

# Scottish Eating Disorder Interest Group Newsletter

[sedig.members.beeb.net](http://sedig.members.beeb.net)

## February 2004

Attached to this issue of the newsletter is an application form for the next meeting - **Thursday 11<sup>th</sup> March** - entitled "The Physical Consequences of Eating Disorders and Exercise". Dr Helen Anderson (Dykebar Hospital) has kindly agreed to organise the day, which will begin as usual with coffee and registration 10-10:30a.m.

*Programme - subject to change:*

<b>10.00 – 10.30 a.m.</b> Coffee and Registration
<b>10.30 – 11.15 a.m.</b> Dietetic Aspects of Excessive Exercise  Mrs Margaret Foggo Dietician Priory Hospital Glasgow
<b>11.15 – 12.00pm</b> Psychological Aspects of Excessive Exercise  Mrs Sara Lipsey Chartered Clinical Psychologist Parry-Jones Unit Gartnavel Royal Hospital Glasgow
<b>12.00 – 12.30 p.m.</b> SEDIG Business Meeting
<b>12.30 – 1.30 p.m.</b> LUNCH
<b>01.30 – 2.30 p.m.</b> Bone Densitometry in Eating Disorders  Dr Andy Gallagher Consultant Endocrinologist Victoria      Infirmary Glasgow
<b>02.30 – 03.00 p.m.</b> COFFEE

<b>03.00 – 04.00 p.m.</b>	Open Forum
<b>04.00 p.m.</b>	CLOSE

**N.B.**, those who are due membership fees (an oversight I'm sure!) will receive a separate reminder included with their newsletter.

Many thanks,

Heather Marrison  
Secretary

## ***SEDIG Business News***

### **Treasurer's Report:**

Judy Long presented our balance sheet, which shows that SEDIG currently has £1833.49 in the bank. Bids for spending some of SEDIG's money are welcome.

### **Carer's Issues:**

#### **☐ Carers required for media contact.**

Mark Reilly, EDA, has asked for a list of carers who are prepared to talk to the media about their experiences. Please contact Mark at EDA for further information.

#### **☐ Carer's support network.**

In conjunction with the EDA, Gràinne Smith is planning to set up a carers/family support network across Scotland via a one-day Carers' Conference set to coincide with the next SEDIG meeting (Thurs 11<sup>th</sup> March). The Carers Conference, to be held on **Wed 10<sup>th</sup> March**, will enable carers to meet up and arrange speakers which cater specifically to their interests. To find out more, contact Mark Reilly or Gràinne Smith on the

SEDIG website (*address printed above*).

Plans regarding the carers conference have evoked discussion about how this idea could be taken forward. Some members believe a separate conference for carers might change the “all-inclusive” ethos of SEDIG. Others feel that carers should be encouraged to attend SEDIG meetings and to actively take part in electing themes and topics for presentation.

Alternatively, a carer member expressed the idea that families may perceive SEDIG as a “talking shop” for healthcare professionals, and that this might put them off attending.

SEDIG would like to hear your opinion on this issue and will provide room for discussion at the next business meeting. However, if you are unable to attend, please send your comments to us via the SEDIG website.

#### **Update on new services:**

- The Huntercombe Edinburgh Hospital has now opened in Ecclesmachan with 22 beds for young people aged 11-25 years. Headed by Prof. Brian Lask, the hospital are currently circulating a mail shot to GP's in Scotland and may be able to help promote SEDIG by distributing SEDIG fliers with their own.
- Although The Parry Jones Unit is now up and running, their funding has been stopped. Nevertheless, staff are continuing to offer day-patient services for adolescents on a reduced budget.
- A new outreach team currently based at the Cullen Centre Edinburgh, are in the process of

appointing staff and hope to “go live” shortly. The Anorexia Nervosa Intensive Treatment Team (ANITT), will assess patients who have recently been discharged from hospital, and either monitor or continue therapeutic input (as necessary) from patients homes. ANITT aims to help prevent relapse, whilst reducing further hospital admissions.

### ***NEEDS/SEDIG Petition Update***

As you know, last March, 2003, Heather, Dee and I presented the NEEDS/SEDIG petition (PE609) - regarding better resources, training and treatment for people with eating disorders - to the Scottish Executive Petitions Committee.

**December 2003:** the Petitions Committee referred our petition to the Health Committee for discussion.

**January 2004:** the Health Committee recommended that the Petitions Committee take up our petition as an inquiry. If this goes ahead, the Health Committee may appoint someone to follow any progress and report back.

More news soon.

Gràinne Smith

### ***Eating Disorders Awareness***

#### ***Week! Sunday 1<sup>st</sup> – Saturday 7<sup>th</sup>***

**February 2004.** The EDA is launching a “health check card” to allow patients, carers and professionals to assess their health service against the new National Institute for Clinical Excellence (NICE) guidelines.

*A Day of Creative Therapies*  
**SEDIG March 2003**

With eager anticipation I once again looked forward to the BI-annual SEDIG meeting. Admittedly I also experienced a degree of anxiety akin to that felt when involved in the amateur dramatic scene! Of course I'd enrolled for the afternoon drama workshop.

Maggie Grey from the Cullen Centre provided a thought-provoking introduction to the day. In particular Maggie highlighted the usefulness of creative therapies in assisting people with eating problems to express thoughts and feelings, an area that is often difficult to elicit verbally.

Michael Fisher from the young peoples unit at the Royal Edinburgh spoke about his experience of using Art Therapy with group work for adolescents. One of the benefits he observed being the strength of interpersonal learning via peers.

An informative description of the Priory Hospital's Art Therapy group work by Helen Brown followed. Of interest was the point made regarding promotion of playfulness; the polar opposite from the common themes of control and obsessiveness often experienced by people with an eating problem.

Seeing the differences in the drawings/paintings displaying patient's work at different stages was most enlightening and powerful.

The impact has increased my interest in using visual material with people in sessions.

Drama therapy was next on the agenda and Maggie Stewart, Drama

Therapist, gave an overview of the group objectives at the Priory Hospital. Objectives included; examining family dynamics; discussing interpersonal relationships and using role-play to develop an understanding of the person's eating disorder. Restoration of self-esteem and 'acting-out' problematic situations in a safe and supportive environment were seen as major benefits of this approach.

Chris Achenbach, Music therapist and Director introduced his subject. He described music as a basic component of human communication, one that can exert a large influence on emotional states. Joint improvisation promoted relationships, building empathy and trust thus promoting personal growth.

Our morning concluded with the business meeting. This was an opportunity to be kept up to date with both local/ national events and matters arising for the group including, most importantly, advocating for services. Volunteers for action points were required, hence my addition to the newsletter, provided with a little friendly coercion!

Onwards, and I'm off to drama, the room felt electric as we were informed of the agenda. This included creation and presentation of a play regarding eating problems to the larger group. Well, you can imagine the initial gasps! 'Stimulus' material was provided in the form of written statements – most useful.

What ensued was probably the most energetic, stimulating and involved workshop I have ever attended. A family mealtime involving conflict, one cheerleader

pressuring another regarding her dress size and an adaptation of anorexia as a 'minx'. What developed was fruitful discussion, as well as a few sweaty palms!

As someone who works with people who have an eating problem, I'm all for being on the receiving end (so to speak) of treatment approaches. Appreciating to some extent what we ask of the people we work with, provides invaluable insight. I was interested in reading the comments provided by Priory patients on Drama Therapy, many of who commented on initial nerves - sounds familiar! Most mentioned the value in building self-esteem; any medium that assists in this area is always gratefully received.

Slightly tired, post-adrenaline rush, the day came to a close with a question time to the workshop leaders.

Many thanks to SEDIG members for continuing the good work, in particular Heather Marrison and Maggie Grey for managing the day's smooth progression. I look forward to our next meeting this October.

Hazel Cooper, Nurse Therapist.  
Eating Disorder Service, RCH,  
Aberdeen.

### ***SEDIG Meeting Oct 2003***

The theme for the meeting was alternative therapies. Chris Achenbach is a music therapist with an extensive experience of dealing with clients with Mental Health problems including Anorexia Nervosa. He provides a range of instruments of all shapes and sizes from which clients can freely choose. Music is then created, sound explored and musical pictures depicted, guided all the while by the therapist. Chris

pointed out that this form of therapy may not suit everyone and that there can also be a verbal and listening component as well. With music therapy it is possible for health care professionals, such as psychiatric nurses for example, to work with the music therapist away from the clinical setting. Here clients may feel less inhibited. I found this a really fascinating morning, and for someone who is not musical, I really began to appreciate how beneficial this therapy can be.

The afternoon session was lead by Professor John MacLeod, a counselling psychologist and university lecturer working in Tayside. The theme was Narrative Therapy, which Professor MacLeod described as a process involving the creation of a story based on clients' experiences. The story could either be told by the clients themselves, or by members of the clients peer group or social network. In narrative therapy, clients are commonly asked to develop a story centred on a positive time in their lives when they lived without fear. They are then set the task of describing, in detail, how this felt. Although informative, unfortunately, Professor MacLeod had little or no experience of working with eating disordered clients. This meant that the session lacked anecdotal input, an ingredient that, I feel, would have given the presentation more impact.

Sarah Freeman - Dietician

### **Future themes and dates:**

07/10/04 – Motivational enhancement with adults and adolescents (Organised by Brian Lask, Huntercombe Edinburgh Hospital).