

Version: 2 FOI Status: Public	Derbyshire County Council Adult Care Practice Guidance Eating Disorders and the Mental Health Act	Issued: January 2019 Review Due: January 2021
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Derbyshire County Council Adult Care Practice Guidance Eating Disorders and the Mental Health Act

Approval and Authorisation

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Approved by: Carole Robinson	Group Manager	November 2016
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Change History

Version	Date	Name	Reason
V 1	November 2015	Jacky Ingerson	Development of new practice guidance
V2	January 2019	Melissa Bacon	Review and update

Derbyshire County Council Adult Care publishes a range of Practice Guidance documents to support workers managing individual cases. They are written in plain language and give clear and precise guidance detailing how Approved Mental Health Practitioners and other relevant parties should respond to eating disorder cases requiring compulsory admission

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Eating Disorders and the Mental Health Act – Practice Guidance

The Mental Health Act (MHA) and the Code of Practice (Department of Health, Pub. 15 Jan 2015, last updated 31 October 2017) both identify eating disorders as a mental disorder under the means of the Act;

Code of Practice 2.5.

Clinically recognised conditions which could fall within the Act's definition of Mental Disorder - eating disorder

In most eating disorder cases compulsory admission and the use of the Mental Health Act is not necessary or appropriate to be used with patients with eating disorders. However in extreme cases where the physical health or survival of a patient may be seriously threatened by food or fluid refusal this may result in professionals considering the use of the Mental Health Act.

This is further illustrated by Care Quality Commission (2008) who state;

'...that it is only in its most severe manifestations that anorexia nervosa may be considered to require compulsory admission under MHA 1983. Detention is justified in rare cases of serious threat to health, where compulsory feeding may be necessary to combat both the physical complications and the underlying mental disorder.'

(Guidance on the treatment of anorexia nervosa under the Mental Health Act 1983 Previously issued by the Mental Health Act Commission and reviewed October 2008)

Anorexia nervosa is viewed differently from other mental disorders. The physical risk to the patient is emphasised rather than the general conditions for compulsory treatment such as risk to health, safety of self or of others.
(National Institute for Clinical Excellence, 2004).

In cases where it is felt a person needs to be in hospital then the assessing Approved Mental Health Professional (AMHP) needs to ensure that the person fits the criteria of the Act. This involves completing a thorough risk assessment to warrant detention in hospital and working closely with the person's care team. A simple guide can be the **MARSIPAN** checklist (MARSIPAN Checklist for Really Sick Patients with Anorexia Nervosa: this should be used in conjunction with the full MARSIPAN report, Royal College of Psychiatrist 2014).

The risk assessment should include the following areas:

- BMI of the person
- physical examination
- blood tests
- ECG

Further risk issues to consider

Further risk issues to consider:

- it is important that clinicians do not *only* consider the physical risks but also risk to health and safety - as the risk of suicide can be high in this patient population. In fact research shows that more eating disorder patients die from suicide rather than the eating disorder (Aytton et al 2009)
- many people with eating disorders often having other mental health issues that need to be considered during the assessment of risk such as depression, suicidal ideation, self-harming behaviour, risk taking behaviours
- when completing the risk assessment it is important to recognise that physical risk is not an exact science, as many patients with eating disorders can die of sudden cardiac death - in addition one could question whether it is ethical to wait until the patient's life is at risk (i.e. dangerously low BMI)

Negative and positive aspects of compulsory detention for eating disorder patients

Negative aspects of using compulsory detention:

- breakdown of therapeutic relationship between person and their workers
- long-term outcomes unclear – little evidence that the use of compulsory detention has any impact on long term prognosis of an eating disorder

Positive aspects of using compulsory detention:

- research shows that short term effects are good (i.e. weight gain) and therefore recovery is quicker
- recent research also identifies that the use of compulsory admission at an earlier stage of illness can have a positive effect on recovery times - it also enables the person to receive treatment before the illness becomes too advanced and their weight becomes too low which may have significant impact on their capacity

Taken from *Compulsory Treatment in Anorexia Nervosa: A review*; Isis F.F.M. Elzakkers, Hans W. Hoek, Ulrike Schmidt, Annemarie A. van Elburg (2014)

Section 2 or Section 3?

If the professionals believe that a patient should be detained under Mental Health Act 1983, a decision must be made whether to use s.2 or s.3. In some cases it may be most appropriate to use Section 3 rather than Section 2 as;

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Code of practice 14.28

Section 3 should be used if;

'...the nature and current degree of the patient's mental disorder, the essential elements of the treatment plan to be followed and the likelihood of the patient accepting treatment as an informal patient are already sufficiently established to make it unnecessary to undertake a new assessment under Section 2'

As in other cases, the least restrictive alternative should be used when providing compulsory treatment to a patient with mental disorder. However, in the case of a patient with anorexia nervosa, this principle may be compromised by the need to treat his/her self-imposed starvation. Unfortunately there are few alternatives to consider other than hospital and this is a decision that needs to be made with the medical professionals and the rationale of which section is used should be clearly recorded.

Further things to consider

Whilst completing the Mental Health Act assessment the following issues need also to be considered as they will influence the assessment and future treatment plans;

Are there other underlying mental disorders that may result in weight loss? Including:

- depression
- obsessional symptoms
- the presence of features of a personality disorder

Are there other underlying physical causes that may result in weight loss? Including:

- brain tumours and other cancers
- intestinal disorders as Crohn's Disease or a malabsorption syndrome

The importance of age appropriate services and specialist services

When detaining a person with an eating disorder the code stresses that they are detained in an appropriate setting ideally an eating disorder unit (see below). If detention is of a younger person the unit must also ideally be age appropriate.

Code of Practice 19.92

The duty requires hospital managers to ensure that the environment in the hospital is suitable. The duty applies to all in-patient mental health services, including highly specialised services such as eating disorder units.

The use of Community Treatment Orders (CTO) and Eating Disorder Patients

How might the use of a Community Treatment Order be helpful when treating a person with an eating disorder?

- signal to patient that they have a serious condition; facilitate attendance to appointments
- ensure maintenance of an agreed body mass index; ensure a period of stability especially when patients had several admissions
- provide explicit boundaries to patients who favour detail and rules; facilitate engagement with Eating Disorder and Community Mental Health Teams
- patient gives up conflict areas to external agents; ensure medication compliance

Factors undermining the effectiveness of Community Treatment Orders':

- lack of trained eating disorder staff; infrequent follow ups; inadequate access to psychological therapies; lack of appropriate family support
- failure to enforce regular weight monitoring; lack of support at meal times
- lack of access to appropriate social network; lack of adequate supported accommodation

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Useful contacts

Derbyshire Eating Disorder Services - Unity Mill, Derwent Street, Belper, Derbyshire. DE56 1WN. P: 01773 881467/F: 01773 882909

Freed Beeches - Charity located in Worksop, Nottinghamshire, servicing Nottinghamshire and Derbyshire. Contact details; <http://www.freedbeeches.org.uk>: 01909 479922/e: info@freedbeeches.org.uk

First Steps Derbyshire - Self-help groups, online support, 1:1 support, drama therapy and complementary therapies, Health professional or self-referral. www.firststepsderby.co.uk, t:01332 367571/e: info@firststepsderby.co.uk

Beat Eating Disorders - <http://www.b-eat.co.uk>

References

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