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The Eating Disorder Project (EDP) started as a one-year pilot project, commissioned by local GPs in a borough of London in January 2016. The idea actually sprouted when **Miranda Boal** *now the service lead, left her post in a secondary care eating disorders service to help set something up in the community.* **Dr Martina Gerada** *tells us more.*

Celebrating five years of innovative **care in the community**

Armed with the knowledge of the importance of early intervention in eating disorders (e.g. Currin & Schmidt, 2005), she championed the creation of a new service. Her determination coincided with a recognised, growing need in the borough, so that, like with any change (Miller & Rollnick, 1952, 2013), willingness (on the part of commissioners), readiness (in terms of timing) and ability (her own expertise) aligned to bring about the birth of this project.

Historically and nationally, clients presenting with eating disorders (ED) have been treated within specialist services. However, as resource tightened and the prevalence of people with EDs increased, the severity threshold for accessing specialist services also increased. As a result, many people with mild-to-moderate eating difficulties were unable to access the support they needed in a timely manner (Beat, 2019).

This socio-political and economic backdrop justified the creation of a small, local service in Tower Hamlets which could offer evidence-based treatments, timely interventions and early intervention input for people with mild-to-moderate eating difficulties.

Over the past five years the project has managed to retain funding and become an established care pathway within the Tower Hamlets IAPT Service, East London Foundation Trust (ELFT)[1], thanks to the support of commissioners, managers, clinical staff and service users. Miranda Boal, together with EDP staff members over the years[2] have worked hard to keep the service going in challenging times, with funding shortages and the pandemic.

The EDP Care Pathway

Clients referred to the EDP would have initially been through an IAPT triage where they would have answered affirmatively to the routine question, 'Do you think you have an eating problem?'. Subsequently, the PWP carrying out the triage would administer the SCOFF[3]questionnaire (a five-question screening tool for EDs) and be prompted to discuss the client with the EDP team.

On meeting the inclusion criteria (i.e. BMI >17; bingeing/purging < twice a week; no significant risk or co-morbidity) the client and their GP would be informed and then contacted by the EDP. This first call is critical to future engagement. It happens as early as possible following triage, and is an opportunity to introduce the team, the project and to set realistic expectations for treatment. A date for a more comprehensive face-to-face/video assessment is then set.

The majority of clients are offered group therapy, although a few, particularly those with early onset anorexia nervosa (AN), are offered 1:1 therapy. The group is a 12-week programme based on CBT for Eating Disorders (Fairburn, 2008). It is split into two parts: first, symptom management and reduction, developing alternative coping mechanisms, body image work and regular eating. The second half focuses on the underlying vulnerability factors using a compassionate focused approach (Goss & Allan, 2014).

The programme is mainly psycho-educational in content but lead with expert knowledge on group dynamics and the interpersonal and intra-personal difficulties commonly faced with this population (e.g. perfectionism; hyper-criticism; poor emotional management, difficulty with self-care; mistrust; ambivalence). When clients are first offered the group they typically express reticence in joining.

> "This socio-political and economic backdrop justified the creation of a small, local service in Tower Hamlets which could offer evidence-based treatments, timely interventions and early intervention input for people with mild-to-moderate eating difficulties."

There is a lot of work that goes into preparing clients to commit. It is partly achieved through "bridging sessions", offered alongside the group whilst clients are on the waiting list. These sessions help "bridge the gap" between assessment and treatment and get the process of recovery underway. By building engagement and motivation during this time, drop-out rates are diminished.

Ethos

Eating disorders are complex and often a symptom of underlying psychological distress. In this regard, clients are anxious about change and recovery. Ambivalence is commonly experienced as people battle the fear of letting go of a known, albeit destructive, coping mechanism for something new. The team is careful to always approach people's potential for change from a place of compassion, understanding and respect. From the outset, they take a welcoming and motivational stance, making sure to: acknowledge clients' courage in coming forward and asking for help; encouraging clients to take a collaborative role in their journey and; framing every conversation in light of recovery. Gently, yet consistently they challenge clients, using motivational interviewing and compassion-focused therapy to 'roll with resistance' and advocate for growth.

Stats and Successes

The EDP has an average retention rate of 80-100% where the national statistic for drop-out in ED services is 20-40% (DeJong, Broadbent & Schmidt, 2012). Staff believe it is efforts at early engagement that contribute to this success. Clients feel 'held' by the service during the waiting period and what seems to be a 'wait' is actually a 'preparation' for engagement and investment in change.

(continued overleaf)

Celebrating five years of innovative

care in the community

(continued)

Having the EDP sit alongside a primary care/IAPT Service has meant reciprocal training and increased ED knowledge and skills within the wider service. It has empowered the wider staff group to approach EDs with more confidence and compassion, even when referring on to more appropriate services e.g. St Ann's ED Service.

Miranda is truly the engine behind this operation yet she is fuelled by the hard-working and enthusiastic staff that have joined the project over the years. On its fifth anniversary Miranda expressed pride at what the team had achieved together.

The problem of access to care in EDs continues to be a reality many people face. We believe it is a fortune and a blessing that in one little corner of London there is a service, alongside many others, making a positive difference. ■

Testimonials

"Setting up this service is one of the things I am most proud of in my clinical commissioning career. […] I campaigned hard for it. It has been so heartening to see so many benefiting…a much needed boost in current circumstances …"

Judith, GP Commissioner

"Having struggled with an [ED] all of my adult life I didn't fully believe that recovery was possible. I was referred to the EDP via my local GP and I am so glad. Recovery is a long process and still takes work daily but it would not have been possible […] without the tools I gained from our time together. Even more important was the support of the team and the other amazing women in our group. Knowing I wasn't alone was invaluable, and the encouragement, empathy and ideas offered in our weekly groups helped give me hope for the future".

H, Group participant, 2019

"I came to EDP with much trepidation, having isolated myself from my friends and family and fallen into a never ending binge/restrict pattern. I didn't feel at all capable of making a significant change, even though I desperately wanted to. Right away, I was treated with compassion and open-mindedness. The EDP took the time to get to know me as a person in our initial meeting, which set the tone for the treatment. The balance of 1:1 meetings and group therapy helped me feel like I was being seen as an individual but also, […] provided a great deal of solidarity […] I was pleasantly surprised at how quickly the group - from a range of ages and backgrounds - came together, listening empathetically to others' stories and even finding some humour. The space felt safe: protected from stigma or judgement. Most importantly, the therapy was effective […] The lessons I learned through this program continue to keep me accountable and have made me feel incredibly empowered on my own recovery journey"

C, Group participant, 2018

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[1] Originally under Compass Wellbeing CIC, a social enterprise running the primary care psychological services in Tower Hamlets in 2016, later taken over by ELFT.

[2] Grace Sheridan, Assistant Psychologist; Samira Heinkel, Assistant Psychologist; Dr Martina Gerada, Counselling Psychologist; Josie Hannaford, PWP, Orla Cogill, PWP, Dr Maya Von Spreckelsen, Counselling Psychologist; Mel Creese, PWP; Kate Dyer, PWP, Dee Ibrahim, CBT Therapist; Vicky Bellamy, PWP.

[3] SCOFF is an acronym for the questionnaire's five questions i.e. making oneself sick; losing control over eating; losing one stone in less than 3 months; thinking of oneself as fat and; food taking over life.