



*Eating Disorders*  
A Treatment Guide



# *Eating Disorders* A Treatment Guide

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LIFE  
SOMETIMES  
GETS  
COMPLICATED



# Introduction

Figuring out the **pathway to treatment** when you, or someone you love, has an eating disorder can be a crash course in understanding the public health system, or the world of treatment and psychotherapy. It can feel challenging. This guide will hopefully give you some knowledge that can make embarking on this pathway a little less daunting and confusing. This guide aims to help you to take the necessary steps towards treatment and recovery.

One of the key points to take on board is that when it comes to treatment and finding a treatment modality that works, there is 'no one size fits all'. Every person who has an eating disorder is different, and while there are elements and aspects of eating disorders that are universal, the way in which a person finds their way out of one is subjective. At all times we must keep an open mind.

An open mind also allows us to try something different if what we are doing isn't working. Very often people say *"I tried counselling and it didn't work."* Keeping an open mind allows us to reframe this and say, *"The counselling I tried didn't work for me so I need to try something different, somebody different, or a different type of therapy"*.

Our hope is that this guide prepares you to seek out and find a treatment that works for you or the person you care about. Our years of experience listening and supporting people in treatment and trying to recover from an eating disorder has taught us that recovery is possible and that if something hasn't worked, it is not that the person can't recover it is that the type of treatment wasn't right for them at that time. Try not to give up. If something does not seem to be working, then we hope this guide, and our other information leaflets, will give you the confidence to think about why, ask the clinician the questions you have, and in some cases to try another approach! Life without an eating disorder is worth the effort of finding a treatment that works for you or the person you care about.

This guide is divided into sections. The first section gives an overview of treatment pathways and important key aspects to consider before you start. The second section outlines the public pathway for adults, and the third section outlines the public pathway for children and adolescents. The fourth section gives you information on the different professionals and clinicians you might meet when in treatment, explaining who they are, and what they do. The fifth section outlines the different private pathways available. The final section gives you information on Bodywhys support services and how you can access these at any stage.

# NOTES

# 1. An Overview of Treatment

Generally, there are **two treatment pathways for eating disorders, in Ireland, a public pathway and a private pathway.** However, separating the two pathways in this way, tends to limit our choices, and also tends to assume that the private pathway is very expensive, which is not always the case. Keeping an open mind, and not assuming that taking one pathway precludes a person from trying the other pathway, can be very important, as in many situations they intertwine and can work well together, as well as working well separately.

For both adults and children/adolescents, the **GP is the gateway into the public treatment and assessment teams.** From this point the basic pathway is similar except that one is specifically for adults and the other for children and adolescents. The treatment approach offered **differs according to the age of the person.**

Another key point to keep in mind, is that an eating disorder is **not just a mental health issue.** All eating disorders pose **serious physical and medical risks** to a person therefore no matter which treatment modality is chosen, it is crucial that the treating clinician is cognizant of this, and has the experience and expertise to work holistically, allowing for the medical and physical aspects to be monitored. And vice versa, if the treating clinician is a medical professional they also need to recognise that the mental health aspects require experience and expertise to treat. When deciding on where to go, it is useful to know that it is recommended that people with eating disorders have access to advice from a consultant psychiatrist, a psychotherapist and a dietitian, as well as a GP, so that all their needs can be addressed. This is the person's 'team' and it is important these professionals communicate with each other.

A final point to consider before delving into the world of treatment, is that research suggests that **a strong and trusting therapeutic alliance (relationship) between the person and their treating clinician is crucial for treatment to be successful,** regardless of the modality of treatment approach. Whilst certain treatment modalities are researched and have a growing body of evidence supporting their effectiveness, it remains crucial to form a strong and trusting alliance with the treating clinician for the treatment to be effective. This relationship is key to achieving long lasting and sustainable change.



**Note:** The public pathways for adults and for children is an evidence based stepped model of care, which means that based on an assessment, the person enters at a particular level of care based on their clinical needs (outpatient, day patient, inpatient) and can move up (as needs and risks increase clinically), and move down (as the patient improves and needs / risks decrease clinically) as needs be.

In Jan 2018, the HSE Clinical Strategy and Programmes Division, together with HSE Mental Health Services, produced a Model of Care for Eating Disorder Services in Ireland. This Model of Care can be found here <http://www.hse.ie/eng/about/who/cspd/ncps/mental-health/eating-disorders/moc/>

In 2020, the HSE launched a self-care mobile app for eating disorders. You can access it via <https://ncped.selfcareapp.mobi/>

Bodywhys is partnered with the HSE clinical programme for Eating Disorders to provide the support component of this Model of Care. Bodywhys support services are available for those being treated for an eating disorder, as well as family / carers. Please see [bodywhys.ie](http://bodywhys.ie) for a full list of services, and for our extensive range of information leaflets and booklets.

## 2. Public Pathway for Adults

**Note:** This pathway will be updated as the **HSE National Clinical Programme** for Eating Disorders is rolled out nationally. Some areas may not yet have eating disorder (ED) or day programmes teams in place.

### STEP 1 – Contact the GP

Your GP is the place to start. The GP will screen you, assessing your clinical and medical needs. If the GP is not clinically concerned, they will offer reassurance and advice. If the GP is unsure as to whether you have an ED, they will consult with the local Adult Mental Health Service (AMHS) / Adult ED team and monitor accordingly. The GP may examine you and take blood tests or an ECG. If the GP is clinically concerned, they will refer you to the local AMHS or Adult ED team if established, for a further assessment. If they are worried about your physical health, they may refer you to a hospital for medical care.

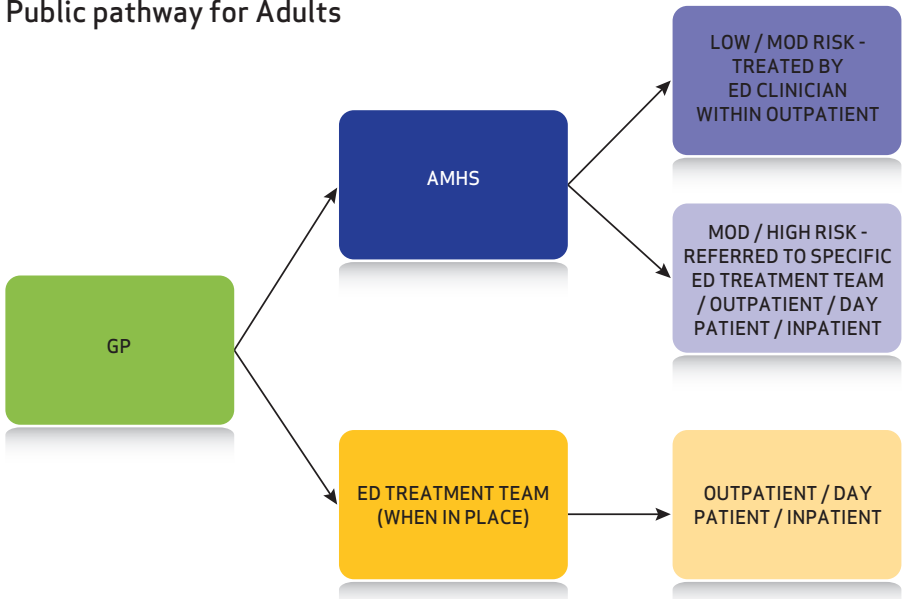
### STEP 2A - Adult Mental Health Service (AMHS)\* Assessment Or Step 2B - Adult ED Team Assessment\*\*

Eating disorder assessment involves a multidisciplinary assessment at a clinic. This includes a clinical interview (where a clinician will talk with you to get an idea of your day-to-day thoughts and feelings, your disordered eating behaviours, and will try to assess what and how severe the areas of concern are), a physical examination, investigations and questionnaires. This assessment can take up to 2 hours. The aim is to make a correct diagnosis of your needs and identify other conditions or complications that may be similar or related, such as depression or other medical conditions. The doctors on the team will review your blood results and liaise with your GP about your physical health. Your weight and height will be measured.

- A) If the AMHS / ED team assessment concludes that you do not have an eating disorder, the team may discharge you back into the care of your GP (if there is no other condition that needs treating in the clinic).
- B) If you are diagnosed as having an eating disorder, the next referral step is dependent on the level of risk assessed by the team. A person diagnosed with a low / moderate risk will be treated within the outpatient service. If a person does not respond well to this treatment, they can then be referred for more specialist support. If a person responds well to this outpatient treatment plan, they will, when ready, be referred back into the care of their GP (step down), or if the person does not improve, they will be referred into the more intensive day programme (step up).

- A person diagnosed with higher risk may be referred specifically for a more specialised treatment or day/ inpatient care.
- If the Adult ED treatment team assessment diagnose an eating disorder, the person will be treated within the eating disorder outpatient team structure.
- The person moves up or down these steps depending on their clinical needs and how they are responding to treatment.

## Public pathway for Adults



**\*AMHS** – Adult Mental Health Services – this is the general mental health service for the locality, which is not an exclusive eating disorder treatment team. There are personnel within the AMHS team that have the expertise to make an assessment of an eating disorder, and where there is low to moderate risk, treat the person within the team.

**\*\* Adult ED team** – This is a specific team dedicated to the assessment and treatment of adults with eating disorders, where a moderate to high risk is diagnosed. This is an ED outpatient service for the locality. It will take some time to roll out the ED teams across the country, so for the moment there may not be a specific ED team in place in your locality. However, there will be specifically trained ED clinicians within the AMHS teams.

### 3. Public Pathway for Children and Adolescents

**Note:** This pathway will be updated as the **HSE National Clinical Programme** for Eating Disorders is rolled out nationally. Some areas may not yet have eating disorder (ED) or day programmes teams in place.

#### STEP 1 – Contact the GP

The GP is the place to start. The GP will do a screening, and if they are not clinically concerned, they will offer reassurance and advice. If the GP is unsure as to whether the person has an eating disorder, they will consult with the local Child and Adolescent Mental Health Service (CAMHS) and monitor accordingly. The GP may examine the person and take blood tests or an ECG. If the GP is clinically concerned, they will refer to the local CAMHS or the CAMHS ED team if established, for a further assessment. If they are worried about the person's physical health, they may refer them to a hospital for medical care.

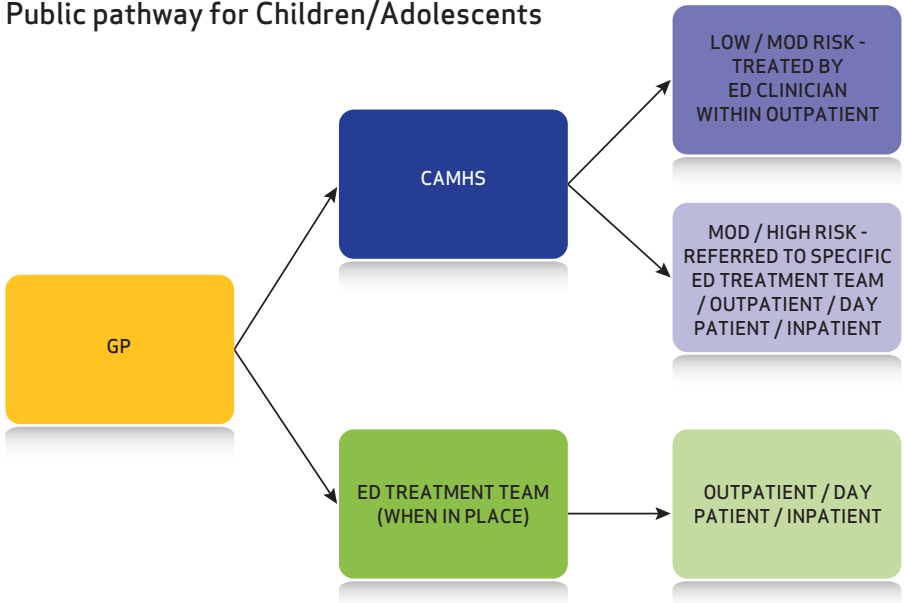
#### STEP 2A - Child and Adolescent Mental Health Services (CAMHS)\* Assessment or STEP 2B) - Child and Adolescent Ed Team Assessment\*\*

Eating disorder assessment involves a multidisciplinary assessment at a clinic. This includes a clinical interview with the child/adolescent and parents, a physical examination, investigations and questionnaires. It can take up to 2 hours. The aim is to make the correct diagnosis of the young person's needs and identify other conditions or complications that may be similar or related such as depression or medical conditions. The doctors on the team will review the young person's blood results and liaise with their GP about their physical health. Their weight and height will be measured.

- A) If the CAMHS / ED team assessment concludes that there is no diagnosis of an eating disorder, the team may discharge the young person back into the care of the GP, if there is no other condition that needs treating in the clinic.
- B) If the young person is diagnosed with an eating disorder, then the next referral step is dependent on the level of risk assessed by the team.

- A young person diagnosed with a low / moderate risk will be treated within the outpatient service. If they do not respond well to this treatment, they can then be referred for more specialist support. If the young person responds well to this outpatient treatment plan, they will, when ready, be referred back into the care of the GP (step down), or if the person does not improve, they will be referred into the more intensive day programme (step up).
- A young person diagnosed with higher risk may be referred specifically for a more specialised treatment or day/ inpatient care. If the Child and Adolescent ED treatment team assessment diagnose an ED, the person will be treated within the eating disorder outpatient team structure.
- The young person moves up or down these steps depending on their clinical needs and how they are responding to treatment.

## Public pathway for Children/Adolescents



**\*CAMHS** – Child and Adolescent Mental Health Services – this is the general mental health service for children and adolescents in the locality, which is not an exclusive eating disorder treatment team. There are personnel within the CAMHS team that have the expertise to make an assessment of an eating disorder, and where there is low to moderate risk, treat the person within the team.

**\*\* Child ED team** – This is a specific team dedicated to the assessment and treatment of children and adolescents with eating disorders, where a moderate to high risk is diagnosed. This is an ED outpatient service for the locality. It will take some time to roll out the ED teams across the country, so for the moment there may not be a specific ED team in place in your locality, however, there will be specifically trained ED clinicians with the CAMHS teams.

## 4. Who will you meet in the Public System

### General Practitioner (GP)

The GP is the gateway into the public services, and as such plays a key role in the recognition, assessment and care of their patient. The GP is ideally placed to offer the initial screening, to monitor and provide a baseline of the physical and medical needs of the person. The GP plays an integral part in the care and treatment plan for the person, no matter what level of care the person is at any one time.

### Psychiatrist

A psychiatrist / child psychiatrist is a medically qualified doctor who has specialised in the assessment and treatment of mental health conditions. Psychiatrists take a 'bio-psycho-social' approach to understanding mental health and eating disorders. They use this framework of understanding when they are assessing, diagnosing and treating eating disorders. Within the mental health service, the consultant psychiatrist is the clinical lead of the multi-disciplinary team (MDT), and is responsible for overseeing the patient's care plan. When a person is referred for assessment, the psychiatrist is often the person to lead this. They will also screen for other physical or medical conditions, and then share their diagnosis with the MDT with a recommendation for bio-psycho-social treatments, including medication and hospital referrals if needed. Psychiatrists can prescribe medication as well as using psychosocial treatments, because they are both a medical doctor as well as a mental health specialist. The psychiatrist will continue to meet the person on a regular basis, to monitor their medical risk, treatment progress, medication and care plan. They may sometimes deliver psychological treatments for eating disorders. Trainee psychiatrists are called senior registrars, registrars or Senior House Officers (SHOs), and work under the supervision of a consultant.

### Clinical Psychologist

The clinical psychologist is a psychologist who has a specialist qualification in mental health and works as part of the mental health team in a unit or hospital and is involved in assessment and counselling therapy. It is quite likely that either the psychiatrist or a clinical psychologist will do the assessment of a person, and treatment can often be carried out by the clinical psychologist in the MDT.

## Psychiatric Nurse

It is quite likely, if you are being treated for an eating disorder, that you will have regular contact with the nurse on the MDT. Nurses provide both physical and psychological care to their patients. It is usual that a nurse will monitor the physical changes that occur during treatment, such as weight calculations and blood tests. The nurse is an integral part of the MDT and also can provide essential support and encouragement to a patient's family.

## Psychologist

A psychologist is trained in the study of human behaviour and usually is tasked with providing a person with some form of psychological therapy within the MDT. Psychologists can be trained in any number of different therapeutic interventions, and as such, will work with the person in whichever way the treatment plan, assessment and diagnosis requires. Bringing a patient closer to an understanding of his or her illness is a key aim of a psychologist. When involved in the area of mental health, the psychologist usually works as a clinical, community or counselling psychologist, and unless also medically qualified, does not prescribe medication.

## Key Worker

The key worker is a designated member of the MDT whose responsibility it is to co-ordinate the individual's care and treatment plan. They are the person who is working most closely clinically with the person and their family or carer support. The key worker may change as the person steps up or down through the service.

## Mental Health Social Worker

Mental health social workers carry out a range of functions as members of a MDT. Individual counselling is one of their key tasks in assisting those with a variety of emotional difficulties. Another key function is 'psycho-education'. Psycho-education refers to work with individuals and their families to explain aspects of the mental illness. Psycho-education also involves offering coping strategies appropriate to the specific mental illness. Given that mental health service provision is sometimes fragmented, mental health social workers are committed to 'case management' or 'care management'. This refers to working with individuals with a view to ensuring continuity of care and the co-ordination of services. This helps to maximise their wellbeing and quality of life. Case management involves the integration of health services with a range of other services. Examples include, housing, social welfare, job training and employment, liaison with statutory and voluntary agencies, etc. All of these links may contribute to positive mental health.

## Occupational Therapist (OT)

Occupational therapists provide services to people whose ability to cope with everyday activities is threatened or impaired in some way by physical, psychological or developmental problems. Occupational therapists can assess and treat anyone (adult or child) who has practical difficulties due to mental illness, accidental injury, arthritis, cerebral palsy, learning difficulties, stroke, and other congenital, developmental, degenerative or neurological conditions. Occupational therapy aims to enable the person to have as independent, productive and satisfying a lifestyle as possible. Treatment can include self care, personal development, mobility and access, skills and training, home management, disability awareness, work preparation, directed play, stress management and compensatory techniques.

## Dietitian

Dietitians can play a core aspect of an ED MDT, providing nutritional advice, support and guidance for both adults and young people who are being treated for an eating disorder. The level of intervention by the dietitian varies depending on the severity of the eating disorder, the age of the person, the type and level of response to treatment that the person exhibits.

It is important to note that within a MDT the key roles are; psychiatrist, clinical psychologist, nurse, OT, dietitian, and social worker. It is not unusual for those using these titles to have specific **competencies** within the field of psychological and talking therapies, that equips them to fulfill a dual role with regard to the treatment plan for the person. For example, the nurse may also be trained in Cognitive Behavioural Therapy - Enhanced (CBT-E), and therefore when assigned to work with a person with an eating disorder, the nurse's primary role will be as a CBT-E therapist, and their nursing duties may take a secondary role, or may be fulfilled by another person within the MDT.

## Psychotherapist

A psychotherapist is a person who has been trained to understand and treat mental health conditions of varying severity. Psychotherapists have training in understanding human development, and the various ways in which a person's mental health problems can cause them to suffer and obstruct their ability to live their life as they wish. There are many forms of talking therapies and different therapies work for different people.



## 5. Private Pathway

If a person chooses to access treatment outside the public system, they are choosing a 'private' pathway, in that the treatment and the treating clinician is not part of the public health system, and often will work independently. This private pathway sometimes refers to undergoing an assessment with a private hospital with a view to being admitted to that hospital for inpatient or outpatient treatment. The cost for that treatment will be borne by the individual (as opposed to the state which funds the public system).

The private pathway does not always mean admittance to a private hospital however, and there is also the choice of attending a private psychotherapist/clinician for treatment, which although will involve a cost to the individual, is also often an affordable option. If cost is an issue, it is important to note that many private therapists offer a 'sliding scale' fee structure.

### PSYCHOTHERAPY/COUNSELLING

#### First things first – safety checks!

If a person chooses to access psychotherapy or counselling privately, they do not always require a referral from their GP. Many therapists do not require this. If a person decides to make an appointment with a psychotherapist or counsellor there are some basic safety checks to consider:

1. What is the person's qualification?
2. Are they an accredited member of a professional organisation?
3. Do they have experience working with people with eating disorders?
4. If a private psychotherapist / counsellor is accessed for someone under 18, it is essential that the therapist liaises with the young person's GP, who is required to monitor physical health. Parents need to be aware that the psychotherapist, in most cases, is not equipped to monitor physical health, and due to the risk of physical deterioration, it is best practice that a GP be a part of the care plan.
5. If a person is choosing a private pathway, it is advisable that they endeavour (especially for someone under 18 yrs.) to put in place a multi-disciplinary team approach, which will include a physician e.g. GP, a psychotherapist, a dietitian, and often a psychiatrist. The optimal situation is if all of these clinicians can be in communication with each other, and work together, whilst keeping the confidentiality boundaries of their disciplines.

**Note:** *The following is a list of professional organisations that accredit psychotherapists and counsellors:*

- The Irish Council for Psychotherapy
- Association for Psychoanalysis and Psychotherapy in Ireland
- The Irish Association for Counselling & Psychotherapy
- Irish Association of Humanistic & Integrative Psychotherapy
- Irish Association for Alcohol and Addiction Counsellors
- National Association for Professional Counselling and Psychotherapy
- European Association for Psychotherapists
- European Association for Counselling
- Psychological Society of Ireland (Clinical & Counselling Psychology)
- Irish College of Psychiatrists

## What is the difference between Psychotherapy and Counselling?

Due to the seriousness and complexity of eating disorders, it is crucial when thinking about treatment, that the therapist is experienced and has been trained appropriately to treat a person with such a serious diagnosis.

In light of this, as well as the safety checks above, it is important to know the difference between ‘psychotherapy’ and ‘counselling’ because the two terms are often used interchangeably, despite the two professions being distinct and recognised as such by government. While, in everyday language people use the terms ‘**therapist**’, ‘**counsellor**’, ‘**psychotherapist**’ interchangeably, there is a difference and the distinction lies in the education and training requirements to achieve the title ‘psychotherapist’ and ‘counsellor’.

Generally, a person with the title ‘**counsellor**’ will have reached degree level 8, (minimum of 4 years training) and a person calling themselves ‘**psychotherapist**’ will have reached degree level 9 (minimum 7 years of training).

The Minister for Health has confirmed that the two professions will be regulated by the state as different professions, and the training requirements to achieve the title ‘counsellor’ or ‘psychotherapist’ will be different (as outlined).

## How do I find a Therapist?

On the Bodywhys website ([www.bodywhys.ie](http://www.bodywhys.ie)) there is a **services directory** which lists by county all treatment information including public and private options.

## Cost?

A private counsellor or psychotherapist will set their own fee. There are many 'low cost' options, and many therapists operate a sliding scale which means that the person pays according to what they can afford. In this way, private does not necessarily mean expensive.

## Private Treatment Centres / Hospitals

There are 3 private hospitals / treatment centres that provide inpatient and outpatient treatment specifically for people with eating disorders currently in Ireland. Each has a referral pathway starting with the GP. More details can be found in the Bodywhys services directory. Sometimes a person's private health insurance will cover the cost of the centres, and if a person does not have private health insurance, and the assessment is that they need to be admitted and treated by one of these centres, and the public pathway cannot meet their needs, then a case can be made to the Health Service Executive (HSE) to provide funding for that person to be admitted to the private facility.

## 6. Bodywhys Services

Bodywhys – The Eating Disorders Association of Ireland – is the national voluntary organisation supporting people affected by eating disorders.

### PEOPLE CAN AND DO RECOVER

#### Our Services

Bodywhys **PiLaR PROGRAMME** - a four week, evidence-based education and skills programme for those supporting a person with an eating disorder. This programme moved from face-to-face, to an online format in March of 2020. Bodywhys has also created a post-PiLaR support group for family/friends who have previously attended the PiLaR programme, and the development of a similar support group specifically for siblings over the age of 18 is underway for 2021. Please email [pilar@bodywhys.ie](mailto:pilar@bodywhys.ie) to put your name on the waiting list for the next PiLaR programme, or on the list to attend the post-PiLaR support groups for family/friends or siblings. See [bodywhys.ie](http://bodywhys.ie) for upcoming programmes.

Bodywhys provides **SUPPORT GROUPS** in Dublin City Centre for those affected by eating disorders. We also run groups for friends and family members who may be in need of support. The groups are facilitated by trained volunteers and are free to attend. More details can be found on [www.bodywhys.ie](http://www.bodywhys.ie).

The Bodywhys **HELPLINE 01 210 7906** is a listening, information / signposting service for people with an eating disorder, as well as family and friends. For up-to-date times of operation, see our website [www.bodywhys.ie](http://www.bodywhys.ie).

Bodywhys provides **ONLINE SUPPORT GROUPS, BodywhysConnect (19+)** and **YouthConnect (13-18)**, for people with eating disorders only, which are particularly popular with those who wish to maintain anonymity or are living in an isolated area. The online groups operate 4-5 evenings per month and are based on our website at [www.bodywhys.ie](http://www.bodywhys.ie)

*"Like a helpline call in an email"*, the Bodywhys **EMAIL SUPPORT SERVICE, alex@bodywhys.ie**. People email for support, a listening ear, information and signposting. This allows for increased anonymity and flexibility while providing the optimal level of support.

#### [www.bodywhys.ie](http://www.bodywhys.ie)

The Bodywhys website provides a wide variety of information on eating disorders, treatment options and support services.

### Also accessible from the site:

- Directory of service providers, searchable by location
- Links to other relevant eating disorder and mental health websites
- Reading list
- SeeMySelf, free online psycho-education programme
- Body image website resource <https://www.bodywhysbodyimage.ie/>

**Bodywhys services are available to carers as well as to those affected by eating disorders.**

## Free Information and Resources

Bodywhys offers a range of leaflets and resources including, but not limited to the following:

- Eating Disorders - A Resource for Parents
- Eating Disorders - A Resource for General Practitioners
- Eating Disorders - A Resource for Pharmacists
- Eating Disorders - A Resource for Dentists
- Eating Disorders - A Treatment Guide
- Binge Eating: Breaking the Cycle. A self-help guide towards recovery
- Understanding CBT-E: Cognitive Behavioural Therapy - Enhanced
- Understanding Family Based Treatment (FBT) - A Short Guide for Families
- For Schools: School Talks, Resources and a Training Portal for Teachers <https://www.bodywhys.ie/for-professionals/>
- Educational Talks and Training for the Community, Educational Institutions, and Professionals: contact [info@bodywhys.ie](mailto:info@bodywhys.ie) for more information

As the support partner to the HSE Model of Care for Eating Disorder Services, Bodywhys provides support at all levels of the stepped care model. For a full explanation of this please see p. 94 of the Model of Care which can be downloaded here: <http://www.hse.ie/eng/about/who/cspd/ncps/mental-health/eating-disorders/moc/>

These and other resources can be obtained free of charge from **Bodywhys, P.O. Box 105, Blackrock, Co. Dublin** or email [info@bodywhys.ie](mailto:info@bodywhys.ie)

# BODYWHYS

The Eating Disorders Association of Ireland



Connecting for Life

**Support Email** [alex@bodywhys.ie](mailto:alex@bodywhys.ie)

**Helpline** 01 210 7906

P.O. Box 105, Blackrock, Co. Dublin

**Office Phone** 01 283 4963 **Office Email** [info@bodywhys.ie](mailto:info@bodywhys.ie)

[www.bodywhys.ie](http://www.bodywhys.ie)