

A Family's Journey Through Treatment For Anorexia - Transcript

GIRL: I was thirteen when I had my tonsils taken out and I lost quite a lot of weight and got down to about six stone and then I found out that my mum had cancer and I think all the stress got a bit much and I lost my appetite to begin with and then it developed into something mental. I had a big issue with putting on weight. My sister snitched on me when I was at school and not eating, she came home and told my parents and they took me to the GP who took it all very seriously.

DAD: The GP decided that there should be a referral to CAMHS and the initial meeting was with a psychiatrist.

Dr MONICA POTTER: From the moment we get a referral we take it very seriously and the majority of cases come through the outpatient route. A community team consists of a number of different professionals including psychiatrists like myself, psychologists, family therapists; we may have an occupational therapist, nursing input and psychotherapies.

GIRL: I went to CAMHS for an appointment with my parents and I met up with the psychiatrist who was trying to suss me out. I found it all quite surreal that people were getting worried about me for something I didn't think was an issue

DAD: We didn't understand what was happening to our daughter or why it was happening. The psychiatrist took a view that there was going to be need for professional input.

Dr MONICA POTTER: We would like the family to take on board obviously the severity, the seriousness of what is going on for their child and think with them about how they can start to take on the role of re-feeding.

It will be parents providing food sitting down all together at meal time and try not to get into negotiating around can I have this or this. But what we support the parents with is sitting there and being able to hold that position at mealtimes and actually this is what we have prepared and this is what you need to eat in order to get better.

That's our goal really is to get the weight up but also address any underlining psychological social issues – any difficulty a young person might be having with their life, any issues around self- esteem or anything they might be struggling with to help them understand what role the eating disorder has in their life. What can happen or what tends to happen is that there can be a lot of tension between the parents of the child when they want the young person to eat. That is part of what we help in the family work and thinking about what situations does that arrive in.

FATHER: It was decided that family therapy would be the most effective form of input to improve the situation.

Family Therapist PAUL ANTHONY: The kind of young people that I would see is somehow something has kicked in to their thinking that it could be a young person who has started to diet and that diet getting out of control and then because of their physiology or brain chemistry people's thinking becomes distorted around food and their perception and body shape and a parent, if providing a plate of food and the young person is seeing that as an enormous mountain.

GIRL: I thought that they were just going to say she's fine she can go home we're done here but no it kind of evolved into this commitment of having to go to CAMHS every week or twice a week. I had an appointment every week with my personal worker, a lady that I saw to rationalize what was going on in my head but then also we went to family therapy as well.

Family Therapist PAUL ANTHONY: When families come to a family therapy session they find that there is a one way screen and that is because on the other side of the screen we have got a team of people.

ACTOR (GIRL): I get home at 2-3 in the morning – it's difficult.

Family Therapist PAUL ANTHONY: Family therapy takes the approach which is really a few people's heads thinking are better than one – there's no one way of doing things.

ACTOR (GIRL): I had some raspberries...

Family Therapist PAUL ANTHONY: If people don't like the screen then some of the team members can be in the room. So there is a flexibility in the approach because what we are after is finding the most helpful fit really rather than imposing a particular model. Each individual is a unique individual and each family, but at the same time I like to think that we do offer some helpful structures in which people can operate in, so useful advice.

GIRL: My family therapist kind of got me 100 per cent, he seemed to change his tactics to fit us, so it was like we had our own language which he understood, which was frustrating as it meant I couldn't get around him so easily but yeah in the end he ended up to be really, really helpful for both me and my dad.

Family therapist PAUL ANTHONY: The role of family therapy is to help people recognise that there is no blame to attach to anyone in the family and it is more important to focus on the more positive ways forward and a good and positive recovery.

FATHER: I think it is really, really useful to separate out the illness from the person and to understand that you are not in a conflict with your son and daughter you are in a conflict with the mental ill health that you are suffering.

GIRL: I was literally in my own little world and my psychiatrist was like 'oh parents don't let her go to school if she doesn't eat her breakfast' obviously when you say that it sounds quite easy but the reality is when I am climbing out of my bedroom window to the roof to escape it's not really that easy and I did rebel quite a lot against that. It went on for quite a long time I ended up having two hospital admissions at Riverside Adolescent Unit and I ended up there for five months each time.

Dr GEOFF WOODIN: The unit is a ten-bed inpatient and twelve-bed day patient hospital where young people are referred for treatment if the community CAMHS team find that presentations are not responding to their treatments or are too risky, too complex or too severe. This is one of the bedrooms – all the rooms are en suite and young people move things in and out as they need them from home and we encourage them to make it their own. Only a small proportion of young people who struggle with eating difficulties find their way to Riverside and we work very hard and intensively with the young person and their family, which I think is a really important part of the program. And sometimes very slowly but almost always there are steady improvements.

GIRL: I think it was after the second admission that I kind of stopped spinning the story of 'oh yes I am fine' and pretending to engage with what was going on and I actually started to listen to what they were saying. I think from that point is where I started to get better so instead of fighting everyone I sort of opened my mind up a bit.

Dr GEOFF WOODIN: Almost every family that comes to the Riverside Adolescent Unit will go into family therapy and that's quite intensive, slightly more intensive than in the community. We also have lots of what we call psycho-education where we talk to young people and their families about the sort of changes that they need to make – the nuts and bolts I suppose of eating. We then support young people to begin eating at home by doing practice meals with families here on the unit to feedback and notice things that might get in the way of a young person's recovery and moving on from being here with us.

GIRL: Another person that helped was actually someone from Riverside and they were a staff nurse who had definitely lived life and had loads of experience he could draw on. He took me out to go screaming once and he realised that I was very het up and had a difficult meal and he took me out into the back to the fields and said right scream and of course I felt absolutely ridiculous doing it but afterwards I felt so much better.

GIRL then screams loudly twice.

But I think that there are quite a lot of people out there who really do care and that want to know what happens to you after you have left the service, which is quite nice.



Now I'm about to go to university and I feel better in myself and I can't really believe I went through all of that but you stick with it and manage to get better and realise that there is so much ahead of you to look forward to and I can see that now because I stuck with it and I got the help and I am back on my own two feet it's not easy but I'm doing it.

FATHER: It's only actually when we got to the end of the journey that we actually appreciated how useful the therapy had been. The services saved my daughter's life and I will be forever grateful to them for that it wasn't perfect but along that journey every person that we came into contact with wanted our daughter to get better. She is rebuilding her life and I am very, very proud of her.