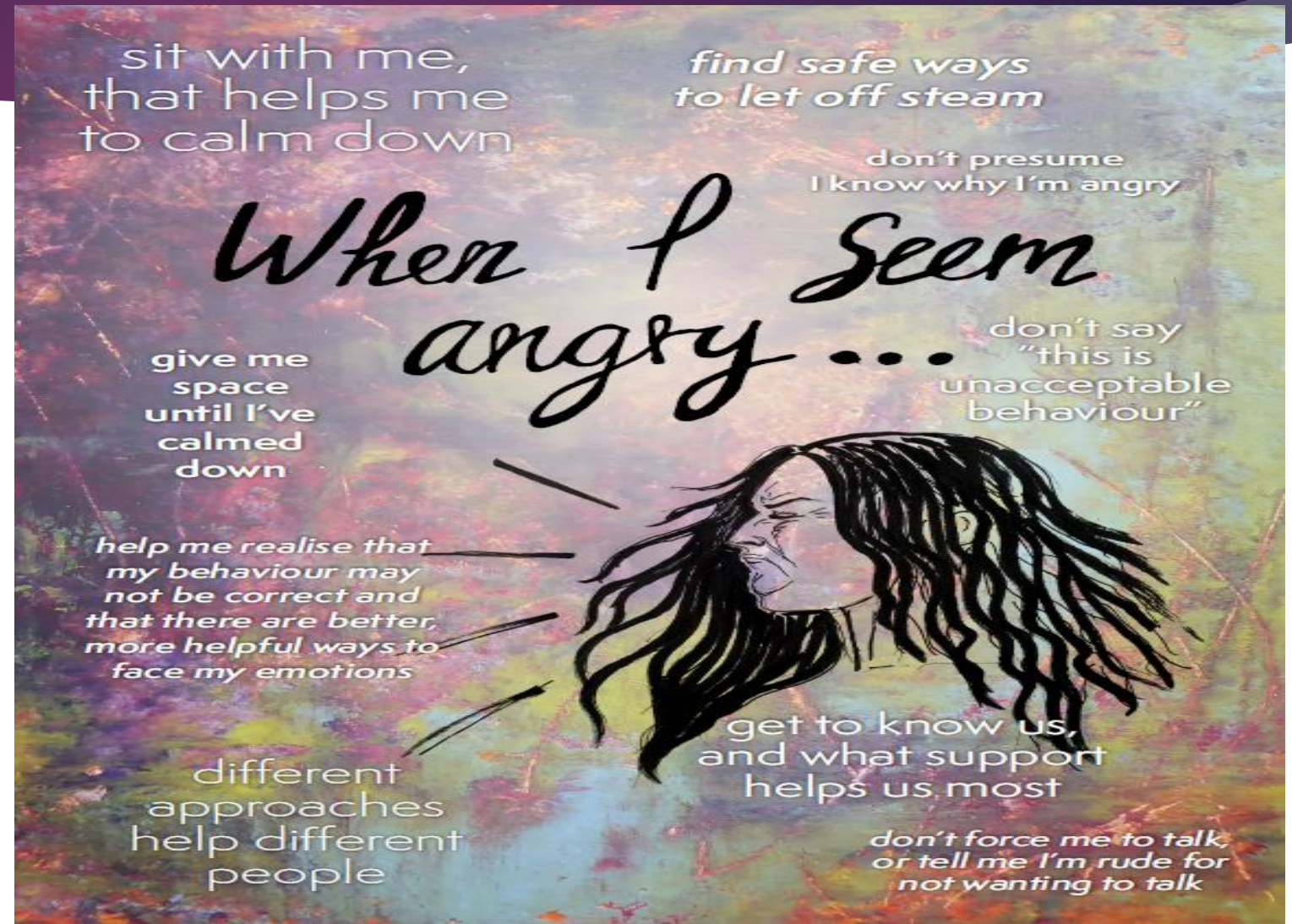
When I am silent I
might feel.....

When I am
tearful.....



Patient
engagement
strategies

When I seem
angry.....



Ellern Mede- Innovation & growth

- ▶ Ellern Mede Barnet opened in April 2017, providing both adult services and CAMHS services
- ▶ Ellern Mede Barnet provides transition pathways from CAMHS to Adult services
- ▶ Introduction of out-patient and day-care programmes
- ▶ Third site to open this year in Rotherham
- ▶ Ellern Mede Rotherham will focus on High dependency treatment

Transforming the lives of young people...

► EXAMPLES.....

Ellern Mede's journey

Our timeline begins....

2011-
EMR
Opened

2012-
Nunn unit
opened

2013-
The
Cottage
opened

2015/16-
Expanded
Ridgeway
premises

2016/17-
The Boys
Cottage
opened

2017-
EM Barnet
opened

And our mission continues....



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Thank you for listening!

Any questions?