

EATING DISORDERS IN THE WORKPLACE



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SECTION ONE

Eating disorders is the term used to describe:

- anorexia nervosa
- bulimia nervosa
- binge-eating disorder
- certain other eating problems which have a psychological basis

The term does not include problems such as food allergies or disorders of the digestive system.

Eating disorders are not primarily about food, although they are characterised by concern with control of weight and eating. They are symptoms of underlying psychological or emotional distress and develop when a person is unable to communicate their extreme despair and unhappiness, or when they cannot resolve, or even think about the situations which are causing the despair. Food is used as a way of coping in an environment in which the person with an eating disorder feels out of control. The underlying psychological causes are usually well concealed and will be different for each individual. Although eating disorders have a physical manifestation, which in severe cases can be extreme, they are classified as mental health problems.

Nobody should have to hide their eating disorder because of the shame and stigma they feel. Unfortunately, eating disorders are often sensationalised or trivialised - particularly in the media and this can lead to real misunderstanding. This may mean that people affected by eating disorders find it hard to seek help and support - especially in a work situation. The more information you have, the better you may be able to support a member of staff who is struggling to overcome their problems.

Statistics and those most vulnerable to developing an eating disorder

The majority of people with eating disorders are female, with about 10% of all known cases being amongst men. They can affect anyone in our society, with people from all backgrounds and ethnic groups being equally vulnerable.

In the working population, eating disorders are most likely to be found in the 16 to 30 year age range; although it is possible to have an eating disorder for many years, even for life, so older employees may also be affected. The average age of onset for an eating disorder is in mid-to-late adolescence, so employees with children may also be affected.

Anorexia nervosa is a relatively rare condition, which affects approximately 1% of the population. It does, however, have one of the highest death rates of all psychiatric illnesses, with an estimated 20% of all those affected dying either from the effects of starvation or from suicide.

Bulimia nervosa is more common, affecting about 2 to 3% of the general population and in rare cases can also prove fatal. Accurate figures for the incidence of binge-eating disorder are not currently available but it is thought to affect approximately 10% of those who are obese.

Eating disorders are more likely to be found in a predominantly young female workforce, as the incidence is higher in this group - however, any one can be affected by an eating disorder. There are also certain occupations which tend to attract people who are vulnerable to eating disorders, such as jobs in the food industries, sport, fashion, nursing and the caring professions.

Anorexia Nervosa

Anorexia stems from low self esteem and an inability to cope safely with worries and problems. It involves restricting the amount of food eaten by skipping meals and cutting down the types and amounts of foods; some people over-exercise as well.

“I thought about food and calories all the time. I tried to avoid foods containing lots of fat or carbohydrates and only had ‘safe’ foods which I felt were OK to eat.”

“Sometimes I skipped meals and did a lot of exercise especially on the days when I could not avoid eating. I felt I had to punish myself for eating and try to lose the calories I had eaten.”

“Losing weight gave me a real buzz and I felt good at something. At first, starving myself and over-exercising made me feel great and that I had loads of energy. Later I found out that this was an ‘artificial high’ and that it was my body’s way of telling me to find food.”

It can destroy a person’s self-confidence. They begin to judge themselves on how much they have eaten, or may become obsessed with exercising. It can seem like

the only thing they are good at is controlling what they eat. For them it feels as if no-one can love them for who they are.

Some people with anorexia deny they are ill, and still feel fat although their low body weight shows otherwise. Many are so scared that they lie about what they eat and angrily reject any offer of help.

Symptoms

Severe weight loss	Dehydration and poor skin condition
Distorted ideas about body weight and size	Emotional and irritable behaviour
Excessive exercising	Difficulty sleeping
Vomiting or purging	Perfectionism
Loss of menstrual periods	Feeling cold, poor circulation
Growth of downy body hair	Social isolation

Bulimia Nervosa

If someone has bulimia nervosa, they probably maintain 'normal' body weight. But like people with anorexia, they think constantly about calories and dieting.

Bulimia is also linked with low self esteem, emotional problems and stress. Bulimia is actually more common than anorexia, but is more hidden because people with bulimia usually remain an average or just over average body weight. Bulimia can go unnoticed for a long time, although the sufferer may feel ill and very unhappy.

“I used to go to the food cupboard, fridge or freezer and eat as much as I could, as quickly as possible, to try to make myself feel happier and fill the hole I felt I had inside. Afterwards I felt physically and emotionally upset and guilty about all the food I had eaten, so I would make myself sick.”

If you have bulimia you become involved in a cycle of eating large amounts of food, making yourself sick, cutting down or starving for a few days or trying to find other ways to make up for the food you have eaten. Starving causes you to become so hungry that you eat large quantities of food because your body is craving nourishment. Some people do not vomit but take laxatives or diuretics: both behaviours may be described as 'purging' by medical professionals but taking laxatives or diuretics is particularly dangerous.

Symptoms

Binge-eating large amounts of food	Dehydration and poor skin condition
Vomiting or purging after eating	Lethargy and mood swings
Sore throat and tooth decay	Erratic menstrual periods
Swollen salivary glands	Distorted ideas about weight and size
Disappearing to the toilet after meals	Social isolation, feeling helpless and lonely

Binge-Eating Disorder

Binge-eating disorder is similar to bulimia, but binge-eaters don't make themselves vomit after eating. As a binge-eater, they may be above 'normal' weight. Many people with bulimia or binge-eating disorder have also been through a period of anorexia - the distinction between the three disorders is not always clear.

People with an eating disorder may move from one condition to another. It is not uncommon for someone with anorexia to develop bulimia and then return to anorexia.

Overcoming an eating disorder

Recovery from an eating disorder is possible. The first and most important step on the road to recovery is acknowledging that there is a problem and seeking help.

Early intervention is vital, confers a better prognosis, and may prevent the need for subsequent referral to hospital.

There is much debate about the best ways of treating eating disorders. What works for one person does not necessarily work for another. While dietary monitoring and advice are important, effective treatment needs to address the underlying psychological issues. Treatment should, therefore, include "talking therapies". People with eating disorders are often afraid of asking for help and ambivalent about accepting it. When they or their family ask for help, it is important to acknowledge the problem and offer support.

SECTION TWO

A happy and healthy workforce should be every employer's aim. A key feature of staff management is taking an interest in the welfare and development of each staff member so that they are able to achieve their potential.

Employees with eating disorders often present little difficulty at work and excel at their job. Whatever difficulties they have, they will make strenuous efforts to keep to themselves to avoid their disorder being noticed at work. Their total commitment to their work can conceal an inability to switch off which can become obsessive. People with eating disorders often experience difficulty in social and personal relationships and may, therefore, invest highly in their work, as an area where they feel more competent.

The work situation does not, in itself, cause someone to develop an eating disorder. Anyone can be affected whatever their level in an organisation. There are, however, certain occupations which are attractive to people with eating disorders. These include:-

- food industry such as catering
- the caring professions such as nursing, social services, health and dietetics
- work in fitness and sport, dance and theatre
- modelling, jobs in the fashion industry and in PR and publicity

Some areas of work, particularly those involving food, caring for others and where there is tremendous emphasis on body image and size, may be particularly difficult for people to manage while they are trying to recover from an eating disorder.

An eating disorder is not a barrier to success. Indeed, people with an eating disorder are probably some of the most effective, hard working and loyal members of a workforce.

Becoming aware of an eating disorder amongst the staff

There are generally three ways that an eating disorder may be brought to the attention of an employer.

1. The employee will tell you personally - this is unusual but is a positive sign.
2. Outward signs and symptoms - for example, extreme and noticeable weight loss or low weight, which is maintained over a period of time (seen in moderate to severe anorexia), or marked change in behaviour over an extended time period.
3. Colleagues become concerned and inform the employer of their anxiety about a fellow worker. This is the most commonly encountered situation.

More unusually, a situation or problem at work will bring the disorder to the employer's notice.

Situations and behaviours which may reveal an eating disorder

- Declaration or examination during health clearance at recruitment
- Difficulty in working as part of a team unless the team roles are highly structured or autonomous
- Difficulty coping with changes at work particularly sudden changes of role or in the working environment
- Mood swings and difficulty with emotional control
- Difficulty in making decisions, asserting themselves or in taking the initiative
- Difficulty in getting to work on time or phases of absence from work for no obvious reason
- Avoidance of social situations at work that involve food and eating e.g. meal breaks, office parties, Christmas meals
- Illness at work which may include fainting or blackouts

It is impossible to describe each and every possible situation as people with eating disorders vary greatly in their ability to manage their disorder. Difficulties at work are, however, often a sign that a person is not coping very well with their eating disorder and needs help and support.

If an employee declares their eating disorder, i.e. during a health screening, this is usually when they are recovering from their disorder or feel that they have come to terms with it.

The role of colleagues

Colleagues can provide an enormous amount of support to someone with an eating disorder. They are also more likely to notice a problem in a fellow worker than a manager or senior member of staff. In many workplaces, particularly those with a predominantly female workforce, food and weight are common topics of conversation. This can be difficult for people with an eating disorder to deal with. It does, however, indicate that colleagues may also be experiencing concerns around food and eating, although not to the same extent that a person with an eating disorder will feel.

People with an eating disorder can become the focus of other people's anxieties causing them to feel pressurised and their privacy invaded. Colleagues may feel such a strong duty of care that they attempt to take control of the situation, including control of the person with the eating disorder, and may decide to inform the line manager or employer of their concerns. It is important that colleagues understand the person's need for help and support and that intervention and control may not be appropriate or helpful.

In the majority of cases, unless the employee's work performance is affected, or there is serious detrimental effect on the work of the team, a person's eating disorder does not need to become "workplace property" and will probably require minimum intervention, if any, from the employer. It is helpful, if you can make this clear to other employees, whilst also relieving their anxiety about the health and well being of a fellow worker.

SECTION THREE

Understanding more about eating disorders will increase awareness of its possible existence in the workforce. It is important, however, not to make assumptions about people and their behaviour and to attempt to “diagnose” an eating disorder. We all experience difficulties and problems in life which may affect our work performance. It is only when this work performance is compromised or adversely affected for a period of time that intervention may be required. In the majority of cases, people with an eating disorder will make strenuous attempts to ensure that their work is not affected by their disorder. It is unusual, therefore, for a person to be unable to do their job, to create problems for other people, or for it to be brought to the attention of a manager.

People with an eating disorder will have the same needs as other members of staff. They need to be valued and accepted, to feel useful and that their contribution is appreciated, they need respect and support and to be given feedback on their performance. An eating disorder is a health problem, but it is not necessary for it to be treated differently to any other health problem experienced by members of staff.

It is important to remember that an eating disorder is not an attention seeking device or tactic; it is a symptom of underlying emotional turmoil and distress. People who are experiencing difficulty at work often find it helpful to be given clear guidelines about what is expected of them and regular managerial support and feedback. If this does not prove adequate to enable them to continue at work, additional assistance or sick leave may be required.

There are a number of commonly encountered situations in the workplace which can relate to eating disorders, each requiring different approaches and levels of support. These are as follows:-

1. Recruitment - a pre-recruitment medical may reveal a history of an eating disorder.
2. A person's work performance is affected or concern is expressed to management by a work colleague. A discussion or conversation may be necessary with the person concerned and help offered to identify why their work has been affected.
3. The problem has been identified and support is given to enable the person with an eating disorder to remain at work.
4. Sick leave is required in order to attend treatment or to go into hospital.
5. The person with an eating disorder returns to work after a period of sickness absence.

Recruitment

The main aim of any recruitment process is to recruit someone on their ability to do a job. A person's present or previous history of an eating disorder is in no way an indication of their suitability or otherwise for a particular post. Not to recruit an otherwise good applicant, solely because of a declaration of an eating disorder, would be perceived as discriminatory. A person with an eating disorder deserves equal consideration for recruitment or promotion as any other candidate. It is more common for people to declare a history of an eating disorder when they are recovered or well-established in treatment.

Example - Recruitment

Joan is 28 years old and has applied for a nursing post. Her occupational health screening asks about history of illness. Joan had anorexia nervosa when she was 17 years old. She was admitted to hospital at 18 and had two years treatment. She was able to resume her education and has not had any time off for sickness in relation to her eating disorder since then. She is wary of declaring her history of anorexia nervosa, as there has been a lot of negative press about nurses and anorexia nervosa since the Beverley Allitt case. However, she does not want to lie, so she declares it on the form. Joan is successful at interview and discusses her situation at her pre-employment medical screening. The Occupational Health physician is aware of the implications of the Beverley Allitt case and the subsequent Clothier recommendations. Joan has a good employment history and is able to talk about her illness and its effect on her in a mature and sensible way. The Occupational Health physician recommends that Joan's job offer be confirmed. Joan takes up the job, does well and has no significant health problems during her employment.

Many excellent employees will not declare a history of an eating disorder if they believe that this may be prejudicial to their employment prospects. It is important for each individual to be considered for employment on his/her merits. A history of an eating disorder does not necessarily indicate current or future problems. Employers can help by indicating non-discriminatory practices in recruitment literature and advertisements.

Help with identifying why work performance has been affected

In the situation where an employee's work or behaviour is giving cause for concern, it may be appropriate to arrange a meeting or supervision session where these concerns can be addressed. It is helpful if this can be organised so that it does not cause alarm or suspicion either to the employee or amongst other members of staff. People with an eating disorder often feel very vulnerable and are afraid that their eating disorder may be discovered. A work based approach to a work problem is often, therefore, more successful. At this session, it is helpful to demonstrate support and understanding, highlighting your concerns and worries and encouraging the employee to speak openly and freely.

Often people will be reluctant to admit to difficulties for fear of losing their job, being stigmatised or having their confidentiality compromised. Even if the person denies any difficulties, saying they are fine and that nothing is wrong, you will have acknowledged that something is potentially amiss. It is beneficial to maintain an open communication between both employer and employee so that either can return to the issues and further discussion if the situation does not improve or change.

Example - Staff Management

Jan is an office manager, in charge of ten secretarial and administrative staff. Clare, one of the senior secretaries comes to see Jan because she is worried about one of her clerks, Shamilla. She is concerned that Shamilla seems underweight and rather unhappy and withdrawn. She says that she never goes to lunch with the other staff and avoids any social events that are organised in the office, although she does sometimes bring food in for everyone to share. She does not know whether to say anything to Shamilla but is concerned about the effect on other staff, who are speculating about her eating and her weight and tending to 'mother' her.

Jan discusses the situation with Clare. It is clear that Shamilla's work is of a good standard and that any difficulties she might be experiencing are not impacting on her work performance. She relates reasonably well to other staff but is shy and lacks confidence. Jan and Clare discuss ways of supporting Shamilla and decide to offer her regular supervision at work with feedback and appraisal. Clare offers Shamilla more structured appraisal to set goals and gives positive feedback on her work. After six months, Shamilla seems more confident and takes a more active role in the office, although her weight and eating behaviour remain the same. The staff in the office are less concerned and protective and seem to treat her more as an equal.

Many people have difficulties at work, for all sorts of reasons. A manager's priority will be to achieve work goals through other people. A work-focused approach to someone with difficulties can be very successful, as it recognises the importance of work in enhancing self-esteem and confirming identity. For someone with an eating disorder, focusing on eating and weight at work can be very counter-productive, as it places the individual under pressure in the area of greatest difficulty for them.

Help with an acknowledged and identified eating disorder

In the situation where discussion has led to the acknowledgement and identification of an eating disorder, help and support from a variety of sources will often be required. This can be broadly defined as internal support, i.e. from within the organisation and external support - provided by outside agencies.

Internal Support

This includes that offered by line managers, occupational health staff (where available), human resources staff and fellow colleagues.

Firstly it is of great benefit to develop open communication and co-operation between the employee and the organisation. The help and support offered by an organisation can play a key role in recovery from an eating disorder and, therefore, it is helpful to establish the guidelines of the relationship at the outset.

A person's eating disorder does not have to be disclosed to other members of staff although frequent absence may arouse curiosity. It is useful for some agreement to be reached between employer and employee on how much or how little can be disclosed. It is preferable to avoid conversations about food, diet and body shape. The most helpful dialogue is one where the illness is overlooked and remarks are made that build and restore a person's confidence, their sense of purpose and belief that they have trustworthy friends who do not judge them. For those undergoing treatment, the support and understanding of an employer is invaluable. A flexible approach to work hours, which enable the person with an eating disorder to attend medical appointments, is extremely helpful.

External Support

External support in terms of treatment, can take a variety of forms depending on the severity of the disorder and what services are available locally. No single treatment is suitable for everyone; where some people respond positively to a self help approach, others will need to take extensive time off work for medical and/or psychiatric care. For a person with an eating disorder, managing weight and eating should occur in conjunction with psychological help to treat the underlying problems.

Treatment options

Outpatient Treatment

Treatment for eating disorders is usually offered on an outpatient basis at regular weekly, fortnightly or monthly intervals. Treatment can last for many months with the time between appointments increasing as progress is made. A normal course of treatment may take two years as there are no quick and easy solutions to an eating disorder. It is helpful if the work situation can accommodate regular treatment appointments with the opportunity given for employees to make up the time lost. Facilitating access to treatment will enable a person with an eating disorder to remain at work, will enhance their feelings of self worth and will be perceived as supportive.

Inpatient Treatment

A small minority of people will require inpatient treatment. This is usually lengthy, between four to six months, with subsequent day and outpatient care. It is therefore realistic to assume that an employee who is admitted to hospital may be absent from work for a considerable period. Some people may find it helpful and supportive to receive an occasional telephone call or letter from work whilst others would prefer to get on with their treatment.

Other Treatment Approaches

Some people find other forms of therapy and support helpful. These include counselling, alternative treatments such as aromatherapy and reflexology, self-help groups and self-help manuals.

Help for relatives

It may be that an employee does not have an eating disorder themselves but is caring for and supporting a close family member with an eating disorder. This can be very demanding, cause a high level of domestic stress and may be particularly difficult for men to deal with. The work situation can be a refuge for some people, offering relief from overwhelming problems and an area of life where an eating disorder does not intrude.

In a situation where the partner or child requires hospital or outpatient treatment, it is common for family members to be involved in the assessment and treatment of the person with an eating disorder. Under these circumstances it is helpful if the employer can assist with limited time off work or by offering flexible working hours. Staff counselling services, where they exist, can also be very beneficial to employees in these extremely stressful and anxiety-provoking situations.

Example - Combining Treatment with Work

John manages a department in a retail business, which is open from 8.00 a.m. to 8.00 p.m. daily. The shop floor staff work in shift patterns to cover these hours. Beverley has worked for the business as a cashier for five years. One day she comes to see him in great distress and explains that her daughter has been admitted to hospital with an eating disorder. John is keen to support Beverley, as she is a good employee. Beverley explains that she would like to remain at work, but will need some time off to visit her daughter and take part in her treatment. John and Beverley discuss changing her shift patterns to allow her to do this without the need to take extensive time off work. He is able to do this by negotiating shifts with the other staff.

Many staff have considerable loyalty to their employers and do not want to inconvenience them, even when they are in difficulties themselves. Although it can take time and effort to rearrange someone's work hours, it is usually worth the effort as it increases employee loyalty, allows the person to retain some normality in their life and does not increase pressure on the employee in an already difficult situation.

Returning to work after a period of sickness absence

A period of sickness absence presents the employee with a number of dilemmas. For some, having a job to go back to is a real incentive and source of motivation for recovery. For others, it may cause immense concern and feelings of vulnerability. They may feel under scrutiny and that they have to prove themselves and may even feel it would be unwise to return to their original job. It is under these circumstances that good, structured management and, if available, occupational health support can prove invaluable.

A return to work interview offers a positive and constructive way forward. This will enable the employee to discuss their needs and if appropriate, to agree a change to work hours, (part-time may be beneficial initially) or a move to a different area of work. It is also helpful to agree the information that the person returning to work is happy to have disclosed to colleagues.

An employer can greatly facilitate the return to work by ensuring that someone is designated to provide ongoing support and supervision to the employee; someone with whom they can talk honestly and openly. On returning to work the employee will often make a huge effort to prove themselves, offering to take extra hours and/or extra work very quickly. This should be monitored and measures taken to address their fears and concerns.

Some people recovering from an eating disorder may find it difficult to be flexible about eating; it may take them longer to eat and therefore they may not be able to make up for lost time if meetings or appointments erode their lunch breaks. It will help them if the need for meal breaks can be respected and comments about what is being eaten are avoided.

Example - Returning To Work

Robert has just returned to work after a nine month absence, during which time he has been treated in hospital for an eating disorder and subsequently had some day care. He has kept in touch with his employer and negotiated returning to work. He had asked for part-time work but his employer was unable to support this, so he has had to return to full-time work.

Robert works in a public relations company. The work is stressful and there are many deadlines to meet, but he enjoys it and is very competent. The office culture is to get in early and work late. Lunch is usually a sandwich grabbed at his desk. Before his treatment, Robert never ate much at work, living on black coffee and fruit. At home in the evenings he ate erratically, but this had developed into a pattern of bingeing and vomiting, which was at its most severe just prior to his treatment. Since his treatment, he is very aware of the need to eat regularly and to take meal breaks, even though this is very stressful for him. The work environment makes it extremely difficult for him to take meal breaks, and he finds it hard to eat a rushed sandwich in front of everyone else at the office. As a result he often ends up missing meals and then having trouble managing his eating later.

After four months, Robert is in danger of relapse. He finds he can't manage his eating at work and doesn't feel able to talk to anyone about his difficulties. He feels they will laugh at him and tell him to get his act together. As a result, he decides to leave his job and finds work with another agency which provides better working conditions. He does well there and achieves promotion after six months; his eating disorder continues to improve.

Many organisations and workplaces demand employees to work under high pressure without breaks. There is a kind of heroic quality to working under such conditions - for people who are trying to manage an eating disorder or to recover from it, such working practices make this impossible. Not only do these practices contravene employees' rights, but they are unhealthy, for all staff not only for people with eating disorders.

Example - Returning To Work

Angela has returned to work after a three month period of sick leave because of her eating disorder. She had to take leave because she was very distressed and this was making it impossible for her to continue at work. She now feels a lot better, has put on weight and is more in control of her feelings. At her first supervision with her boss, Angela says she is having a lot of problems because her colleagues are all commenting on her weight and making personal remarks about what she eats. Angela explains that she feels her difficulties have become public property and that people are always watching and waiting for her to make a mistake.

Her boss discusses with her some of the feelings people have when they return to work after a period of extended sickness. Many of Angela's feelings are normal, and she is more likely to be aware of her insecurity than other people. Her boss also discusses ways in which Angela can deal with more personal comments and says that if that does not work then she will deal with these staff members herself. Angela feels supported by her boss and more able to deal with some of the difficulties herself.

Returning to work after a long absence is always difficult, and people are often worried about cracking under pressure and being judged by others. Managerial support is very important to ease people back into employment. Personal comments about people's weight and eating are not appropriate at work and can amount to harassment or bullying in some cases. If a manager makes this clear to employees either directly or indirectly, the situation is likely to be resolved.

Summary

Eating disorders can affect anyone, anywhere, at any time. Organisations that understand these conditions and can offer help and support to those who are affected will benefit from a loyal, hard working and committed staff team. It is in every employer's best interests to know about eating disorders, their impact on the workplace and how to help employees who are affected by them.

SECTION FOUR

beat is the leading UK wide charity providing information, help and support for people affected by eating disorders- anorexia, bulimia nervosa and binge eating disorder.

Details of local contacts are freely available to callers ringing our helplines.

beat services and support include:

- **Helplines:** national telephone, e-mail and text help-lines
- **Self Help:** UK wide network of groups run by volunteers
- **Information:** a website at www.b-eat.co.uk leaflets and literature for individuals and organisations details and contacts for treatment services
- **Training:** courses and conferences for health, education and social care staff
- **Research:** support for academic and clinical studies, and research trials

Eating disorders will be beaten

Contact *beat*

For adults, parents and carers

beat Helpline 0845 634 1414

help@b-eat.co.uk

Open Monday to Friday 10:30am - 8:30pm and Saturdays 1:00pm - 4:30pm

For young people

beat Youthline 0845 634 7650

fyp@b-eat.co.uk

txt 07786 20 18 20

Open Monday to Friday 4:30pm - 8:30pm and Saturdays 1:00pm - 4:30pm

Beat's office number 0300 123 3355

Visit the website: www.b-eat.co.uk

beat

103 Prince of Wales Road

Norwich, NR1 1DW

WITH EXCELLENCE IN MIND
The Priory Healthcare
Eating Disorders Service

Priory Healthcare provides specialist treatment for patients with anorexia, bulimia and obesity through our nation-wide network of 13 hospitals.

Treatment is based on the latest developments in the field. An individual programme is designed for patients on an inpatient, outpatient or day patient basis.

Treatment is provided by a team of specialist therapists and nurses with an insight into the nature of these very difficult conditions.

Aims of the treatment:

- To provide a supportive, friendly environment for patients
- To help patients develop an understanding of their eating disorder
- To establish and maintain a healthy weight and relationship with food
- To allow the development of coping strategies and practical skills, this can allow a life free of eating disorders.

PRIORY

Bringing Hope, Healing, Learning and Sanctuary

For further information please contact **01372 860 400**

Other Organisations

OVEREATERS ANONYMOUS

www.aa.org

For information about help available nationally please write to the above address enclosing a stamped addressed envelope or telephone to listen to a recorded message giving contact numbers.

MIND

www.mind.org

08457 660163

MIND has over 230 local associations which provide a wide range of different services from counselling to housing projects, for people with mental health problems and their families and friends.

SANE

www.sane.org.uk

08457 678000

SANE provides confidential support, information and help to anyone coping with mental illness. Operates every day of the year.

YOUNG MINDS

www.youngminds.org.uk

0800 018 2138

YOUNG MINDS aims are to increase public awareness of the mental health needs of children, young people and their families. It also promotes the provision of a network of the professional mental health services for young people and their families.

Further Reading

beat offers a comprehensive book shop containing overviews of each book which can be ordered online at www.b-eat.co.uk. Our leaflets and information sheets are available to download from the website. For a book or literature order form please call **0870 770 3256**.

Some useful books

BULIMIA NERVOSA AND BINGE EATING - A Guide to Recovery

Cooper - Robinson Publishing, rev. ed. 1995

In this guide for people with eating disorders, their friends and family, Professor Cooper defines binge-eating and bulimia nervosa, their causes and effects, physical complications, and treatment available.

ANOREXIA NERVOSA : LET ME BE

Crisp - Lawrence Erlbaum Associates, 1995

This is a re-issue of Professor Crisp's book written for interested therapists, doctors and nurses. It's approach is also accessible to people with anorexia and their families.

ANOREXIA AND BULIMIA: HOW TO HELP

Duker & Slade - OUP, 1988

This is intended for helpers and carers of all kinds, who may say "How can I help - how can I be sure my efforts won't make matters worse?". The authors make extensive use of their own experiences with clients to illustrate the dilemma of people with eating disorders and those trying to help.

UNDERSTANDING EATING DISORDERS

Palmer - Family Doctor Publications, 1996

This short guide gives basic information about anorexia and bulimia nervosa and compulsive eating for people who suspect they may have an eating disorder, or those worried about them. It is colourfully illustrated and looks at the what, who, why and how of eating disorders as well as at treatment and recovery.

Self-Help Manuals

GETTING BETTER BIT(E) BY BIT(E) - A survival kit for sufferers of bulimia nervosa and binge eating disorders

Schmidt and Treasure - Lawrence Erlbaum Associates, 1993

This is a self-help manual for those who are now ready to work at giving up being bulimic in an organised and methodical way. It includes chapters on preparing the recoverer for setbacks, and deals with the issues and challenges of on-going life such as motherhood, assertiveness, work and relationships.

ANOREXIA NERVOSA: a survival guide for families, friends and sufferers

Treasure - Psychology Press, 1997

Dr Janet Treasure's book is intended to allay some of the fears voiced by people with anorexia nervosa and their carers. There are four sections within the book which include an overview of anorexia nervosa, patient and family perspectives of the illness and guidelines for professionals. The sections for patients and families tackle the day to day problems that are encountered and offers guidelines to

reduce the stress and anxiety that anorexia nervosa can cause.

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