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Addressing the Eating Disorders crisis in Children and Young People

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Referrals for Manchester Foundation Trust

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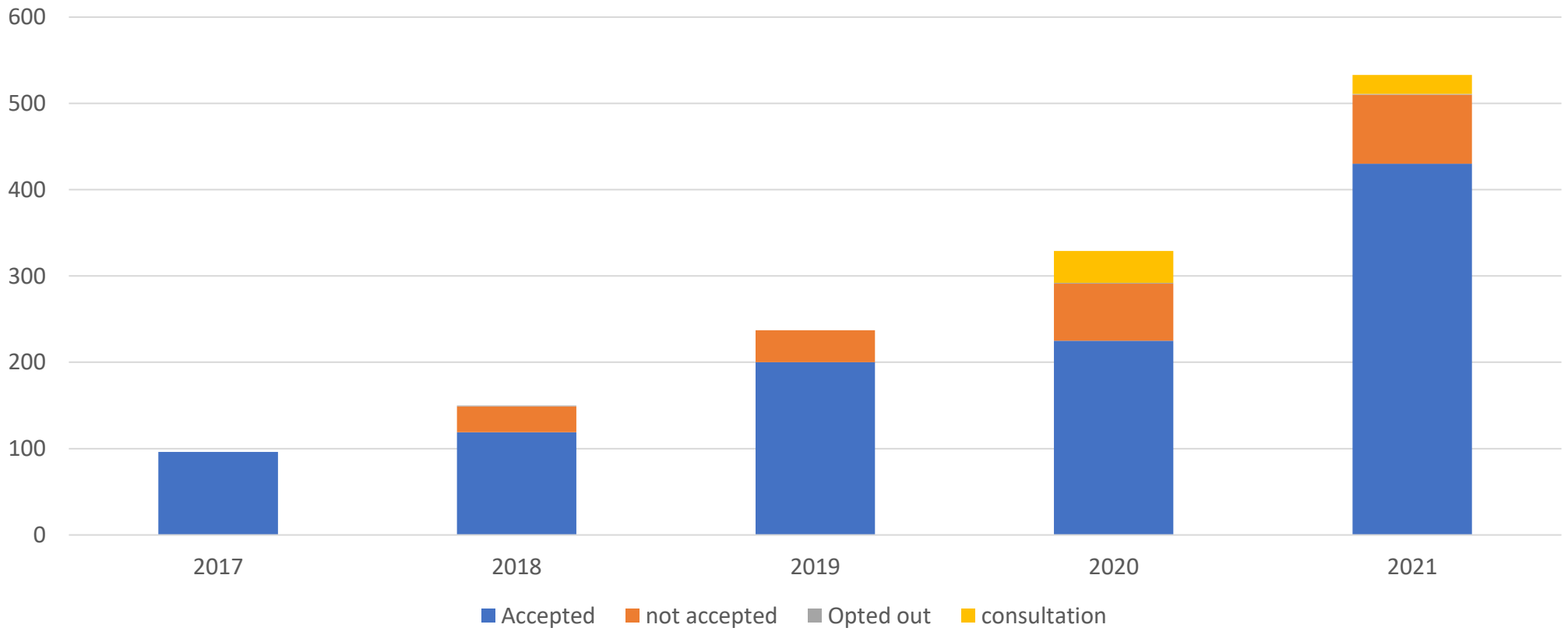

COVID pandemic demand and pressures

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- Almost 10,000 children and young people started treatment between April and December 2021 with record demand for services – an increase of a quarter compared to the same period last year and up by almost two thirds since before the pandemic.
- Disproportionally affected vulnerable groups, particularly CYP with suspected or diagnosed Autism Spectrum Condition.
- High levels of acuity.
- Derailed plans for Avoidant and Restrictive Food Intake Disorder (ARFID) and addendum to community eating disorder guidance.

NHS England with NICE and the National Collaborating Centre for Mental Health (August 2019)

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NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

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Throughout the pathway, the community eating disorder service should take a lead role in providing care both in the community and if they require inpatient or intensive day care.

Addendum - Inpatient and Intensive Day Care Extension to the Community Eating Disorder Guidance

Inpatient and intensive day care services include:

- Inpatient medical children's wards or age-appropriate general wards
- Child and adolescent mental health inpatient or day patient services.

Access and Waiting Times

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National Level Data

	Urgent Cases: The number of patients started treatment by week since referral					
	>0-1 week	>1-4 weeks	>4-12 weeks	12 plus	Total number of completed pathways (all)	% within 1 week
England	365	165	48	12	590	61.9%

Routine Cases: The number of patients started treatment by week since referral					
>0-1 week	>1-4 weeks	>4-12 weeks	12 plus	Total number of completed pathways (all)	% within 4 weeks
563	973	647	213	2,396	64.1%

Hospital admissions for CYP

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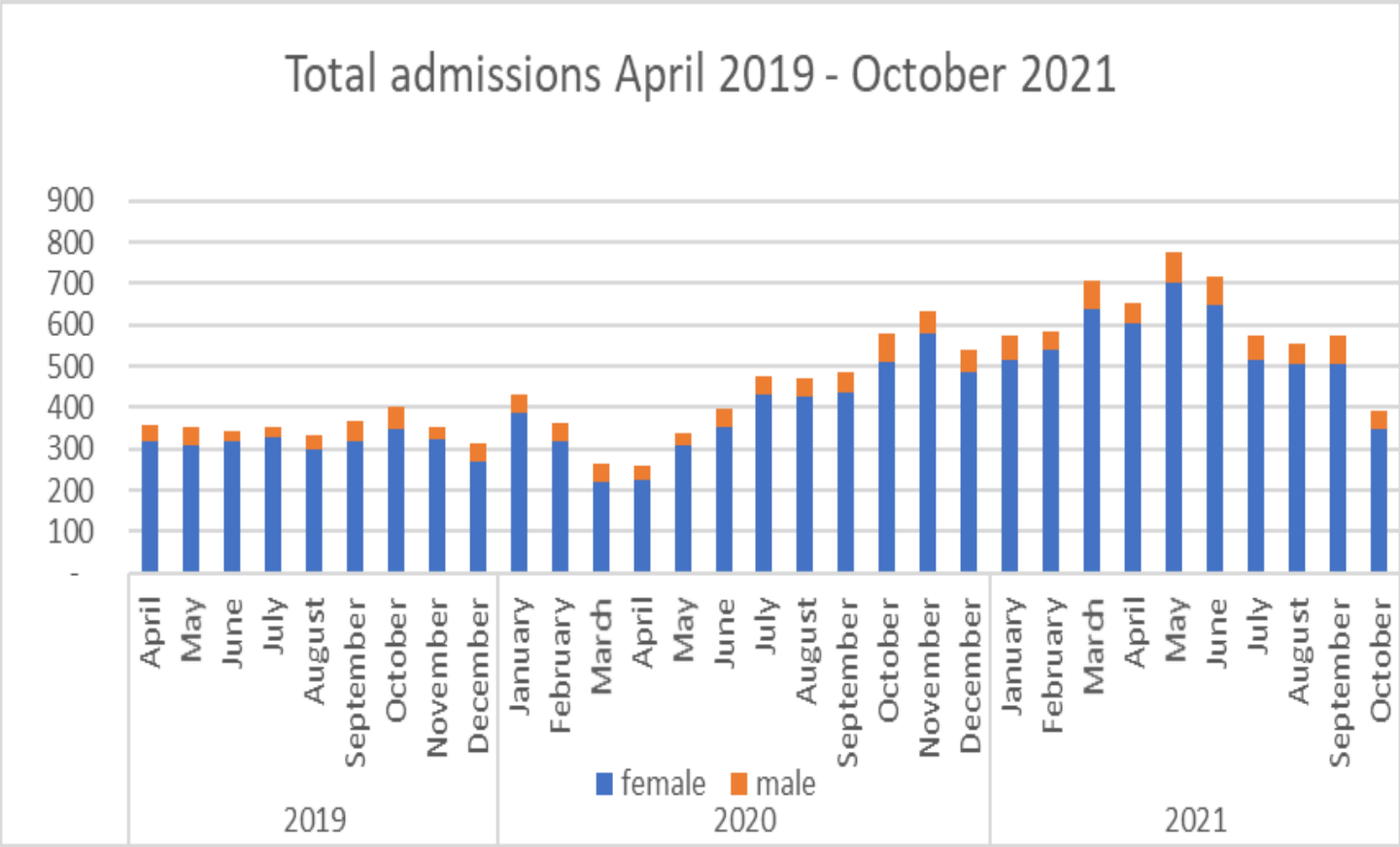
- From April to October 2021 there were 4,238 hospital admissions, an increase of 41% from same period in 2020 and a 69% rise from 2019.

(NHS Digital)



Suggested mechanisms to increase in ED during pandemic

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- Hidden cohort that regulates body shape/weight and nutrition through very high levels of exercise.
- Unintended increased parental supervision.
- Emotional and anxiety regulation in highly uncertain period.
- Increased exposure to social media and reduced social contact.
- ED triggered by initial weight gain during pandemic.
- Lack of control and safety.
- Missed developmental milestones in early puberty and school leavers.
- Reduced face to face support.

Management of Emergencies in Eating Disorders (MEED) Guidance

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- The Royal College of Psychiatrists' Medical Emergencies in Eating Disorders: Guidance on Recognition and Management has been endorsed by the Council of the Academy of Medical Royal Colleges, which represents all the Medical Royal Colleges and Faculties in the UK.
- Updated practice guidance on the physical, nutritional and psychiatric management of patients with severe eating disorders in medical units, including the appropriate use of mental health legislation and risk assessment tool.
- Published in May 2022.

New Care Models

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- Enhanced community treatment offer to include new home/school based intensive treatment, nasogastric feeding clinics and community refeeding.
- Build capacity in ED services to manage EUPD and ASC presentations.
- Group based interventions, including online, from psychoeducation programmes for parents to CBT for body shape/weight concerns.
- Step up/down care models to replace traditional Day Service.
- New approaches to improve care in Paediatric wards.
- NG feeding in General Adolescent Units
- Need for more ED beds?

Thank You