Key Failings

Capacity

28 000+ adult hospital admissions, only ~450 specialist beds

Discharge practices

Patients discharged at BMI 11-13, far below the safe threshold

Fragmented System

Limited Training, inconsistent care practices between adults and children.

Early Intervention

Cases escalate before they begin, long wait times for treatment, specialists

The Systemic neglect of Eating Disorder Care

The Right to Health: APPG Eating Disorders Report

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Retraumatisation and effect from failed systems

Many of those I've spoken to have faced lifelong neglect —being failed again only deepens that trauma.

Abandonment. Neglect. Systemic family failures. What we need is a space for repair —not despair.

Why it matters?

Leading mental health mortality rate

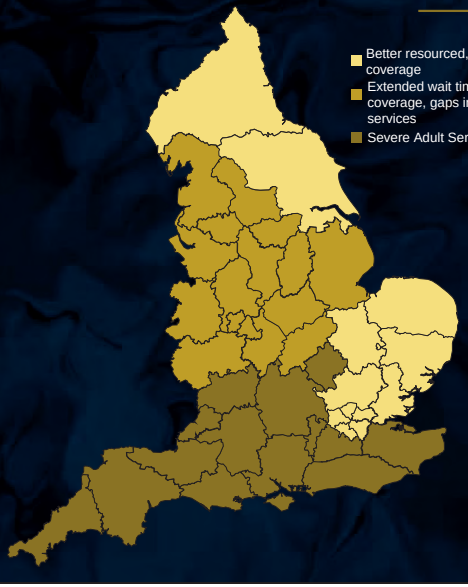
- 1.25 million+ individuals affected

Service Gaps?

Specialist ARFID support nearly non-existent

- Postcode based inequality

Postcode lottery



Gaps in provision

Wales, South West England, Northern Ireland & Rural, North West Coast, Midlands and South East.

Core recommendations

National Strategy

Covering all ages and disorders

Specilist funding

Funding boost for specialist services

Inquiries

Condifential inquiries into related deaths

Research

Research investment for better outcomes

Oversight

Trust-level oversight with non executive directors

Action

Educate, inform and act…

Cornwall, Devon and Dorset

Very limited Adult & ARFID Services

Call to action

Share

Policy-Makers, NHS Boards, collagues, thought leaders, industry professionals, scholars, educators…

Develop

Briefing packs, public health campaigns…

Mobilise

Partnerships across the NHS, charities and government.

Nice Guidelines… Along with my take

CBT (NICE Guidelines) is a 'top down' approach.

Essential in the terms of broadening the thinking, addressing the behaviour. But what if fear and amygdala responses override the frontal cortex?

Trauma informed approaches talk of a 'bottom up' approach, working with the body.

Essential in self regulating, but what when we body shame to the point of it traumatic to be 'embodied'?

Kent & Sussex

Patchy access; long delays for Adult Care.

Eating Disorders relating to attachment trauma

'The metaphor..' Love. Nurture.

Indirect work..
What are the blocks to intimacy? How does this person present in the group? Shut down? 'Starved'? Boundaryless?

What is their fear in receiving nourishment?

What does their role in the community suggest about how family may have responded to ED?

Staffordshire, Cheshire and Black Country

Extended waitlists; inconsistent coverage

SCAN ME

Thanks

Does anyone have any questions?
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Research and Resources:
1:https://www.nice.org.uk/guidance

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Eating Disorders relating to attachment trauma continued…

..These are just some of the complexities I see in my clinic and with the people I have worked with residentially, especially where trauma could have been contributing to self regulation through restriction or overeating.

..Of course, neurodiversity intersection, AFRID and extreme anorexia are something again.

..SAFETY.

Eating Disorders relating to attachment trauma continued…

To have a set of skills around the person is helpful.

GP/Psychiatrist/Medical professional
Trained ED practitioner, with understanding of complexities, risk and their own limitations.

Nutritional guidance.

A meeting with all professionals involved is good practice, however, resources may not allow for this.. Be assertive! ..again, we are then back to the issues raised previously. ANOTHER example.