Adolescent Inpatient Eating Disorder Program
John Hunter Children’s Hospital

An information booklet for young people and their families

March 2013

NSW Government Health Hunter New England Local Health District
We would like to welcome you to the program

The adolescent eating disorder program on J2 offers treatment for young people who need care in hospital for their eating disorder. The program values the young persons medical, mental health and social needs, while retaining a focus on overall health and wellbeing. The program is supported by an adolescent physician, child and adolescent psychiatrist*, nursing staff, teachers and a range of other allied health workers.

It is increasingly recognised that family involvement in treatment is vital. A family approach is preferred and support of the family during the admission is essential.

Program Philosophy and Aims
While the long term goal for patients is to restore health and wellbeing, the aims of the hospital admission include:

• to achieve medical stability through improved nutrition (Main Goal)
• to help young people and their families begin to develop an understanding of the illness and longer term treatment requirements
• to help develop eating behaviours that, if continued, would maintain medical stability in the community
• to help link young people and their families into appropriate community-based care
• to provide a supportive and therapeutic environment, increasing the opportunity for return to health and well being

* The child and adolescent psychiatrist position is currently vacant
Parents:
The Adolescent ward has a long history of caring for young people with eating disorders. Research and experience underlies the philosophy of the program. The program aims to provide a safe, supportive and therapeutic structure to correct medical complications related to malnutrition. There is a focus on restoring health through eating and nutritional rehabilitation and adolescents are supported to eat in individual, group and family contexts. There is also a focus on encouraging normal social eating.

We know that renourishment is essential when young people are admitted to hospital. Most of the medical complications of anorexia nervosa result from malnutrition and are reversed with weight gain. We also know that people who are malnourished are unable to engage in meaningful psychological treatment until they are renourished. Therefore nutritional rehabilitation is the primary goal of hospitalisation.

Other underlying psychological issues that may have contributed to the development of the eating disorder take considerably longer to change. Your child will require ongoing outpatient management to treat these issues and to prevent relapse after discharge from hospital. Discharge and integration back to home and school, and follow up outpatient care is therefore a vital part of the treatment process.

As a parent or carer you have a crucial role in the treatment program. We need to work together with you in order to restore your child’s health and wellbeing. To ensure the best outcome for your child, we need to demonstrate a shared commitment and support of the program. We ask that you, as parent(s), stand firm with us and be strong in the face of an eating disorder’s resistance to treatment. By doing this, we are giving your child an important message: that their health, safety and well being are very important to us all.

You will have the opportunity to regularly discuss your child’s progress with the Adolescent Team and we encourage you to speak with the treating doctors and team at any time.

Adolescents:
We hope you find your stay in hospital helpful and supportive. We hope to work with you so that you can improve your health, energy and get back to doing the things you enjoy.

Being away from home can be hard going and it’s normal to have mixed feelings about a whole range of things during your stay. If you are experiencing any difficulties, please let us know so that we can try and support you.
The treating team…

The eating disorder program is supported by a multidisciplinary team which may include physicians (doctors), psychiatrists*, nurses, dietitians, psychologists, social workers, pharmacists, art therapists, music therapists and physiotherapists. Availability for some professions may vary dependent on staffing levels. Families are considered a crucial part of the treating team.

The Family: It is recognised that families are an invaluable resource in assisting their child in recovery. Family support and involvement during the admission is strongly encouraged during all levels of the program. Families are especially encouraged to attend meal times over the weekend.

Medical Team: Led by the adolescent physician, the medical team is responsible for physical assessment and ongoing medical management. The adolescent physician is principally involved in the admission and treatment planning process.

Psychiatry Team: Led by the adolescent CL psychiatrist*, with a psychiatry registrar, psychologist and mental health social worker, this team provides psychological assessment and support. The psychiatry team works in conjunction with the Kaleidoscope social worker. The adolescent CL Psychiatrist is principally involved in the admission and treatment planning process. (*Please note: the CL Psychiatrist position is currently vacant)

Nursing Team: Led by the J2 and NEXUS nurse unit manager, the nursing team provides care, monitors physical & emotional health and assists in implementing the ward program. The nursing staff assist in providing support at some meal times, supervising rest times and play an important role in liaising with the treating team.

Dietitians: Dietitians aim to assist patients and their families to improve the nutritional status, weight and health of the young person. The central focus is on healthy eating, and promoting healthy body image. Experienced dietitians use nutrition counseling skills to help facilitate these changes. Dietitians assist in providing meal support at breakfast.

Social Work (Kaleidoscope): The social worker works in conjunction with the psychiatry team to support the young person and family during their hospital admission. This also includes practical matters such as financial difficulties, accommodation and other issues that may make things easier for families. The social worker runs the distress tolerance groups.
The treating team ...

**Physiotherapy**: The physiotherapist provides a graded exercise and education program devised to support muscle development, strengthening and appropriate levels of activity during recovery. The physiotherapist can also assist in the management of any musculoskeletal issues resulting from excessive exercise or malnutrition.

**Art/Music Therapy**: The art or music therapist facilitate programs that assist in supporting the patient’s experience of hospital and promote well-being. Activities are designed for individual patients that may be undertaken at their bedside or in a group context with other young patients. These sessions are primarily for enjoyment, exploration and stimulation.

**School Teacher**: The hospital school aims to support children by providing a positive educational experience during their admission. The hospital school councillor, with parental consent, will liaise with the patient’s school regarding their educational needs. Prior to discharge, the team will provide a letter for the school regarding their absence and ongoing care needs.

**Community Teams**: Patients and families will continue to receive support after leaving hospital by health professionals who work in the community. The hospital team regularly communicates with the community team during the patient’s admission and will help link patients and families into appropriate community based care.

**Other Professions**: Other professions may also be involved as part of the treating team. This may include occupational therapy, pharmacy and the eating disorder co-ordinator.

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My doctor/s:  
My psychiatrist:  
My nurse/s  
My dietitian/s:  
My psychologist:  
My social worker:  
My hospital school teacher/s:  
My group therapists:  
Other people involved in my care:  

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An overview of the programme

Why are young people admitted:
Admissions to hospital usually occurs because a young person has become seriously unwell and there are concerns about medical safety.

Beginning the Program:
An individual and family health history is taken, sometimes more than once. This helps us to understand what has happened and to identify any health, or other issues that could influence management planning. A medical examination and routine blood / urine tests are performed and we measure height and weight accurately.

The re-feeding process:
It is often necessary to give supplemental feeds (fluid that has nutrients) for medical stabilisation. A nasogastric tube is routinely used at the start to get things on the right track. The nasogastric tube is inserted through the nose to the stomach to help provide enough nutrition to start the recovery process. Once the young person is medically safe the supplements are weaned and supervised eating of meals supports continued recovery. A naso-gastric tube will remain in place once starting meal therapy and will be used to provide overnight nutrition until the young person is able to eat enough to meet their nutrition needs.

Recovery Levels
The program is based on recovery levels (see overleaf) through which you progress. The aim is to get you physically well enough to safely return to home and school, where you can continue your treatment in the community.

How long
The length of stay may vary from person to person and can depend on several factors. The program aims for the young person to gain around 1Kg per week.

Group Therapy
Activity based groups are held on the ward over the week. These may include a range of activities (for example physiotherapy, distress tolerance, music or art therapy). See the timetable for when groups activities are on.

Individual Therapy
People who are underweight often have trouble thinking clearly and as a result intensive psychological therapy is best undertaken in the community when the young person is renourished. Each young person will be allocated some time for individual support and a review of their mental health.
**Nursing Care:**
The Nursing staff will be the primary care givers for patients while they are admitted to hospital. Nurses will be able to provide or arrange appropriate support and assistance during periods of client distress. Nursing staff will be required to regularly monitor the patient’s heart rate, blood pressure and temperature. Nurses from a range of different backgrounds provide support at some meal times. Nurses monitor the health and safety of each patient and implement the day to day care planned for each patient as directed by the treating team.

**School:**
If a young person is a school student they will be expected to attend the John Hunter Hospital School once medically stable (having reached Level 2 of the program). Hospital teachers will liaise with your local school to provide regular work and assistance. The school counsellor will help in the process of getting you back into your regular school after you leave hospital. School hours are from 9.30 till 3.00. The school is located on the first floor in the children’s wards.

**Monitoring Weight:**
Young people are weighed on Tuesday and Friday before breakfast. There may be occasions where the admitting doctor requests additional weighs outside these times. Patients are weighed in a hospital gown and underpants. Patients will routinely be required to pass urine for testing before each weigh.

**Keeping warm:**
Normal temperature is important for the body’s organs to work properly. Lack of nutrition can lead to a drop in body temperature. It is important that you wear clothing that will keep you warm. If your body temperature drops below 36 degrees you will be asked to put on warmer clothes or stay in bed with extra blankets or special heaters (to raise your temperature).

**Preparing to go home:**
Recovering from an eating disorder often takes a long time and your admission is just part of that process. Before you leave, you will be linked with a team who help young people and their families in the community. Your GP will also be informed about your admission as you will need to keep regular contact with them during your community treatment. To prepare you for home, you will be encouraged to practice eating away from the hospital ward, on leave, before you are discharged (see page 10 for leave guidelines).
Recovery Levels

Level One: Medical Stability
- Bed rest (with physio if >7 days)
- Able to mobilise in wheelchair to the dining room for meal support (from day 4) and bathroom only (*if day 4 falls on sat/sun, meal support therapy will commence on the Monday)
- Naso gastric feeds are provided (continuously on day 1,2,3 and overnight from day 4)
- Schoolwork optional
- Participation in ward program encouraged and dependent upon health

Level Two: Re-establishing normal eating patterns
- Mobilise without assistance on the ward
- Leave from the ward with parents for one hour each day; not at meal times
- Commence schoolwork
- Family encouraged to help supervise meals.
- Family and patient involvement in planning community-based care
- Participation in ward program

Level Three: Integration back into the community
- Graded return to activity
- Out of hospital leave
- Family & patient to attend community-based appointments
- Family supervision of meals while on leave out of hospital

DISCHARGE

Throughout:
- Meals in dining room, unless parents providing supervision at a table in the adolescent’s room (unless on bed rest). Dining Room is not open on weekends.
- Bathroom access limited to 10mins at a time
- No bathroom access for 30mins after all meals/mid meals. If necessary, a bedpan can be used
- Rest on lounge or supervised on bed for 30mins after meals/mid meals unless going to school
- Kitchen access is available only to nursing staff or family members (not patients)
- Garbage bins to be supplied outside room areas
- Education for patient and family
The weekly ward program

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday*</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
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<tbody>
<tr>
<td>7am</td>
<td>Wake Up Time</td>
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<tr>
<td>7:30am</td>
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<td>Weigh</td>
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<td>Before 8 am</td>
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<td>Shower</td>
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<tr>
<td>8-9am</td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td>Breakfast &amp; Lounge (with meal support)</td>
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<tr>
<td>9-11am</td>
<td>School</td>
<td></td>
<td>Free Time</td>
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<tr>
<td>11-11:30am</td>
<td>Morning Tea (with meal support)</td>
<td>Morning Tea (with meal support)</td>
<td>Morning Tea (with meal support)</td>
<td>Morning Tea (with meal support)</td>
<td>Morning Tea (with meal support)</td>
<td>Morning Tea (with meal support)</td>
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<td>11:30:12:30pm</td>
<td>School or therapy**</td>
<td>Lounge 30min then Free Time</td>
<td>Lounge 30min then Free Time</td>
<td>Lounge 30min then Free Time</td>
<td>Lounge 30min then Free Time</td>
<td>Lounge 30min then Free Time</td>
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<tr>
<td>12:45-1:45</td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td>Lunch &amp; Lounge (with meal support)</td>
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<tr>
<td>2.00-3:45</td>
<td>Groups</td>
<td>Groups</td>
<td>Therapy* or Free Time</td>
<td>Group</td>
<td>Group &amp; Therapy*</td>
<td>Visiting</td>
</tr>
<tr>
<td>3.45 – 4.45pm</td>
<td>Booked Therapy or Free Time</td>
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<td>Visiting</td>
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<tr>
<td>3.45 -5:45pm</td>
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<td>Visiting</td>
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<tr>
<td>5:45-6:45pm</td>
<td>Dinner &amp; Lounge (with meal support)</td>
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<td>Dinner &amp; Lounge (with meal support)</td>
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<tr>
<td>6:45-8:00pm</td>
<td>Visiting</td>
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<td>Visiting</td>
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<tr>
<td>7:30-8:15pm</td>
<td>Supper and Lounge (with meal support)</td>
<td></td>
<td>Supper &amp; Lounge (with meal support)</td>
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<tr>
<td>8:15-8:30pm</td>
<td>Bed Prep</td>
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<td>Bed Prep</td>
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<tr>
<td>8:30pm</td>
<td>Lights Out</td>
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<td>Lights Out</td>
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• * Family meetings occur on Tuesdays between 10.45am – 12.45pm. Your family will be offered a regular time (1/2 hour) each week to discuss the outcome of the team meeting and anything else related to the care of the young person.
• Medical examinations, investigations and therapy take priority over all other activities.
• There are no formal activities over the weekend. It is advisable to plan appropriate activities during this time.
• Weekend visiting is 12 midday to 8pm (excluding meals and snack times).
• Variations to timetable occur during school holidays.
• ** Therapy sessions are booked individually for patients. When the patient is not attending a therapy session, they will attend school (in the mornings) or have free time (in the afternoon). If a session is booked for a patient, this will be written on the timetable above their bed.
• Please note, the times above provide a guideline only. Due to the nature of a hospital setting, times may vary.
J2 Ward Expectations

**Dress Code**
All clothing worn on the ward must be appropriate to a hospital setting. If your clothing is inappropriate you will be asked to change. As people with eating disorders often find it hard to regulate their temperature, suitable clothing is required to keep your body adequately warm. We ask that you bring in a set of tracksuit pants & sneakers, so that you can participate in the activities advised by the physiotherapist. Footwear must be worn when walking around the ward including going to the dining room.

**Managing Exercise**
The only exercise that should occur while you are in hospital will be under the supervision of the physiotherapist or occupational therapist during designated therapy times. If you are exercising outside of these sessions you will be asked to stop. If this occurs repeatedly, the team will explore supportive ways of helping you manage these behaviours.

**Treating each other respectfully**
Recovering from an eating disorder is hard work and it’s normal that you might feel a range of emotions that could be distressing to yourself or others during your stay. The hospital has a culture of mutual respect amongst patients and staff members and there is an expectation that behaviours on the ward model this. If you are finding your feelings hard to manage, please let someone on your team know, so together, we can find a helpful way to support you.

**Mobile Phones & Lap Tops**
You’ll be able to have access to privately owned mobile phones while you are in hospital except during school, meal support, appointments or group times. You are welcome to use the phones at your bed side. Inappropriate use of electronic equipment (eg taking photos of other patients, accessing inappropriate websites etc) will not be tolerated. If this occurs, the young person will have access to hospital provided equipment only. Privately owned lap tops are not allowed and are available from the school room or Starlight Foundation with limited access to the internet.

**Locker Code**
There may be times where staff may be required to check lockers. There is no reason for you to have to have food or anything else in your locker that may hinder recovery.
Other useful pieces of information

**Visiting Hours**
You should not have visitors during school time, during the ward program and during meal times. *Parents* however, are encouraged to attend during the meal time period. Visiting guidelines at all other times will be consistent with those of the general J2 ward. **We ask that those who have recently been discharged from the inpatient program do not visit other patients until they are also discharged.**

**Entertainment**
The ward provides entertainment in the form of videos, lap tops, music, craft groups and the starlight room. You will need to plan things to do for yourself as well. If your family can organise to combine visiting with activities this makes for a better experience of hospital.

**Leave**
Depending on medical parameters and what level of treatment you are receiving, you will be able to have leave from the ward (gradually building up to weekend leave). This provides an opportunity for you and your family to practice eating together in your own environment. Parental supervision is required whilst you are on ward leave. We request that your parents sign you in/out at the nursing station.
Level 1: No leave from ward
Level 2: Leave from ward with parents available for one hour per day
Level 3: Weekend leave available

**Staying Overnight**
Sometimes parents stay overnight, but this is usually in the early days of admission. After you have settled in, we will encourage you to stay on your own.
Other useful pieces of information

What to bring to hospital

- Comfortable clothes: appropriate clothes for the day, pyjamas/slippers and tracksuit/sneakers to participate in activities advised by the physiotherapist
- Toiletries: Shampoo, toothbrush, toothpaste, soap and deodorant
- Bedding: Feel free to bring your doona and pillow
- School Work: Bring any texts, assessments or materials you might need
- Extras: Appropriate magazines, books, photos, music and craft activities

How much to bring?
Not too much – as there is limited space.

Safety
Don’t bring any medications to hospital unless you need to have them regularly (all medication must be handed over to the nurses). Leave valuables and dangerous things at home.

Research
During your stay you may be asked to participate in some research that will help us know if the program is working. Your involvement is voluntary and you will not be disadvantaged in any way should you choose not to participate. Please feel free to speak to your admitting doctor for further details.
Menu Guidelines

When working with young people with eating disorders, meal times can be very difficult, as this is one of the main times where anxiety around eating can be high. It’s a critical time to offer high levels of supervision, support, encouragement and empathy.

The hospital staff will aim to provide meal time support during weekdays. On weekends, meal support is not available and parents are strongly encouraged to provide the meal supervision and support. Please note, that this program has been developed within current funding.

During admission, the dietitian will provide the young person with one of five meal plans depending on their nutrition needs. Any changes to the eating plan will only occur under advice of the dietitian or admitting doctor.

Meal time guidelines
• Meal Support starts on day 4 of admission. Meals occur in the dining room unless parents provide the meal supervision for their own child at a table in the patient’s room. A table will be provided for the child to eat at unless they are on bed rest.
• All food/drink consumed will be recorded on the food/fluid chart (if parents are providing meal supervision, they are requested to inform the nursing staff).
• Meal times are shown on the ward program (see page 8).
• All food is to be provided by the hospital during admission (unless on leave).
• Food is not to be bought in from home or by other visitors.
• Patients will not have access to the kitchen area. Nurses and family members will be able to access the kitchen for the patient if needed.
• There is to be no bathroom access for 30 minutes after meals and mid-meals. If patients need to go to the toilet, they will be able to use a bedpan.
• Patients rest on the lounge 30 minutes after meals and mid meals, unless going to school.
• The dining room is not open on the weekend.

What happens when the young person is not able to eat what is on the meal plan?
Sometimes, even with the appropriate support, the young person may find it too difficult to eat all that is needed to meet their nutrition requirements (as indicated on their meal plan). During these times, the treating team will provide the young person with supplementary feeds (fluid that has nutrients), equivalent to the food that they have not consumed. This will be offered initially as a drink or provided through the naso-gastric tube. This process is call the “bolus exchange regime”. For parents providing meal support and supervision, please let the nurses know how much your child has eaten, so the nursing staff can then provide if necessary, the appropriate amount of supplementary feeds. If the young person does not progress with eating, they may be asked to drink a supplement that provides 150% more energy than the food, as an incentive and encouragement to eat.
Menu Guidelines

When the meal plans are being used as part of a bolus exchange regime the following guidelines apply:

- At each meal, foods listed on the meal plan will be offered.
- The young person will be supported and encouraged with any attempts to eat.
- If the patient is unable to eat the food within 25mins they will be asked to drink the equivalent amount of nutritional supplement (see menu plan for example amounts). If the adolescent is unable to drink this within 5mins, nursing staff will then give the supplement via a nasogastric tube.
- Patients will not have access to the bathroom for 30 mins after having a supplementary feed. If the young person needs to go the toilet, they will be able to use a bed pan.
- Patient rest on the lounge 30 minutes after having a bolus, unless going to school.

Guidelines about menu selection that have been established for the program include:

- At least one hot meal/day.
- No diet or low fat products.
- Regular, full cream dairy products only, no soy milk.
- 1 pc marg or butter with each 2 slices of bread.
- No tea or coffee drinks offered.
- 1 cup of water may be provided per meal and snack on request.
- Water jugs and water bottles are not to be kept in the rooms.
- The dietitian will complete the menu slip for the following day with the patient during breakfast meal supervision. The dietitian will also complete the weekend menu slip on the Friday morning.

Example Meal Plan at Breakfast

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>Resource Plus equivalent</th>
<th>Food</th>
<th>Oral</th>
<th>NGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 packet of cereal with full cream milk</td>
<td>130</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pieces of toast with margarine and another topping</td>
<td>150</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pc juice (2 x 110mL)</td>
<td>50</td>
<td>0 ¼ ½ ¾ ALL</td>
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<td></td>
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</tbody>
</table>
Helping a young person with an eating disorder during hospital meal times

**DO**
- Consider how hard eating is for the adolescent and be sensitive to this
- Validate the adolescent’s feelings and at the same time encourage their ability to eat
- Fight the eating disorder, not the person
- Try to remain calm (even if you don’t feel it!)
- Do notice if you become frustrated or angry. It’s normal to have a range of emotions during meal times and it’s important to manage these feelings appropriately
- Do encourage eating at a regular pace
- Watch the adolescent closely for the entire meal (the eating disorder waits for any lapse in attention)
- Do talk about topics unrelated to food that the person finds interesting
- Do encourage any attempts at eating
- Ask them what they would find useful to talk about (although do not engage in conversation about weight, calories, fat content etc)
- Do talk about everyday events
- Be firm and kind
- Take unkind or angry words that may be said and see this as the voice of the eating disorder
- Ask the young person what may comfort them / get them through the meal.

**DON’T**
- Do not discuss weight
- Do not discuss body shape
- Do not enter into negotiations / arguments about the meal plan
- Do not talk about calories / fat content of food items
- Do not leave the room

**SOME PHRASES YOU MAY FIND USEFUL:**
- You are doing well
- I know this is difficult and you can do it
- I can see that this is hard …. Look how well you have done so far
- You are able to do this, you have done it before
- You can take this one mouthful at a time
- Eating this can help you get back to what you love doing / can help you get back home
- If it helps you, think about food as medicine at the moment … it’ll help you get better
- This isn’t my decision to make. It is what needs to happen (use this if the adolescent tries to negotiate their meal plan with you)
What can families do?

Things to consider
The family is one of the most important resources in recovering from an eating disorder. The family’s role is to understand the treatment, what is happening and to work together with the treating team. Some points to remember are:

- It’s not your fault. It’s not your child’s fault. No-one chooses to have an eating disorder.
- If the family and the therapy team are working together the recovery will be smoother and quicker on most occasions. Keep in mind eating disorders take a long time to recover. They are not just going to go away.
- Frustration and exasperation are part of the process. Try not to blame each other or the person suffering with the eating disorder.
- Resistance to change and emotional turmoil are not unusual – and is not about the young person being difficult.
- Under nutrition leads to impaired brain function, which can result in poor problem solving and loss of what seems like, “common sense”.
- Make sure that you still talk about normal everyday things and keep the young person in touch with the world outside of the eating disorder.
- Avoid talking about weight. Although weight gain is important, it is healthy eating that counts.
- Care for yourself. Parents deserve support and nurturing as well.
- If you have any questions or worries – talk to someone on the team about it.

Eating disorders affect not just the individual, but the whole family. Families need to remember to look after themselves as well as the person suffering from the eating disorder.

Siblings
Make sure brothers and sisters know what is going on. Don’t assume that they understand or think about it in the same way that you do. Siblings often feel responsible and worried about their family members. Let them know what is going on and keep them up to date. Also remember:

- Let them be siblings; discourage them from being therapists.
- Their role is to do the normal things that siblings do.
- Encourage them to visit if they want to, but make sure life outside hospital carries on.
- Let them know that you are OK.
- Don’t be surprised if they get angry at the person with the eating disorder.
- Don’t be surprised if they start seeking attention.
Hunter New England Eating Disorder Website
www.cedd.org.au/hne
This website has been designed to be a "one stop shop" for consumers and clinicians to access local information on eating disorders across the Hunter New England Region.

Centre for Eating and Dieting Disorders
www.cedd.org.au p. 02 8587 0200
CEDD is funded by the Mental Health and Drug & Alcohol Office, NSW Department of Health. It aims to improve access to services, raise awareness, contribute to policy development & provides support to health workers.

The Butterfly Foundation
http://www.thebutterflyfoundation.org.au p. 1300 33 4673
The Foundation is a community based charitable organisation that supports eating disorder sufferers and their carers through direct financial relief, advocacy, awareness campaigns, health promotion and early intervention work, professional training in primary and secondary schools and supporting eating disorder and body image research. They also have a counselling line available.

Kids Helpline
Kids Helpline is a 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web. The call is free from land lines and some mobile service providers (please check with your mobile phone provider before calling).

Parent Line
http://www.parentline.org.au p. 1300 1300 52
Parent Line is a 24 hour telephone counselling, information and referral service for parents/carers of children ages 0 to 18, who live in New South Wales. Carers can call anywhere in the state for no more than the cost of a local call on land line, 24 hours every day including public holidays.

Reachout
http://au.reachout.com
Reach Out is a web-based service that inspires young people to help themselves through tough times, and find ways to boost their own mental health and wellbeing. Their aim is to improve young people’s mental health and wellbeing by building skills and providing information, support and referrals in ways that work for young people.

Youthbeyondblue
http://www.youthbeyondblue.com p. 1300 22 4636
Youth beyond blue is the youth version of the “beyond blue” not for profit organisation, working to increase awareness of depression anxiety and related disorders throughout Australia. Beyond blue works with health services, schools, workplaces, universities, media and community organisations, as well as people living with these disorders, to bring together their expertise.

If you are looking for extra information, talk to your treating team who will be happy to direct you.
The eating disorder program is a joint initiative between Kaleidoscope and Child and Adolescent Mental Health services. We would also like to acknowledge Westmead Hospital and NEXUS for use of material in the handout. We thank those who have contributed to the program.
We would like to welcome you to the program

The adolescent eating disorder program on J2 offers treatment for young people who need care in hospital for their eating disorder. The program values the young persons medical, mental health and social needs, while retaining a focus on overall health and wellbeing. The program is supported by an adolescent physician, child and adolescent psychiatrist*, nursing staff, teachers and a range of other allied health workers.

It is increasingly recognised that family involvement in treatment is vital. A family approach is preferred and support of the family during the admission is essential.

Program Philosophy and Aims
While the long term goal for patients is to restore health and wellbeing, the aims of the hospital admission include:

• to achieve medical stability through improved nutrition (Main Goal)
• to help young people and their families begin to develop an understanding of the illness and longer term treatment requirements
• to help develop eating behaviours that, if continued, would maintain medical stability in the community
• to help link young people and their families into appropriate community-based care
• to provide a supportive and therapeutic environment, increasing the opportunity for return to health and well being

* The child and adolescent psychiatrist position is currently vacant
A word to ...

Adolescents:
We hope you find your stay in hospital helpful and supportive. We hope to work with you so that you can improve your health, energy and get back to doing the things you enjoy.

Being away from home can be hard going and it’s normal to have mixed feelings about a whole range of things during your stay. If you are experiencing any difficulties, please let us know so that we can try and support you.

Parents:
The Adolescent ward has a long history of caring for young people with eating disorders. Research and experience underlies the philosophy of the program. The program aims to provide a safe, supportive and therapeutic structure to correct medical complications related to malnutrition. There is a focus on restoring health through eating and nutritional rehabilitation and adolescents are supported to eat in individual, group and family contexts. There is also a focus on encouraging normal social eating.

We know that renourishment is essential when young people are admitted to hospital. Most of the medical complications of anorexia nervosa result from malnutrition and are reversed with weight gain. We also know that people who are malnourished are unable to engage in meaningful psychological treatment until they are renourished. Therefore nutritional rehabilitation is the primary goal of hospitalisation.

Other underlying psychological issues that may have contributed to the development of the eating disorder take considerably longer to change. Your child will require ongoing outpatient management to treat these issues and to prevent relapse after discharge from hospital. Discharge and integration back to home and school, and follow up outpatient care is therefore a vital part of the treatment process.

As a parent or carer you have a crucial role in the treatment program. We need to work together with you in order to restore your child’s health and wellbeing. To ensure the best outcome for your child, we need to demonstrate a shared commitment and support of the program. We ask that you, as parent(s), stand firm with us and be strong in the face of an eating disorder’s resistance to treatment. By doing this, we are giving your child an important message: that their health, safety and well being are very important to us all.

You will have the opportunity to regularly discuss your child’s progress with the Adolescent Team and we encourage you to speak with the treating doctors and team at any time.

NSW Health
Hunter New England Local Health District
The treating team …

The eating disorder program is supported by a multidisciplinary team which may include physicians (doctors), psychiatrists*, nurses, dietitians, psychologists, social workers, pharmacists, art therapists, music therapists and physiotherapists. Availability for some professions may vary dependent on staffing levels. Families are considered a crucial part of the treating team.

The Family: It is recognised that families are an invaluable resource in assisting their child in recovery. Family support and involvement during the admission is strongly encouraged during all levels of the program. Families are especially encouraged to attend meal times over the weekend.

Medical Team: Led by the adolescent physician, the medical team is responsible for physical assessment and ongoing medical management. The adolescent physician is principally involved in the admission and treatment planning process.

Psychiatry Team: Led by the adolescent CL psychiatrist*, with a psychiatry registrar, psychologist and mental health social worker, this team provides psychological assessment and support. The psychiatry team works in conjunction with the Kaleidoscope social worker. The adolescent CL Psychiatrist is principally involved in the admission and treatment planning process. (*Please note: the CL Psychiatrist position is currently vacant)

Nursing Team: Led by the J2 and NEXUS nurse unit manager, the nursing team provides care, monitors physical & emotional health and assists in implementing the ward program. The nursing staff assist in providing support at some meal times, supervising rest times and play an important role in liaising with the treating team.

Dietitians: Dietitians aim to assist patients and their families to improve the nutritional status, weight and health of the young person. The central focus is on healthy eating, and promoting healthy body image. Experienced dietitians use nutrition counseling skills to help facilitate these changes. Dietitians assist in providing meal support at breakfast.

Social Work (Kaleidoscope): The social worker works in conjunction with the psychiatry team to support the young person and family during their hospital admission. This also includes practical matters such as financial difficulties, accommodation and other issues that may make things easier for families. The social worker runs the distress tolerance groups.
The treating team ...

**Physiotherapy:** The physiotherapist provides a graded exercise and education program devised to support muscle development, strengthening and appropriate levels of activity during recovery. The physiotherapist can also assist in the management of any musculoskeletal issues resulting from excessive exercise or malnutrition.

**Art/Music Therapy:** The art or music therapist facilitate programs that assist in supporting the patient’s experience of hospital and promote well-being. Activities are designed for individual patients that may be undertaken at their bedside or in a group context with other young patients. These sessions are primarily for enjoyment, exploration and stimulation.

**School Teacher:** The hospital school aims to support children by providing a positive educational experience during their admission. The hospital school counsellor, with parental consent, will liaise with the patients school regarding their educational needs. Prior to discharge, the team will provide a letter for the school regarding their absence and ongoing care needs.

**Community Teams:** Patients and families will continue to receive support after leaving hospital by health professionals who work in the community. The hospital team regularly communicates with the community team during the patient’s admission and will help link patients and families into appropriate community based care.

**Other Professions:** Other professions may also be involved as part of the treating team. This may include occupational therapy, pharmacy and the eating disorder co-ordinator.

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**My doctor/s:** .................................................................
**My psychiatrist:** .............................................................
**My nurse/s** ..................................................................
**My dietitian/s:** ...............................................................
**My psychologist:** ............................................................
**My social worker:** ............................................................
**My hospital school teacher/s:** ...........................................
**My group therapists:** .......................................................  
**Other people involved in my care:** ........................................
Why are young people admitted:
Admissions to hospital usually occurs because a young person has become seriously unwell and there are concerns about medical safety.

Beginning the Program:
An individual and family health history is taken, sometimes more than once. This helps us to understand what has happened and to identify any health, or other issues that could influence management planning. A medical examination and routine blood / urine tests are performed and we measure height and weight accurately.

The re-feeding process:
It is often necessary to give supplemental feeds (fluid that has nutrients) for medical stabilisation. A nasogastric tube is routinely used at the start to get things on the right track. The nasogastic tube is inserted through the nose to the stomach to help provide enough nutrition to start the recovery process. Once the young person is medically safe the supplements are weaned and supervised eating of meals supports continued recovery A naso-gastric tube will remain in place once starting meal therapy and will be used to provide overnight nutrition until the young person is able to eat enough to meet their nutrition needs.

Recovery Levels
The program is based on recovery levels (see overleaf) through which you progress. The aim is to get you physically well enough to safely return to home and school, where you can continue your treatment in the community.

How long
The length of stay may vary from person to person and can depend on several factors. The program aims for the young person to gain around 1Kg per week.

Group Therapy
Activity based groups are held on the ward over the week. These may include a range of activities (for example physiotherapy, distress tolerance, music or art therapy). See the timetable for when groups activities are on.

Individual Therapy
People who are underweight often have trouble thinking clearly and as a result intensive psychological therapy is best undertaken in the community when the young person is renourished. Each young person will be allocated some time for individual support and a review of their mental health.
An overview of the programme

Nursing Care:
The Nursing staff will be the primary care givers for patients while they are admitted to hospital. Nurses will be able to provide or arrange appropriate support and assistance during periods of client distress. Nursing staff will be required to regularly monitor the patient’s heart rate, blood pressure and temperature. Nurses from a range of different backgrounds provide support at some meal times. Nurses monitor the health and safety of each patient and implement the day to day care planned for each patient as directed by the treating team.

School:
If a young person is a school student they will be expected to attend the John Hunter Hospital School once medically stable (having reached Level 2 of the program). Hospital teachers will liaise with your local school to provide regular work and assistance. The school counsellor will help in the process of getting you back into your regular school after you leave hospital. School hours are from 9.30 till 3.00. The school is located on the first floor in the children’s wards.

Monitoring Weight:
Young people are weighed on Tuesday and Friday before breakfast. There may be occasions where the admitting doctor requests additional weighs outside these times. Patients are weighed in a hospital gown and underpants. Patients will routinely be required to pass urine for testing before each weigh.

Keeping warm:
Normal temperature is important for the body’s organs to work properly. Lack of nutrition can lead to a drop in body temperature. It is important that you wear clothing that will keep you warm. If your body temperature drops below 36 degrees you will be asked to put on warmer clothes or stay in bed with extra blankets or special heaters (to raise your temperature).

Preparing to go home:
Recovering from an eating disorder often takes a long time and your admission is just part of that process. Before you leave, you will be linked with a team who help young people and their families in the community. Your GP will also be informed about your admission as you will need to keep regular contact with them during your community treatment. To prepare you for home, you will be encouraged to practice eating away from the hospital ward, on leave, before you are discharged (see page 10 for leave guidelines).
Recovery Levels

Level One: Medical Stability
- Bed rest (with physio if >7 days)
- Able to mobilise in wheelchair to the dining room for meal support (from day 4) and bathroom only *(if day 4 falls on sat/sun, meal support therapy will commence on the Monday)*
- Naso gastric feeds are provided *(continuously on day 1,2,3 and overnight from day 4)*
- Schoolwork optional
- Participation in ward program encouraged and dependent upon health

Level Two: Re-establishing normal eating patterns
- Mobilise without assistance on the ward
- Leave from the ward with parents for one hour each day; not at meal times
- Commence schoolwork
- Family encouraged to help supervise meals.
- Family and patient involvement in planning community-based care
- Participation in ward program

Level Three: Integration back into the community
- Graded return to activity
- Out of hospital leave
- Family & patient to attend community-based appointments
- Family supervision of meals while on leave out of hospital

DISCHARGE

Throughout:
- Meals in dining room, unless parents providing supervision at a table in the adolescent’s room (unless on bed rest). Dining Room is not open on weekends.
- Bathroom access limited to 10mins at a time
- No bathroom access for 30mins after all meals/mid meals. If necessary, a bedpan can be used
- Rest on lounge or supervised on bed for 30mins after meals/mid meals unless going to school
- Kitchen access is available only to nursing staff or family members (not patients)
- Garbage bins to be supplied outside room areas
- Education for patient and family
The weekly ward program

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday*</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am</td>
<td></td>
<td>Wake Up Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30am</td>
<td></td>
<td>Weigh</td>
<td></td>
<td></td>
<td></td>
<td>Weigh</td>
</tr>
<tr>
<td>Before 8am</td>
<td></td>
<td>Shower</td>
<td></td>
<td></td>
<td></td>
<td>Shower</td>
</tr>
<tr>
<td>8-9am</td>
<td></td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td>Breakfast &amp; Lounge</td>
</tr>
<tr>
<td>9-11am</td>
<td></td>
<td>School</td>
<td></td>
<td></td>
<td></td>
<td>Free Time</td>
</tr>
<tr>
<td>11-11:30am</td>
<td></td>
<td>Morning Tea (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td>Morning Tea</td>
</tr>
<tr>
<td>11:30:12:30pm</td>
<td></td>
<td>School or therapy**</td>
<td></td>
<td></td>
<td></td>
<td>Lounge 30min then Free Time</td>
</tr>
<tr>
<td>12:45-1:45</td>
<td></td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td>Lunch &amp; Lounge</td>
</tr>
<tr>
<td>2.00-3:45</td>
<td>Groups</td>
<td>Groups</td>
<td>Therapy* or Free Time</td>
<td>Group</td>
<td>Group &amp; Therapy*</td>
<td>Visiting</td>
</tr>
<tr>
<td>3.45 – 4.45pm</td>
<td></td>
<td></td>
<td>Booked Therapy or Free Time</td>
<td></td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>3.45 -5:45pm</td>
<td></td>
<td></td>
<td>Visiting</td>
<td></td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>5:45-6:45pm</td>
<td></td>
<td>Dinner &amp; Lounge (with meal support)</td>
<td></td>
<td></td>
<td>Dinner &amp; Lounge</td>
<td></td>
</tr>
<tr>
<td>6:45-8:00pm</td>
<td></td>
<td>Visiting</td>
<td></td>
<td></td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>7:30-8:15pm</td>
<td></td>
<td>Supper and Lounge (with meal support)</td>
<td></td>
<td></td>
<td>Supper &amp; Lounge</td>
<td></td>
</tr>
<tr>
<td>8:15-8:30pm</td>
<td></td>
<td>Bed Prep</td>
<td></td>
<td></td>
<td>Bed Prep</td>
<td></td>
</tr>
<tr>
<td>8:30pm</td>
<td></td>
<td>Lights Out</td>
<td></td>
<td></td>
<td>Lights Out</td>
<td></td>
</tr>
</tbody>
</table>

* Family meetings occur on Tuesdays between 10.45am – 12.45pm. Your family will be offered a regular time (1/2 hour) each week to discuss the outcome of the team meeting and anything else related to the care of the young person.
* Medical examinations, investigations and therapy take priority over all other activities.
* There are no formal activities over the weekend. It is advisable to plan appropriate activities during this time.
* Weekend visiting is 12 midday to 8pm (excluding meals and snack times).
* Variations to timetable occur during school holidays
* ** Therapy sessions are booked individually for patients. When the patient is not attending a therapy session, they will attend school (in the mornings) or have free time (in the afternoon). If a session is booked for a patient, this will be written on the timetable above their bed.
* Please note, the times above provide a guideline only. Due to the nature of a hospital setting, times may vary.
J2 Ward Expectations

**Dress Code**
All clothing worn on the ward must be appropriate to a hospital setting. If your clothing is inappropriate you will be asked to change. As people with eating disorders often find it hard to regulate their temperature, suitable clothing is required to keep your body adequately warm. We ask that you bring in a set of tracksuit pants & sneakers, so that you can participate in the activities advised by the physiotherapist. Footwear must be worn when walking around the ward including going to the dining room.

**Managing Exercise**
The only exercise that should occur while you are in hospital will be under the supervision of the physiotherapist or occupational therapist during designated therapy times. If you are exercising outside of these sessions you will be asked to stop. If this occurs repeatedly, the team will explore supportive ways of helping you manage these behaviours.

**Treating each other respectfully**
Recovering from an eating disorder is hard work and it’s normal that you might feel a range of emotions that could be distressing to yourself or others during your stay. The hospital has a culture of mutual respect amongst patients and staff members and there is an expectation that behaviours on the ward model this. If you are finding your feelings hard to manage, please let someone on your team know, so together, we can find a helpful way to support you.

**Locker Code**
There may be times where staff may be required to check lockers. There is no reason for you to have to have food or anything else in your locker that may hinder recovery.

**Mobile Phones & Lap Tops**
You’ll be able to have access to privately owned mobile phones while you are in hospital except during school, meal support, appointments or group times. You are welcome to use the phones at your bed side. Inappropriate use of electronic equipment (eg taking photos of other patients, accessing inappropriate websites etc) will not be tolerated. If this occurs, the young person will have access to hospital provided equipment only. Privately owned lap tops are not allowed and are available from the school room or Starlight Foundation with limited access to the internet.
Other useful pieces of information

Visiting Hours
You should not have visitors during school time, during the ward program and during meal times. Parents however, are encouraged to attend during the meal time period. Visiting guidelines at all other times will be consistent with those of the general J2 ward. We ask that those who have recently been discharged from the inpatient program do not visit other patients until they are also discharged.

Staying Overnight
Sometimes parents stay overnight, but this is usually in the early days of admission. After you have settled in, we will encourage you to stay on your own.

Entertainment
The ward provides entertainment in the form of videos, lap tops, music, craft groups and the starlight room. You will need to plan things to do for yourself as well. If your family can organise to combine visiting with activities this makes for a better experience of hospital.

Leave
Depending on medical parameters and what level of treatment you are receiving, you will be able to have leave from the ward (gradually building up to weekend leave). This provides an opportunity for you and your family to practice eating together in your own environment. Parental supervision is required whilst you are on ward leave. We request that your parents sign you in/out at the nursing station.
Level 1: No leave from ward
Level 2: Leave from ward with parents available for one hour per day
Level 3: Weekend leave available

Visitors
You should not have visitors during school time, during the ward program and during meal times. Parents however, are encouraged to attend during the meal time period. Visiting guidelines at all other times will be consistent with those of the general J2 ward. We ask that those who have recently been discharged from the inpatient program do not visit other patients until they are also discharged.
Other useful pieces of information

What to bring to hospital

• Comfortable clothes: appropriate clothes for the day, pyjamas/slippers and tracksuit/sneakers to participate in activities advised by the physiotherapist
• Toiletries: Shampoo, toothbrush, toothpaste, soap and deodorant
• Bedding: Feel free to bring your doona and pillow
• School Work: Bring any texts, assessments or materials you might need
• Extras: Appropriate magazines, books, photos, music and craft activities

How much to bring?
Not too much – as there is limited space.

Safety
Don’t bring any medications to hospital unless you need to have them regularly (all medication must be handed over to the nurses). Leave valuables and dangerous things at home.

Research

During your stay you may be asked to participate in some research that will help us know if the program is working. Your involvement is voluntary and you will not be disadvantaged in any way should you choose not to participate. Please feel free to speak to your admitting doctor for further details.
When working with young people with eating disorders, meal times can be very difficult, as this is one of the main times where anxiety around eating can be high. It's a critical time to offer high levels of supervision, support, encouragement and empathy.

**The hospital staff will aim to provide meal time support during weekdays. On weekends, meal support is not available and parents are strongly encouraged to provide the meal supervision and support. Please note, that this program has been developed within current funding.**

During admission, the dietitian will provide the young person with one of five meal plans depending on their nutrition needs. Any changes to the eating plan will only occur under advice of the dietitian or admitting doctor.

**Meal time guidelines**

- Meal Support starts on day 4 of admission. Meals occur in the dining room unless parents provide the meal supervision for their own child at a table in the patient's room. A table will be provided for the child to eat at unless they are on bed rest.
- All food/drink consumed will be recorded on the food/fluid chart (if parents are providing meal supervision, they are requested to inform the nursing staff).
- Meal times are shown on the ward program (see page 8).
- All food is to be provided by the hospital during admission (unless on leave).
- Food is not to be bought in from home or by other visitors.
- Patients will not have access to the kitchen area. Nurses and family members will be able to access the kitchen for the patient if needed.
- There is to be no bathroom access for 30 minutes after meals and mid-meals. If patients need to go to the toilet, they will be able to use a bedpan.
- Patients rest on the lounge 30 minutes after meals and mid meals, unless going to school.
- The dining room is not open on the weekend.

**What happens when the young person is not able to eat what is on the meal plan?**

Sometimes, even with the appropriate support, the young person may find it too difficult to eat all that is needed to meet their nutrition requirements (as indicated on their meal plan). During these times, the treating team will provide the young person with supplementary feeds (fluid that has nutrients), equivalent to the food that they have not consumed. This will be offered initially as a drink or provided through the naso-gastric tube. This process is called the “bolus exchange regime”. For parents providing meal support and supervision, please let the nurses know how much your child has eaten, so the nursing staff can then provide if necessary, the appropriate amount of supplementary feeds. If the young person does not progress with eating, they may be asked to drink a supplement that provides 150% more energy than the food, as an incentive and encouragement to eat.
Menu Guidelines

When the meal plans are being used as part of a bolus exchange regime the following guidelines apply:

- At each meal, foods listed on the meal plan will be offered.
- The young person will be supported and encouraged with any attempts to eat.
- If the patient is unable to eat the food within 25mins they will be asked to drink the equivalent amount of nutritional supplement (see menu plan for example amounts). If the adolescent is unable to drink this within 5mins, nursing staff will then give the supplement via a nasogastric tube.
- Patients will not have access to the bathroom for 30 mins after having a supplementary feed. If the young person needs to go the toilet, they will be able to use a bed pan.
- Patient rest on the lounge 30 minutes after having a bolus, unless going to school.

Guidelines about menu selection that have been established for the program include:

- At least one hot meal/day.
- No diet or low fat products.
- Regular, full cream dairy products only, no soy milk.
- 1 pc marg or butter with each 2 slices of bread.
- No tea or coffee drinks offered.
- 1 cup of water may be provided per meal and snack on request.
- Water jugs and water bottles are not to be kept in the rooms.
- The dietitian will complete the menu slip for the following day with the patient during breakfast meal supervision. The dietitian will also complete the weekend menu slip on the Friday morning.

Example Meal Plan at Breakfast

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>Resource Plus equivalent</th>
<th>Food</th>
<th>Oral</th>
<th>NGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 packet of cereal with full cream milk</td>
<td>130</td>
<td>0</td>
<td>¼</td>
<td>½</td>
</tr>
<tr>
<td>2 pieces of toast with margarine and another topping</td>
<td>150</td>
<td>0</td>
<td>¼</td>
<td>½</td>
</tr>
<tr>
<td>2 pc juice (2 x 110mL)</td>
<td>50</td>
<td>0</td>
<td>¼</td>
<td>½</td>
</tr>
</tbody>
</table>
Helping a young person with an eating disorder during hospital meal times

**DO**
- Consider how hard eating is for the adolescent and be sensitive to this
- Validate the adolescent’s feelings and at the same time encourage their ability to eat
- Fight the eating disorder, not the person
- Try to remain calm (even if you don’t feel it!)
- Do notice if you become frustrated or angry. It’s normal to have a range of emotions during meal times and it’s important to manage these feelings appropriately
- Do encourage eating at a regular pace
- Watch the adolescent closely for the entire meal (the eating disorder waits for any lapse in attention)
- Do talk about topics unrelated to food that the person finds interesting
- Do encourage any attempts at eating
- Ask them what they would find useful to talk about (although do not engage in conversation about weight, calories, fat content etc)
- Do talk about everyday events
- Be firm and kind
- Take unkind or angry words that may be said and see this as the voice of the eating disorder
- Ask the young person what may comfort them / get them through the meal.

**DON’T**
- Do not discuss weight
- Do not discuss body shape
- Do not enter into negotiations / arguments about the meal plan
- Do not talk about calories / fat content of food items
- Do not leave the room

**SOME PHRASES YOU MAY FIND USEFUL:**
- You are doing well
- I know this is difficult and you can do it
- I can see that this is hard …. Look how well you have done so far
- You are able to do this, you have done it before
- You can take this one mouthful at a time
- Eating this can help you get back to what you love doing / can help you get back home
- If it helps you, think about food as medicine at the moment … it’ll help you get better
- This isn’t my decision to make. It is what needs to happen (use this if the adolescent tries to negotiate their meal plan with you)
What can families do?

**Things to consider**
The family is one of the most important resources in recovering from an eating disorder. The family's role is to understand the treatment, what is happening and to work together with the treating team. Some points to remember are:

- It’s not your fault. It’s not your child's fault. No-one chooses to have an eating disorder.
- If the family and the therapy team are working together the recovery will be smoother and quicker on most occasions. Keep in mind eating disorders take a long time to recover. They are not just going to go away.
- Frustration and exasperation are part of the process. Try not to blame each other or the person suffering with the eating disorder.
- Resistance to change and emotional turmoil are not unusual — and is not about the young person being difficult.
- Under nutrition leads to impaired brain function, which can result in poor problem solving and loss of what seems like, “common sense”.
- Make sure that you still talk about normal everyday things and keep the young person in touch with the world outside of the eating disorder.
- Avoid talking about weight. Although weight gain is important, it is healthy eating that counts.
- Care for yourself. Parents deserve support and nurturing as well.
- If you have any questions or worries – talk to someone on the team about it.

Eating disorders affect not just the individual, but the whole family. Families need to remember to look after themselves as well as the person suffering from the eating disorder.

**Siblings**
Make sure brothers and sisters know what is going on. Don’t assume that they understand or think about it in the same way that you do. Siblings often feel responsible and worried about their family members. Let them know what is going on and keep them up to date. Also remember:

- Let them be siblings; discourage them from being therapists.
- Their role is to do the normal things that siblings do.
- Encourage them to visit if they want to, but make sure life outside hospital carries on.
- Let them know that you are OK.
- Don’t be surprised if they get angry at the person with the eating disorder.
- Don’t be surprised if they start seeking attention.
Hunter New England Eating Disorder Website  
www.cedd.org.au/hne
This website has been designed to be a "one stop shop" for consumers and clinicians to access local information on eating disorders across the Hunter New England Region.

Centre for Eating and Dieting Disorders  
www.cedd.org.au  p. 02 8587 0200
CEDD is funded by the Mental Health and Drug & Alcohol Office, NSW Department of Health. It aims to improve access to services, raise awareness, contribute to policy development & provides support to health workers.

The Butterfly Foundation  
http://www.thebutterflyfoundation.org.au  p. 1300 33 4673
The Foundation is a community based charitable organisation that supports eating disorder sufferers and their carers through direct financial relief, advocacy, awareness campaigns, health promotion and early intervention work, professional training in primary and secondary schools and supporting eating disorder and body image research. They also have a counselling line available.

Kids Helpline  
Kids Helpline is a 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web. The call is free from land lines and some mobile service providers (please check with your mobile phone provider before calling).

Parent Line  
http://www.parentline.org.au  p. 1300 1300 52
Parent Line is a 24 hour telephone counselling, information and referral service for parents /carers of children ages 0 to 18, who live in New South Wales. Carers can call anywhere in the state for no more than the cost of a local call on land line, 24 hours every day including public holidays.

Reachout  
http://au.reachout.com
Reach Out is a web-based service that inspires young people to help themselves through tough times, and find ways to boost their own mental health and wellbeing. Their aim is to improve young people's mental health and wellbeing by building skills and providing information, support and referrals in ways that work for young people.

Youthbeyondblue  
http://www.youthbeyondblue.com  p. 1300 22 4636
Youth beyond blue is the youth version of the “beyond blue” not for profit organisation, working to increase awareness of depression anxiety and related disorders throughout Australia. Beyond blue works with health services, schools, workplaces, universities, media and community organisations, as well as people living with these disorders, to bring together their expertise.

If you are looking for extra information, talk to your treating team who will be happy to direct you.
The eating disorder program is a joint initiative between Kaleidoscope and Child and Adolescent Mental Health services. We would also like to acknowledge Westmead Hospital and NEXUS for use of material in the handout. We thank those who have contributed to the program.
Adolescent Inpatient Eating Disorder Program
John Hunter Children’s Hospital

An information booklet
for young people and their families
March 2013
We would like to welcome you to the program

The adolescent eating disorder program on J2 offers treatment for young people who need care in hospital for their eating disorder. The program values the young persons medical, mental health and social needs, while retaining a focus on overall health and wellbeing. The program is supported by an adolescent physician, child and adolescent psychiatrist*, nursing staff, teachers and a range of other allied health workers.

It is increasingly recognised that family involvement in treatment is vital. A family approach is preferred and support of the family during the admission is essential.

Program Philosophy and Aims

While the long term goal for patients is to restore health and wellbeing, the aims of the hospital admission include:

- **to achieve medical stability through improved nutrition (Main Goal)**
- to help young people and their families begin to develop an understanding of the illness and longer term treatment requirements
- to help develop eating behaviours that, if continued, would maintain medical stability in the community
- to help link young people and their families into appropriate community-based care
- to provide a supportive and therapeutic environment, increasing the opportunity for return to health and well being

* The child and adolescent psychiatrist position is currently vacant
A word to …

Adolescents:
We hope you find your stay in hospital helpful and supportive. We hope to work with you so that you can improve your health, energy and get back to doing the things you enjoy.

Being away from home can be hard going and it’s normal to have mixed feelings about a whole range of things during your stay. If you are experiencing any difficulties, please let us know so that we can try and support you.

Parents:
The Adolescent ward has a long history of caring for young people with eating disorders. Research and experience underlies the philosophy of the program. The program aims to provide a safe, supportive and therapeutic structure to correct medical complications related to malnutrition. There is a focus on restoring health through eating and nutritional rehabilitation and adolescents are supported to eat in individual, group and family contexts. There is also a focus on encouraging normal social eating.

We know that renourishment is essential when young people are admitted to hospital. Most of the medical complications of anorexia nervosa result from malnutrition and are reversed with weight gain. We also know that people who are malnourished are unable to engage in meaningful psychological treatment until they are renourished. Therefore nutritional rehabilitation is the primary goal of hospitalisation.

Other underlying psychological issues that may have contributed to the development of the eating disorder take considerably longer to change. Your child will require ongoing outpatient management to treat these issues and to prevent relapse after discharge from hospital. Discharge and integration back to home and school, and follow up outpatient care is therefore a vital part of the treatment process.

As a parent or carer you have a crucial role in the treatment program. We need to work together with you in order to restore your child’s health and wellbeing. To ensure the best outcome for your child, we need to demonstrate a shared commitment and support of the program. We ask that you, as parent(s), stand firm with us and be strong in the face of an eating disorder’s resistance to treatment. By doing this, we are giving your child an important message: that their health, safety and well being are very important to us all.

You will have the opportunity to regularly discuss your child’s progress with the Adolescent Team and we encourage you to speak with the treating doctors and team at any time.
The treating team …

The eating disorder program is supported by a multidisciplinary team which may include physicians (doctors), psychiatrists*, nurses, dietitians, psychologists, social workers, pharmacists, art therapists, music therapists and physiotherapists. Availability for some professions may vary dependent on staffing levels. Families are considered a crucial part of the treating team.

| The Family: | It is recognised that families are an invaluable resource in assisting their child in recovery. Family support and involvement during the admission is strongly encouraged during all levels of the program. Families are especially encouraged to attend meal times over the weekend. |
| Medical Team: | Led by the adolescent physician, the medical team is responsible for physical assessment and ongoing medical management. The adolescent physician is principally involved in the admission and treatment planning process. |
| Psychiatry Team: | Led by the adolescent CL psychiatrist*, with a psychiatry registrar, psychologist and mental health social worker, this team provides psychological assessment and support. The psychiatry team works in conjunction with the Kaleidoscope social worker. The adolescent CL Psychiatrist is principally involved in the admission and treatment planning process. (*Please note: the CL Psychiatrist position is currently vacant) |
| Nursing Team: | Led by the J2 and NEXUS nurse unit manager, the nursing team provides care, monitors physical & emotional health and assists in implementing the ward program. The nursing staff assist in providing support at some meal times, supervising rest times and play an important role in liaising with the treating team. |
| Dietitians: | Dietitians aim to assist patients and their families to improve the nutritional status, weight and health of the young person. The central focus is on healthy eating, and promoting healthy body image. Experienced dietitians use nutrition counseling skills to help facilitate these changes. Dietitians assist in providing meal support at breakfast. |
| Social Work (Kaleidoscope): | The social worker works in conjunction with the psychiatry team to support the young person and family during their hospital admission. This also includes practical matters such as financial difficulties, accommodation and other issues that may make things easier for families. The social worker runs the distress tolerance groups. |
**Physiotherapy:** The physiotherapist provides a graded exercise and education program devised to support muscle development, strengthening and appropriate levels of activity during recovery. The physiotherapist can also assist in the management of any musculoskeletal issues resulting from excessive exercise or malnutrition.

**Art/Music Therapy:** The art or music therapist facilitate programs that assist in supporting the patient’s experience of hospital and promote well-being. Activities are designed for individual patients that may be undertaken at their bedside or in a group context with other young patients. These sessions are primarily for enjoyment, exploration and stimulation.

**School Teacher:** The hospital school aims to support children by providing a positive educational experience during their admission. The hospital school councillor, with parental consent, will liaise with the patient’s school regarding their educational needs. Prior to discharge, the team will provide a letter for the school regarding their absence and ongoing care needs.

**Community Teams:** Patients and families will continue to receive support after leaving hospital by health professionals who work in the community. The hospital team regularly communicates with the community team during the patient’s admission and will help link patients and families into appropriate community based care.

**Other Professions:** Other professions may also be involved as part of the treating team. This may include occupational therapy, pharmacy and the eating disorder co-ordinator.

**My doctor/s:** .................................................................
**My psychiatrist:** .................................................................
**My nurse/s:** .................................................................
**My dietitian/s:** .................................................................
**My psychologist:** .................................................................
**My social worker:** .................................................................
**My hospital school teacher/s:** .................................................................
**My group therapists:** .................................................................
**Other people involved in my care:** .................................................................
Why are young people admitted:
Admissions to hospital usually occurs because a young person has become seriously unwell and there are concerns about medical safety.

Beginning the Program:
An individual and family health history is taken, sometimes more than once. This helps us to understand what has happened and to identify any health, or other issues that could influence management planning. A medical examination and routine blood / urine tests are performed and we measure height and weight accurately.

The re-feeding process:
It is often necessary to give supplemental feeds (fluid that has nutrients) for medical stabilisation. A nasogastric tube is routinely used at the start to get things on the right track. The nasogastric tube is inserted through the nose to the stomach to help provide enough nutrition to start the recovery process. Once the young person is medically safe the supplements are weaned and supervised eating of meals supports continued recovery A naso-gastric tube will remain in place once starting meal therapy and will be used to provide overnight nutrition until the young person is able to eat enough to meet their nutrition needs.

Recovery Levels
The program is based on recovery levels (see overleaf) through which you progress. The aim is to get you physically well enough to safely return to home and school, where you can continue your treatment in the community.

How long
The length of stay may vary from person to person and can depend on several factors. The program aims for the young person to gain around 1Kg per week.

Group Therapy
Activity based groups are held on the ward over the week. These may include a range of activities (for example physiotherapy, distress tolerance, music or art therapy). See the timetable for when groups activities are on.

Individual Therapy
People who are underweight often have trouble thinking clearly and as a result intensive psychological therapy is best undertaken in the community when the young person is re nourished. Each young person will be allocated some time for individual support and a review of their mental health.
An overview of the programme

Nursing Care:
The Nursing staff will be the primary care givers for patients while they are admitted to hospital. Nurses will be able to provide or arrange appropriate support and assistance during periods of client distress. Nursing staff will be required to regularly monitor the patient’s heart rate, blood pressure and temperature. Nurses from a range of different backgrounds provide support at some meal times. Nurses monitor the health and safety of each patient and implement the day to day care planned for each patient as directed by the treating team.

School:
If a young person is a school student they will be expected to attend the John Hunter Hospital School once medically stable (having reached Level 2 of the program). Hospital teachers will liaise with your local school to provide regular work and assistance. The school counsellor will help in the process of getting you back into your regular school after you leave hospital. School hours are from 9.30 till 3.00. The school is located on the first floor in the children’s wards.

Monitoring Weight:
Young people are weighed on Tuesday and Friday before breakfast. There may be occasions where the admitting doctor requests additional weigh outside these times. Patients are weighed in a hospital gown and underpants. Patients will routinely be required to pass urine for testing before each weigh.

Keeping warm:
Normal temperature is important for the body’s organs to work properly. Lack of nutrition can lead to a drop in body temperature. It is important that you wear clothing that will keep you warm. If your body temperature drops below 36 degrees you will be asked to put on warmer clothes or stay in bed with extra blankets or special heaters (to raise your temperature).

Preparing to go home:
Recovering from an eating disorder often takes a long time and your admission is just part of that process. Before you leave, you will be linked with a team who help young people and their families in the community. Your GP will also be informed about your admission as you will need to keep regular contact with them during your community treatment. To prepare you for home, you will be encouraged to practice eating away from the hospital ward, on leave, before you are discharged (see page 10 for leave guidelines).
Level One: Medical Stability
• Bed rest (with physio if >7 days)
• Able to mobilise in wheelchair to the dining room for meal support (from day 4) and bathroom only (*if day 4 falls on sat/sun, meal support therapy will commence on the Monday)
• Naso gastric feeds are provided (continuously on day 1,2,3 and overnight from day 4)
• Schoolwork optional
• Participation in ward program encouraged and dependent upon health

Level Two: Re-establishing normal eating patterns
• Mobilise without assistance on the ward
• Leave from the ward with parents for one hour each day; not at meal times
• Commence schoolwork
• Family encouraged to help supervise meals.
• Family and patient involvement in planning community-based care
• Participation in ward program

Level Three: Integration back into the community
• Graded return to activity
• Out of hospital leave
• Family & patient to attend community-based appointments
• Family supervision of meals while on leave out of hospital

DISCHARGE

Throughout:
• Meals in dining room, unless parents providing supervision at a table in the adolescent’s room (unless on bed rest). Dining Room is not open on weekends.
• Bathroom access limited to 10mins at a time
• No bathroom access for 30mins after all meals/mid meals. If necessary, a bedpan can be used
• Rest on lounge or supervised on bed for 30mins after meals/mid meals unless going to school
• Kitchen access is available only to nursing staff or family members (not patients)
• Garbage bins to be supplied outside room areas
• Education for patient and family
The weekly ward program

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday*</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am</td>
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<td>7:30am</td>
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<tr>
<td>Before 8am</td>
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<tr>
<td>8-9am</td>
<td></td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td></td>
<td></td>
<td>Breakfast &amp; Lounge</td>
<td></td>
</tr>
<tr>
<td>9-11am</td>
<td></td>
<td>School</td>
<td></td>
<td></td>
<td>Free Time</td>
<td></td>
</tr>
<tr>
<td>11:30:12:30pm</td>
<td>School or therapy**</td>
<td></td>
<td></td>
<td></td>
<td>Lounge 30min then Free Time</td>
<td></td>
</tr>
<tr>
<td>12:45-1:45</td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td>Lunch &amp; Lounge</td>
<td></td>
</tr>
<tr>
<td>2.00-3:45</td>
<td>Groups</td>
<td>Groups</td>
<td>Therapy* or Free Time</td>
<td>Group</td>
<td>Group &amp; Therapy*</td>
<td>Visiting</td>
</tr>
<tr>
<td>3.45 – 4.45pm</td>
<td>Booked Therapy or Free Time</td>
<td></td>
<td></td>
<td></td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>3.45-5:45pm</td>
<td></td>
<td>Visiting</td>
<td></td>
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<td>Visiting</td>
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<tr>
<td>5:45-6:45pm</td>
<td>Dinner &amp; Lounge (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td>Dinner &amp; Lounge</td>
<td></td>
</tr>
<tr>
<td>6:45-8:00pm</td>
<td></td>
<td>Visiting</td>
<td></td>
<td></td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>7:30-8:15pm</td>
<td>Supper and Lounge (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td>Supper &amp; Lounge</td>
<td></td>
</tr>
<tr>
<td>8:15-8:30pm</td>
<td></td>
<td>Bed Prep</td>
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<td>Bed Prep</td>
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<tr>
<td>8:30pm</td>
<td></td>
<td>Lights Out</td>
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<td>Lights Out</td>
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</tr>
</tbody>
</table>

* Family meetings occur on Tuesdays between 10.45am – 12.45pm. Your family will be offered a regular time (1/2 hour) each week to discuss the outcome of the team meeting and anything else related to the care of the young person.

* Medical examinations, investigations and therapy take priority over all other activities.

* There are no formal activities over the weekend. It is advisable to plan appropriate activities during this time.

* Weekend visiting is 12 midday to 8pm (excluding meals and snack times).

* Variations to timetable occur during school holidays.

** Therapy sessions are booked individually for patients. When the patient is not attending a therapy session, they will attend school (in the mornings) or have free time (in the afternoon). If a session is booked for a patient, this will be written on the timetable above their bed.

* Please note, the times above provide a guideline only. Due to the nature of a hospital setting, times may vary.
J2 Ward Expectations

Dress Code
All clothing worn on the ward must be appropriate to a hospital setting. If your clothing is inappropriate you will be asked to change. As people with eating disorders often find it hard to regulate their temperature, suitable clothing is required to keep your body adequately warm. We ask that you bring in a set of tracksuit pants & sneakers, so that you can participate in the activities advised by the physiotherapist. Footwear must be worn when walking around the ward including going to the dining room.

Treating each other respectfully
Recovering from an eating disorder is hard work and it’s normal that you might feel a range of emotions that could be distressing to yourself or others during your stay. The hospital has a culture of mutual respect amongst patients and staff members and there is an expectation that behaviours on the ward model this. If you are finding your feelings hard to manage, please let someone on your team know, so together, we can find a helpful way to support you.

Managing Exercise
The only exercise that should occur while you are in hospital will be under the supervision of the physiotherapist or occupational therapist during designated therapy times. If you are exercising outside of these sessions you will be asked to stop. If this occurs repeatedly, the team will explore supportive ways of helping you manage these behaviours.

Mobile Phones & Lap Tops
You’ll be able to have access to privately owned mobile phones while you are in hospital except during school, meal support, appointments or group times. You are welcome to use the phones at your bed side. Inappropriate use of electronic equipment (eg taking photos of other patients, accessing inappropriate websites etc) will not be tolerated. If this occurs, the young person will have access to hospital provided equipment only. Privately owned lap tops are not allowed and are available from the school room or Starlight Foundation with limited access to the internet.

Locker Code
There may be times where staff may be required to check lockers. There is no reason for you to have to have food or anything else in your locker that may hinder recovery.
Other useful pieces of information

Visiting Hours
You should not have visitors during school time, during the ward program and during meal times. Parents however, are encouraged to attend during the meal time period. Visiting guidelines at all other times will be consistent with those of the general J2 ward. We ask that those who have recently been discharged from the inpatient program do not visit other patients until they are also discharged.

Staying Overnight
Sometimes parents stay overnight, but this is usually in the early days of admission. After you have settled in, we will encourage you to stay on your own.

Entertainment
The ward provides entertainment in the form of videos, lap tops, music, craft groups and the starlight room. You will need to plan things to do for yourself as well. If your family can organise to combine visiting with activities this makes for a better experience of hospital.

Leave
Depending on medical parameters and what level of treatment you are receiving, you will be able to have leave from the ward (gradually building up to weekend leave). This provides an opportunity for you and your family to practice eating together in your own environment. Parental supervision is required whilst you are on ward leave. We request that your parents sign you in/out at the nursing station.
Level 1: No leave from ward
Level 2: Leave from ward with parents available for one hour per day
Level 3: Weekend leave available
Other useful pieces of information

What to bring to hospital

- Comfortable clothes: appropriate clothes for the day, pyjamas/slippers and tracksuit/sneakers to participate in activities advised by the physiotherapist
- Toiletries: Shampoo, toothbrush, toothpaste, soap and deodorant
- Bedding: Feel free to bring your doona and pillow
- School Work: Bring any texts, assessments or materials you might need
- Extras: Appropriate magazines, books, photos, music and craft activities

How much to bring?
Not too much – as there is limited space.

Safety
Don't bring any medications to hospital unless you need to have them regularly (all medication must be handed over to the nurses). Leave valuables and dangerous things at home.

Research
During your stay you may be asked to participate in some research that will help us know if the program is working. Your involvement is voluntary and you will not be disadvantaged in any way should you choose not to participate. Please feel free to speak to your admitting doctor for further details.
Menu Guidelines

When working with young people with eating disorders, meal times can be very difficult, as this is one of the main times where anxiety around eating can be high. It's a critical time to offer high levels of supervision, support, encouragement and empathy.

The hospital staff will aim to provide meal time support during weekdays. On weekends, meal support is not available and parents are strongly encouraged to provide the meal supervision and support. Please note, that this program has been developed within current funding.

During admission, the dietitian will provide the young person with one of five meal plans depending on their nutrition needs. Any changes to the eating plan will only occur under advice of the dietitian or admitting doctor.

Meal time guidelines
• Meal Support starts on day 4 of admission. Meals occur in the dining room unless parents provide the meal supervision for their own child at a table in the patient's room. A table will be provided for the child to eat at unless they are on bed rest.
• All food/drink consumed will be recorded on the food/fluid chart (if parents are providing meal supervision, they are requested to inform the nursing staff).
• Meal times are shown on the ward program (see page 8).
• All food is to be provided by the hospital during admission (unless on leave).
• Food is not to be bought in from home or by other visitors.
• Patients will not have access to the kitchen area. Nurses and family members will be able to access the kitchen for the patient if needed.
• There is to be no bathroom access for 30 minutes after meals and mid-meals. If patients need to go to the toilet, they will be able to use a bedpan.
• Patients rest on the lounge 30 minutes after meals and mid meals, unless going to school.
• The dining room is not open on the weekend.

What happens when the young person is not able to eat what is on the meal plan? Sometimes, even with the appropriate support, the young person may find it too difficult to eat all that is needed to meet their nutrition requirements (as indicated on their meal plan). During these times, the treating team will provide the young person with supplementary feeds (fluid that has nutrients), equivalent to the food that they have not consumed. This will be offered initially as a drink or provided through the naso-gastric tube. This process is call the “bolus exchange regime”. For parents providing meal support and supervision, please let the nurses know how much your child has eaten, so the nursing staff can then provide if necessary, the appropriate amount of supplementary feeds. If the young person does not progress with eating, they may be asked to drink a supplement that provides 150% more energy than the food, as an incentive and encouragement to eat.
Menu Guidelines

When the meal plans are being used as part of a bolus exchange regime the following guidelines apply:

- At each meal, foods listed on the meal plan will be offered.
- The young person will be supported and encouraged with any attempts to eat.
- If the patient is unable to eat the food within 25 mins they will be asked to drink the equivalent amount of nutritional supplement (see menu plan for example amounts). If the adolescent is unable to drink this within 5 mins, nursing staff will then give the supplement via a nasogastric tube.
- Patients will not have access to the bathroom for 30 mins after having a supplementary feed. If the young person needs to go the toilet, they will be able to use a bed pan.
- Patient rest on the lounge 30 minutes after having a bolus, unless going to school.

Guidelines about menu selection that have been established for the program include:

- At least one hot meal/day.
- No diet or low fat products.
- Regular, full cream dairy products only, no soy milk.
- 1 pc marg or butter with each 2 slices of bread.
- No tea or coffee drinks offered.
- 1 cup of water may be provided per meal and snack on request.
- Water jugs and water bottles are not to be kept in the rooms.
- The dietitian will complete the menu slip for the following day with the patient during breakfast meal supervision. The dietitian will also complete the weekend menu slip on the Friday morning.

Example Meal Plan at Breakfast

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>Resource Plus equivalent</th>
<th>Food</th>
<th>Oral</th>
<th>NGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 packet of cereal with full cream milk</td>
<td>130</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pieces of toast with margarine and another topping</td>
<td>150</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pc juice (2 x 110mL)</td>
<td>50</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Helping a young person with an eating disorder during hospital meal times

DO
- Consider how hard eating is for the adolescent and be sensitive to this
- Validate the adolescent’s feelings and at the same time encourage their ability to eat
- Fight the eating disorder, not the person
- Try to remain calm (even if you don’t feel it!)
- Do notice if you become frustrated or angry. It’s normal to have a range of emotions during meal times and it’s important to manage these feelings appropriately
- Do encourage eating at a regular pace
- Watch the adolescent closely for the entire meal (the eating disorder waits for any lapse in attention)
- Do talk about topics unrelated to food that the person finds interesting
- Do encourage any attempts at eating
- Ask them what they would find useful to talk about (although do not engage in conversation about weight, calories, fat content etc)
- Do talk about everyday events
- Be firm and kind
- Take unkind or angry words that may be said and see this as the voice of the eating disorder
- Ask the young person what may comfort them / get them through the meal.

DON’T
- Do not discuss weight
- Do not discuss body shape
- Do not enter into negotiations / arguments about the meal plan
- Do not talk about calories / fat content of food items
- Do not leave the room

SOME PHRASES YOU MAY FIND USEFUL:
- You are doing well
- I know this is difficult and you can do it
- I can see that this is hard …. Look how well you have done so far
- You are able to do this, you have done it before
- You can take this one mouthful at a time
- Eating this can help you get back to what you love doing / can help you get back home
- If it helps you, think about food as medicine at the moment … it’ll help you get better
- This isn’t my decision to make. It is what needs to happen (use this if the adolescent tries to negotiate their meal plan with you)
What can families do?

Things to consider
The family is one of the most important resources in recovering from an eating disorder. The family’s role is to understand the treatment, what is happening and to work together with the treating team. Some points to remember are:

• It’s not your fault. It’s not your child’s fault. No-one chooses to have an eating disorder.
• If the family and the therapy team are working together the recovery will be smoother and quicker on most occasions. Keep in mind eating disorders take a long time to recover. They are not just going to go away.
• Frustration and exasperation are part of the process. Try not to blame each other or the person suffering with the eating disorder.
• Resistance to change and emotional turmoil are not unusual – and is not about the young person being difficult.
• Under nutrition leads to impaired brain function, which can result in poor problem solving and loss of what seems like, “common sense”.
• Make sure that you still talk about normal everyday things and keep the young person in touch with the world outside of the eating disorder.
• Avoid talking about weight. Although weight gain is important, it is healthy eating that counts.
• Care for yourself. Parents deserve support and nurturing as well.
• If you have any questions or worries – talk to someone on the team about it.

Eating disorders affect not just the individual, but the whole family. Families need to remember to look after themselves as well as the person suffering from the eating disorder.

siblings
Make sure brothers and sisters know what is going on. Don’t assume that they understand or think about it in the same way that you do. Siblings often feel responsible and worried about their family members. Let them know what is going on and keep them up to date. Also remember:

• Let them be siblings; discourage them from being therapists.
• Their role is to do the normal things that siblings do.
• Encourage them to visit if they want to, but make sure life outside hospital carries on.
• Let them know that you are OK.
• Don’t be surprised if they get angry at the person with the eating disorder.
• Don’t be surprised if they start seeking attention.
Further Support and Reading

Hunter New England Eating Disorder Website
www.cedd.org.au/hne
This website has been designed to be a "one stop shop" for consumers and clinicians to access local information on eating disorders across the Hunter New England Region.

Centre for Eating and Dieting Disorders
www.cedd.org.au  p. 02 8587 0200
CEDD is funded by the Mental Health and Drug & Alcohol Office, NSW Department of Health. It aims to improve access to services, raise awareness, contribute to policy development & provides support to health workers.

The Butterfly Foundation
http://www.thebutterflyfoundation.org.au  p. 1300 33 4673
The Foundation is a community based charitable organisation that supports eating disorder sufferers and their carers through direct financial relief, advocacy, awareness campaigns, health promotion and early intervention work, professional training in primary and secondary schools and supporting eating disorder and body image research. They also have a counselling line available.

Kids Helpline
Kids Helpline is a 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web. The call is free from land lines and some mobile service providers (please check with your mobile phone provider before calling).

Parent Line
http://www.parentline.org.au  p. 1300 1300 52
Parent Line is a 24 hour telephone counselling, information and referral service for parents /carers of children ages 0 to 18, who live in New South Wales. Carers can call anywhere in the state for no more than the cost of a local call on land line, 24 hours every day including public holidays.

Reachout
http://au.reachout.com
Reach Out is a web-based service that inspires young people to help themselves through tough times, and find ways to boost their own mental health and wellbeing. Their aim is to improve young people's mental health and wellbeing by building skills and providing information, support and referrals in ways that work for young people.

Youthbeyondblue
http://www.youthbeyondblue.com  p. 1300 22 4636
Youth beyond blue is the youth version of the “beyon blue” not for profit organisation, working to increase awareness of depression anxiety and related disorders throughout Australia. Beyond blue works with health services, schools, workplaces, universities, media and community organisations, as well as people living with these disorders, to bring together their expertise.

If you are looking for extra information, talk to your treating team who will be happy to direct you.
The eating disorder program is a joint initiative between Kaleidoscope and Child and Adolescent Mental Health services. We would also like to acknowledge Westmead Hospital and NEXUS for use of material in the handout. We thank those who have contributed to the program.
We would like to welcome you to the program

The adolescent eating disorder program on J2 offers treatment for young people who need care in hospital for their eating disorder. The program values the young persons' medical, mental health and social needs, while retaining a focus on overall health and wellbeing. The program is supported by an adolescent physician, child and adolescent psychiatrist*, nursing staff, teachers and a range of other allied health workers.

It is increasingly recognised that family involvement in treatment is vital. A family approach is preferred and support of the family during the admission is essential.

Program Philosophy and Aims
While the long term goal for patients is to restore health and wellbeing, the aims of the hospital admission include:

• to achieve medical stability through improved nutrition (Main Goal)
• to help young people and their families begin to develop an understanding of the illness and longer term treatment requirements
• to help develop eating behaviours that, if continued, would maintain medical stability in the community
• to help link young people and their families into appropriate community-based care
• to provide a supportive and therapeutic environment, increasing the opportunity for return to health and well being

* The child and adolescent psychiatrist position is currently vacant
A word to …

Adolescents:
We hope you find your stay in hospital helpful and supportive. We hope to work with you so that you can improve your health, energy and get back to doing the things you enjoy.

Being away from home can be hard going and it’s normal to have mixed feelings about a whole range of things during your stay. If you are experiencing any difficulties, please let us know so that we can try and support you.

Parents:
The Adolescent ward has a long history of caring for young people with eating disorders. Research and experience underlies the philosophy of the program. The program aims to provide a safe, supportive and therapeutic structure to correct medical complications related to malnutrition. There is a focus on restoring health through eating and nutritional rehabilitation and adolescents are supported to eat in individual, group and family contexts. There is also a focus on encouraging normal social eating.

We know that renourishment is essential when young people are admitted to hospital. Most of the medical complications of anorexia nervosa result from malnutrition and are reversed with weight gain. We also know that people who are malnourished are unable to engage in meaningful psychological treatment until they are renourished. Therefore nutritional rehabilitation is the primary goal of hospitalisation.

Other underlying psychological issues that may have contributed to the development of the eating disorder take considerably longer to change. Your child will require ongoing outpatient management to treat these issues and to prevent relapse after discharge from hospital. Discharge and integration back to home and school, and follow up outpatient care is therefore a vital part of the treatment process.

As a parent or carer you have a crucial role in the treatment program. We need to work together with you in order to restore your child’s health and wellbeing. To ensure the best outcome for your child, we need to demonstrate a shared commitment and support of the program. We ask that you, as parent(s), stand firm with us and be strong in the face of an eating disorder’s resistance to treatment. By doing this, we are giving your child an important message: that their health, safety and well being are very important to us all.

You will have the opportunity to regularly discuss your child’s progress with the Adolescent Team and we encourage you to speak with the treating doctors and team at any time.
The treating team ...

The eating disorder program is supported by a multidisciplinary team which may include physicians (doctors), psychiatrists*, nurses, dietitians, psychologists, social workers, pharmacists, art therapists, music therapists and physiotherapists. Availability for some professions may vary dependent on staffing levels. Families are considered a crucial part of the treating team.

<table>
<thead>
<tr>
<th>The Family:</th>
<th>It is recognised that families are an invaluable resource in assisting their child in recovery. Family support and involvement during the admission is strongly encouraged during all levels of the program. Families are especially encouraged to attend meal times over the weekend.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Team:</td>
<td>Led by the adolescent physician, the medical team is responsible for physical assessment and ongoing medical management. The adolescent physician is principally involved in the admission and treatment planning process.</td>
</tr>
<tr>
<td>Psychiatry Team:</td>
<td>Led by the adolescent CL psychiatrist*, with a psychiatry registrar, psychologist and mental health social worker, this team provides psychological assessment and support. The psychiatry team works in conjunction with the Kaleidoscope social worker. The adolescent CL Psychiatrist is principally involved in the admission and treatment planning process. (*Please note: the CL Psychiatrist position is currently vacant)</td>
</tr>
<tr>
<td>Nursing Team:</td>
<td>Led by the J2 and NEXUS nurse unit manager, the nursing team provides care, monitors physical &amp; emotional health and assists in implementing the ward program. The nursing staff assist in providing support at some meal times, supervising rest times and play an important role in liaising with the treating team.</td>
</tr>
<tr>
<td>Dietitians:</td>
<td>Dietitians aim to assist patients and their families to improve the nutritional status, weight and health of the young person. The central focus is on healthy eating, and promoting healthy body image. Experienced dietitians use nutrition counseling skills to help facilitate these changes. Dietitians assist in providing meal support at breakfast.</td>
</tr>
<tr>
<td>Social Work (Kaleidoscope):</td>
<td>The social worker works in conjunction with the psychiatry team to support the young person and family during their hospital admission. This also includes practical matters such as financial difficulties, accommodation and other issues that may make things easier for families. The social worker runs the distress tolerance groups.</td>
</tr>
</tbody>
</table>
Physiotherapy: The physiotherapist provides a graded exercise and education program devised to support muscle development, strengthening and appropriate levels of activity during recovery. The physiotherapist can also assist in the management of any musculoskeletal issues resulting from excessive exercise or malnutrition.

Art/Music Therapy: The art or music therapist facilitate programs that assist in supporting the patient’s experience of hospital and promote well-being. Activities are designed for individual patients that may be undertaken at their bedside or in a group context with other young patients. These sessions are primarily for enjoyment, exploration and stimulation.

School Teacher: The hospital school aims to support children by providing a positive educational experience during their admission. The hospital school councillor, with parental consent, will liaise with the patients school regarding their educational needs. Prior to discharge, the team will provide a letter for the school regarding their absence and ongoing care needs.

Community Teams: Patients and families will continue to receive support after leaving hospital by health professionals who work in the community. The hospital team regularly communicates with the community team during the patient’s admission and will help link patients and families into appropriate community based care.

Other Professions: Other professions may also be involved as part of the treating team. This may include occupational therapy, pharmacy and the eating disorder co-ordinator.

My doctor/s: .................................................................
My psychiatrist: ............................................................
My nurse/s .................................................................
My dietitian/s: .............................................................
My psychologist: ..........................................................
My social worker: .........................................................
My hospital school teacher/s: ......................................
My group therapists: ....................................................
Other people involved in my care: .................................
Why are young people admitted:
Admissions to hospital usually occurs because a young person has become seriously unwell and there are concerns about medical safety.

Beginning the Program:
An individual and family health history is taken, sometimes more than once. This helps us to understand what has happened and to identify any health, or other issues that could influence management planning. A medical examination and routine blood / urine tests are performed and we measure height and weight accurately.

The re-feeding process:
It is often necessary to give supplemental feeds (fluid that has nutrients) for medical stabilisation. A nasogastric tube is routinely used at the start to get things on the right track. The nasogastric tube is inserted through the nose to the stomach to help provide enough nutrition to start the recovery process. Once the young person is medically safe the supplements are weaned and supervised eating of meals supports continued recovery A naso-gastric tube will remain in place once starting meal therapy and will be used to provide overnight nutrition until the young person is able to eat enough to meet their nutrition needs.

Recovery Levels
The program is based on recovery levels (see overleaf) through which you progress. The aim is to get you physically well enough to safely return to home and school, where you can continue your treatment in the community.

How long
The length of stay may vary from person to person and can depend on several factors. The program aims for the young person to gain around 1Kg per week.

Group Therapy
Activity based groups are held on the ward over the week. These may include a range of activities (for example physiotherapy, distress tolerance, music or art therapy). See the timetable for when groups activities are on.

Individual Therapy
People who are underweight often have trouble thinking clearly and as a result intensive psychological therapy is best undertaken in the community when the young person is renourished. Each young person will be allocated some time for individual support and a review of their mental health.
Nursing Care:
The Nursing staff will be the primary care givers for patients while they are admitted to hospital. Nurses will be able to provide or arrange appropriate support and assistance during periods of client distress. Nursing staff will be required to regularly monitor the patient’s heart rate, blood pressure and temperature. Nurses from a range of different backgrounds provide support at some meal times. Nurses monitor the health and safety of each patient and implement the day to day care planned for each patient as directed by the treating team.

School:
If a young person is a school student they will be expected to attend the John Hunter Hospital School once medically stable (having reached Level 2 of the program). Hospital teachers will liaise with your local school to provide regular work and assistance. The school counsellor will help in the process of getting you back into your regular school after you leave hospital. School hours are from 9.30 till 3.00. The school is located on the first floor in the children’s wards.

Monitoring Weight:
Young people are weighed on Tuesday and Friday before breakfast. There may be occasions where the admitting doctor requests additional weighs outside these times. Patients are weighed in a hospital gown and underpants. Patients will routinely be required to pass urine for testing before each weigh.

Keeping warm:
Normal temperature is important for the body’s organs to work properly. Lack of nutrition can lead to a drop in body temperature. It is important that you wear clothing that will keep you warm. If your body temperature drops below 36 degrees you will be asked to put on warmer clothes or stay in bed with extra blankets or special heaters (to raise your temperature).

Preparing to go home:
Recovering from an eating disorder often takes a long time and your admission is just part of that process. Before you leave, you will be linked with a team who help young people and their families in the community. Your GP will also be informed about your admission as you will need to keep regular contact with them during your community treatment. To prepare you for home, you will be encouraged to practice eating away from the hospital ward, on leave, before you are discharged (see page 10 for leave guidelines).
Level One: Medical Stability
- Bed rest (with physio if >7 days)
- Able to mobilise in wheelchair to the dining room for meal support (from day 4) and bathroom only (*if day 4 falls on sat/sun, meal support therapy will commence on the Monday)
- Naso gastric feeds are provided (continuously on day 1,2,3 and overnight from day 4)
- Schoolwork optional
- Participation in ward program encouraged and dependent upon health

Level Two: Re-establishing normal eating patterns
- Mobilise without assistance on the ward
- Leave from the ward with parents for one hour each day; not at meal times
- Commence schoolwork
- Family encouraged to help supervise meals.
- Family and patient involvement in planning community-based care
- Participation in ward program

Level Three: Integration back into the community
- Graded return to activity
- Out of hospital leave
- Family & patient to attend community-based appointments
- Family supervision of meals while on leave out of hospital

Throughout:
- Meals in dining room, unless parents providing supervision at a table in the adolescent’s room (unless on bed rest). Dining Room is not open on weekends.
- Bathroom access limited to 10mins at a time
- No bathroom access for 30mins after all meals/mid meals. If necessary, a bedpan can be used
- Rest on lounge or supervised on bed for 30mins after meals/mid meals unless going to school
- Kitchen access is available only to nursing staff or family members (not patients)
- Garbage bins to be supplied outside room areas
- Education for patient and family
The weekly ward program

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday*</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am</td>
<td>Wake Up Time</td>
<td></td>
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<tr>
<td>7:30am</td>
<td></td>
<td>Weigh</td>
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<td>Weigh</td>
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<tr>
<td>Before 8 am</td>
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<tr>
<td>8 - 9 am</td>
<td></td>
<td></td>
<td>Breakfast &amp; Lounge</td>
<td>Breakfast &amp; Lounge</td>
<td>Breakfast &amp; Lounge</td>
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<tr>
<td>9 - 11 am</td>
<td></td>
<td></td>
<td>School</td>
<td>Free Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 - 12:30 pm</td>
<td>Morning Tea (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lemonade 30min then Free Time</td>
</tr>
<tr>
<td>12:45 - 1:45</td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00 - 3:45</td>
<td>Groups</td>
<td>Groups</td>
<td>Therapy* or Free Time</td>
<td>Group</td>
<td>Group &amp; Therapy*</td>
<td>Visiting</td>
</tr>
<tr>
<td>3:45 - 4:45 pm</td>
<td></td>
<td></td>
<td>Booked Therapy or Free Time</td>
<td>Visiting</td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>3:45 - 5:45 pm</td>
<td></td>
<td></td>
<td>Visiting</td>
<td>Visiting</td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>5:45 - 6:45 pm</td>
<td>Dinner &amp; Lounge (with meal support)</td>
<td></td>
<td>Dinner &amp; Lounge</td>
<td>Dinner &amp; Lounge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:45 - 8:00 pm</td>
<td></td>
<td></td>
<td>Visiting</td>
<td>Visiting</td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>7:30 - 8:15 pm</td>
<td>Supper and Lounge (with meal support)</td>
<td></td>
<td>Supper &amp; Lounge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:15 - 8:30 pm</td>
<td>Bed Prep</td>
<td></td>
<td></td>
<td>Bed Prep</td>
<td></td>
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</tr>
<tr>
<td>8:30 pm</td>
<td></td>
<td></td>
<td></td>
<td>Lights Out</td>
<td></td>
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</tr>
</tbody>
</table>

* Family meetings occur on Tuesdays between 10.45am – 12.45pm. Your family will be offered a regular time (1/2 hour) each week to discuss the outcome of the team meeting and anything else related to the care of the young person.
* Medical examinations, investigations and therapy take priority over all other activities.
* There are no formal activities over the weekend. It is advisable to plan appropriate activities during this time.
* Weekend visiting is 12 midday to 8pm (excluding meals and snack times).
* Variations to timetable occur during school holidays.
* ** Therapy sessions are booked individually for patients. When the patient is not attending a therapy session, they will attend school (in the mornings) or have free time (in the afternoon). If a session is booked for a patient, this will be written on the timetable above their bed.
* Please note, the times above provide a guideline only. Due to the nature of a hospital setting, times may vary.
J2 Ward Expectations

Dress Code
All clothing worn on the ward must be appropriate to a hospital setting. If your clothing is inappropriate you will be asked to change. As people with eating disorders often find it hard to regulate their temperature, suitable clothing is required to keep your body adequately warm. We ask that you bring in a set of tracksuit pants & sneakers, so that you can participate in the activities advised by the physiotherapist. Footwear must be worn when walking around the ward including going to the dining room.

Managing Exercise
The only exercise that should occur while you are in hospital will be under the supervision of the physiotherapist or occupational therapist during designated therapy times. If you are exercising outside of these sessions you will be asked to stop. If this occurs repeatedly, the team will explore supportive ways of helping you manage these behaviours.

Treating each other respectfully
Recovering from an eating disorder is hard work and it’s normal that you might feel a range of emotions that could be distressing to yourself or others during your stay. The hospital has a culture of mutual respect amongst patients and staff members and there is an expectation that behaviours on the ward model this. If you are finding your feelings hard to manage, please let someone on your team know, so together, we can find a helpful way to support you.

Mobile Phones & Lap Tops
You’ll be able to have access to privately owned mobile phones while you are in hospital except during school, meal support, appointments or group times. You are welcome to use the phones at your bed side. Inappropriate use of electronic equipment (eg taking photos of other patients, accessing inappropriate websites etc) will not be tolerated. If this occurs, the young person will have access to hospital provided equipment only. Privately owned lap tops are not allowed and are available from the school room or Starlight Foundation with limited access to the internet.

Locker Code
There may be times where staff may be required to check lockers. There is no reason for you to have to have food or anything else in your locker that may hinder recovery.
Other useful pieces of information

Visiting Hours
You should not have visitors during school time, during the ward program and during meal times. Parents however, are encouraged to attend during the meal time period. Visiting guidelines at all other times will be consistent with those of the general J2 ward. We ask that those who have recently been discharged from the inpatient program do not visit other patients until they are also discharged.

Staying Overnight
Sometimes parents stay overnight, but this is usually in the early days of admission. After you have settled in, we will encourage you to stay on your own.

Entertainment
The ward provides entertainment in the form of videos, lap tops, music, craft groups and the starlight room. You will need to plan things to do for yourself as well. If your family can organise to combine visiting with activities this makes for a better experience of hospital.

Leave
Depending on medical parameters and what level of treatment you are receiving, you will be able to have leave from the ward (gradually building up to weekend leave). This provides an opportunity for you and your family to practice eating together in your own environment. Parental supervision is required whilst you are on ward leave. We request that your parents sign you in/out at the nursing station.
Level 1: No leave from ward
Level 2: Leave from ward with parents available for one hour per day
Level 3: Weekend leave available
Other useful pieces of information

What to bring to hospital

• Comfortable clothes: appropriate clothes for the day, pyjamas/slippers and tracksuit/sneakers to participate in activities advised by the physiotherapist
• Toiletries: Shampoo, toothbrush, toothpaste, soap and deodorant
• Bedding: Feel free to bring your doona and pillow
• School Work: Bring any texts, assessments or materials you might need
• Extras: Appropriate magazines, books, photos, music and craft activities

How much to bring?
Not too much – as there is limited space.

Safety
Don’t bring any medications to hospital unless you need to have them regularly (all medication must be handed over to the nurses). Leave valuables and dangerous things at home.

Research
During your stay you may be asked to participate in some research that will help us know if the program is working. Your involvement is voluntary and you will not be disadvantaged in any way should you choose not to participate. Please feel free to speak to your admitting doctor for further details.
Menu Guidelines

When working with young people with eating disorders, meal times can be very difficult, as this is one of the main times where anxiety around eating can be high. It's a critical time to offer high levels of supervision, support, encouragement and empathy.

The hospital staff will aim to provide meal time support during weekdays. On weekends, meal support is not available and parents are strongly encouraged to provide the meal supervision and support. Please note, that this program has been developed within current funding.

During admission, the dietitian will provide the young person with one of five meal plans depending on their nutrition needs. Any changes to the eating plan will only occur under advice of the dietitian or admitting doctor.

Meal time guidelines
• Meal Support starts on day 4 of admission. Meals occur in the dining room unless parents provide the meal supervision for their own child at a table in the patient’s room. A table will be provided for the child to eat at unless they are on bed rest.
• All food/drink consumed will be recorded on the food/fluid chart (if parents are providing meal supervision, they are requested to inform the nursing staff).
• Meal times are shown on the ward program (see page 8).
• All food is to be provided by the hospital during admission (unless on leave).
• Food is not to be bought in from home or by other visitors.
• Patients will not have access to the kitchen area. Nurses and family members will be able to access the kitchen for the patient if needed.
• There is to be no bathroom access for 30 minutes after meals and mid-meals. If patients need to go to the toilet, they will be able to use a bedpan.
• Patients rest on the lounge 30 minutes after meals and mid meals, unless going to school.
• The dining room is not open on the weekend.

What happens when the young person is not able to eat what is on the meal plan?
Sometimes, even with the appropriate support, the young person may find it too difficult to eat all that is needed to meet their nutrition requirements (as indicated on their meal plan). During these times, the treating team will provide the young person with supplementary feeds (fluid that has nutrients), equivalent to the food that they have not consumed. This will be offered initially as a drink or provided through the naso-gastric tube. This process is call the “bolus exchange regime”. For parents providing meal support and supervision, please let the nurses know how much your child has eaten, so the nursing staff can then provide if necessary, the appropriate amount of supplementary feeds. If the young person does not progress with eating, they may be asked to drink a supplement that provides 150% more energy than the food, as an incentive and encouragement to eat.
Menu Guidelines

When the meal plans are being used as part of a bolus exchange regime the following guidelines apply:

• At each meal, foods listed on the meal plan will be offered.
• The young person will be supported and encouraged with any attempts to eat.
• If the patient is unable to eat the food within 25 mins they will be asked to drink the equivalent amount of nutritional supplement (see menu plan for example amounts). If the adolescent is unable to drink this within 5 mins, nursing staff will then give the supplement via a nasogastric tube.
• Patients will not have access to the bathroom for 30 mins after having a supplementary feed. If the young person needs to go the toilet, they will be able to use a bed pan.
• Patient rest on the lounge 30 minutes after having a bolus, unless going to school.

Guidelines about menu selection that have been established for the program include:

• At least one hot meal/day.
• No diet or low fat products.
• Regular, full cream dairy products only, no soy milk.
• 1 pc marg or butter with each 2 slices of bread.
• No tea or coffee drinks offered.
• 1 cup of water may be provided per meal and snack on request.
• Water jugs and water bottles are not to be kept in the rooms.
• The dietitian will complete the menu slip for the following day with the patient during breakfast meal supervision. The dietitian will also complete the weekend menu slip on the Friday morning.

Example Meal Plan at Breakfast

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>Resource Plus equivalent</th>
<th>Food</th>
<th>Oral</th>
<th>NGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 packet of cereal with full cream milk</td>
<td>130</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pieces of toast with margarine and another topping</td>
<td>150</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pc juice (2 x 110mL)</td>
<td>50</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Helping a young person with an eating disorder during hospital meal times

**DO**
- Consider how hard eating is for the adolescent and be sensitive to this
- Validate the adolescent’s feelings and at the same time encourage their ability to eat
- Fight the eating disorder, not the person
- Try to remain calm (even if you don’t feel it!)
- Do notice if you become frustrated or angry. It’s normal to have a range of emotions during meal times and it’s important to manage these feelings appropriately
- Do encourage eating at a regular pace
- Watch the adolescent closely for the entire meal (the eating disorder waits for any lapse in attention)
- Do talk about topics unrelated to food that the person finds interesting
- Do encourage any attempts at eating
- Ask them what they would find useful to talk about (although do not engage in conversation about weight, calories, fat content etc)
- Do talk about everyday events
- Be firm and kind
- Take unkind or angry words that may be said and see this as the voice of the eating disorder
- Ask the young person what may comfort them / get them through the meal.

**DON’T**
- Do not discuss weight
- Do not discuss body shape
- Do not enter into negotiations / arguments about the meal plan
- Do not talk about calories / fat content of food items
- Do not leave the room

**SOME PHRASES YOU MAY FIND USEFUL:**
- You are doing well
- I know this is difficult and you can do it
- I can see that this is hard …. Look how well you have done so far
- You are able to do this, you have done it before
- You can take this one mouthful at a time
- Eating this can help you get back to what you love doing / can help you get back home
- If it helps you, think about food as medicine at the moment … it’ll help you get better
- This isn’t my decision to make. It is what needs to happen (use this if the adolescent tries to negotiate their meal plan with you)
What can families do?

Things to consider
The family is one of the most important resources in recovering from an eating disorder. The family’s role is to understand the treatment, what is happening and to work together with the treating team. Some points to remember are:
• It’s not your fault. It’s not your child’s fault. No-one chooses to have an eating disorder.
• If the family and the therapy team are working together the recovery will be smoother and quicker on most occasions. Keep in mind eating disorders take a long time to recover. They are not just going to go away.
• Frustration and exasperation are part of the process. Try not to blame each other or the person suffering with the eating disorder.
• Resistance to change and emotional turmoil are not unusual – and is not about the young person being difficult.
• Under nutrition leads to impaired brain function, which can result in poor problem solving and loss of what seems like, “common sense”.
• Make sure that you still talk about normal everyday things and keep the young person in touch with the world outside of the eating disorder.
• Avoid talking about weight. Although weight gain is important, it is healthy eating that counts.
• Care for yourself. Parents deserve support and nurturing as well.
• If you have any questions or worries – talk to someone on the team about it.

Eating disorders affect not just the individual, but the whole family. Families need to remember to look after themselves as well as the person suffering from the eating disorder.

siblings
Make sure brothers and sisters know what is going on. Don’t assume that they understand or think about it in the same way that you do. Siblings often feel responsible and worried about their family members. Let them know what is going on and keep them up to date. Also remember:
• Let them be siblings; discourage them from being therapists.
• Their role is to do the normal things that siblings do.
• Encourage them to visit if they want to, but make sure life outside hospital carries on.
• Let them know that you are OK.
• Don’t be surprised if they get angry at the person with the eating disorder.
• Don’t be surprised if they start seeking attention.
Further Support and Reading

Hunter New England Eating Disorder Website
www.cedd.org.au/hne
This website has been designed to be a "one stop shop" for consumers and clinicians to access local information on eating disorders across the Hunter New England Region.

Centre for Eating and Dieting Disorders
www.cedd.org.au p. 02 8587 0200
CEDD is funded by the Mental Health and Drug & Alcohol Office, NSW Department of Health. It aims to improve access to services, raise awareness, contribute to policy development & provides support to health workers.

The Butterfly Foundation
http://www.thebutterflyfoundation.org.au p. 1300 33 4673
The Foundation is a community based charitable organisation that supports eating disorder sufferers and their carers through direct financial relief, advocacy, awareness campaigns, health promotion and early intervention work, professional training in primary and secondary schools and supporting eating disorder and body image research. They also have a counselling line available.

Kids Helpline
Kids Helpline is a 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web. The call is free from land lines and some mobile service providers (please check with your mobile phone provider before calling).

Parent Line
http://www.parentline.org.au p. 1300 1300 52
Parent Line is a 24 hour telephone counselling, information and referral service for parents /carers of children ages 0 to 18, who live in New South Wales. Carers can call anywhere in the state for no more than the cost of a local call on land line, 24 hours every day including public holidays.

Reachout
http://au.reachout.com
Reach Out is a web-based service that inspires young people to help themselves through tough times, and find ways to boost their own mental health and wellbeing. Their aim is to improve young people's mental health and wellbeing by building skills and providing information, support and referrals in ways that work for young people.

Youthbeyondblue
http://www.youthbeyondblue.com p. 1300 22 4636
Youth beyond blue is the youth version of the “beyondblue” not for profit organisation, working to increase awareness of depression anxiety and related disorders throughout Australia. Beyond blue works with health services, schools, workplaces, universities, media and community organisations, as well as people living with these disorders, to bring together their expertise.

If you are looking for extra information, talk to your treating team who will be happy to direct you.
The eating disorder program is a joint initiative between Kaleidoscope and Child and Adolescent Mental Health services. We would also like to acknowledge Westmead Hospital and NEXUS for use of material in the handout. We thank those who have contributed to the program.
Adolescent Inpatient Eating Disorder Program
John Hunter Children’s Hospital

An information booklet
for young people and their families
March 2013
We would like to welcome you to the program

The adolescent eating disorder program on J2 offers treatment for young people who need care in hospital for their eating disorder. The program values the young persons medical, mental health and social needs, while retaining a focus on overall health and wellbeing. The program is supported by an adolescent physician, child and adolescent psychiatrist*, nursing staff, teachers and a range of other allied health workers.

It is increasingly recognised that family involvement in treatment is vital. A family approach is preferred and support of the family during the admission is essential.

Program Philosophy and Aims
While the long term goal for patients is to restore health and wellbeing, the aims of the hospital admission include:

• to achieve medical stability through improved nutrition (Main Goal)
• to help young people and their families begin to develop an understanding of the illness and longer term treatment requirements
• to help develop eating behaviours that, if continued, would maintain medical stability in the community
• to help link young people and their families into appropriate community-based care
• to provide a supportive and therapeutic environment, increasing the opportunity for return to health and well being

* The child and adolescent psychiatrist position is currently vacant
A word to ...

**Adolescents:**
We hope you find your stay in hospital helpful and supportive. We hope to work with you so that you can improve your health, energy and get back to doing the things you enjoy.

Being away from home can be hard going and it’s normal to have mixed feelings about a whole range of things during your stay. If you are experiencing any difficulties, please let us know so that we can try and support you.

**Parents:**
The Adolescent ward has a long history of caring for young people with eating disorders. Research and experience underlies the philosophy of the program. The program aims to provide a safe, supportive and therapeutic structure to correct medical complications related to malnutrition. There is a focus on restoring health through eating and nutritional rehabilitation and adolescents are supported to eat in individual, group and family contexts. There is also a focus on encouraging normal social eating.

We know that renourishment is essential when young people are admitted to hospital. Most of the medical complications of anorexia nervosa result from malnutrition and are reversed with weight gain. We also know that people who are malnourished are unable to engage in meaningful psychological treatment until they are renourished. Therefore *nutritional rehabilitation is the primary goal of hospitalisation.*

Other underlying psychological issues that may have contributed to the development of the eating disorder take considerably longer to change. Your child will require ongoing outpatient management to treat these issues and to prevent relapse after discharge from hospital. Discharge and integration back to home and school, and follow up outpatient care is therefore a vital part of the treatment process.

As a parent or carer you have a crucial role in the treatment program. We need to work together with you in order to restore your child’s health and wellbeing. To ensure the best outcome for your child, we need to demonstrate a shared commitment and support of the program. We ask that you, as parent(s), stand firm with us and be strong in the face of an eating disorder’s resistance to treatment. By doing this, we are giving your child an important message: that their health, safety and well being are very important to us all.

You will have the opportunity to regularly discuss your child’s progress with the Adolescent Team and we encourage you to speak with the treating doctors and team at any time.
The treating team ...

The eating disorder program is supported by a multidisciplinary team which may include physicians (doctors), psychiatrists*, nurses, dietitians, psychologists, social workers, pharmacists, art therapists, music therapists and physiotherapists. Availability for some professions may vary dependent on staffing levels. Families are considered a crucial part of the treating team.

The Family: It is recognised that families are an invaluable resource in assisting their child in recovery. Family support and involvement during the admission is strongly encouraged during all levels of the program. Families are especially encouraged to attend meal times over the weekend.

Medical Team: Led by the adolescent physician, the medical team is responsible for physical assessment and ongoing medical management. The adolescent physician is principally involved in the admission and treatment planning process.

Psychiatry Team: Led by the adolescent CL psychiatrist*, with a psychiatry registrar, psychologist and mental health social worker, this team provides psychological assessment and support. The psychiatry team works in conjunction with the Kaleidoscope social worker. The adolescent CL Psychiatrist is principally involved in the admission and treatment planning process. (*Please note: the CL Psychiatrist position is currently vacant)

Nursing Team: Led by the J2 and NEXUS nurse unit manager, the nursing team provides care, monitors physical & emotional health and assists in implementing the ward program. The nursing staff assist in providing support at some meal times, supervising rest times and play an important role in liaising with the treating team.

Dietitians: Dietitians aim to assist patients and their families to improve the nutritional status, weight and health of the young person. The central focus is on healthy eating, and promoting healthy body image. Experienced dietitians use nutrition counseling skills to help facilitate these changes. Dietitians assist in providing meal support at breakfast.

Social Work (Kaleidoscope): The social worker works in conjunction with the psychiatry team to support the young person and family during their hospital admission. This also includes practical matters such as financial difficulties, accommodation and other issues that may make things easier for families. The social worker runs the distress tolerance groups.
The treating team ...

**Physiotherapy:** The physiotherapist provides a graded exercise and education program devised to support muscle development, strengthening and appropriate levels of activity during recovery. The physiotherapist can also assist in the management of any musculoskeletal issues resulting from excessive exercise or malnutrition.

**Art/Music Therapy:** The art or music therapist facilitate programs that assist in supporting the patient’s experience of hospital and promote well-being. Activities are designed for individual patients that may be undertaken at their bedside or in a group context with other young patients. These sessions are primarily for enjoyment, exploration and stimulation.

**School Teacher:** The hospital school aims to support children by providing a positive educational experience during their admission. The hospital school councillor, with parental consent, will liaise with the patients school regarding their educational needs. Prior to discharge, the team will provide a letter for the school regarding their absence and ongoing care needs.

**Community Teams:** Patients and families will continue to receive support after leaving hospital by health professionals who work in the community. The hospital team regularly communicates with the community team during the patient’s admission and will help link patients and families into appropriate community based care.

**Other Professions:** Other professions may also be involved as part of the treating team. This may include occupational therapy, pharmacy and the eating disorder co-ordinator.

**My doctor/s:** 
**My psychiatrist:** 
**My nurse/s:** 
**My dietitian/s:** 
**My psychologist:** 
**My social worker:** 
**My hospital school teacher/s:** 
**My group therapists:** 
**Other people involved in my care:**
Why are young people admitted:
Admissions to hospital usually occurs because a young person has become seriously unwell and there are concerns about medical safety.

Beginning the Program:
An individual and family health history is taken, sometimes more than once. This helps us to understand what has happened and to identify any health, or other issues that could influence management planning. A medical examination and routine blood / urine tests are performed and we measure height and weight accurately.

The re-feeding process:
It is often necessary to give supplemental feeds (fluid that has nutrients) for medical stabilisation. A nasogastric tube is routinely used at the start to get things on the right track. The nasogastic tube is inserted through the nose to the stomach to help provide enough nutrition to start the recovery process. Once the young person is medically safe the supplements are weaned and supervised eating of meals supports continued recovery A naso-gastric tube will remain in place once starting meal therapy and will be used to provide overnight nutrition until the young person is able to eat enough to meet their nutrition needs.

Recovery Levels
The program is based on recovery levels (see overleaf) through which you progress. The aim is to get you physically well enough to safely return to home and school, where you can continue your treatment in the community.

How long
The length of stay may vary from person to person and can depend on several factors. The program aims for the young person to gain around 1Kg per week.

Group Therapy
Activity based groups are held on the ward over the week. These may include a range of activities (for example physiotherapy, distress tolerance, music or art therapy). See the timetable for when groups activities are on.

Individual Therapy
People who are underweight often have trouble thinking clearly and as a result intensive psychological therapy is best undertaken in the community when the young person is renourished. Each young person will be allocated some time for individual support and a review of their mental health.
An overview of the programme

Nursing Care:
The Nursing staff will be the primary care givers for patients while they are admitted to hospital. Nurses will be able to provide or arrange appropriate support and assistance during periods of client distress. Nursing staff will be required to regularly monitor the patient’s heart rate, blood pressure and temperature. Nurses from a range of different backgrounds provide support at some meal times. Nurses monitor the health and safety of each patient and implement the day to day care planned for each patient as directed by the treating team.

School:
If a young person is a school student they will be expected to attend the John Hunter Hospital School once medically stable (having reached Level 2 of the program). Hospital teachers will liaise with your local school to provide regular work and assistance. The school counsellor will help in the process of getting you back into your regular school after you leave hospital. School hours are from 9.30 till 3.00. The school is located on the first floor in the children’s wards.

Monitoring Weight:
Young people are weighed on Tuesday and Friday before breakfast. There may be occasions where the admitting doctor requests additional weighs outside these times. Patients are weighed in a hospital gown and underpants. Patients will routinely be required to pass urine for testing before each weigh.

Keeping warm:
Normal temperature is important for the body’s organs to work properly. Lack of nutrition can lead to a drop in body temperature. It is important that you wear clothing that will keep you warm. If your body temperature drops below 36 degrees you will be asked to put on warmer clothes or stay in bed with extra blankets or special heaters (to raise your temperature).

Preparing to go home:
Recovering from an eating disorder often takes a long time and your admission is just part of that process. Before you leave, you will be linked with a team who help young people and their families in the community. Your GP will also be informed about your admission as you will need to keep regular contact with them during your community treatment. To prepare you for home, you will be encouraged to practice eating away from the hospital ward, on leave, before you are discharged (see page 10 for leave guidelines).
Recovery Levels

Level One: Medical Stability
• Bed rest (with physio if >7 days)
• Able to mobilise in wheelchair to the dining room for meal support (from day 4) and bathroom only (*if day 4 falls on sat/sun, meal support therapy will commence on the Monday)
• Naso gastric feeds are provided (continuously on day 1,2,3 and overnight from day 4)
• Schoolwork optional
• Participation in ward program encouraged and dependent upon health

Level Two: Re-establishing normal eating patterns
• Mobilise without assistance on the ward
• Leave from the ward with parents for one hour each day; not at meal times
• Commence schoolwork
• Family encouraged to help supervise meals.
• Family and patient involvement in planning community-based care
• Participation in ward program

Level Three: Integration back into the community
• Graded return to activity
• Out of hospital leave
• Family & patient to attend community-based appointments
• Family supervision of meals while on leave out of hospital

DISCHARGE

Throughout:
• Meals in dining room, unless parents providing supervision at a table in the adolescent’s room (unless on bed rest). Dining Room is not open on weekends.
• Bathroom access limited to 10mins at a time
• No bathroom access for 30mins after all meals/mid meals. If necessary, a bedpan can be used
• Rest on lounge or supervised on bed for 30mins after meals/mid meals unless going to school
• Kitchen access is available only to nursing staff or family members (not patients)
• Garbage bins to be supplied outside room areas
• Education for patient and family
The weekly ward program

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday*</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Wake Up Time</td>
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<tr>
<td>7:30am</td>
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<td></td>
<td>Weigh</td>
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<tr>
<td>Before 8 am</td>
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<td></td>
<td></td>
<td></td>
<td>Shower</td>
</tr>
<tr>
<td>8-9am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Breakfast &amp; Lounge</td>
</tr>
<tr>
<td>9-11am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>School</td>
</tr>
<tr>
<td>11-11:30am</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Free Time</td>
</tr>
<tr>
<td>11:30:12:30pm</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Lounge 30min then Free Time</td>
</tr>
<tr>
<td>12:45-1:45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lunch &amp; Lounge</td>
</tr>
<tr>
<td>2.00-3:45</td>
<td>Groups</td>
<td></td>
<td>Therapy*</td>
<td>Group</td>
<td></td>
<td>Visiting</td>
</tr>
<tr>
<td>3.45 – 4.45pm</td>
<td></td>
<td></td>
<td>or Free Time</td>
<td></td>
<td></td>
<td>Visiting</td>
</tr>
<tr>
<td>3.45 -5:45pm</td>
<td></td>
<td></td>
<td>Visiting</td>
<td></td>
<td></td>
<td>Visiting</td>
</tr>
<tr>
<td>5:45-6:45pm</td>
<td></td>
<td>Dinner &amp; Lounge (with meal support)</td>
<td>Dinner &amp; Lounge</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6:45-8:00pm</td>
<td></td>
<td>Visiting</td>
<td>Visiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30-8:15pm</td>
<td></td>
<td>Supper and Lounge (with meal support)</td>
<td>Supper &amp; Lounge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:15-8:30pm</td>
<td></td>
<td>Bed Prep</td>
<td>Bed Prep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30pm</td>
<td></td>
<td>Lights Out</td>
<td>Lights Out</td>
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</tr>
</tbody>
</table>

* Family meetings occur on Tuesdays between 10.45am – 12.45pm. Your family will be offered a regular time (1/2 hour) each week to discuss the outcome of the team meeting and anything else related to the care of the young person.
- Medical examinations, investigations and therapy take priority over all other activities.
- There are no formal activities over the weekend. It is advisable to plan appropriate activities during this time.
- Weekend visiting is 12 midday to 8pm (excluding meals and snack times).
- Variations to timetable occur during school holidays.

** Therapy sessions are booked individually for patients. When the patient is not attending a therapy session, they will attend school (in the mornings) or have free time (in the afternoon). If a session is booked for a patient, this will be written on the timetable above their bed.
- Please note, the times above provide a guideline only. Due to the nature of a hospital setting, times may vary.
J2 Ward Expectations

Dress Code
All clothing worn on the ward must be appropriate to a hospital setting. If your clothing is inappropriate you will be asked to change. As people with eating disorders often find it hard to regulate their temperature, suitable clothing is required to keep your body adequately warm. We ask that you bring in a set of tracksuit pants & sneakers, so that you can participate in the activities advised by the physiotherapist. Footwear must be worn when walking around the ward including going to the dining room.

Managing Exercise
The only exercise that should occur while you are in hospital will be under the supervision of the physiotherapist or occupational therapist during designated therapy times. If you are exercising outside of these sessions you will be asked to stop. If this occurs repeatedly, the team will explore supportive ways of helping you manage these behaviours.

Treating each other respectfully
Recovering from an eating disorder is hard work and it’s normal that you might feel a range of emotions that could be distressing to yourself or others during your stay. The hospital has a culture of mutual respect amongst patients and staff members and there is an expectation that behaviours on the ward model this. If you are finding your feelings hard to manage, please let someone on your team know, so together, we can find a helpful way to support you.

Mobile Phones & Lap Tops
You’ll be able to have access to privately owned mobile phones while you are in hospital except during school, meal support, appointments or group times. You are welcome to use the phones at your bed side. Inappropriate use of electronic equipment (eg taking photos of other patients, accessing inappropriate websites etc) will not be tolerated. If this occurs, the young person will have access to hospital provided equipment only. Privately owned lap tops are not allowed and are available from the school room or Starlight Foundation with limited access to the internet.

Locker Code
There may be times where staff may be required to check lockers. There is no reason for you to have to have food or anything else in your locker that may hinder recovery.
Other useful pieces of information

Visiting Hours
You should not have visitors during school time, during the ward program and during meal times. Parents however, are encouraged to attend during the meal time period. Visiting guidelines at all other times will be consistent with those of the general J2 ward. **We ask that those who have recently been discharged from the inpatient program do not visit other patients until they are also discharged.**

Staying Overnight
Sometimes parents stay overnight, but this is usually in the early days of admission. After you have settled in, we will encourage you to stay on your own.

Entertainment
The ward provides entertainment in the form of videos, lap tops, music, craft groups and the starlight room. You will need to plan things to do for yourself as well. If your family can organise to combine visiting with activities this makes for a better experience of hospital.

Leave
Depending on medical parameters and what level of treatment you are receiving, you will be able to have leave from the ward (gradually building up to weekend leave). This provides an opportunity for you and your family to practice eating together in your own environment. Parental supervision is required whilst you are on ward leave. We request that your parents sign you in/out at the nursing station.
Level 1: No leave from ward
Level 2: Leave from ward with parents available for one hour per day
Level 3: Weekend leave available
What to bring to hospital

• Comfortable clothes: appropriate clothes for the day, pyjamas/slippers and tracksuit/sneakers to participate in activities advised by the physiotherapist
• Toiletries: Shampoo, toothbrush, toothpaste, soap and deodorant
• Bedding: Feel free to bring your doona and pillow
• School Work: Bring any texts, assessments or materials you might need
• Extras: Appropriate magazines, books, photos, music and craft activities

How much to bring?
Not too much – as there is limited space.

Safety
Don’t bring any medications to hospital unless you need to have them regularly (all medication must be handed over to the nurses). Leave valuables and dangerous things at home.

Research
During your stay you may be asked to participate in some research that will help us know if the program is working. Your involvement is voluntary and you will not be disadvantaged in any way should you choose not to participate. Please feel free to speak to your admitting doctor for further details.
When working with young people with eating disorders, meal times can be very difficult, as this is one of the main times where anxiety around eating can be high. It’s a critical time to offer high levels of supervision, support, encouragement and empathy.

**The hospital staff will aim to provide meal time support during weekdays. On weekends, meal support is not available and parents are strongly encouraged to provide the meal supervision and support. Please note, that this program has been developed within current funding.**

During admission, the dietitian will provide the young person with one of five meal plans depending on their nutrition needs. Any changes to the eating plan will only occur under advice of the dietitian or admitting doctor.

**Meal time guidelines**
- Meal Support starts on day 4 of admission. Meals occur in the dining room unless parents provide the meal supervision for their own child at a table in the patient’s room. A table will be provided for the child to eat at unless they are on bed rest.
- All food/drink consumed will be recorded on the food/fluid chart (if parents are providing meal supervision, they are requested to inform the nursing staff).
- Meal times are shown on the ward program (see page 8).
- All food is to be provided by the hospital during admission (unless on leave).
- Food is not to be bought in from home or by other visitors.
- Patients will not have access to the kitchen area. Nurses and family members will be able to access the kitchen for the patient if needed.
- There is to be no bathroom access for 30 minutes after meals and mid-meals. If patients need to go to the toilet, they will be able to use a bedpan.
- Patients rest on the lounge 30 minutes after meals and mid meals, unless going to school.
- The dining room is not open on the weekend.

**What happens when the young person is not able to eat what is on the meal plan?**
Sometimes, even with the appropriate support, the young person may find it too difficult to eat all that is needed to meet their nutrition requirements (as indicated on their meal plan). During these times, the treating team will provide the young person with supplementary feeds (fluid that has nutrients), equivalent to the food that they have not consumed. This will be offered initially as a drink or provided through the naso-gastric tube. This process is call the “bolus exchange regime”. For parents providing meal support and supervision, please let the nurses know how much your child has eaten, so the nursing staff can then provide if necessary, the appropriate amount of supplementary feeds. If the young person does not progress with eating, they may be asked to drink a supplement that provides 150% more energy than the food, as an incentive and encouragement to eat.
Menu Guidelines

When the meal plans are being used as part of a bolus exchange regime the following guidelines apply:

- At each meal, foods listed on the meal plan will be offered.
- The young person will be supported and encouraged with any attempts to eat.
- If the patient is unable to eat the food within 25mins they will be asked to drink the equivalent amount of nutritional supplement (see menu plan for example amounts). If the adolescent is unable to drink this within 5mins, nursing staff will then give the supplement via a nasogastric tube.
- Patients will not have access to the bathroom for 30 mins after having a supplementary feed. If the young person needs to go the toilet, they will be able to use a bed pan.
- Patient rest on the lounge 30 minutes after having a bolus, unless going to school.

Guidelines about menu selection that have been established for the program include:

- At least one hot meal/day.
- No diet or low fat products.
- Regular, full cream dairy products only, no soy milk.
- 1 pc marg or butter with each 2 slices of bread.
- No tea or coffee drinks offered.
- 1 cup of water may be provided per meal and snack on request.
- Water jugs and water bottles are not to be kept in the rooms.
- The dietitian will complete the menu slip for the following day with the patient during breakfast meal supervision. The dietitian will also complete the weekend menu slip on the Friday morning.

Example Meal Plan at Breakfast

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>Resource Plus equivalent</th>
<th>Food</th>
<th>Oral</th>
<th>NGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 packet of cereal with full cream milk</td>
<td>130</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pieces of toast with margarine and another topping</td>
<td>150</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pc juice (2 x 110mL)</td>
<td>50</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Helping a young person with an eating disorder during hospital meal times

**DO**
- Consider how hard eating is for the adolescent and be sensitive to this
- Validate the adolescent's feelings and at the same time encourage their ability to eat
- Fight the eating disorder, not the person
- Try to remain calm (even if you don't feel it!)
- Do notice if you become frustrated or angry. It's normal to have a range of emotions during meal times and it's important to manage these feelings appropriately
- Do encourage eating at a regular pace
- Watch the adolescent closely for the entire meal (the eating disorder waits for any lapse in attention)
- Do talk about topics unrelated to food that the person finds interesting
- Do encourage any attempts at eating
- Ask them what they would find useful to talk about (although do not engage in conversation about weight, calories, fat content etc)
- Do talk about everyday events
- Be firm and kind
- Take unkind or angry words that may be said and see this as the voice of the eating disorder
- Ask the young person what may comfort them / get them through the meal.

**DON'T**
- Do not discuss weight
- Do not discuss body shape
- Do not enter into negotiations / arguments about the meal plan
- Do not talk about calories / fat content of food items
- Do not leave the room

**SOME PHRASES YOU MAY FIND USEFUL:**
- You are doing well
- I know this is difficult and you can do it
- I can see that this is hard .... Look how well you have done so far
- You are able to do this, you have done it before
- You can take this one mouthful at a time
- Eating this can help you get back to what you love doing / can help you get back home
- If it helps you, think about food as medicine at the moment … it’ll help you get better
- This isn’t my decision to make. It is what needs to happen (use this if the adolescent tries to negotiate their meal plan with you)
What can families do?

**Things to consider**
The family is one of the most important resources in recovering from an eating disorder. The family’s role is to understand the treatment, what is happening and to work together with the treating team. Some points to remember are:

- It’s not your fault. It’s not your child’s fault. No-one chooses to have an eating disorder.
- If the family and the therapy team are working together the recovery will be smoother and quicker on most occasions. Keep in mind eating disorders take a long time to recover. They are not just going to go away.
- Frustration and exasperation are part of the process. Try not to blame each other or the person suffering with the eating disorder.
- Resistance to change and emotional turmoil are not unusual – and is not about the young person being difficult.
- Under nutrition leads to impaired brain function, which can result in poor problem solving and loss of what seems like, “common sense”.
- Make sure that you still talk about normal everyday things and keep the young person in touch with the world outside of the eating disorder.
- Avoid talking about weight. Although weight gain is important, it is healthy eating that counts.
- Care for yourself. Parents deserve support and nurturing as well.
- If you have any questions or worries – talk to someone on the team about it.

Eating disorders affect not just the individual, but the whole family. Families need to remember to look after themselves as well as the person suffering from the eating disorder.

**Siblings**
Make sure brothers and sisters know what is going on. Don’t assume that they understand or think about it in the same way that you do. Siblings often feel responsible and worried about their family members. Let them know what is going on and keep them up to date. Also remember:

- Let them be siblings; discourage them from being therapists.
- Their role is to do the normal things that siblings do.
- Encourage them to visit if they want to, but make sure life outside hospital carries on.
- Let them know that you are OK.
- Don’t be surprised if they get angry at the person with the eating disorder.
- Don’t be surprised if they start seeking attention.
Further Support and Reading

Hunter New England Eating Disorder Website  
www.cedd.org.au/hne  
This website has been designed to be a "one stop shop" for consumers and clinicians to access local information on eating disorders across the Hunter New England Region.

Centre for Eating and Dieting Disorders  
www.cedd.org.au  
p. 02 8587 0200  
CEDD is funded by the Mental Health and Drug & Alcohol Office, NSW Department of Health. It aims to improve access to services, raise awareness, contribute to policy development & provides support to health workers.

The Butterfly Foundation  
http://www.thebutterflyfoundation.org.au  
p. 1300 33 4673  
The Foundation is a community based charitable organisation that supports eating disorder sufferers and their carers through direct financial relief, advocacy, awareness campaigns, health promotion and early intervention work, professional training in primary and secondary schools and supporting eating disorder and body image research. They also have a counselling line available.

Kids Helpline  
http://www.thebutterflyfoundation.org.au  
p. 1800 55 1800  
Kids Helpline is a 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web. The call is free from land lines and some mobile service providers (please check with your mobile phone provider before calling).

Parent Line  
http://www.parentline.org.au  
p. 1300 1300 52  
Parent Line is a 24 hour telephone counselling, information and referral service for parents/carers of children ages 0 to 18, who live in New South Wales. Carers can call anywhere in the state for no more than the cost of a local call on land line, 24 hours every day including public holidays.

Reachout  
http://au.reachout.com  
Reach Out is a web-based service that inspires young people to help themselves through tough times, and find ways to boost their own mental health and wellbeing. Their aim is to improve young people’s mental health and wellbeing by building skills and providing information, support and referrals in ways that work for young people.

Youthbeyondblue  
http://www.youthbeyondblue.com  
p. 1300 22 4636  
Youth beyond blue is the youth version of the "beyond blue" not for profit organisation, working to increase awareness of depression anxiety and related disorders throughout Australia. Beyond blue works with health services, schools, workplaces, universities, media and community organisations, as well as people living with these disorders, to bring together their expertise.

If you are looking for extra information, talk to your treating team who will be happy to direct you.
The eating disorder program is a joint initiative between Kaleidoscope and Child and Adolescent Mental Health services. We would also like to acknowledge Westmead Hospital and NEXUS for use of material in the handout. We thank those who have contributed to the program.
We would like to welcome you to the program

The adolescent eating disorder program on J2 offers treatment for young people who need care in hospital for their eating disorder. The program values the young persons medical, mental health and social needs, while retaining a focus on overall health and wellbeing. The program is supported by an adolescent physician, child and adolescent psychiatrist*, nursing staff, teachers and a range of other allied health workers.

It is increasingly recognised that family involvement in treatment is vital. A family approach is preferred and support of the family during the admission is essential.

Program Philosophy and Aims
While the long term goal for patients is to restore health and wellbeing, the aims of the hospital admission include:

- **to achieve medical stability through improved nutrition (Main Goal)**
- to help young people and their families begin to develop an understanding of the illness and longer term treatment requirements
- to help develop eating behaviours that, if continued, would maintain medical stability in the community
- to help link young people and their families into appropriate community-based care
- to provide a supportive and therapeutic environment, increasing the opportunity for return to health and well being

* The child and adolescent psychiatrist position is currently vacant
A word to …

Adolescents:
We hope you find your stay in hospital helpful and supportive. We hope to work with you so that you can improve your health, energy and get back to doing the things you enjoy.

Being away from home can be hard going and it’s normal to have mixed feelings about a whole range of things during your stay. If you are experiencing any difficulties, please let us know so that we can try and support you.

Parents:
The Adolescent ward has a long history of caring for young people with eating disorders. Research and experience underlies the philosophy of the program. The program aims to provide a safe, supportive and therapeutic structure to correct medical complications related to malnutrition. There is a focus on restoring health through eating and nutritional rehabilitation and adolescents are supported to eat in individual, group and family contexts. There is also a focus on encouraging normal social eating.

We know that renourishment is essential when young people are admitted to hospital. Most of the medical complications of anorexia nervosa result from malnutrition and are reversed with weight gain. We also know that people who are malnourished are unable to engage in meaningful psychological treatment until they are renourished. Therefore nutritional rehabilitation is the primary goal of hospitalisation.

Other underlying psychological issues that may have contributed to the development of the eating disorder take considerably longer to change. Your child will require ongoing outpatient management to treat these issues and to prevent relapse after discharge from hospital. Discharge and integration back to home and school, and follow up outpatient care is therefore a vital part of the treatment process.

As a parent or carer you have a crucial role in the treatment program. We need to work together with you in order to restore your child’s health and wellbeing. To ensure the best outcome for your child, we need to demonstrate a shared commitment and support of the program. We ask that you, as parent(s), stand firm with us and be strong in the face of an eating disorder’s resistance to treatment. By doing this, we are giving your child an important message: that their health, safety and well being are very important to us all.

You will have the opportunity to regularly discuss your child’s progress with the Adolescent Team and we encourage you to speak with the treating doctors and team at any time.
The treating team ...

The eating disorder program is supported by a multidisciplinary team which may include physicians (doctors), psychiatrists*, nurses, dietitians, psychologists, social workers, pharmacists, art therapists, music therapists and physiotherapists. Availability for some professions may vary dependent on staffing levels. Families are considered a crucial part of the treating team.

The Family: It is recognised that families are an invaluable resource in assisting their child in recovery. Family support and involvement during the admission is strongly encouraged during all levels of the program. Families are especially encouraged to attend meal times over the weekend.

Medical Team: Led by the adolescent physician, the medical team is responsible for physical assessment and ongoing medical management. The adolescent physician is principally involved in the admission and treatment planning process.

Psychiatry Team: Led by the adolescent CL psychiatrist*, with a psychiatry registrar, psychologist and mental health social worker, this team provides psychological assessment and support. The psychiatry team works in conjunction with the Kaleidoscope social worker. The adolescent CL Psychiatrist is principally involved in the admission and treatment planning process. (*Please note: the CL Psychiatrist position is currently vacant)

Nursing Team: Led by the J2 and NEXUS nurse unit manager, the nursing team provides care, monitors physical & emotional health and assists in implementing the ward program. The nursing staff assist in providing support at some meal times, supervising rest times and play an important role in liaising with the treating team.

Dietitians: Dietitians aim to assist patients and their families to improve the nutritional status, weight and health of the young person. The central focus is on healthy eating, and promoting healthy body image. Experienced dietitians use nutrition counseling skills to help facilitate these changes. Dietitians assist in providing meal support at breakfast.

Social Work (Kaleidoscope): The social worker works in conjunction with the psychiatry team to support the young person and family during their hospital admission. This also includes practical matters such as financial difficulties, accommodation and other issues that may make things easier for families. The social worker runs the distress tolerance groups.
Physiotherapy: The physiotherapist provides a graded exercise and education program devised to support muscle development, strengthening and appropriate levels of activity during recovery. The physiotherapist can also assist in the management of any musculoskeletal issues resulting from excessive exercise or malnutrition.

Art/Music Therapy: The art or music therapist facilitate programs that assist in supporting the patient’s experience of hospital and promote well-being. Activities are designed for individual patients that may be undertaken at their bedside or in a group context with other young patients. These sessions are primarily for enjoyment, exploration and stimulation.

School Teacher: The hospital school aims to support children by providing a positive educational experience during their admission. The hospital school councillor, with parental consent, will liaise with the patients school regarding their educational needs. Prior to discharge, the team will provide a letter for the school regarding their absence and ongoing care needs.

Community Teams: Patients and families will continue to receive support after leaving hospital by health professionals who work in the community. The hospital team regularly communicates with the community team during the patient’s admission and will help link patients and families into appropriate community based care.

Other Professions: Other professions may also be involved as part of the treating team. This may include occupational therapy, pharmacy and the eating disorder co-ordinator.

My doctor/s: ..............................................................
My psychiatrist: ..............................................................
My nurse/s ..............................................................
My dietitian/s: ..............................................................
My psychologist: ..............................................................
My social worker: ..............................................................
My hospital school teacher/s: ..............................................................
My group therapists: ..............................................................
Other people involved in my care: ..............................................................
Why are young people admitted:
Admissions to hospital usually occurs because a young person has become seriously unwell and there are concerns about medical safety.

Beginning the Program:
An individual and family health history is taken, sometimes more than once. This helps us to understand what has happened and to identify any health, or other issues that could influence management planning. A medical examination and routine blood / urine tests are performed and we measure height and weight accurately.

The re-feeding process:
It is often necessary to give supplemental feeds (fluid that has nutrients) for medical stabilisation. A nasogastric tube is routinely used at the start to get things on the right track. The nasogastic tube is inserted through the nose to the stomach to help provide enough nutrition to start the recovery process. Once the young person is medically safe the supplements are weaned and supervised eating of meals supports continued recovery. A naso-gastric tube will remain in place once starting meal therapy and will be used to provide overnight nutrition until the young person is able to eat enough to meet their nutrition needs.

Recovery Levels
The program is based on recovery levels (see overleaf) through which you progress. The aim is to get you physically well enough to safely return to home and school, where you can continue your treatment in the community.

How long
The length of stay may vary from person to person and can depend on several factors. The program aims for the young person to gain around 1Kg per week.

Group Therapy
Activity based groups are held on the ward over the week. These may include a range of activities (for example physiotherapy, distress tolerance, music or art therapy). See the timetable for when groups activities are on.

Individual Therapy
People who are underweight often have trouble thinking clearly and as a result intensive psychological therapy is best undertaken in the community when the young person is renourished. Each young person will be allocated some time for individual support and a review of their mental health.
An overview of the programme

Nursing Care:
The Nursing staff will be the primary care givers for patients while they are admitted to hospital. Nurses will be able to provide or arrange appropriate support and assistance during periods of client distress. Nursing staff will be required to regularly monitor the patient’s heart rate, blood pressure and temperature. Nurses from a range of different backgrounds provide support at some meal times. Nurses monitor the health and safety of each patient and implement the day to day care planned for each patient as directed by the treating team.

School:
If a young person is a school student they will be expected to attend the John Hunter Hospital School once medically stable (having reached Level 2 of the program). Hospital teachers will liaise with your local school to provide regular work and assistance. The school counsellor will help in the process of getting you back into your regular school after you leave hospital. School hours are from 9.30 till 3.00. The school is located on the first floor in the children’s wards.

Monitoring Weight:
Young people are weighed on Tuesday and Friday before breakfast. There may be occasions where the admitting doctor requests additional weighs outside these times. Patients are weighed in a hospital gown and underpants. Patients will routinely be required to pass urine for testing before each weigh.

Keeping warm:
Normal temperature is important for the body’s organs to work properly. Lack of nutrition can lead to a drop in body temperature. It is important that you wear clothing that will keep you warm. If your body temperature drops below 36 degrees you will be asked to put on warmer clothes or stay in bed with extra blankets or special heaters (to raise your temperature).

Preparing to go home:
Recovering from an eating disorder often takes a long time and your admission is just part of that process. Before you leave, you will be linked with a team who help young people and their families in the community. Your GP will also be informed about your admission as you will need to keep regular contact with them during your community treatment. To prepare you for home, you will be encouraged to practice eating away from the hospital ward, on leave, before you are discharged (see page 10 for leave guidelines).
Level One: Medical Stability
- Bed rest (with physio if >7 days)
- Able to mobilise in wheelchair to the dining room for meal support (from day 4) and bathroom only (*if day 4 falls on sat/sun, meal support therapy will commence on the Monday)
- Naso gastric feeds are provided (continuously on day 1,2,3 and overnight from day 4)
- Schoolwork optional
- Participation in ward program encouraged and dependent upon health

Level Two: Re-establishing normal eating patterns
- Mobilise without assistance on the ward
- Leave from the ward with parents for one hour each day; not at meal times
- Commence schoolwork
- Family encouraged to help supervise meals.
- Family and patient involvement in planning community-based care
- Participation in ward program

Level Three: Integration back into the community
- Graded return to activity
- Out of hospital leave
- Family & patient to attend community-based appointments
- Family supervision of meals while on leave out of hospital

DISCHARGE

Throughout:
- Meals in dining room, unless parents providing supervision at a table in the adolescent’s room (unless on bed rest). Dining Room is not open on weekends.
- Bathroom access limited to 10mins at a time
- No bathroom access for 30mins after all meals/mid meals. If necessary, a bedpan can be used
- Rest on lounge or supervised on bed for 30mins after meals/mid meals unless going to school
- Kitchen access is available only to nursing staff or family members (not patients)
- Garbage bins to be supplied outside room areas
- Education for patient and family
The weekly ward program

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday*</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am</td>
<td></td>
<td></td>
<td>Wake Up Time</td>
<td></td>
<td></td>
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<tr>
<td>7:30am</td>
<td></td>
<td></td>
<td>Weigh</td>
<td></td>
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<td>Weigh</td>
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<tr>
<td>Before 8 am</td>
<td></td>
<td></td>
<td>Shower</td>
<td></td>
<td></td>
<td>Shower</td>
</tr>
<tr>
<td>8:30am</td>
<td></td>
<td></td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td>Breakfast &amp; Lounge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30am</td>
<td></td>
<td></td>
<td>School</td>
<td></td>
<td></td>
<td>Free Time</td>
</tr>
<tr>
<td>10:30am</td>
<td></td>
<td></td>
<td>Morning Tea (with meal support)</td>
<td>Morning Tea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30am</td>
<td></td>
<td></td>
<td>School or therapy**</td>
<td>Lounge 30min then Free Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00pm</td>
<td></td>
<td></td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td>Lunch &amp; Lounge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00pm</td>
<td></td>
<td></td>
<td>Groups</td>
<td>Groups</td>
<td>Group</td>
<td>Group &amp; Therapy*</td>
</tr>
<tr>
<td>2:00pm</td>
<td></td>
<td></td>
<td>Therapy* or Free Time</td>
<td>Free Time</td>
<td></td>
<td>Visiting</td>
</tr>
<tr>
<td>3:00pm</td>
<td></td>
<td></td>
<td>Breakfast</td>
<td>Visiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00pm</td>
<td></td>
<td></td>
<td>Dinner &amp; Lounge (with meal support)</td>
<td>Dinner &amp; Lounge</td>
<td></td>
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<tr>
<td>5:00pm</td>
<td></td>
<td></td>
<td>Visiting</td>
<td>Visiting</td>
<td></td>
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</tr>
<tr>
<td>6:00pm</td>
<td></td>
<td></td>
<td>Supper &amp; Lounge (with meal support)</td>
<td>Supper &amp; Lounge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00pm</td>
<td></td>
<td></td>
<td>Bed Prep</td>
<td>Bed Prep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00pm</td>
<td></td>
<td></td>
<td>Lights Out</td>
<td>Lights Out</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Family meetings occur on Tuesdays between 10.45am – 12.45pm. Your family will be offered a regular time (1/2 hour) each week to discuss the outcome of the team meeting and anything else related to the care of the young person.
* Medical examinations, investigations and therapy take priority over all other activities.
* There are no formal activities over the weekend. It is advisable to plan appropriate activities during this time.
* Weekend visiting is 12 midday to 8pm (excluding meals and snack times).
* Variations to timetable occur during school holidays.
* Therapy sessions are booked individually for patients. When the patient is not attending a therapy session, they will attend school (in the mornings) or have free time (in the afternoon). If a session is booked for a patient, this will be written on the timetable above their bed.
* Please note, the times above provide a guideline only. Due to the nature of a hospital setting, times may vary.
Dress Code
All clothing worn on the ward must be appropriate to a hospital setting. If your clothing is inappropriate you will be asked to change. As people with eating disorders often find it hard to regulate their temperature, suitable clothing is required to keep your body adequately warm. We ask that you bring in a set of tracksuit pants & sneakers, so that you can participate in the activities advised by the physiotherapist. Footwear must be worn when walking around the ward including going to the dining room.

Managing Exercise
The only exercise that should occur while you are in hospital will be under the supervision of the physiotherapist or occupational therapist during designated therapy times. If you are exercising outside of these sessions you will be asked to stop. If this occurs repeatedly, the team will explore supportive ways of helping you manage these behaviours.

Treating each other respectfully
Recovering from an eating disorder is hard work and it’s normal that you might feel a range of emotions that could be distressing to yourself or others during your stay. The hospital has a culture of mutual respect amongst patients and staff members and there is an expectation that behaviours on the ward model this. If you are finding your feelings hard to manage, please let someone on your team know, so together, we can find a helpful way to support you.

Mobile Phones & Lap Tops
You’ll be able to have access to privately owned mobile phones while you are in hospital except during school, meal support, appointments or group times. You are welcome to use the phones at your bed side. Inappropriate use of electronic equipment (eg taking photos of other patients, accessing inappropriate websites etc) will not be tolerated. If this occurs, the young person will have access to hospital provided equipment only. Privately owned lap tops are not allowed and are available from the school room or Starlight Foundation with limited access to the internet.

Locker Code
There may be times where staff may be required to check lockers. There is no reason for you to have to have food or anything else in your locker that may hinder recovery.
Other useful pieces of information

Visiting Hours
You should not have visitors during school time, during the ward program and during meal times. Parents however, are encouraged to attend during the meal time period. Visiting guidelines at all other times will be consistent with those of the general J2 ward. We ask that those who have recently been discharged from the inpatient program do not visit other patients until they are also discharged.

Entertainment
The ward provides entertainment in the form of videos, lap tops, music, craft groups and the starlight room. You will need to plan things to do for yourself as well. If your family can organise to combine visiting with activities this makes for a better experience of hospital.

Staying Overnight
Sometimes parents stay overnight, but this is usually in the early days of admission. After you have settled in, we will encourage you to stay on your own.

Leave
Depending on medical parameters and what level of treatment you are receiving, you will be able to have leave from the ward (gradually building up to weekend leave). This provides an opportunity for you and your family to practice eating together in your own environment. Parental supervision is required whilst you are on ward leave. We request that your parents sign you in/out at the nursing station.
Level 1: No leave from ward
Level 2: Leave from ward with parents available for one hour per day
Level 3: Weekend leave available
Other useful pieces of information

What to bring to hospital

• Comfortable clothes: appropriate clothes for the day, pyjamas/slippers and tracksuit/sneakers to participate in activities advised by the physiotherapist
• Toiletries: Shampoo, toothbrush, toothpaste, soap and deodorant
• Bedding: Feel free to bring your doona and pillow
• School Work: Bring any texts, assessments or materials you might need
• Extras: Appropriate magazines, books, photos, music and craft activities

How much to bring?
Not too much – as there is limited space.

Safety
Don’t bring any medications to hospital unless you need to have them regularly (all medication must be handed over to the nurses). Leave valuables and dangerous things at home.

Research
During your stay you may be asked to participate in some research that will help us know if the program is working. Your involvement is voluntary and you will not be disadvantaged in any way should you choose not to participate. Please feel free speak to your admitting doctor for further details.
When working with young people with eating disorders, meal times can be very difficult, as this is one of the main times where anxiety around eating can be high. It's a critical time to offer high levels of supervision, support, encouragement and empathy.

**The hospital staff will aim to provide meal time support during weekdays. On weekends, meal support is not available and parents are strongly encouraged to provide the meal supervision and support. Please note, that this program has been developed within current funding.**

During admission, the dietitian will provide the young person with one of five meal plans depending on their nutrition needs. Any changes to the eating plan will only occur under advice of the dietitian or admitting doctor.

**Meal time guidelines**
- Meal Support starts on day 4 of admission. Meals occur in the dining room unless parents provide the meal supervision for their own child at a table in the patient’s room. A table will be provided for the child to eat at unless they are on bed rest.
- All food/drink consumed will be recorded on the food/fluid chart (if parents are providing meal supervision, they are requested to inform the nursing staff).
- Meal times are shown on the ward program (see page 8).
- All food is to be provided by the hospital during admission (unless on leave).
- Food is not to be bought in from home or by other visitors.
- Patients will not have access to the kitchen area. Nurses and family members will be able to access the kitchen for the patient if needed.
- There is to be no bathroom access for 30 minutes after meals and mid-meals. If patients need to go to the toilet, they will be able to use a bedpan.
- Patients rest on the lounge 30 minutes after meals and mid meals, unless going to school.
- The dining room is not open on the weekend.

**What happens when the young person is not able to eat what is on the meal plan?**
Sometimes, even with the appropriate support, the young person may find it too difficult to eat all that is needed to meet their nutrition requirements (as indicated on their meal plan). During these times, the treating team will provide the young person with supplementary feeds (fluid that has nutrients), equivalent to the food that they have not consumed. This will be offered initially as a drink or provided through the naso-gastric tube. This process is called the “bolus exchange regime”. For parents providing meal support and supervision, please let the nurses know how much your child has eaten, so the nursing staff can then provide if necessary, the appropriate amount of supplementary feeds. If the young person does not progress with eating, they may be asked to drink a supplement that provides 150% more energy than the food, as an incentive and encouragement to eat.
**Menu Guidelines**

**When the meal plans are being used as part of a bolus exchange regime the following guidelines apply:**
- At each meal, foods listed on the meal plan will be offered.
- The young person will be supported and encouraged with any attempts to eat.
- If the patient is unable to eat the food within 25 mins they will be asked to drink the equivalent amount of nutritional supplement (see menu plan for example amounts). If the adolescent is unable to drink this within 5 mins, nursing staff will then give the supplement via a nasogastric tube.
- Patients will not have access to the bathroom for 30 mins after having a supplementary feed. If the young person needs to go to the toilet, they will be able to use a bed pan.
- Patient rest on the lounge 30 minutes after having a bolus, unless going to school.

**Guidelines about menu selection that have been established for the program include:**
- At least one hot meal/day.
- No diet or low fat products.
- Regular, full cream dairy products only, no soy milk.
- 1 pc marg or butter with each 2 slices of bread.
- No tea or coffee drinks offered.
- 1 cup of water may be provided per meal and snack on request.
- Water jugs and water bottles are not to be kept in the rooms.
- The dietitian will complete the menu slip for the following day with the patient during breakfast meal supervision. The dietitian will also complete the weekend menu slip on the Friday morning.

**Example Meal Plan at Breakfast**

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>Resource Plus equivalent</th>
<th>Food</th>
<th>Oral</th>
<th>NGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 packet of cereal with full cream milk</td>
<td>130</td>
<td>0</td>
<td>¼</td>
<td>½</td>
</tr>
<tr>
<td>2 pieces of toast with margarine and another topping</td>
<td>150</td>
<td>0</td>
<td>¼</td>
<td>½</td>
</tr>
<tr>
<td>2 pc juice (2 x 110mL)</td>
<td>50</td>
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<td>½</td>
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</tbody>
</table>
Helping a young person with an eating disorder during hospital meal times

DO
• Consider how hard eating is for the adolescent and be sensitive to this
• Validate the adolescent’s feelings and at the same time encourage their ability to eat
• Fight the eating disorder, not the person
• Try to remain calm (even if you don’t feel it!)
• Do notice if you become frustrated or angry. It’s normal to have a range of emotions during meal times and it’s important to manage these feelings appropriately
• Do encourage eating at a regular pace
• Watch the adolescent closely for the entire meal (the eating disorder waits for any lapse in attention)
• Do talk about topics unrelated to food that the person finds interesting
• Do encourage any attempts at eating
• Ask them what they would find useful to talk about (although do not engage in conversation about weight, calories, fat content etc)
• Do talk about everyday events
• Be firm and kind
• Take unkind or angry words that may be said and see this as the voice of the eating disorder
• Ask the young person what may comfort them / get them through the meal.

DON’T
• Do not discuss weight
• Do not discuss body shape
• Do not enter into negotiations / arguments about the meal plan
• Do not talk about calories / fat content of food items
• Do not leave the room

SOME PHRASES YOU MAY FIND USEFUL:
• You are doing well
• I know this is difficult and you can do it
• I can see that this is hard …. Look how well you have done so far
• You are able to do this, you have done it before
• You can take this one mouthful at a time
• Eating this can help you get back to what you love doing / can help you get back home
• If it helps you, think about food as medicine at the moment … it’ll help you get better
• This isn’t my decision to make. It is what needs to happen (use this if the adolescent tries to negotiate their meal plan with you)
What can families do?

Things to consider
The family is one of the most important resources in recovering from an eating disorder. The family’s role is to understand the treatment, what is happening and to work together with the treating team. Some points to remember are:

• It’s not your fault. It’s not your child’s fault. No-one chooses to have an eating disorder.
• If the family and the therapy team are working together the recovery will be smoother and quicker on most occasions. Keep in mind eating disorders take a long time to recover. They are not just going to go away.
• Frustration and exasperation are part of the process. Try not to blame each other or the person suffering with the eating disorder.
• Resistance to change and emotional turmoil are not unusual – and is not about the young person being difficult.
• Under nutrition leads to impaired brain function, which can result in poor problem solving and loss of what seems like, “common sense”.
• Make sure that you still talk about normal everyday things and keep the young person in touch with the world outside of the eating disorder.
• Avoid talking about weight. Although weight gain is important, it is healthy eating that counts.
• Care for yourself. Parents deserve support and nurturing as well.
• If you have any questions or worries – talk to someone on the team about it.

Eating disorders affect not just the individual, but the whole family. Families need to remember to look after themselves as well as the person suffering from the eating disorder.

Siblings
Make sure brothers and sisters know what is going on. Don’t assume that they understand or think about it in the same way that you do. Siblings often feel responsible and worried about their family members. Let them know what is going on and keep them up to date. Also remember:

• Let them be siblings; discourage them from being therapists.
• Their role is to do the normal things that siblings do.
• Encourage them to visit if they want to, but make sure life outside hospital carries on.
• Let them know that you are OK.
• Don’t be surprised if they get angry at the person with the eating disorder.
• Don’t be surprised if they start seeking attention.
Hunter New England Eating Disorder Website
www.cedd.org.au/hne
This website has been designed to be a “one stop shop” for consumers and clinicians to access local information on eating disorders across the Hunter New England Region.

Centre for Eating and Dieting Disorders
www.cedd.org.au  p. 02 8587 0200
CEDD is funded by the Mental Health and Drug & Alcohol Office, NSW Department of Health. It aims to improve access to services, raise awareness, contribute to policy development & provides support to health workers.

The Butterfly Foundation
http://www.thebutterflyfoundation.org.au  p. 1300 33 4673
The Foundation is a community based charitable organisation that supports eating disorder sufferers and their carers through direct financial relief, advocacy, awareness campaigns, health promotion and early intervention work, professional training in primary and secondary schools and supporting eating disorder and body image research. They also have a counselling line available.

Kids Helpline
Kids Helpline is a 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web. The call is free from land lines and some mobile service providers (please check with your mobile phone provider before calling).

Parent Line
http://www.parentline.org.au  p. 1300 1300 52
Parent Line is a 24 hour telephone counselling, information and referral service for parents /carers of children ages 0 to 18, who live in New South Wales. Carers can call anywhere in the state for no more than the cost of a local call on land line, 24 hours every day including public holidays.

Reachout
http://au.reachout.com
Reach Out is a web-based service that inspires young people to help themselves through tough times, and find ways to boost their own mental health and wellbeing. Their aim is to improve young people’s mental health and wellbeing by building skills and providing information, support and referrals in ways that work for young people.

Youthbeyondblue
http://www.youthbeyondblue.com  p. 1300 22 4636
Youth beyond blue is the youth version of the “beyon blue” not for profit organisation, working to increase awareness of depression anxiety and related disorders throughout Australia. Beyond blue works with health services, schools, workplaces, universities, media and community organisations, as well as people living with these disorders, to bring together their expertise.

If you are looking for extra information, talk to your treating team who will be happy to direct you.
Acknowledgements

The eating disorder program is a joint initiative between Kaleidoscope and Child and Adolescent Mental Health services. We would also like to acknowledge Westmead Hospital and NEXUS for use of material in the handout. We thank those who have contributed to the program.
Adolescent Inpatient Eating Disorder Program
John Hunter Children’s Hospital

An information booklet for young people and their families
March 2013
We would like to welcome you to the program

The adolescent eating disorder program on J2 offers treatment for young people who need care in hospital for their eating disorder. The program values the young persons medical, mental health and social needs, while retaining a focus on overall health and wellbeing. The program is supported by an adolescent physician, child and adolescent psychiatrist*, nursing staff, teachers and a range of other allied health workers.

It is increasingly recognised that family involvement in treatment is vital. A family approach is preferred and support of the family during the admission is essential.

Program Philosophy and Aims
While the long term goal for patients is to restore health and wellbeing, the aims of the hospital admission include:

- **to achieve medical stability through improved nutrition (Main Goal)**
- to help young people and their families begin to develop an understanding of the illness and longer term treatment requirements
- to help develop eating behaviours that, if continued, would maintain medical stability in the community
- to help link young people and their families into appropriate community-based care
- to provide a supportive and therapeutic environment, increasing the opportunity for return to health and well being

* The child and adolescent psychiatrist position is currently vacant
A word to …

Adolescents:
We hope you find your stay in hospital helpful and supportive. We hope to work with you so that you can improve your health, energy and get back to doing the things you enjoy.

Being away from home can be hard going and it’s normal to have mixed feelings about a whole range of things during your stay. If you are experiencing any difficulties, please let us know so that we can try and support you.

Parents:
The Adolescent ward has a long history of caring for young people with eating disorders. Research and experience underlies the philosophy of the program. The program aims to provide a safe, supportive and therapeutic structure to correct medical complications related to malnutrition. There is a focus on restoring health through eating and nutritional rehabilitation and adolescents are supported to eat in individual, group and family contexts. There is also a focus on encouraging normal social eating.

We know that renourishment is essential when young people are admitted to hospital. Most of the medical complications of anorexia nervosa result from malnutrition and are reversed with weight gain. We also know that people who are malnourished are unable to engage in meaningful psychological treatment until they are renourished. Therefore nutritional rehabilitation is the primary goal of hospitalisation.

Other underlying psychological issues that may have contributed to the development of the eating disorder take considerably longer to change. Your child will require ongoing outpatient management to treat these issues and to prevent relapse after discharge from hospital. Discharge and integration back to home and school, and follow up outpatient care is therefore a vital part of the treatment process.

As a parent or carer you have a crucial role in the treatment program. We need to work together with you in order to restore your child’s health and wellbeing. To ensure the best outcome for your child, we need to demonstrate a shared commitment and support of the program. We ask that you, as parent(s), stand firm with us and be strong in the face of an eating disorder’s resistance to treatment. By doing this, we are giving your child an important message: that their health, safety and well being are very important to us all.

You will have the opportunity to regularly discuss your child’s progress with the Adolescent Team and we encourage you to speak with the treating doctors and team at any time.
The treating team ...

The eating disorder program is supported by a multidisciplinary team which may include physicians (doctors), psychiatrists*, nurses, dietitians, psychologists, social workers, pharmacists, art therapists, music therapists and physiotherapists. Availability for some professions may vary dependent on staffing levels. Families are considered a crucial part of the treating team.

The Family: It is recognised that families are an invaluable resource in assisting their child in recovery. Family support and involvement during the admission is strongly encouraged during all levels of the program. Families are especially encouraged to attend meal times over the weekend.

Medical Team: Led by the adolescent physician, the medical team is responsible for physical assessment and ongoing medical management. The adolescent physician is principally involved in the admission and treatment planning process.

Psychiatry Team: Led by the adolescent CL psychiatrist*, with a psychiatry registrar, psychologist and mental health social worker, this team provides psychological assessment and support. The psychiatry team works in conjunction with the Kaleidoscope social worker. The adolescent CL Psychiatrist is principally involved in the admission and treatment planning process. (*Please note: the CL Psychiatrist position is currently vacant)

Nursing Team: Led by the J2 and NEXUS nurse unit manager, the nursing team provides care, monitors physical & emotional health and assists in implementing the ward program. The nursing staff assist in providing support at some meal times, supervising rest times and play an important role in liaising with the treating team.

Dietitians: Dietitians aim to assist patients and their families to improve the nutritional status, weight and health of the young person. The central focus is on healthy eating, and promoting healthy body image. Experienced dietitians use nutrition counseling skills to help facilitate these changes. Dietitians assist in providing meal support at breakfast.

Social Work (Kaleidoscope): The social worker works in conjunction with the psychiatry team to support the young person and family during their hospital admission. This also includes practical matters such as financial difficulties, accommodation and other issues that may make things easier for families. The social worker runs the distress tolerance groups.
The treating team …

Physiotherapy: The physiotherapist provides a graded exercise and education program devised to support muscle development, strengthening and appropriate levels of activity during recovery. The physiotherapist can also assist in the management of any musculoskeletal issues resulting from excessive exercise or malnutrition.

Art/Music Therapy: The art or music therapist facilitate programs that assist in supporting the patient’s experience of hospital and promote well-being. Activities are designed for individual patients that may be undertaken at their bedside or in a group context with other young patients. These sessions are primarily for enjoyment, exploration and stimulation.

School Teacher: The hospital school aims to support children by providing a positive educational experience during their admission. The hospital school counsellor, with parental consent, will liaise with the patients school regarding their educational needs. Prior to discharge, the team will provide a letter for the school regarding their absence and ongoing care needs.

Community Teams: Patients and families will continue to receive support after leaving hospital by health professionals who work in the community. The hospital team regularly communicates with the community team during the patient’s admission and will help link patients and families into appropriate community based care.

Other Professions: Other professions may also be involved as part of the treating team. This may include occupational therapy, pharmacy and the eating disorder co-ordinator.

My doctor/s: .................................................................
My psychiatrist: ..............................................................
My nurse/s .................................................................
My dietitian/s: ..............................................................
My psychologist: ..........................................................
My social worker: ..........................................................
My hospital school teacher/s: ........................................
My group therapists: ....................................................
Other people involved in my care: ..................................
Why are young people admitted:
Admissions to hospital usually occurs because a young person has become seriously unwell and there are concerns about medical safety.

Beginning the Program:
An individual and family health history is taken, sometimes more than once. This helps us to understand what has happened and to identify any health, or other issues that could influence management planning. A medical examination and routine blood / urine tests are performed and we measure height and weight accurately.

The re-feeding process:
It is often necessary to give supplemental feeds (fluid that has nutrients) for medical stabilisation. A nasogastric tube is routinely used at the start to get things on the right track. The nasogastic tube is inserted through the nose to the stomach to help provide enough nutrition to start the recovery process. Once the young person is medically safe the supplements are weaned and supervised eating of meals supports continued recovery A naso-gastric tube will remain in place once starting meal therapy and will be used to provide overnight nutrition until the young person is able to eat enough to meet their nutrition needs.

Recovery Levels
The program is based on recovery levels (see overleaf) through which you progress. The aim is to get you physically well enough to safely return to home and school, where you can continue your treatment in the community.

How long
The length of stay may vary from person to person and can depend on several factors. The program aims for the young person to gain around 1Kg per week.

Group Therapy
Activity based groups are held on the ward over the week. These may include a range of activities (for example physiotherapy, distress tolerance, music or art therapy). See the timetable for when groups activities are on.

Individual Therapy
People who are underweight often have trouble thinking clearly and as a result intensive psychological therapy is best undertaken in the community when the young person is renourished. Each young person will be allocated some time for individual support and a review of their mental health.
Nursing Care:
The Nursing staff will be the primary care givers for patients while they are admitted to hospital. Nurses will be able to provide or arrange appropriate support and assistance during periods of client distress. Nursing staff will be required to regularly monitor the patient’s heart rate, blood pressure and temperature. Nurses from a range of different backgrounds provide support at some meal times. Nurses monitor the health and safety of each patient and implement the day to day care planned for each patient as directed by the treating team.

School:
If a young person is a school student they will be expected to attend the John Hunter Hospital School once medically stable (having reached Level 2 of the program). Hospital teachers will liaise with your local school to provide regular work and assistance. The school counsellor will help in the process of getting you back into your regular school after you leave hospital. School hours are from 9.30 till 3.00. The school is located on the first floor in the children’s wards.

Monitoring Weight:
Young people are weighed on Tuesday and Friday before breakfast. There may be occasions where the admitting doctor requests additional weighs outside these times. Patients are weighed in a hospital gown and underpants. Patients will routinely be required to pass urine for testing before each weigh.

Keeping warm:
Normal temperature is important for the body’s organs to work properly. Lack of nutrition can lead to a drop in body temperature. It is important that you wear clothing that will keep you warm. If your body temperature drops below 36 degrees you will be asked to put on warmer clothes or stay in bed with extra blankets or special heaters (to raise your temperature).

Preparing to go home:
Recovering from an eating disorder often takes a long time and your admission is just part of that process. Before you leave, you will be linked with a team who help young people and their families in the community. Your GP will also be informed about your admission as you will need to keep regular contact with them during your community treatment. To prepare you for home, you will be encouraged to practice eating away from the hospital ward, on leave, before you are discharged (see page 10 for leave guidelines).
Level One: Medical Stability
- Bed rest (with physio if >7 days)
- Able to mobilise in wheelchair to the dining room for meal support (from day 4) and bathroom only (*if day 4 falls on sat/sun, meal support therapy will commence on the Monday)
- Naso gastric feeds are provided (continuously on day 1,2,3 and overnight from day 4)
- Schoolwork optional
- Participation in ward program encouraged and dependent upon health

Level Two: Re-establishing normal eating patterns
- Mobilise without assistance on the ward
- Leave from the ward with parents for one hour each day; not at meal times
- Commence schoolwork
- Family encouraged to help supervise meals.
- Family and patient involvement in planning community-based care
- Participation in ward program

Level Three: Integration back into the community
- Graded return to activity
- Out of hospital leave
- Family & patient to attend community-based appointments
- Family supervision of meals while on leave out of hospital

DISCHARGE

Throughout:
- Meals in dining room, unless parents providing supervision at a table in the adolescent’s room (unless on bed rest). Dining Room is not open on weekends.
- Bathroom access limited to 10mins at a time
- No bathroom access for 30mins after all meals/mid meals. If necessary, a bedpan can be used
- Rest on lounge or supervised on bed for 30mins after meals/mid meals unless going to school
- Kitchen access is available only to nursing staff or family members (not patients)
- Garbage bins to be supplied outside room areas
- Education for patient and family
**The weekly ward program**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday*</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am</td>
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<td>7:30am</td>
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<tr>
<td>Before 8 am</td>
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<tr>
<td>8-9am</td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td>Breakfast &amp; Lounge</td>
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<tr>
<td>9-11am</td>
<td>School</td>
<td>Free Time</td>
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<tr>
<td>11-11:30am</td>
<td>Morning Tea (with meal support)</td>
<td>Morning Tea</td>
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</tr>
<tr>
<td>11:30-12:30pm</td>
<td>School or therapy**</td>
<td>Lounge 30min then Free Time</td>
<td></td>
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<td></td>
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<tr>
<td>12:45-1:45</td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td>Lunch &amp; Lounge</td>
<td></td>
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<tr>
<td>2.00-3:45</td>
<td>Groups</td>
<td>Groups</td>
<td>Therapy* or Free Time</td>
<td>Group &amp; Therapy*</td>
<td></td>
<td>Visiting</td>
</tr>
<tr>
<td>3.45 – 4.45pm</td>
<td>Booked Therapy or Free Time</td>
<td>Visiting</td>
<td></td>
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<tr>
<td>3.45 -5:45pm</td>
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<tr>
<td>5:45-6:45pm</td>
<td>Dinner &amp; Lounge (with meal support)</td>
<td>Dinner &amp; Lounge</td>
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<tr>
<td>6:45-8:00pm</td>
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<tr>
<td>7:30-8:15pm</td>
<td>Supper and Lounge (with meal support)</td>
<td>Supper &amp; Lounge</td>
<td></td>
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<td></td>
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<tr>
<td>8:15-8:30pm</td>
<td>Bed Prep</td>
<td>Bed Prep</td>
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<tr>
<td>8:30pm</td>
<td>Lights Out</td>
<td>Lights Out</td>
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</tbody>
</table>

- * Family meetings occur on Tuesdays between 10.45am – 12.45pm. Your family will be offered a regular time (1/2 hour) each week to discuss the outcome of the team meeting and anything else related to the care of the young person.
- Medical examinations, investigations and therapy take priority over all other activities.
- There are no formal activities over the weekend. It is advisable to plan appropriate activities during this time.
- Weekend visiting is 12 midday to 8pm (excluding meals and snack times).
- Variations to timetable occur during school holidays.
- ** Therapy sessions are booked individually for patients. When the patient is not attending a therapy session, they will attend school (in the mornings) or have free time (in the afternoon). If a session is booked for a patient, this will be written on the timetable above their bed.
- Please note, the times above provide a guideline only. Due to the nature of a hospital setting, times may vary.
J2 Ward Expectations

**Dress Code**
All clothing worn on the ward must be appropriate to a hospital setting. If your clothing is inappropriate you will be asked to change. As people with eating disorders often find it hard to regulate their temperature, suitable clothing is required to keep your body adequately warm. We ask that you bring in a set of tracksuit pants & sneakers, so that you can participate in the activities advised by the physiotherapist. Footwear must be worn when walking around the ward including going to the dining room.

**Managing Exercise**
The only exercise that should occur while you are in hospital will be under the supervision of the physiotherapist or occupational therapist during designated therapy times. If you are exercising outside of these sessions you will be asked to stop. If this occurs repeatedly, the team will explore supportive ways of helping you manage these behaviours.

**Treating each other respectfully**
Recovering from an eating disorder is hard work and it’s normal that you might feel a range of emotions that could be distressing to yourself or others during your stay. The hospital has a culture of mutual respect amongst patients and staff members and there is an expectation that behaviours on the ward model this. If you are finding your feelings hard to manage, please let someone on your team know, so together, we can find a helpful way to support you.

**Locker Code**
There may be times where staff may be required to check lockers. There is no reason for you to have to have food or anything else in your locker that may hinder recovery.

**Mobile Phones & Lap Tops**
You’ll be able to have access to privately owned mobile phones while you are in hospital except during school, meal support, appointments or group times. You are welcome to use the phones at your bed side. Inappropriate use of electronic equipment (eg taking photos of other patients, accessing inappropriate websites etc) will not be tolerated. If this occurs, the young person will have access to hospital provided equipment only. Privately owned lap tops are not allowed and are available from the school room or Starlight Foundation with limited access to the internet.
Other useful pieces of information

Visiting Hours
You should not have visitors during school time, during the ward program and during meal times. Parents however, are encouraged to attend during the meal time period. Visiting guidelines at all other times will be consistent with those of the general J2 ward. We ask that those who have recently been discharged from the inpatient program do not visit other patients until they are also discharged.

Staying Overnight
Sometimes parents stay overnight, but this is usually in the early days of admission. After you have settled in, we will encourage you to stay on your own.

Entertainment
The ward provides entertainment in the form of videos, lap tops, music, craft groups and the starlight room. You will need to plan things to do for yourself as well. If your family can organise to combine visiting with activities this makes for a better experience of hospital.

Leave
Depending on medical parameters and what level of treatment you are receiving, you will be able to have leave from the ward (gradually building up to weekend leave). This provides an opportunity for you and your family to practice eating together in your own environment. Parental supervision is required whilst you are on ward leave. We request that your parents sign you in/out at the nursing station.
Level 1: No leave from ward
Level 2: Leave from ward with parents available for one hour per day
Level 3: Weekend leave available
Other useful pieces of information

What to bring to hospital

- Comfortable clothes: appropriate clothes for the day, pyjamas/slippers and tracksuit/sneakers to participate in activities advised by the physiotherapist
- Toiletries: Shampoo, toothbrush, toothpaste, soap and deodorant
- Bedding: Feel free to bring your doona and pillow
- School Work: Bring any texts, assessments or materials you might need
- Extras: Appropriate magazines, books, photos, music and craft activities

How much to bring?
Not too much – as there is limited space.

Safety
Don’t bring any medications to hospital unless you need to have them regularly (all medication must be handed over to the nurses). Leave valuables and dangerous things at home.

Research
During your stay you may be asked to participate in some research that will help us know if the program is working. Your involvement is voluntary and you will not be disadvantaged in any way should you choose not to participate. Please feel free to speak to your admitting doctor for further details.
When working with young people with eating disorders, meal times can be very difficult, as this is one of the main times where anxiety around eating can be high. It's a critical time to offer high levels of supervision, support, encouragement and empathy.

The hospital staff will aim to provide meal time support during weekdays. On weekends, meal support is not available and parents are strongly encouraged to provide the meal supervision and support. Please note, that this program has been developed within current funding.

During admission, the dietitian will provide the young person with one of five meal plans depending on their nutrition needs. Any changes to the eating plan will only occur under advice of the dietitian or admitting doctor.

**Meal time guidelines**
- Meal Support starts on day 4 of admission. Meals occur in the dining room unless parents provide the meal supervision for their own child at a table in the patient's room. A table will be provided for the child to eat at unless they are on bed rest.
- All food/drink consumed will be recorded on the food/fluid chart (if parents are providing meal supervision, they are requested to inform the nursing staff).
- Meal times are shown on the ward program (see page 8).
- All food is to be provided by the hospital during admission (unless on leave).
- Food is not to be bought in from home or by other visitors.
- Patients will not have access to the kitchen area. Nurses and family members will be able to access the kitchen for the patient if needed.
- There is to be no bathroom access for 30 minutes after meals and mid-meals. If patients need to go to the toilet, they will be able to use a bedpan.
- Patients rest on the lounge 30 minutes after meals and mid-meals, unless going to school.
- The dining room is not open on the weekend.

**What happens when the young person is not able to eat what is on the meal plan?**
Sometimes, even with the appropriate support, the young person may find it too difficult to eat all that is needed to meet their nutrition requirements (as indicated on their meal plan). During these times, the treating team will provide the young person with supplementary feeds (fluid that has nutrients), equivalent to the food that they have not consumed. This will be offered initially as a drink or provided through the naso-gastric tube. This process is call the “bolus exchange regime”. For parents providing meal support and supervision, please let the nurses know how much your child has eaten, so the nursing staff can then provide if necessary, the appropriate amount of supplementary feeds. If the young person does not progress with eating, they may be asked to drink a supplement that provides 150% more energy than the food, as an incentive and encouragement to eat.
When the meal plans are being used as part of a bolus exchange regime the following guidelines apply:

- At each meal, foods listed on the meal plan will be offered.
- The young person will be supported and encouraged with any attempts to eat.
- If the patient is unable to eat the food within 25 mins they will be asked to drink the equivalent amount of nutritional supplement (see menu plan for example amounts). If the adolescent is unable to drink this within 5 mins, nursing staff will then give the supplement via a nasogastric tube.
- Patients will not have access to the bathroom for 30 mins after having a supplementary feed. If the young person needs to go the toilet, they will be able to use a bed pan.
- Patient rest on the lounge 30 minutes after having a bolus, unless going to school.

Guidelines about menu selection that have been established for the program include:

- At least one hot meal/day.
- No diet or low fat products.
- Regular, full cream dairy products only, no soy milk.
- 1 pc marg or butter with each 2 slices of bread.
- No tea or coffee drinks offered.
- 1 cup of water may be provided per meal and snack on request.
- Water jugs and water bottles are not to be kept in the rooms.
- The dietitian will complete the menu slip for the following day with the patient during breakfast meal supervision. The dietitian will also complete the weekend menu slip on the Friday morning.

### Example Meal Plan at Breakfast

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>Resource Plus equivalent</th>
<th>Food</th>
<th>Oral</th>
<th>NGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 packet of cereal with full cream milk</td>
<td>130</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pieces of toast with margarine and another topping</td>
<td>150</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pc juice (2 x 110mL)</td>
<td>50</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Helping a young person with an eating disorder during hospital meal times

**DO**
- Consider how hard eating is for the adolescent and be sensitive to this
- Validate the adolescent’s feelings and at the same time encourage their ability to eat
- Fight the eating disorder, not the person
- Try to remain calm (even if you don’t feel it!)
- Do notice if you become frustrated or angry. It’s normal to have a range of emotions during meal times and it’s important to manage these feelings appropriately
- Do encourage eating at a regular pace
- Watch the adolescent closely for the entire meal (the eating disorder waits for any lapse in attention)
- Do talk about topics unrelated to food that the person finds interesting
- Do encourage any attempts at eating
- Ask them what they would find useful to talk about (although do not engage in conversation about weight, calories, fat content etc)
- Do talk about everyday events
- Be firm and kind
- Take unkind or angry words that may be said and see this as the voice of the eating disorder
- Ask the young person what may comfort them / get them through the meal.

**DON’T**
- Do not discuss weight
- Do not discuss body shape
- Do not enter into negotiations / arguments about the meal plan
- Do not talk about calories / fat content of food items
- Do not leave the room

**SOME PHRASES YOU MAY FIND USEFUL:**
- You are doing well
- I know this is difficult and you can do it
- I can see that this is hard …. Look how well you have done so far
- You are able to do this, you have done it before
- You can take this one mouthful at a time
- Eating this can help you get back to what you love doing / can help you get back home
- If it helps you, think about food as medicine at the moment … it’ll help you get better
- This isn’t my decision to make. It is what needs to happen (use this if the adolescent tries to negotiate their meal plan with you)
Things to consider
The family is one of the most important resources in recovering from an eating disorder. The family’s role is to understand the treatment, what is happening and to work together with the treating team. Some points to remember are:
• It’s not your fault. It’s not your child’s fault. No-one chooses to have an eating disorder.
• If the family and the therapy team are working together the recovery will be smoother and quicker on most occasions. Keep in mind eating disorders take a long time to recover. They are not just going to go away.
• Frustration and exasperation are part of the process. Try not to blame each other or the person suffering with the eating disorder.
• Resistance to change and emotional turmoil are not unusual – and is not about the young person being difficult.
• Under nutrition leads to impaired brain function, which can result in poor problem solving and loss of what seems like, “common sense”.
• Make sure that you still talk about normal everyday things and keep the young person in touch with the world outside of the eating disorder.
• Avoid talking about weight. Although weight gain is important, it is healthy eating that counts.
• Care for yourself. Parents deserve support and nurturing as well.
• If you have any questions or worries – talk to someone on the team about it.

Eating disorders affect not just the individual, but the whole family. Families need to remember to look after themselves as well as the person suffering from the eating disorder.

siblings
Make sure brothers and sisters know what is going on. Don’t assume that they understand or think about it in the same way that you do. Siblings often feel responsible and worried about their family members. Let them know what is going on and keep them up to date. Also remember:
• Let them be siblings; discourage them from being therapists.
• Their role is to do the normal things that siblings do.
• Encourage them to visit if they want to, but make sure life outside hospital carries on.
• Let them know that you are OK.
• Don’t be surprised if they get angry at the person with the eating disorder.
• Don’t be surprised if they start seeking attention.
Further Support and Reading

Hunter New England Eating Disorder Website
www.cedd.org.au/hne
This website has been designed to be a "one stop shop" for consumers and clinicians to access local information on eating disorders across the Hunter New England Region.

Centre for Eating and Dieting Disorders
www.cedd.org.au  p. 02 8587 0200
CEDD is funded by the Mental Health and Drug & Alcohol Office, NSW Department of Health. It aims to improve access to services, raise awareness, contribute to policy development & provides support to health workers.

The Butterfly Foundation
http://www.thebutterflyfoundation.org.au  p. 1300 33 4673
The Foundation is a community based charitable organisation that supports eating disorder sufferers and their carers through direct financial relief, advocacy, awareness campaigns, health promotion and early intervention work, professional training in primary and secondary schools and supporting eating disorder and body image research. They also have a counselling line available.

Kids Helpline
Kids Helpline is a 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web. The call is free from land lines and some mobile service providers (please check with your mobile phone provider before calling).

Parent Line
http://www.parentline.org.au  p. 1300 1300 52
Parent Line is a 24 hour telephone counselling, information and referral service for parents /carers of children ages 0 to 18, who live in New South Wales. Carers can call anywhere in the state for no more than the cost of a local call on land line, 24 hours every day including public holidays.

Reachout
http://au.reachout.com
Reach Out is a web-based service that inspires young people to help themselves through tough times, and find ways to boost their own mental health and wellbeing. Their aim is to improve young people's mental health and wellbeing by building skills and providing information, support and referrals in ways that work for young people.

Youthbeyondblue
http://www.youthbeyondblue.com  p. 1300 22 4636
Youth beyond blue is the youth version of the “beyon blue” not for profit organisation, working to increase awareness of depression anxiety and related disorders throughout Australia. Beyond blue works with health services, schools, workplaces, universities, media and community organisations, as well as people living with these disorders, to bring together their expertise.

If you are looking for extra information, talk to your treating team who will be happy to direct you.
The eating disorder program is a joint initiative between Kaleidoscope and Child and Adolescent Mental Health services. We would also like to acknowledge Westmead Hospital and NEXUS for use of material in the handout. We thank those who have contributed to the program.
Adolescent Inpatient Eating Disorder Program
John Hunter Children’s Hospital

An information booklet for young people and their families
March 2013
We would like to welcome you to the program

The adolescent eating disorder program on J2 offers treatment for young people who need care in hospital for their eating disorder. The program values the young persons medical, mental health and social needs, while retaining a focus on overall health and wellbeing. The program is supported by an adolescent physician, child and adolescent psychiatrist*, nursing staff, teachers and a range of other allied health workers.

It is increasingly recognised that family involvement in treatment is vital. A family approach is preferred and support of the family during the admission is essential.

Program Philosophy and Aims
While the long term goal for patients is to restore health and wellbeing, the aims of the hospital admission include:

• to achieve medical stability through improved nutrition (Main Goal)
• to help young people and their families begin to develop an understanding of the illness and longer term treatment requirements
• to help develop eating behaviours that, if continued, would maintain medical stability in the community
• to help link young people and their families into appropriate community-based care
• to provide a supportive and therapeutic environment, increasing the opportunity for return to health and well being

* The child and adolescent psychiatrist position is currently vacant
A word to ... 

Adolescents:
We hope you find your stay in hospital helpful and supportive. We hope to work with you so that you can improve your health, energy and get back to doing the things you enjoy.

Being away from home can be hard going and it’s normal to have mixed feelings about a whole range of things during your stay. If you are experiencing any difficulties, please let us know so that we can try and support you.

Parents:
The Adolescent ward has a long history of caring for young people with eating disorders. Research and experience underlies the philosophy of the program. The program aims to provide a safe, supportive and therapeutic structure to correct medical complications related to malnutrition. There is a focus on restoring health through eating and nutritional rehabilitation and adolescents are supported to eat in individual, group and family contexts. There is also a focus on encouraging normal social eating.

We know that renourishment is essential when young people are admitted to hospital. Most of the medical complications of anorexia nervosa result from malnutrition and are reversed with weight gain. We also know that people who are malnourished are unable to engage in meaningful psychological treatment until they are renourished. Therefore nutritional rehabilitation is the primary goal of hospitalisation.

Other underlying psychological issues that may have contributed to the development of the eating disorder take considerably longer to change. Your child will require ongoing outpatient management to treat these issues and to prevent relapse after discharge from hospital. Discharge and integration back to home and school, and follow up outpatient care is therefore a vital part of the treatment process.

As a parent or carer you have a crucial role in the treatment program. We need to work together with you in order to restore your child’s health and wellbeing. To ensure the best outcome for your child, we need to demonstrate a shared commitment and support of the program. We ask that you, as parent(s), stand firm with us and be strong in the face of an eating disorder’s resistance to treatment. By doing this, we are giving your child an important message: that their health, safety and well being are very important to us all.

You will have the opportunity to regularly discuss your child’s progress with the Adolescent Team and we encourage you to speak with the treating doctors and team at any time.
The treating team ...

The eating disorder program is supported by a multidisciplinary team which may include physicians (doctors), psychiatrists*, nurses, dietitians, psychologists, social workers, pharmacists, art therapists, music therapists and physiotherapists. Availability for some professions may vary dependent on staffing levels. Families are considered a crucial part of the treating team.

**The Family:** It is recognised that families are an invaluable resource in assisting their child in recovery. Family support and involvement during the admission is strongly encouraged during all levels of the program. Families are especially encouraged to attend meal times over the weekend.

**Medical Team:** Led by the adolescent physician, the medical team is responsible for physical assessment and ongoing medical management. The adolescent physician is principally involved in the admission and treatment planning process.

**Psychiatry Team:** Led by the adolescent CL psychiatrist*, with a psychiatry registrar, psychologist and mental health social worker, this team provides psychological assessment and support. The psychiatry team works in conjunction with the Kaleidoscope social worker. The adolescent CL Psychiatrist is principally involved in the admission and treatment planning process. (*Please note: the CL Psychiatrist position is currently vacant)

**Nursing Team:** Led by the J2 and NEXUS nurse unit manager, the nursing team provides care, monitors physical & emotional health and assists in implementing the ward program. The nursing staff assist in providing support at some meal times, supervising rest times and play an important role in liaising with the treating team.

**Dietitians:** Dietitians aim to assist patients and their families to improve the nutritional status, weight and health of the young person. The central focus is on healthy eating, and promoting healthy body image. Experienced dietitians use nutrition counseling skills to help facilitate these changes. Dietitians assist in providing meal support at breakfast.

**Social Work (Kaleidoscope):** The social worker works in conjunction with the psychiatry team to support the young person and family during their hospital admission. This also includes practical matters such as financial difficulties, accommodation and other issues that may make things easier for families. The social worker runs the distress tolerance groups.
The treating team ...

**Physiotherapy:** The physiotherapist provides a graded exercise and education program devised to support muscle development, strengthening and appropriate levels of activity during recovery. The physiotherapist can also assist in the management of any musculoskeletal issues resulting from excessive exercise or malnutrition.

**Art/Music Therapy:** The art or music therapist facilitate programs that assist in supporting the patient’s experience of hospital and promote well-being. Activities are designed for individual patients that may be undertaken at their bedside or in a group context with other young patients. These sessions are primarily for enjoyment, exploration and stimulation.

**School Teacher:** The hospital school aims to support children by providing a positive educational experience during their admission. The hospital school councillor, with parental consent, will liaise with the patients school regarding their educational needs. Prior to discharge, the team will provide a letter for the school regarding their absence and ongoing care needs.

**Community Teams:** Patients and families will continue to receive support after leaving hospital by health professionals who work in the community. The hospital team regularly communicates with the community team during the patient’s admission and will help link patients and families into appropriate community based care.

**Other Professions:** Other professions may also be involved as part of the treating team. This may include occupational therapy, pharmacy and the eating disorder co-ordinator.

- My doctor/s: ............................................................................................
- My psychiatrist: ......................................................................................
- My nurse/s .............................................................................................
- My dietitian/s: .........................................................................................
- My psychologist: .....................................................................................
- My social worker: ....................................................................................
- My hospital school teacher/s: .................................................................
- My group therapists: ................................................................................
- Other people involved in my care: ............................................................

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School Teacher: The hospital school aims to support children by providing a positive educational experience during their admission. The hospital school councillor, with parental consent, will liaise with the patients school regarding their educational needs. Prior to discharge, the team will provide a letter for the school regarding their absence and ongoing care needs.
Why are young people admitted:
Admissions to hospital usually occurs because a young person has become seriously unwell and there are concerns about medical safety.

Beginning the Program:
An individual and family health history is taken, sometimes more than once. This helps us to understand what has happened and to identify any health, or other issues that could influence management planning. A medical examination and routine blood / urine tests are performed and we measure height and weight accurately.

The re-feeding process:
It is often necessary to give supplemental feeds (fluid that has nutrients) for medical stabilisation. A nasogastric tube is routinely used at the start to get things on the right track. The nasogastic tube is inserted through the nose to the stomach to help provide enough nutrition to start the recovery process. Once the young person is medically safe the supplements are weaned and supervised eating of meals supports continued recovery A naso-gastric tube will remain in place once starting meal therapy and will be used to provide overnight nutrition until the young person is able to eat enough to meet their nutrition needs.

Recovery Levels
The program is based on recovery levels (see overleaf) through which you progress. The aim is to get you physically well enough to safely return to home and school, where you can continue your treatment in the community.

How long
The length of stay may vary from person to person and can depend on several factors. The program aims for the young person to gain around 1Kg per week.

Group Therapy
Activity based groups are held on the ward over the week. These may include a range of activities (for example physiotherapy, distress tolerance, music or art therapy). See the timetable for when groups activities are on.

Individual Therapy
People who are underweight often have trouble thinking clearly and as a result intensive psychological therapy is best undertaken in the community when the young person is renourished. Each young person will be allocated some time for individual support and a review of their mental health.
Nursing Care:
The Nursing staff will be the primary care givers for patients while they are admitted to hospital. Nurses will be able to provide or arrange appropriate support and assistance during periods of client distress. Nursing staff will be required to regularly monitor the patient’s heart rate, blood pressure and temperature. Nurses from a range of different backgrounds provide support at some meal times. Nurses monitor the health and safety of each patient and implement the day to day care planned for each patient as directed by the treating team.

School:
If a young person is a school student they will be expected to attend the John Hunter Hospital School once medically stable (having reached Level 2 of the program). Hospital teachers will liaise with your local school to provide regular work and assistance. The school counsellor will help in the process of getting you back into your regular school after you leave hospital. School hours are from 9.30 till 3.00. The school is located on the first floor in the children’s wards.

Monitoring Weight:
Young people are weighed on Tuesday and Friday before breakfast. There may be occasions where the admitting doctor requests additional weighs outside these times. Patients are weighed in a hospital gown and underpants. Patients will routinely be required to pass urine for testing before each weigh.

Keeping warm:
Normal temperature is important for the body’s organs to work properly. Lack of nutrition can lead to a drop in body temperature. It is important that you wear clothing that will keep you warm. If your body temperature drops below 36 degrees you will be asked to put on warmer clothes or stay in bed with extra blankets or special heaters (to raise your temperature).

Preparing to go home:
Recovering from an eating disorder often takes a long time and your admission is just part of that process. Before you leave, you will be linked with a team who help young people and their families in the community. Your GP will also be informed about your admission as you will need to keep regular contact with them during your community treatment. To prepare you for home, you will be encouraged to practice eating away from the hospital ward, on leave, before you are discharged (see page 10 for leave guidelines).
## Recovery Levels

**Level One: Medical Stability**
- Bed rest (with physio if >7 days)
- Able to mobilise in wheelchair to the dining room for meal support (from day 4) and bathroom only (*if day 4 falls on sat/sun, meal support therapy will commence on the Monday*)
- Naso gastric feeds are provided (continuously on day 1,2,3 and overnight from day 4)
- Schoolwork optional
- Participation in ward program encouraged and dependent upon health

**Level Two: Re-establishing normal eating patterns**
- Mobilise without assistance on the ward
- Leave from the ward with parents for one hour each day; not at meal times
- Commence schoolwork
- Family encouraged to help supervise meals.
- Family and patient involvement in planning community-based care
- Participation in ward program

**Level Three: Integration back into the community**
- Graded return to activity
- Out of hospital leave
- Family & patient to attend community-based appointments
- Family supervision of meals while on leave out of hospital

### DISCHARGE

**Throughout:**
- Meals in dining room, unless parents providing supervision at a table in the adolescent’s room (unless on bed rest). Dining Room is not open on weekends.
- Bathroom access limited to 10mins at a time
- No bathroom access for 30mins after all meals/mid meals. If necessary, a bedpan can be used
- Rest on lounge or supervised on bed for 30mins after meals/mid meals unless going to school
- Kitchen access is available only to nursing staff or family members (not patients)
- Garbage bins to be supplied outside room areas
- Education for patient and family
### The weekly ward program

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday*</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am</td>
<td>Wake Up Time</td>
<td></td>
<td></td>
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<tr>
<td>7.30am</td>
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<tr>
<td>Before 8 am</td>
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<td></td>
<td>Shower</td>
</tr>
<tr>
<td>8-9am</td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td>Breakfast &amp; Lounge</td>
<td></td>
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<td></td>
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<tr>
<td>9-11am</td>
<td>School</td>
<td></td>
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<td></td>
<td></td>
<td>Free Time</td>
</tr>
<tr>
<td>11-11:30am</td>
<td>Morning Tea (with meal support)</td>
<td>Morning Tea</td>
<td></td>
<td></td>
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<tr>
<td>11:30:12:30pm</td>
<td>School or therapy**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lounge 30min then Free Time</td>
</tr>
<tr>
<td>12:45-1:45</td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td>Lunch &amp; Lounge</td>
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<td></td>
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</tr>
<tr>
<td>2.00-3:45</td>
<td>Groups</td>
<td>Groups</td>
<td>Therapy* or Free Time</td>
<td>Group</td>
<td>Group &amp; Therapy*</td>
<td>Visiting</td>
</tr>
<tr>
<td>3.45 – 4.45pm</td>
<td>Booked Therapy or Free Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Visiting</td>
</tr>
<tr>
<td>3.45-5:45pm</td>
<td>Visiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Visiting</td>
</tr>
<tr>
<td>5:45-6:45pm</td>
<td>Dinner &amp; Lounge (with meal support)</td>
<td>Dinner &amp; Lounge</td>
<td></td>
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<tr>
<td>6:45-8:00pm</td>
<td>Visiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Visiting</td>
</tr>
<tr>
<td>7:30-8:15pm</td>
<td>Supper and Lounge (with meal support)</td>
<td>Supper &amp; Lounge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:15-8:30pm</td>
<td>Bed Prep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bed Prep</td>
</tr>
<tr>
<td>8:30pm</td>
<td>Lights Out</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lights Out</td>
</tr>
</tbody>
</table>

- * Family meetings occur on Tuesdays between 10.45am – 12.45pm. Your family will be offered a regular time (1/2 hour) each week to discuss the outcome of the team meeting and anything else related to the care of the young person.
- Medical examinations, investigations and therapy take priority over all other activities.
- There are no formal activities over the weekend. It is advisable to plan appropriate activities during this time.
- Weekend visiting is 12 midday to 8pm (excluding meals and snack times).
- Variations to timetable occur during school holidays.
- ** Therapy sessions are booked individually for patients. When the patient is not attending a therapy session, they will attend school (in the mornings) or have free time (in the afternoon). If a session is booked for a patient, this will be written on the timetable above their bed.
- Please note, the times above provide a guideline only. Due to the nature of a hospital setting, times may vary.
J2 Ward Expectations

Dress Code
All clothing worn on the ward must be appropriate to a hospital setting. If your clothing is inappropriate you will be asked to change. As people with eating disorders often find it hard to regulate their temperature, suitable clothing is required to keep your body adequately warm. We ask that you bring in a set of tracksuit pants & sneakers, so that you can participate in the activities advised by the physiotherapist. Footwear must be worn when walking around the ward including going to the dining room.

Treating each other respectfully
Recovering from an eating disorder is hard work and it’s normal that you might feel a range of emotions that could be distressing to yourself or others during your stay. The hospital has a culture of mutual respect amongst patients and staff members and there is an expectation that behaviours on the ward model this. If you are finding your feelings hard to manage, please let someone on your team know, so together, we can find a helpful way to support you.

Managing Exercise
The only exercise that should occur while you are in hospital will be under the supervision of the physiotherapist or occupational therapist during designated therapy times. If you are exercising outside of these sessions you will be asked to stop. If this occurs repeatedly, the team will explore supportive ways of helping you manage these behaviours.

Mobile Phones & Lap Tops
You’ll be able to have access to privately owned mobile phones while you are in hospital except during school, meal support, appointments or group times. You are welcome to use the phones at your bed side. Inappropriate use of electronic equipment (eg taking photos of other patients, accessing inappropriate websites etc) will not be tolerated. If this occurs, the young person will have access to hospital provided equipment only. Privately owned lap tops are not allowed and are available from the school room or Starlight Foundation with limited access to the internet.

Locker Code
There may be times where staff may be required to check lockers. There is no reason for you to have to have food or anything else in your locker that may hinder recovery.
Depending on medical parameters and what level of treatment you are receiving, you will be able to have leave from the ward (gradually building up to weekend leave). This provides an opportunity for you and your family to practice eating together in your own environment. Parental supervision is required whilst you are on ward leave. We request that your parents sign you in/out at the nursing station.

**Level 1:** No leave from ward  
**Level 2:** Leave from ward with parents available for one hour per day  
**Level 3:** Weekend leave available

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**Visiting Hours**
You should not have visitors during school time, during the ward program and during meal times. *Parents* however, are encouraged to attend during the meal time period. Visiting guidelines at all other times will be consistent with those of the general J2 ward. **We ask that those who have recently been discharged from the inpatient program do not visit other patients until they are also discharged.**

**Staying Overnight**
Sometimes parents stay overnight, but this is usually in the early days of admission. After you have settled in, we will encourage you to stay on your own.

**Entertainment**
The ward provides entertainment in the form of videos, lap tops, music, craft groups and the starlight room. You will need to plan things to do for yourself as well. If your family can organise to combine visiting with activities this makes for a better experience of hospital.
Other useful pieces of information

What to bring to hospital

• Comfortable clothes: appropriate clothes for the day, pyjamas/slippers and tracksuit/sneakers to participate in activities advised by the physiotherapist
• Toiletries: Shampoo, toothbrush, toothpaste, soap and deodorant
• Bedding: Feel free to bring your doona and pillow
• School Work: Bring any texts, assessments or materials you might need
• Extras: Appropriate magazines, books, photos, music and craft activities

How much to bring?
Not too much – as there is limited space.

Safety
Don’t bring any medications to hospital unless you need to have them regularly (all medication must be handed over to the nurses). Leave valuables and dangerous things at home.

Research

During your stay you may be asked to participate in some research that will help us know if the program is working. Your involvement is voluntary and you will not be disadvantaged in any way should you choose not to participate. Please feel free to speak to your admitting doctor for further details.
When working with young people with eating disorders, meal times can be very difficult, as this is one of the main times where anxiety around eating can be high. It's a critical time to offer high levels of supervision, support, encouragement and empathy.

The hospital staff will aim to provide meal time support during weekdays. On weekends, meal support is not available and parents are strongly encouraged to provide the meal supervision and support. Please note, that this program has been developed within current funding.

During admission, the dietitian will provide the young person with one of five meal plans depending on their nutrition needs. Any changes to the eating plan will only occur under advice of the dietitian or admitting doctor.

**Meal time guidelines**

- Meal Support starts on day 4 of admission. Meals occur in the dining room unless parents provide the meal supervision for their own child at a table in the patient’s room. A table will be provided for the child to eat at unless they are on bed rest.
- All food/drink consumed will be recorded on the food/fluid chart (if parents are providing meal supervision, they are requested to inform the nursing staff).
- Meal times are shown on the ward program (see page 8).
- All food is to be provided by the hospital during admission (unless on leave).
- Food is not to be bought in from home or by other visitors.
- Patients will not have access to the kitchen area. Nurses and family members will be able to access the kitchen for the patient if needed.
- There is to be no bathroom access for 30 minutes after meals and mid-meals. If patients need to go to the toilet, they will be able to use a bedpan.
- Patients rest on the lounge 30 minutes after meals and mid meals, unless going to school.
- The dining room is not open on the weekend.

**What happens when the young person is not able to eat what is on the meal plan?**

Sometimes, even with the appropriate support, the young person may find it too difficult to eat all that is needed to meet their nutrition requirements (as indicated on their meal plan). During these times, the treating team will provide the young person with supplementary feeds (fluid that has nutrients), equivalent to the food that they have not consumed. This will be offered initially as a drink or provided through the naso-gastric tube. This process is called the “bolus exchange regime”. For parents providing meal support and supervision, please let the nurses know how much your child has eaten, so the nursing staff can then provide if necessary, the appropriate amount of supplementary feeds. If the young person does not progress with eating, they may be asked to drink a supplement that provides 150% more energy than the food, as an incentive and encouragement to eat.
Menu Guidelines

When the meal plans are being used as part of a bolus exchange regime the following guidelines apply:
- At each meal, foods listed on the meal plan will be offered.
- The young person will be supported and encouraged with any attempts to eat.
- If the patient is unable to eat the food within 25mins they will be asked to drink the equivalent amount of nutritional supplement (see menu plan for example amounts). If the adolescent is unable to drink this within 5mins, nursing staff will then give the supplement via a nasogastric tube.
- Patients will not have access to the bathroom for 30 mins after having a supplementary feed. If the young person needs to go the toilet, they will be able to use a bed pan.
- Patient rest on the lounge 30 minutes after having a bolus, unless going to school.

Guidelines about menu selection that have been established for the program include:
- At least one hot meal/day.
- No diet or low fat products.
- Regular, full cream dairy products only, no soy milk.
- 1 pc marg or butter with each 2 slices of bread.
- No tea or coffee drinks offered.
- 1 cup of water may be provided per meal and snack on request.
- Water jugs and water bottles are not to be kept in the rooms.
- The dietitian will complete the menu slip for the following day with the patient during breakfast meal supervision. The dietitian will also complete the weekend menu slip on the Friday morning.

Example Meal Plan at Breakfast

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>Resource Plus equivalent</th>
<th>Food</th>
<th>Oral</th>
<th>NGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 packet of cereal with full cream milk</td>
<td>130</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pieces of toast with margarine and another topping</td>
<td>150</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pc juice (2 x 110mL)</td>
<td>50</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Helping a young person with an eating disorder during hospital meal times

**DO**
- Consider how hard eating is for the adolescent and be sensitive to this
- Validate the adolescent’s feelings and at the same time encourage their ability to eat
- Fight the eating disorder, not the person
- Try to remain calm (even if you don’t feel it!)
- Do notice if you become frustrated or angry. It’s normal to have a range of emotions during meal times and it’s important to manage these feelings appropriately
- Do encourage eating at a regular pace
- Watch the adolescent closely for the entire meal (the eating disorder waits for any lapse in attention)
- Do talk about topics unrelated to food that the person finds interesting
- Do encourage any attempts at eating
- Ask them what they would find useful to talk about (although do not engage in conversation about weight, calories, fat content etc)
- Do talk about everyday events
- Be firm and kind
- Take unkind or angry words that may be said and see this as the voice of the eating disorder
- Ask the young person what may comfort them / get them through the meal.

**DON’T**
- Do not discuss weight
- Do not discuss body shape
- Do not enter into negotiations / arguments about the meal plan
- Do not talk about calories / fat content of food items
- Do not leave the room

**SOME PHRASES YOU MAY FIND USEFUL:**
- You are doing well
- I know this is difficult and you can do it
- I can see that this is hard …. Look how well you have done so far
- You are able to do this, you have done it before
- You can take this one mouthful at a time
- Eating this can help you get back to what you love doing / can help you get back home
- If it helps you, think about food as medicine at the moment … it’ll help you get better
- This isn’t my decision to make. It is what needs to happen (use this if the adolescent tries to negotiate their meal plan with you)
What can families do?

Things to consider
The family is one of the most important resources in recovering from an eating disorder. The family’s role is to understand the treatment, what is happening and to work together with the treating team. Some points to remember are:

• It’s not your fault. It’s not your child’s fault. No-one chooses to have an eating disorder.
• If the family and the therapy team are working together the recovery will be smoother and quicker on most occasions. Keep in mind eating disorders take a long time to recover. They are not just going to go away.
• Frustration and exasperation are part of the process. Try not to blame each other or the person suffering with the eating disorder.
• Resistance to change and emotional turmoil are not unusual – and is not about the young person being difficult.
• Under nutrition leads to impaired brain function, which can result in poor problem solving and loss of what seems like, “common sense”.
• Make sure that you still talk about normal everyday things and keep the young person in touch with the world outside of the eating disorder.
• Avoid talking about weight. Although weight gain is important, it is healthy eating that counts.
• Care for yourself. Parents deserve support and nurturing as well.
• If you have any questions or worries – talk to someone on the team about it.

Eating disorders affect not just the individual, but the whole family. Families need to remember to look after themselves as well as the person suffering from the eating disorder.

siblings
Make sure brothers and sisters know what is going on. Don’t assume that they understand or think about it in the same way that you do. Siblings often feel responsible and worried about their family members. Let them know what is going on and keep them up to date. Also remember:

• Let them be siblings; discourage them from being therapists.
• Their role is to do the normal things that siblings do.
• Encourage them to visit if they want to, but make sure life outside hospital carries on.
• Let them know that you are OK.
• Don’t be surprised if they get angry at the person with the eating disorder.
• Don’t be surprised if they start seeking attention.
Hunter New England Eating Disorder Website
www.cedd.org.au/hne
This website has been designed to be a "one stop shop" for consumers and clinicians to access local information on eating disorders across the Hunter New England Region.

Centre for Eating and Dieting Disorders
www.cedd.org.au p. 02 8587 0200
CEDD is funded by the Mental Health and Drug & Alcohol Office, NSW Department of Health. It aims to improve access to services, raise awareness, contribute to policy development & provides support to health workers.

The Butterfly Foundation
http://www.thebutterflyfoundation.org.au p. 1300 33 4673
The Foundation is a community based charitable organisation that supports eating disorder sufferers and their carers through direct financial relief, advocacy, awareness campaigns, health promotion and early intervention work, professional training in primary and secondary schools and supporting eating disorder and body image research. They also have a counselling line available.

Kids Helpline
Kids Helpline is a 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web. The call is free from land lines and some mobile service providers (please check with your mobile phone provider before calling).

Parent Line
http://www.parentline.org.au p. 1300 1300 52
Parent Line is a 24 hour telephone counselling, information and referral service for parents /carers of children ages 0 to 18, who live in New South Wales. Carers can call anywhere in the state for no more than the cost of a local call on land line, 24 hours every day including public holidays.

Reachout
http://au.reachout.com
Reach Out is a web-based service that inspires young people to help themselves through tough times, and find ways to boost their own mental health and wellbeing. Their aim is to improve young people’s mental health and wellbeing by building skills and providing information, support and referrals in ways that work for young people.

Youthbeyondblue
http://www.youthbeyondblue.com p. 1300 22 4636
Youth beyond blue is the youth version of the “beyon blue” not for profit organisation, working to increase awareness of depression anxiety and related disorders throughout Australia. Beyond blue works with health services, schools, workplaces, universities, media and community organisations, as well as people living with these disorders, to bring together their expertise.

If you are looking for extra information, talk to your treating team who will be happy to direct you.
The eating disorder program is a joint initiative between Kaleidoscope and Child and Adolescent Mental Health services. We would also like to acknowledge Westmead Hospital and NEXUS for use of material in the handout. We thank those who have contributed to the program.
We would like to welcome you to the program

The adolescent eating disorder program on J2 offers treatment for young people who need care in hospital for their eating disorder. The program values the young persons medical, mental health and social needs, while retaining a focus on overall health and wellbeing. The program is supported by an adolescent physician, child and adolescent psychiatrist*, nursing staff, teachers and a range of other allied health workers.

It is increasingly recognised that family involvement in treatment is vital. A family approach is preferred and support of the family during the admission is essential.

Program Philosophy and Aims
While the long term goal for patients is to restore health and wellbeing, the aims of the hospital admission include:

• **to achieve medical stability through improved nutrition (Main Goal)**
• to help young people and their families begin to develop an understanding of the illness and longer term treatment requirements
• to help develop eating behaviours that, if continued, would maintain medical stability in the community
• to help link young people and their families into appropriate community-based care
• to provide a supportive and therapeutic environment, increasing the opportunity for return to health and well being

* The child and adolescent psychiatrist position is currently vacant
A word to ...

**Adolescents:**
We hope you find your stay in hospital helpful and supportive. We hope to work with you so that you can improve your health, energy and get back to doing the things you enjoy.

Being away from home can be hard going and it’s normal to have mixed feelings about a whole range of things during your stay. If you are experiencing any difficulties, please let us know so that we can try and support you.

**Parents:**
The Adolescent ward has a long history of caring for young people with eating disorders. Research and experience underlies the philosophy of the program. The program aims to provide a safe, supportive and therapeutic structure to correct medical complications related to malnutrition. There is a focus on restoring health through eating and nutritional rehabilitation and adolescents are supported to eat in individual, group and family contexts. There is also a focus on encouraging normal social eating.

We know that renourishment is essential when young people are admitted to hospital. Most of the medical complications of anorexia nervosa result from malnutrition and are reversed with weight gain. We also know that people who are malnourished are unable to engage in meaningful psychological treatment until they are renourished. *Therefore nutritional rehabilitation is the primary goal of hospitalisation.*

Other underlying psychological issues that may have contributed to the development of the eating disorder take considerably longer to change. Your child will require ongoing outpatient management to treat these issues and to prevent relapse after discharge from hospital. Discharge and integration back to home and school, and follow up outpatient care is therefore a vital part of the treatment process.

As a parent or carer you have a crucial role in the treatment program. We need to work together with you in order to restore your child’s health and wellbeing. To ensure the best outcome for your child, we need to demonstrate a shared commitment and support of the program. We ask that you, as parent(s), stand firm with us and be strong in the face of an eating disorder’s resistance to treatment. By doing this, we are giving your child an important message: that their health, safety and well being are very important to us all.

You will have the opportunity to regularly discuss your child’s progress with the Adolescent Team and we encourage you to speak with the treating doctors and team at any time.
The treating team …

The eating disorder program is supported by a multidisciplinary team which may include physicians (doctors), psychiatrists*, nurses, dietitians, psychologists, social workers, pharmacists, art therapists, music therapists and physiotherapists. Availability for some professions may vary dependent on staffing levels. Families are considered a crucial part of the treating team.

<table>
<thead>
<tr>
<th>The Family:</th>
<th>It is recognised that families are an invaluable resource in assisting their child in recovery. Family support and involvement during the admission is strongly encouraged during all levels of the program. Families are especially encouraged to attend meal times over the weekend.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Team:</td>
<td>Led by the adolescent physician, the medical team is responsible for physical assessment and ongoing medical management. The adolescent physician is principally involved in the admission and treatment planning process.</td>
</tr>
<tr>
<td>Psychiatry Team:</td>
<td>Led by the adolescent CL psychiatrist*, with a psychiatry registrar, psychologist and mental health social worker, this team provides psychological assessment and support. The psychiatry team works in conjunction with the Kaleidoscope social worker. The adolescent CL Psychiatrist is principally involved in the admission and treatment planning process. (*Please note: the CL Psychiatrist position is currently vacant)</td>
</tr>
<tr>
<td>Nursing Team:</td>
<td>Led by the J2 and NEXUS nurse unit manager, the nursing team provides care, monitors physical &amp; emotional health and assists in implementing the ward program. The nursing staff assist in providing support at some meal times, supervising rest times and play an important role in liaising with the treating team.</td>
</tr>
<tr>
<td>Dietitians:</td>
<td>Dietitians aim to assist patients and their families to improve the nutritional status, weight and health of the young person. The central focus is on healthy eating, and promoting healthy body image. Experienced dietitians use nutrition counseling skills to help facilitate these changes. Dietitians assist in providing meal support at breakfast.</td>
</tr>
<tr>
<td>Social Work (Kaleidoscope):</td>
<td>The social worker works in conjunction with the psychiatry team to support the young person and family during their hospital admission. This also includes practical matters such as financial difficulties, accommodation and other issues that may make things easier for families. The social worker runs the distress tolerance groups.</td>
</tr>
</tbody>
</table>
The treating team ...

**Physiotherapy:** The physiotherapist provides a graded exercise and education program devised to support muscle development, strengthening and appropriate levels of activity during recovery. The physiotherapist can also assist in the management of any musculoskeletal issues resulting from excessive exercise or malnutrition.

**Art/Music Therapy:** The art or music therapist facilitate programs that assist in supporting the patient’s experience of hospital and promote well-being. Activities are designed for individual patients that may be undertaken at their bedside or in a group context with other young patients. These sessions are primarily for enjoyment, exploration and stimulation.

**School Teacher:** The hospital school aims to support children by providing a positive educational experience during their admission. The hospital school councillor, with parental consent, will liaise with the patients school regarding their educational needs. Prior to discharge, the team will provide a letter for the school regarding their absence and ongoing care needs.

**Community Teams:** Patients and families will continue to receive support after leaving hospital by health professionals who work in the community. The hospital team regularly communicates with the community team during the patient’s admission and will help link patients and families into appropriate community based care.

**Other Professions:** Other professions may also be involved as part of the treating team. This may include occupational therapy, pharmacy and the eating disorder co-ordinator.

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**My doctor/s:**
**My psychiatrist:**
**My nurse/s**
**My dietitian/s:**
**My psychologist:**
**My social worker:**
**My hospital school teacher/s:**
**My group therapists:**
**Other people involved in my care:**
Why are young people admitted:
Admissions to hospital usually occurs because a young person has become seriously unwell and there are concerns about medical safety.

Beginning the Program:
An individual and family health history is taken, sometimes more than once. This helps us to understand what has happened and to identify any health, or other issues that could influence management planning. A medical examination and routine blood / urine tests are performed and we measure height and weight accurately.

The re-feeding process:
It is often necessary to give supplemental feeds (fluid that has nutrients) for medical stabilisation. A nasogastric tube is routinely used at the start to get things on the right track. The nasogastic tube is inserted through the nose to the stomach to help provide enough nutrition to start the recovery process. Once the young person is medically safe the supplements are weaned and supervised eating of meals supports continued recovery A naso-gastric tube will remain in place once starting meal therapy and will be used to provide overnight nutrition until the young person is able to eat enough to meet their nutrition needs.

Recovery Levels
The program is based on recovery levels (see overleaf) through which you progress. The aim is to get you physically well enough to safely return to home and school, where you can continue your treatment in the community.

How long
The length of stay may vary from person to person and can depend on several factors. The program aims for the young person to gain around 1Kg per week.

Group Therapy
Activity based groups are held on the ward over the week. These may include a range of activities (for example physiotherapy, distress tolerance, music or art therapy). See the timetable for when groups activities are on.

Individual Therapy
People who are underweight often have trouble thinking clearly and as a result intensive psychological therapy is best undertaken in the community when the young person is renourished. Each young person will be allocated some time for individual support and a review of their mental health.
**Nursing Care:**
The Nursing staff will be the primary care givers for patients while they are admitted to hospital. Nurses will be able to provide or arrange appropriate support and assistance during periods of client distress. Nursing staff will be required to regularly monitor the patient’s heart rate, blood pressure and temperature. Nurses from a range of different backgrounds provide support at some meal times. Nurses monitor the health and safety of each patient and implement the day to day care planned for each patient as directed by the treating team.

**School:**
If a young person is a school student they will be expected to attend the John Hunter Hospital School once medically stable (having reached Level 2 of the program). Hospital teachers will liaise with your local school to provide regular work and assistance. The school counsellor will help in the process of getting you back into your regular school after you leave hospital. School hours are from 9.30 till 3.00. The school is located on the first floor in the children’s wards.

**Monitoring Weight:**
Young people are weighed on Tuesday and Friday before breakfast. There may be occasions where the admitting doctor requests additional weigh s outside these times. Patients are weighed in a hospital gown and underpants. Patients will routinely be required to pass urine for testing before each weigh.

**Keeping warm:**
Normal temperature is important for the body’s organs to work properly. Lack of nutrition can lead to a drop in body temperature. It is important that you wear clothing that will keep you warm. If your body temperature drops below 36 degrees you will be asked to put on warmer clothes or stay in bed with extra blankets or special heaters (to raise your temperature).

**Preparing to go home:**
Recovering from an eating disorder often takes a long time and your admission is just part of that process. Before you leave, you will be linked with a team who help young people and their families in the community. Your GP will also be informed about your admission as you will need to keep regular contact with them during your community treatment. To prepare you for home, you will be encouraged to practice eating away from the hospital ward, on leave, before you are discharged (see page 10 for leave guidelines).
Level One: Medical Stability
- Bed rest (with physio if >7 days)
- Able to mobilise in wheelchair to the dining room for meal support (from day 4) and bathroom only (*if day 4 falls on sat/sun, meal support therapy will commence on the Monday)
- Naso gastric feeds are provided (continuously on day 1,2,3 and overnight from day 4)
- Schoolwork optional
- Participation in ward program encouraged and dependent upon health

Level Two: Re-establishing normal eating patterns
- Mobilise without assistance on the ward
- Leave from the ward with parents for one hour each day; not at meal times
- Commence schoolwork
- Family encouraged to help supervise meals.
- Family and patient involvement in planning community-based care
- Participation in ward program

Level Three: Integration back into the community
- Graded return to activity
- Out of hospital leave
- Family & patient to attend community-based appointments
- Family supervision of meals while on leave out of hospital

DISCHARGE

Throughout:
- Meals in dining room, unless parents providing supervision at a table in the adolescent’s room (unless on bed rest). Dining Room is not open on weekends.
- Bathroom access limited to 10mins at a time
- No bathroom access for 30mins after all meals/mid meals. If necessary, a bedpan can be used
- Rest on lounge or supervised on bed for 30mins after meals/mid meals unless going to school
- Kitchen access is available only to nursing staff or family members (not patients)
- Garbage bins to be supplied outside room areas
- Education for patient and family
The weekly ward program

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday*</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am</td>
<td></td>
<td>Wake Up Time</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7:30am</td>
<td></td>
<td>Weigh</td>
<td></td>
<td></td>
<td>Weigh</td>
<td></td>
</tr>
<tr>
<td>Before 8 am</td>
<td>Shower</td>
<td>Shower</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-9am</td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td>Breakfast &amp; Lounge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-11am</td>
<td>School</td>
<td></td>
<td></td>
<td>Free Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-11:30am</td>
<td>Morning Tea (with meal support)</td>
<td>Morning Tea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30:12:30pm</td>
<td>School or therapy**</td>
<td>Lounge 30min then Free Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:45-1:45</td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td>Lunch &amp; Lounge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.00-3:45</td>
<td>Groups</td>
<td>Groups</td>
<td>Therapy* or Free Time</td>
<td>Group</td>
<td>Group &amp; Therapy*</td>
<td>Visiting</td>
</tr>
<tr>
<td>3.45 – 4.45pm</td>
<td>Booked Therapy or Free Time</td>
<td>Visiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.45 -5:45pm</td>
<td>Visiting</td>
<td></td>
<td></td>
<td></td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>5:45-6:45pm</td>
<td>Dinner &amp; Lounge (with meal support)</td>
<td>Dinner &amp; Lounge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:45-8:00pm</td>
<td>Visiting</td>
<td></td>
<td></td>
<td></td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>7:30-8:15pm</td>
<td>Supper and Lounge (with meal support)</td>
<td>Supper &amp; Lounge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:15-8:30pm</td>
<td>Bed Prep</td>
<td></td>
<td></td>
<td></td>
<td>Bed Prep</td>
<td></td>
</tr>
<tr>
<td>8:30pm</td>
<td>Lights Out</td>
<td></td>
<td></td>
<td></td>
<td>Lights Out</td>
<td></td>
</tr>
</tbody>
</table>

* Family meetings occur on Tuesdays between 10.45am – 12.45pm. Your family will be offered a regular time (1/2 hour) each week to discuss the outcome of the team meeting and anything else related to the care of the young person.

• Medical examinations, investigations and therapy take priority over all other activities.
• There are no formal activities over the weekend. It is advisable to plan appropriate activities during this time
• Weekend visiting is 12 midday to 8pm (excluding meals and snack times).
• Variations to timetable occur during school holidays
• ** Therapy sessions are booked individually for patients. When the patient is not attending a therapy session, they will attend school (in the mornings) or have free time (in the afternoon). If a session is booked for a patient, this will be written on the timetable above their bed.
• Please note, the times above provide a guideline only. Due to the nature of a hospital setting, times may vary.
J2 Ward Expectations

Dress Code
All clothing worn on the ward must be appropriate to a hospital setting. If your clothing is inappropriate you will be asked to change. As people with eating disorders often find it hard to regulate their temperature, suitable clothing is required to keep your body adequately warm. We ask that you bring in a set of tracksuit pants & sneakers, so that you can participate in the activities advised by the physiotherapist. Footwear must be worn when walking around the ward including going to the dining room.

Managing Exercise
The only exercise that should occur while you are in hospital will be under the supervision of the physiotherapist or occupational therapist during designated therapy times. If you are exercising outside of these sessions you will be asked to stop. If this occurs repeatedly, the team will explore supportive ways of helping you manage these behaviours.

Locker Code
There may be times where staff may be required to check lockers. There is no reason for you to have to have food or anything else in your locker that may hinder recovery.

Treating each other respectfully
Recovering from an eating disorder is hard work and it’s normal that you might feel a range of emotions that could be distressing to yourself or others during your stay. The hospital has a culture of mutual respect amongst patients and staff members and there is an expectation that behaviours on the ward model this. If you are finding your feelings hard to manage, please let someone on your team know, so together, we can find a helpful way to support you.

Mobile Phones & Lap Tops
You’ll be able to have access to privately owned mobile phones while you are in hospital except during school, meal support, appointments or group times. You are welcome to use the phones at your bed side. Inappropriate use of electronic equipment (eg taking photos of other patients, accessing inappropriate websites etc) will not be tolerated. If this occurs, the young person will have access to hospital provided equipment only. Privately owned lap tops are not allowed and are available from the school room or Starlight Foundation with limited access to the internet.
Depending on medical parameters and what level of treatment you are receiving, you will be able to have leave from the ward (gradually building up to weekend leave). This provides an opportunity for you and your family to practice eating together in your own environment. Parental supervision is required whilst you are on ward leave. We request that your parents sign you in/out at the nursing station.

**Leave**

- Level 1: No leave from ward
- Level 2: Leave from ward with parents available for one hour per day
- Level 3: Weekend leave available

**Visiting Hours**

You should not have visitors during school time, during the ward program and during meal times. *Parents* however, are encouraged to attend during the meal time period. Visiting guidelines at all other times will be consistent with those of the general J2 ward. **We ask that those who have recently been discharged from the inpatient program do not visit other patients until they are also discharged.**

**Staying Overnight**

Sometimes parents stay overnight, but this is usually in the early days of admission. After you have settled in, we will encourage you to stay on your own.

**Entertainment**

The ward provides entertainment in the form of videos, lap tops, music, craft groups and the starlight room. You will need to plan things to do for yourself as well. If your family can organise to combine visiting with activities this makes for a better experience of hospital.
Other useful pieces of information

What to bring to hospital

• Comfortable clothes: appropriate clothes for the day, pyjamas/slippers and tracksuit/sneakers to participate in activities advised by the physiotherapist
• Toiletries: Shampoo, toothbrush, toothpaste, soap and deodorant
• Bedding: Feel free to bring your doona and pillow
• School Work: Bring any texts, assessments or materials you might need
• Extras: Appropriate magazines, books, photos, music and craft activities

How much to bring?
Not too much – as there is limited space.

Safety
Don't bring any medications to hospital unless you need to have them regularly (all medication must be handed over to the nurses). Leave valuables and dangerous things at home.

Research
During your stay you may be asked to participate in some research that will help us know if the program is working. Your involvement is voluntary and you will not be disadvantaged in any way should you choose not to participate. Please feel free to speak to your admitting doctor for further details.
Menu Guidelines

When working with young people with eating disorders, meal times can be very difficult, as this is one of the main times where anxiety around eating can be high. It's a critical time to offer high levels of supervision, support, encouragement and empathy.

The hospital staff will aim to provide meal time support during weekdays. On weekends, meal support is not available and parents are strongly encouraged to provide the meal supervision and support. Please note, that this program has been developed within current funding.

During admission, the dietitian will provide the young person with one of five meal plans depending on their nutrition needs. Any changes to the eating plan will only occur under advice of the dietitian or admitting doctor.

Meal time guidelines
• Meal Support starts on day 4 of admission. Meals occur in the dining room unless parents provide the meal supervision for their own child at a table in the patient's room. A table will be provided for the child to eat at unless they are on bed rest.
• All food/drink consumed will be recorded on the food/fluid chart (if parents are providing meal supervision, they are requested to inform the nursing staff).
• Meal times are shown on the ward program (see page 8).
• All food is to be provided by the hospital during admission (unless on leave).
• Food is not to be bought in from home or by other visitors.
• Patients will not have access to the kitchen area. Nurses and family members will be able to access the kitchen for the patient if needed.
• There is to be no bathroom access for 30 minutes after meals and mid-meals. If patients need to go to the toilet, they will be able to use a bedpan.
• Patients rest on the lounge 30 minutes after meals and mid meals, unless going to school.
• The dining room is not open on the weekend.

What happens when the young person is not able to eat what is on the meal plan?
Sometimes, even with the appropriate support, the young person may find it too difficult to eat all that is needed to meet their nutrition requirements (as indicated on their meal plan). During these times, the treating team will provide the young person with supplementary feeds (fluid that has nutrients), equivalent to the food that they have not consumed. This will be offered initially as a drink or provided through the naso-gastric tube. This process is call the “bolus exchange regime”. For parents providing meal support and supervision, please let the nurses know how much your child has eaten, so the nursing staff can then provide if necessary, the appropriate amount of supplementary feeds. If the young person does not progress with eating, they may be asked to drink a supplement that provides 150% more energy than the food, as an incentive and encouragement to eat.
When the meal plans are being used as part of a bolus exchange regime the following guidelines apply:

- At each meal, foods listed on the meal plan will be offered.
- The young person will be supported and encouraged with any attempts to eat.
- If the patient is unable to eat the food within 25 mins they will be asked to drink the equivalent amount of nutritional supplement (see menu plan for example amounts). If the adolescent is unable to drink this within 5 mins, nursing staff will then give the supplement via a nasogastric tube.
- Patients will not have access to the bathroom for 30 mins after having a supplementary feed. If the young person needs to go the toilet, they will be able to use a bed pan.
- Patient rest on the lounge 30 minutes after having a bolus, unless going to school.

Guidelines about menu selection that have been established for the program include:

- At least one hot meal/day.
- No diet or low fat products.
- Regular, full cream dairy products only, no soy milk.
- 1 pc marg or butter with each 2 slices of bread.
- No tea or coffee drinks offered.
- 1 cup of water may be provided per meal and snack on request.
- Water jugs and water bottles are not to be kept in the rooms.
- The dietitian will complete the menu slip for the following day with the patient during breakfast meal supervision. The dietitian will also complete the weekend menu slip on the Friday morning.

Example Meal Plan at Breakfast

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>Resource Plus equivalent</th>
<th>Food</th>
<th>Oral</th>
<th>NGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 packet of cereal with full cream milk</td>
<td>130</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pieces of toast with margarine and another topping</td>
<td>150</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pc juice (2 x 110mL)</td>
<td>50</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Helping a young person with an eating disorder during hospital meal times

**DO**
- Consider how hard eating is for the adolescent and be sensitive to this
- Validate the adolescent’s feelings and at the same time encourage their ability to eat
- Fight the eating disorder, not the person
- Try to remain calm (even if you don’t feel it!)
- Do notice if you become frustrated or angry. It’s normal to have a range of emotions during meal times and it’s important to manage these feelings appropriately
- Do encourage eating at a regular pace
- Watch the adolescent closely for the entire meal (the eating disorder waits for any lapse in attention)
- Do talk about topics unrelated to food that the person finds interesting
- Do encourage any attempts at eating
- Ask them what they would find useful to talk about (although do not engage in conversation about weight, calories, fat content etc)
- Do talk about everyday events
- Be firm and kind
- Take unkind or angry words that may be said and see this as the voice of the eating disorder
- Ask the young person what may comfort them / get them through the meal.

**DON’T**
- Do not discuss weight
- Do not discuss body shape
- Do not enter into negotiations / arguments about the meal plan
- Do not talk about calories / fat content of food items
- Do not leave the room

**SOME PHRASES YOU MAY FIND USEFUL:**
- You are doing well
- I know this is difficult and you can do it
- I can see that this is hard …. Look how well you have done so far
- You are able to do this, you have done it before
- You can take this one mouthful at a time
- Eating this can help you get back to what you love doing / can help you get back home
- If it helps you, think about food as medicine at the moment … it’ll help you get better
- This isn’t my decision to make. It is what needs to happen (use this if the adolescent tries to negotiate their meal plan with you)
What can families do?

Things to consider
The family is one of the most important resources in recovering from an eating disorder. The family’s role is to understand the treatment, what is happening and to work together with the treating team. Some points to remember are:

• It’s not your fault. It’s not your child’s fault. No-one chooses to have an eating disorder.
• If the family and the therapy team are working together the recovery will be smoother and quicker on most occasions. Keep in mind eating disorders take a long time to recover. They are not just going to go away.
• Frustration and exasperation are part of the process. Try not to blame each other or the person suffering with the eating disorder.
• Resistance to change and emotional turmoil are not unusual — and is not about the young person being difficult.
• Under nutrition leads to impaired brain function, which can result in poor problem solving and loss of what seems like, “common sense”.
• Make sure that you still talk about normal everyday things and keep the young person in touch with the world outside of the eating disorder.
• Avoid talking about weight. Although weight gain is important, it is healthy eating that counts.
• Care for yourself. Parents deserve support and nurturing as well.
• If you have any questions or worries – talk to someone on the team about it.

Eating disorders affect not just the individual, but the whole family. Families need to remember to look after themselves as well as the person suffering from the eating disorder.

Siblings
Make sure brothers and sisters know what is going on. Don’t assume that they understand or think about it in the same way that you do. Siblings often feel responsible and worried about their family members. Let them know what is going on and keep them up to date. Also remember:

• Let them be siblings; discourage them from being therapists.
• Their role is to do the normal things that siblings do.
• Encourage them to visit if they want to, but make sure life outside hospital carries on.
• Let them know that you are OK.
• Don’t be surprised if they get angry at the person with the eating disorder.
• Don’t be surprised if they start seeking attention.
Further Support and Reading

Hunter New England Eating Disorder Website
www.cedd.org.au/hne
This website has been designed to be a "one stop shop" for consumers and clinicians to access local information on eating disorders across the Hunter New England Region.

Centre for Eating and Dieting Disorders
www.cedd.org.au p. 02 8587 0200
CEDD is funded by the Mental Health and Drug & Alcohol Office, NSW Department of Health. It aims to improve access to services, raise awareness, contribute to policy development & provides support to health workers.

The Butterfly Foundation
http://www.thebutterflyfoundation.org.au p. 1300 33 4673
The Foundation is a community based charitable organisation that supports eating disorder sufferers and their carers through direct financial relief, advocacy, awareness campaigns, health promotion and early intervention work, professional training in primary and secondary schools and supporting eating disorder and body image research. They also have a counselling line available.

Kids Helpline
Kids Helpline is a 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web. The call is free from land lines and some mobile service providers (please check with your mobile phone provider before calling).

Parent Line
http://www.parentline.org.au p. 1300 1300 52
Parent Line is a 24 hour telephone counselling, information and referral service for parents /carers of children ages 0 to 18, who live in New South Wales. Carers can call anywhere in the state for no more than the cost of a local call on land line, 24 hours every day including public holidays.

Reachout
http://au.reachout.com
Reach Out is a web-based service that inspires young people to help themselves through tough times, and find ways to boost their own mental health and wellbeing. Their aim is to improve young people’s mental health and wellbeing by building skills and providing information, support and referrals in ways that work for young people.

Youthbeyondblue
http://www.youthbeyondblue.com p. 1300 22 4636
Youth beyond blue is the youth version of the “beyondblue” not for profit organisation, working to increase awareness of depression anxiety and related disorders throughout Australia. Beyond blue works with health services, schools, workplaces, universities, media and community organisations, as well as people living with these disorders, to bring together their expertise.

If you are looking for extra information, talk to your treating team who will be happy to direct you.
The eating disorder program is a joint initiative between Kaleidoscope and Child and Adolescent Mental Health services. We would also like to acknowledge Westmead Hospital and NEXUS for use of material in the handout. We thank those who have contributed to the program.
Adolescent Inpatient Eating Disorder Program
John Hunter Children’s Hospital

An information booklet
for young people and their families
March 2013

NSW Health
Hunter New England
Local Health District
We would like to welcome you to the program

The adolescent eating disorder program on J2 offers treatment for young people who need care in hospital for their eating disorder. The program values the young persons medical, mental health and social needs, while retaining a focus on overall health and wellbeing. The program is supported by an adolescent physician, child and adolescent psychiatrist*, nursing staff, teachers and a range of other allied health workers.

It is increasingly recognised that family involvement in treatment is vital. A family approach is preferred and support of the family during the admission is essential.

**Program Philosophy and Aims**
While the long term goal for patients is to restore health and wellbeing, the aims of the hospital admission include:

- **to achieve medical stability through improved nutrition (Main Goal)**
- to help young people and their families begin to develop an understanding of the illness and longer term treatment requirements
- to help develop eating behaviours that, if continued, would maintain medical stability in the community
- to help link young people and their families into appropriate community-based care
- to provide a supportive and therapeutic environment, increasing the opportunity for return to health and well being

* The child and adolescent psychiatrist position is currently vacant
A word to …

Adolescents:
We hope you find your stay in hospital helpful and supportive. We hope to work with you so that you can improve your health, energy and get back to doing the things you enjoy.

Being away from home can be hard going and it’s normal to have mixed feelings about a whole range of things during your stay. If you are experiencing any difficulties, please let us know so that we can try and support you.

Parents:
The Adolescent ward has a long history of caring for young people with eating disorders. Research and experience underlies the philosophy of the program. The program aims to provide a safe, supportive and therapeutic structure to correct medical complications related to malnutrition. There is a focus on restoring health through eating and nutritional rehabilitation and adolescents are supported to eat in individual, group and family contexts. There is also a focus on encouraging normal social eating.

We know that renourishment is essential when young people are admitted to hospital. Most of the medical complications of anorexia nervosa result from malnutrition and are reversed with weight gain. We also know that people who are malnourished are unable to engage in meaningful psychological treatment until they are renourished. *Therefore nutritional rehabilitation is the primary goal of hospitalisation.*

Other underlying psychological issues that may have contributed to the development of the eating disorder take considerably longer to change. Your child will require ongoing outpatient management to treat these issues and to prevent relapse after discharge from hospital. Discharge and integration back to home and school, and follow up outpatient care is therefore a vital part of the treatment process.

As a parent or carer you have a crucial role in the treatment program. We need to work together with you in order to restore your child’s health and wellbeing. To ensure the best outcome for your child, we need to demonstrate a shared commitment and support of the program. We ask that you, as parent(s), stand firm with us and be strong in the face of an eating disorder’s resistance to treatment. By doing this, we are giving your child an important message: that their health, safety and well being are very important to us all.

You will have the opportunity to regularly discuss your child’s progress with the Adolescent Team and we encourage you to speak with the treating doctors and team at any time.
The treating team ...

The eating disorder program is supported by a multidisciplinary team which may include physicians (doctors), psychiatrists*, nurses, dietitians, psychologists, social workers, pharmacists, art therapists, music therapists and physiotherapists. Availability for some professions may vary dependent on staffing levels. Families are considered a crucial part of the treating team.

The Family: It is recognised that families are an invaluable resource in assisting their child in recovery. Family support and involvement during the admission is strongly encouraged during all levels of the program. Families are especially encouraged to attend meal times over the weekend.

Medical Team: Led by the adolescent physician, the medical team is responsible for physical assessment and ongoing medical management. The adolescent physician is principally involved in the admission and treatment planning process.

Psychiatry Team: Led by the adolescent CL psychiatrist*, with a psychiatry registrar, psychologist and mental health social worker, this team provides psychological assessment and support. The psychiatry team works in conjunction with the Kaleidoscope social worker. The adolescent CL Psychiatrist is principally involved in the admission and treatment planning process. (*Please note: the CL Psychiatrist position is currently vacant)

Nursing Team: Led by the J2 and NEXUS nurse unit manager, the nursing team provides care, monitors physical & emotional health and assists in implementing the ward program. The nursing staff assist in providing support at some meal times, supervising rest times and play an important role in liaising with the treating team.

Dietitians: Dietitians aim to assist patients and their families to improve the nutritional status, weight and health of the young person. The central focus is on healthy eating, and promoting healthy body image. Experienced dietitians use nutrition counseling skills to help facilitate these changes. Dietitians assist in providing meal support at breakfast.

Social Work (Kaleidoscope): The social worker works in conjunction with the psychiatry team to support the young person and family during their hospital admission. This also includes practical matters such as financial difficulties, accommodation and other issues that may make things easier for families. The social worker runs the distress tolerance groups.
The treating team …

**Physiotherapy:** The physiotherapist provides a graded exercise and education program devised to support muscle development, strengthening and appropriate levels of activity during recovery. The physiotherapist can also assist in the management of any musculoskeletal issues resulting from excessive exercise or malnutrition.

**Art/Music Therapy:** The art or music therapist facilitate programs that assist in supporting the patient’s experience of hospital and promote well-being. Activities are designed for individual patients that may be undertaken at their bedside or in a group context with other young patients. These sessions are primarily for enjoyment, exploration and stimulation.

**School Teacher:** The hospital school aims to support children by providing a positive educational experience during their admission. The hospital school councillor, with parental consent, will liaise with the patients school regarding their educational needs. Prior to discharge, the team will provide a letter for the school regarding their absence and ongoing care needs.

**Community Teams:** Patients and families will continue to receive support after leaving hospital by health professionals who work in the community. The hospital team regularly communicates with the community team during the patient’s admission and will help link patients and families into appropriate community based care.

**Other Professions:** Other professions may also be involved as part of the treating team. This may include occupational therapy, pharmacy and the eating disorder co-ordinator.

My doctor/s: ......................................................................................
My psychiatrist: ......................................................................................
My nurse/s ............................................................................................
My dietitian/s: ..........................................................................................
My psychologist: ....................................................................................
My social worker: .....................................................................................
My hospital school teacher/s: ..................................................................
My group therapists: ................................................................................
Other people involved in my care: ............................................................

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**Health**
**Hunter New England Local Health District**
**An overview of the programme**

**Why are young people admitted:**
Admissions to hospital usually occurs because a young person has become seriously unwell and there are concerns about medical safety.

**Beginning the Program:**
An individual and family health history is taken, sometimes more than once. This helps us to understand what has happened and to identify any health, or other issues that could influence management planning. A medical examination and routine blood / urine tests are performed and we measure height and weight accurately.

**The re-feeding process:**
It is often necessary to give supplemental feeds (fluid that has nutrients) for medical stabilisation. A nasogastric tube is routinely used at the start to get things on the right track. The nasogastic tube is inserted through the nose to the stomach to help provide enough nutrition to start the recovery process. Once the young person is medically safe the supplements are weaned and supervised eating of meals supports continued recovery A naso-gastric tube will remain in place once starting meal therapy and will be used to provide overnight nutrition until the young person is able to eat enough to meet their nutrition needs.

**Recovery Levels**
The program is based on recovery levels (see overleaf) through which you progress. The aim is to get you physically well enough to safely return to home and school, where you can continue your treatment in the community.

**How long**
The length of stay may vary from person to person and can depend on several factors. The program aims for the young person to gain around 1Kg per week.

**Group Therapy**
Activity based groups are held on the ward over the week. These may include a range of activities (for example physiotherapy, distress tolerance, music or art therapy). See the timetable for when groups activities are on.

**Individual Therapy**
People who are underweight often have trouble thinking clearly and as a result intensive psychological therapy is best undertaken in the community when the young person is renourished. Each young person will be allocated some time for individual support and a review of their mental health.
**Nursing Care:**
The Nursing staff will be the primary care givers for patients while they are admitted to hospital. Nurses will be able to provide or arrange appropriate support and assistance during periods of client distress. Nursing staff will be required to regularly monitor the patient’s heart rate, blood pressure and temperature. Nurses from a range of different backgrounds provide support at some meal times. Nurses monitor the health and safety of each patient and implement the day to day care planned for each patient as directed by the treating team.

**School:**
If a young person is a school student they will be expected to attend the John Hunter Hospital School once medically stable (having reached Level 2 of the program). Hospital teachers will liaise with your local school to provide regular work and assistance. The school counsellor will help in the process of getting you back into your regular school after you leave hospital. School hours are from 9.30 till 3.00. The school is located on the first floor in the children’s wards.

**Monitoring Weight:**
Young people are weighed on Tuesday and Friday before breakfast. There may be occasions where the admitting doctor requests additional weighs outside these times. Patients are weighed in a hospital gown and underpants. Patients will routinely be required to pass urine for testing before each weigh.

**Keeping warm:**
Normal temperature is important for the body’s organs to work properly. Lack of nutrition can lead to a drop in body temperature. It is important that you wear clothing that will keep you warm. If your body temperature drops below 36 degrees you will be asked to put on warmer clothes or stay in bed with extra blankets or special heaters (to raise your temperature).

**Preparing to go home:**
Recovering from an eating disorder often takes a long time and your admission is just part of that process. Before you leave, you will be linked with a team who help young people and their families in the community. Your GP will also be informed about your admission as you will need to keep regular contact with them during your community treatment. To prepare you for home, you will be encouraged to practice eating away from the hospital ward, on leave, before you are discharged (see page 10 for leave guidelines).
Level One: Medical Stability
- Bed rest (with physio if >7 days)
- Able to mobilise in wheelchair to the dining room for meal support (from day 4) and bathroom only (*if day 4 falls on sat/sun, meal support therapy will commence on the Monday)
- Naso gastric feeds are provided (continuously on day 1,2,3 and overnight from day 4)
- Schoolwork optional
- Participation in ward program encouraged and dependent upon health

Level Two: Re-establishing normal eating patterns
- Mobilise without assistance on the ward
- Leave from the ward with parents for one hour each day; not at meal times
- Commence schoolwork
- Family encouraged to help supervise meals.
- Family and patient involvement in planning community-based care
- Participation in ward program

Level Three: Integration back into the community
- Graded return to activity
- Out of hospital leave
- Family & patient to attend community-based appointments
- Family supervision of meals while on leave out of hospital

DISCHARGE

Throughout:
- Meals in dining room, unless parents providing supervision at a table in the adolescent’s room (unless on bed rest). Dining Room is not open on weekends.
- Bathroom access limited to 10mins at a time
- No bathroom access for 30mins after all meals/mid meals. If necessary, a bedpan can be used
- Rest on lounge or supervised on bed for 30mins after meals/mid meals unless going to school
- Kitchen access is available only to nursing staff or family members (not patients)
- Garbage bins to be supplied outside room areas
- Education for patient and family
The weekly ward program

**Family meetings occur on Tuesdays between 10.45am – 12.45pm. Your family will be offered a regular time (1/2 hour) each week to discuss the outcome of the team meeting and anything else related to the care of the young person.**

• Medical examinations, investigations and therapy take priority over all other activities.
• There are no formal activities over the weekend. It is advisable to plan appropriate activities during this time.
• Weekend visiting is 12 midday to 8pm (excluding meals and snack times).
• Variations to timetable occur during school holidays.
• **Therapy sessions are booked individually for patients. When the patient is not attending a therapy session, they will attend school (in the mornings) or have free time (in the afternoon). If a session is booked for a patient, this will be written on the timetable above their bed.**
• Please note, the times above provide a guideline only. Due to the nature of a hospital setting, times may vary.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday*</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>7am</td>
<td>Wake Up Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7:30am</td>
<td></td>
<td>Weigh</td>
<td></td>
<td></td>
<td>Weigh</td>
<td></td>
</tr>
<tr>
<td>Before 8 am</td>
<td></td>
<td>Shower</td>
<td></td>
<td></td>
<td>Shower</td>
<td></td>
</tr>
<tr>
<td>8-9am</td>
<td>Breakfast &amp; Lounge (with meal support)</td>
<td>Breakfast &amp; Lounge</td>
<td></td>
<td></td>
<td>Breakfast &amp; Lounge</td>
<td></td>
</tr>
<tr>
<td>9-11am</td>
<td>School</td>
<td></td>
<td></td>
<td></td>
<td>Free Time</td>
<td></td>
</tr>
<tr>
<td>11-11:30am</td>
<td>Morning Tea (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td>Morning Tea</td>
<td></td>
</tr>
<tr>
<td>11:30:12:30pm</td>
<td>School or therapy**</td>
<td></td>
<td></td>
<td></td>
<td>Lounge 30min then Free Time</td>
<td></td>
</tr>
<tr>
<td>12:45-1:45</td>
<td>Lunch &amp; Lounge (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td>Lunch &amp; Lounge</td>
<td></td>
</tr>
<tr>
<td>2.00-3:45</td>
<td>Groups</td>
<td>Groups</td>
<td>Therapy* or</td>
<td>Group</td>
<td>Group &amp;</td>
<td>Visiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Free Time</td>
<td></td>
<td>Therapy*</td>
<td></td>
</tr>
<tr>
<td>3.45 – 4.45pm</td>
<td>Booked Therapy or Free Time</td>
<td></td>
<td></td>
<td></td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>3.45 -5:45pm</td>
<td>Visiting</td>
<td></td>
<td></td>
<td></td>
<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>5:45-6:45pm</td>
<td>Dinner &amp; Lounge (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td>Dinner &amp; Lounge</td>
<td></td>
</tr>
<tr>
<td>6:45-8:00pm</td>
<td>Visiting</td>
<td></td>
<td></td>
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<td>Visiting</td>
<td></td>
</tr>
<tr>
<td>7:30-8:15pm</td>
<td>Supper and Lounge (with meal support)</td>
<td></td>
<td></td>
<td></td>
<td>Supper &amp; Lounge</td>
<td></td>
</tr>
<tr>
<td>8:15-8:30pm</td>
<td>Bed Prep</td>
<td></td>
<td></td>
<td></td>
<td>Bed Prep</td>
<td></td>
</tr>
<tr>
<td>8:30pm</td>
<td>Lights Out</td>
<td></td>
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<td></td>
<td>Lights Out</td>
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</tr>
</tbody>
</table>

* *
J2 Ward Expectations

Dress Code
All clothing worn on the ward must be appropriate to a hospital setting. If your clothing is inappropriate you will be asked to change. As people with eating disorders often find it hard to regulate their temperature, suitable clothing is required to keep your body adequately warm. We ask that you bring in a set of tracksuit pants & sneakers, so that you can participate in the activities advised by the physiotherapist. Footwear must be worn when walking around the ward including going to the dining room.

Managing Exercise
The only exercise that should occur while you are in hospital will be under the supervision of the physiotherapist or occupational therapist during designated therapy times. If you are exercising outside of these sessions you will be asked to stop. If this occurs repeatedly, the team will explore supportive ways of helping you manage these behaviours.

Treating each other respectfully
Recovering from an eating disorder is hard work and it’s normal that you might feel a range of emotions that could be distressing to yourself or others during your stay. The hospital has a culture of mutual respect amongst patients and staff members and there is an expectation that behaviours on the ward model this. If you are finding your feelings hard to manage, please let someone on your team know, so together, we can find a helpful way to support you.

Locker Code
There may be times where staff may be required to check lockers. There is no reason for you to have to have food or anything else in your locker that may hinder recovery.

Mobile Phones & Lap Tops
You’ll be able to have access to privately owned mobile phones while you are in hospital except during school, meal support, appointments or group times. You are welcome to use the phones at your bed side. Inappropriate use of electronic equipment (eg taking photos of other patients, accessing inappropriate websites etc) will not be tolerated. If this occurs, the young person will have access to hospital provided equipment only. Privately owned lap tops are not allowed and are available from the school room or Starlight Foundation with limited access to the internet.
Depending on medical parameters and what level of treatment you are receiving, you will be able to have leave from the ward (gradually building up to weekend leave). This provides an opportunity for you and your family to practice eating together in your own environment. Parental supervision is required whilst you are on ward leave. We request that your parents sign you in/out at the nursing station.

Level 1: No leave from ward
Level 2: Leave from ward with parents available for one hour per day
Level 3: Weekend leave available

Visiting Hours
You should not have visitors during school time, during the ward program and during meal times. Parents however, are encouraged to attend during the meal time period. Visiting guidelines at all other times will be consistent with those of the general J2 ward. We ask that those who have recently been discharged from the inpatient program do not visit other patients until they are also discharged.

Staying Overnight
Sometimes parents stay overnight, but this is usually in the early days of admission. After you have settled in, we will encourage you to stay on your own.

Entertainment
The ward provides entertainment in the form of videos, lap tops, music, craft groups and the starlight room. You will need to plan things to do for yourself as well. If your family can organise to combine visiting with activities this makes for a better experience of hospital.
Other useful pieces of information

What to bring to hospital

- Comfortable clothes: appropriate clothes for the day, pyjamas/slippers and tracksuit/sneakers to participate in activities advised by the physiotherapist
- Toiletries: Shampoo, toothbrush, toothpaste, soap and deodorant
- Bedding: Feel free to bring your doona and pillow
- School Work: Bring any texts, assessments or materials you might need
- Extras: Appropriate magazines, books, photos, music and craft activities

How much to bring?
Not too much – as there is limited space.

Safety
Don’t bring any medications to hospital unless you need to have them regularly (all medication must be handed over to the nurses). Leave valuables and dangerous things at home.

Research
During your stay you may be asked to participate in some research that will help us know if the program is working. Your involvement is voluntary and you will not be disadvantaged in any way should you choose not to participate. Please feel free to speak to your admitting doctor for further details.
Menu Guidelines

When working with young people with eating disorders, meal times can be very difficult, as this is one of the main times where anxiety around eating can be high. It's a critical time to offer high levels of supervision, support, encouragement and empathy.

The hospital staff will aim to provide meal time support during weekdays. On weekends, meal support is not available and parents are strongly encouraged to provide the meal supervision and support. Please note, that this program has been developed within current funding.

During admission, the dietitian will provide the young person with one of five meal plans depending on their nutrition needs. Any changes to the eating plan will only occur under advice of the dietitian or admitting doctor.

Meal time guidelines
• Meal Support starts on day 4 of admission. Meals occur in the dining room unless parents provide the meal supervision for their own child at a table in the patient’s room. A table will be provided for the child to eat at unless they are on bed rest.
• All food/drink consumed will be recorded on the food/fluid chart (if parents are providing meal supervision, they are requested to inform the nursing staff).
• Meal times are shown on the ward program (see page 8).
• All food is to be provided by the hospital during admission (unless on leave).
• Food is not to be bought in from home or by other visitors.
• Patients will not have access to the kitchen area. Nurses and family members will be able to access the kitchen for the patient if needed.
• There is to be no bathroom access for 30 minutes after meals and mid-meals. If patients need to go to the toilet, they will be able to use a bedpan.
• Patients rest on the lounge 30 minutes after meals and mid meals, unless going to school.
• The dining room is not open on the weekend.

What happens when the young person is not able to eat what is on the meal plan?
Sometimes, even with the appropriate support, the young person may find it too difficult to eat all that is needed to meet their nutrition requirements (as indicated on their meal plan). During these times, the treating team will provide the young person with supplementary feeds (fluid that has nutrients), equivalent to the food that they have not consumed. This will be offered initially as a drink or provided through the naso-gastric tube. This process is call the “bolus exchange regime”. For parents providing meal support and supervision, please let the nurses know how much your child has eaten, so the nursing staff can then provide if necessary, the appropriate amount of supplementary feeds. If the young person does not progress with eating, they may be asked to drink a supplement that provides 150% more energy than the food, as an incentive and encouragement to eat.
Menu Guidelines

When the meal plans are being used as part of a bolus exchange regime the following guidelines apply:

- At each meal, foods listed on the meal plan will be offered.
- The young person will be supported and encouraged with any attempts to eat.
- If the patient is unable to eat the food within 25 mins they will be asked to drink the equivalent amount of nutritional supplement (see menu plan for example amounts). If the adolescent is unable to drink this within 5 mins, nursing staff will then give the supplement via a nasogastric tube.
- Patients will not have access to the bathroom for 30 mins after having a supplementary feed. If the young person needs to go to the toilet, they will be able to use a bed pan.
- Patient rest on the lounge 30 minutes after having a bolus, unless going to school.

Guidelines about menu selection that have been established for the program include:

- At least one hot meal/day.
- No diet or low fat products.
- Regular, full cream dairy products only, no soy milk.
- 1 pc marg or butter with each 2 slices of bread.
- No tea or coffee drinks offered.
- 1 cup of water may be provided per meal and snack on request.
- Water jugs and water bottles are not to be kept in the rooms.
- The dietitian will complete the menu slip for the following day with the patient during breakfast meal supervision. The dietitian will also complete the weekend menu slip on the Friday morning.

Example Meal Plan at Breakfast

<table>
<thead>
<tr>
<th>BREAKFAST</th>
<th>Resource Plus equivalent</th>
<th>Food</th>
<th>Oral</th>
<th>NGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 packet of cereal with full cream milk</td>
<td>130</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pieces of toast with margarine and another topping</td>
<td>150</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 pc juice (2 x 110mL)</td>
<td>50</td>
<td>0 ¼ ½ ¾ ALL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Helping a young person with an eating disorder during hospital meal times

**DO**
- Consider how hard eating is for the adolescent and be sensitive to this
- Validate the adolescent’s feelings and at the same time encourage their ability to eat
- Fight the eating disorder, not the person
- Try to remain calm (even if you don't feel it!)
- Do notice if you become frustrated or angry. It’s normal to have a range of emotions during meal times and it’s important to manage these feelings appropriately
- Do encourage eating at a regular pace
- Watch the adolescent closely for the entire meal (the eating disorder waits for any lapse in attention)
- Do talk about topics unrelated to food that the person finds interesting
- Do encourage any attempts at eating
- Ask them what they would find useful to talk about (although do not engage in conversation about weight, calories, fat content etc)
- Do talk about everyday events
- Be firm and kind
- Take unkind or angry words that may be said and see this as the voice of the eating disorder
- Ask the young person what may comfort them / get them through the meal.

**DON’T**
- Do not discuss weight
- Do not discuss body shape
- Do not enter into negotiations / arguments about the meal plan
- Do not talk about calories / fat content of food items
- Do not leave the room

**SOME PHRASES YOU MAY FIND USEFUL:**
- You are doing well
- I know this is difficult and you can do it
- I can see that this is hard .... Look how well you have done so far
- You are able to do this, you have done it before
- You can take this one mouthful at a time
- Eating this can help you get back to what you love doing / can help you get back home
- If it helps you, think about food as medicine at the moment … it'll help you get better
- This isn’t my decision to make. It is what needs to happen (use this if the adolescent tries to negotiate their meal plan with you)
What can families do?

Things to consider

The family is one of the most important resources in recovering from an eating disorder. The family’s role is to understand the treatment, what is happening and to work together with the treating team. Some points to remember are:

- It’s not your fault. It’s not your child’s fault. No-one chooses to have an eating disorder.
- If the family and the therapy team are working together the recovery will be smoother and quicker on most occasions. Keep in mind eating disorders take a long time to recover. They are not just going to go away.
- Frustration and exasperation are part of the process. Try not to blame each other or the person suffering with the eating disorder.
- Resistance to change and emotional turmoil are not unusual – and is not about the young person being difficult.
- Under nutrition leads to impaired brain function, which can result in poor problem solving and loss of what seems like, “common sense”.
- Make sure that you still talk about normal everyday things and keep the young person in touch with the world outside of the eating disorder.
- Avoid talking about weight. Although weight gain is important, it is healthy eating that counts.
- Care for yourself. Parents deserve support and nurturing as well.
- If you have any questions or worries – talk to someone on the team about it.

Eating disorders affect not just the individual, but the whole family. Families need to remember to look after themselves as well as the person suffering from the eating disorder.

siblings

Make sure brothers and sisters know what is going on. Don’t assume that they understand or think about it in the same way that you do. Siblings often feel responsible and worried about their family members. Let them know what is going on and keep them up to date. Also remember:

- Let them be siblings; discourage them from being therapists.
- Their role is to do the normal things that siblings do.
- Encourage them to visit if they want to, but make sure life outside hospital carries on.
- Let them know that you are OK.
- Don’t be surprised if they get angry at the person with the eating disorder.
- Don’t be surprised if they start seeking attention.
Further Support and Reading

Hunter New England Eating Disorder Website
www.cedd.org.au/hne
This website has been designed to be a "one stop shop" for consumers and clinicians to access local information on eating disorders across the Hunter New England Region.

Centre for Eating and Dieting Disorders
www.cedd.org.au   p. 02 8587 0200
CEDD is funded by the Mental Health and Drug & Alcohol Office, NSW Department of Health. It aims to improve access to services, raise awareness, contribute to policy development & provides support to health workers.

The Butterfly Foundation
http://www.thebutterflyfoundation.org.au   p. 1300 33 4673
The Foundation is a community based charitable organisation that supports eating disorder sufferers and their carers through direct financial relief, advocacy, awareness campaigns, health promotion and early intervention work, professional training in primary and secondary schools and supporting eating disorder and body image research. They also have a counselling line available.

Kids Helpline
Kids Helpline is a 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web. The call is free from land lines and some mobile service providers (please check with your mobile phone provider before calling).

Parent Line
http://www.parentline.org.au   p. 1300 1300 52
Parent Line is a 24 hour telephone counselling, information and referral service for parents/carers of children ages 0 to 18, who live in New South Wales. Carers can call anywhere in the state for no more than the cost of a local call on land line, 24 hours every day including public holidays.

Reachout
http://au.reachout.com
Reach Out is a web-based service that inspires young people to help themselves through tough times, and find ways to boost their own mental health and wellbeing. Their aim is to improve young people's mental health and wellbeing by building skills and providing information, support and referrals in ways that work for young people.

Youthbeyondblue
http://www.youthbeyondblue.com   p. 1300 22 4636
Youth beyondblue is the youth version of the “beyond blue” not for profit organisation, working to increase awareness of depression anxiety and related disorders throughout Australia. Beyond blue works with health services, schools, workplaces, universities, media and community organisations, as well as people living with these disorders, to bring together their expertise.

If you are looking for extra information, talk to your treating team who will be happy to direct you.
The eating disorder program is a joint initiative between Kaleidoscope and Child and Adolescent Mental Health services. We would also like to acknowledge Westmead Hospital and NEXUS for use of material in the handout. We thank those who have contributed to the program.