



Adult Social Care

Eating Disorders and the Mental Health Act Practice Guidance

Version 3

Version: 3 FOI Status: Public	Eating Disorders and the Mental Health Act Practice Guidance Derbyshire County Council - Adult Social Care	Originally Issued: Nov 2016 V3 Issued: April 2023 Review Due: April 2025 Author: Melisa Bacon
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If you would like to make any comments, amendments or additions please email
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1. Purpose

The purpose of this practice guidance is to support approved mental health professionals (AMHP) when carrying out Mental Health Act (MHA) assessments for individuals who have eating disorders. It may also be a useful tool for trainee AMHPs to refer to. The guidance provides general information and so is not wholly prescriptive.

As part of continual professional development and overall service delivery, it is helpful to reflect on experience, and share with colleagues to encourage the development of best practice in this area.

2. 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.

The Mental Health Code of Practice Section 2.5

Under Section 2.5 of the Mental Health Code of Practice eating disorders could fall within the Act’s definition of mental disorder.

In most 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 the refusal of food or fluid then this may result in professionals considering the use of the Mental Health Act.

This is further illustrated by the 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

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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.

Further information and guidance can be found in the **Medical Emergencies in Eating Disorder Guidance (MEED) (May 2022) (Royal College of Psychiatrists)**. Section 8 is very useful.

3. Further Issues to Consider

Further issues to consider:

- it is important clinicians 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.
- many people with eating disorders often have other mental health issues which need to be considered during the assessment of risk, such as depression, suicidal ideation, self-harming behaviour, and risk-taking behaviours
- when completing the risk assessment, it is important to recognise that physical risk is not an exact science, many patients with eating disorders can die of sudden cardiac death
- recognize that eating disorders can affect people of all racial and ethnic backgrounds, sexual orientations, age, gender identities and disabilities
- use the least restrictive option available while ensuring the wellbeing of the individual
- be aware of the interface between eating disorders and the Mental Capacity Act (2005) and Mental Health Act - the person's capacity to agree/disagree to treatment and decisions must be considered.
- be aware of all eating disorders

4. Section 2 or Section 3?

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

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

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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 a mental disorder. However, in the case of a patient with anorexia nervosa, this principle may be compromised by the need to treat their 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, individual and carers with the rationale of which section used clearly recorded.

5. Further Things to Consider

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

Other underlying mental disorders which may result in weight loss:

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

Other underlying physical causes that may result in weight loss:

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

6. 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 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.

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7. 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.

- [Website](#)
- [Email](#)
- Tel: 01909 479922

First Steps Derbyshire - self-help groups, online support, 1:1 support, drama therapy and complementary therapies, Health professional or self-referral.

- [Website](#),
- [Email](#)
- Telephone :01332 367571

Beat Eating Disorders

- [Website](#)

8. References

Agnes Ayton¹, Catherine Keen ² & Bryan Lask ^{3,4,5y}, Pros and Cons of Using the Mental Health Act for Severe Eating Disorders in Adolescents, Eur. Eat. Disorders Rev. 17 (2009)

Isis F.F.M. Elzackers, MD, MSc¹, Unna N. Danner, PhD¹, Hans W. Hoek, MD, PhD^{1,2,3,4}, Ulrike Schmidt, MD, PhD,FRCPsych⁵, Annemarie A. van Elburg, MD,PhD^{1,6}, Compulsory Treatment in Anorexia Nervosa: A Review. International Journal of Eating Disorders 47:8 845– 852 (2014)

National Institute for Clinical Excellence. (2004). Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. London: National Institute for Clinical Excellence.

Royal College of Psychiatrists, Royal College Physicians, Royal College of Pathologists (May 2022), Medical emergencies in eating disorders (MEED)

Tan J, Hope T, Stewart A, Fitzpatrick R. Control, and compulsory treatment in anorexia nervosa: The views of patients and parents. Int J Law Psychiatry

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Author History

Approval and Authorisation History

Authored by Jacky Ingerson	Service Manager Mental Health	November 2016
Approved by Carole Robinson	Group Manager	November 2016
Authorised by QA	Quality Assurance Group	November 2016

Change History

Version 1	November 2015	Jacky Ingerson	Development of new practice guidance
Version 2	January 2019	Melissa Bacon	Review and update
Version 3	April 2023	Melissa Bacon	Review and update Removal of outdated information