



Support and **Empathy** for people with
Eating Disorders

“from a seed a flower blooms as do people who blossom in life”.....

S.E.E.D.

Eating Disorders Support Services

Self Help Information Booklet

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*Research:-
South London and Maudsley Nhs Trust
NICE (January 2004)
b-eat (Beating Eating Disorders)
Patient & Public Involvement Leaflets
Dept of Works and Pensions
Kings College Hospital London (Risk Assessment)
National Health Website*

WHAT IS AN EATING DISORDER

AN EATING DISORDER IS ABOUT FEELINGS NOT ABOUT FOOD!

FOOD IS THE SYMPTOM NOT THE CAUSE!

A person demonstrating an eating disorder will use food or food issues as a coping strategy for their seeming insurmountable emotional problems.

ANOREXIA NERVOSA

THE WORD ANOREXIA MEANS – Loss of appetite

NERVOSA – Of the nervous system (Of the Mind)

RESTRICTIVE ANOREXIA NERVOSA

Is when someone restricts their diet to the point of starvation and will keep their body weight low by dieting, vomiting or excessive exercising. The illness is caused by anxiety about body shape and weight. Weight loss can be seen as a positive achievement that can help them increase their confidence and self-esteem. It becomes a 'control' situation for 'something' they feel they have no control over. The sufferer may experience periods of depression or have a low self esteem. Lack of concentration, sleeplessness, extreme coldness, fatigue, poor hair and skin condition are all characteristics of anorexia. In extreme cases the body may grow fine body hair (*lanugo*) this is nature's way of keeping the body warm.

ANOREXIA (BINGE EATING TYPE)

Is when someone restricts their diet for long periods of time (*known as fasting*) when food is eaten there is no control over the amount of food that is eaten (*known as a binge*). The sufferer will then rid themselves of the food by vomiting (*known as purging*) Sometimes the sufferer uses laxatives, diuretics or exercise as a method of controlling weight.

BULIMIA NERVOSA

THE WORD BULIMIA MEANS –Appetite of an Ox

NERVOSA – Of the nervous system (of the mind)

As with anorexia a person will evaluate themselves according to their body shape and weight. People with Bulimia are caught in a cycle of eating large amounts of food (called a *binge*) and then vomit, takes laxatives or diuretics (called the *purge*). They may exercise excessively as a way of 'controlling' their weight. The behaviours of someone suffering from Bulimia Nervosa can dominate a daily routine and leave very little time for anything else. Due to this, relationships can suffer and social events are often declined because this will 'interfere' with a binge. Binges are often planned in a very ritual way and can last many hours. Whilst someone is in binge 'mode' a sense of euphoria is experienced and the escapism from other problems elevated in the short term. In the long term problematic situations are not solved and feelings of guilt and self loathe are experienced once the 'binge' has ceased. The sufferer often has a low self esteem and might hurt themselves by cutting or scratching. They may experience symptoms such as tiredness or feel bloated, bowel problems, irregular periods, swelling in the hands feet or face. Problems with teeth due to enamel erosion. Excessive vomiting can cause serious heart problems and it is most important the potassium levels are monitored.

BINGE EATING DISORDER (BED)

Referred to as EDNOS Eating Disorder Not Otherwise Specified.

This is because they do not fit into a specific category, as do anorexia or bulimia. Someone may have some symptoms or characteristic of anorexia or bulimia (such as dieting, binge eating, or a pre-occupation of food) but they do not try to control their weight by purging. A person with BED may feel anxious and tense. Binges, if lengthy, may encroach on social events or relationships.

S.E.E.D. Eating Disorders Support Services (formerly - Eating Disorder Support Group (Hull & E. Yorkshire))

Formed in 2000 and have developed and grown in stature every since.

It presently offers the following services:-

Charity Status the group became a registered charity in November 2005 and now have an official membership. The Group see the increase of Trustees. Volunteers and Members as a way forward. By becoming a charity we can now access larger funding opportunities.

Walking on Eggshells - workshops for carers living with an eating disorder. Following training in London via the London and South Maudsley Eating Disorder Clinic S.E.E.D. hold a full day workshop followed by a 2 hour follow up in 6 weeks time.

B-eat (beating eating disorders) Self Help Network (SHN)

Both groups operate under the **B-eat** SHN framework which means that we attend regional training days and Annual Conferences. We are accountable to the **B-eat** SHN for the running of the groups and the way in which we conduct our sessions. The **B-eat** are there to support us should we need it.

Website: www.seedeatingdisorders.co.uk is an informative site, easy to navigate and invaluable to anyone wishing to learn more about eating disorders. The feedback is that it is excellent. It is updated regularly and offers the opportunity to link in with other websites and saves endless time searching for information. It is an excellent resource for both sufferers and carers.

E mail Support is available via the web site and gives the sufferer the opportunity to make contact via e mail response, when it is difficult for them to attend groups or ring the help line. Once contact is established and support and information made available quite often the sufferer then moves forward to seek the professional help they need to move forward with their illness.

Help line – 01482 718130 is available daily and offers support and information for sufferers, carers, and support workers. Literature is offered to new callers to support them in gaining a better understanding of the illness. If callers have internet access we

Newsletters are distributed bi-annually along with periodic updates.

Self Help Group was launched in November 2003 and meets every 2nd Tuesday in the month. This group is for **sufferers only** and is facilitated by a therapist and the groups are well structured and professionally run. There are a good selection of books and tapes for members to take out on loan on a monthly basis. The group aims to offer motivational skills to sufferers and support in knowing they are not alone with their illness. .

Support Group – meet every 1st Wednesday in the month and is open to **both sufferers and carers**. The Group is opened with updates and offers an informative session of approximately 25 minutes. There are opportunities for questions and group discussions.

Books, Tapes, Videos DVD's and CD's are available at the end of each meeting for loan on a monthly basis.

Stairway to Recovery in the Treatment of Bulimia and Binge Eating Disorder is a 4 month self help programme delivered in a small group of 6 people and facilitated by an assistant therapist. Each person has 4 alternative complimentary therapy sessions taken on a monthly basis for the duration of the programme.

Youth Self Help Group for age 13 to 17 years of age in the development stages.

Telephone Buddy Scheme – support for sufferers on a weekly basis via a Telephone Buddy. Our Buddies have a basic counselling certificate but more importantly have an excellent understanding of eating disorders.

E.Mail Buddy Scheme – support for sufferers on a weekly basis via an E Mail Buddy. Our Buddies have a basic counselling certificate but more importantly have an excellent understanding of eating disorders.

WHAT ABOUT THE CARERS?

An eating disorder affects not only the sufferers but anyone who is part of their life. Family, Friends, Partners are all affected by this devastating illness.

The sufferers and carers may often be locked in 'conflict' when it comes to living with and dealing with an eating disorder.

Families are torn apart by the pressures this devastating illness bestows, and carers must 'work together' in their endeavours to support the sufferer.

Parents often play a key role in the recovery process.

Visit www.seedeatingdisorders.co.uk to check out when the Support Groups are held – (every first Wednesday in the month)

Visit www.carers.gov.uk you will find useful information about the important role the carers can provide for people with a range of mental health problems.

There is no right and wrong way when it comes to living with an eating disorder – suggestions can be made but what works for one may not work for another.

If you are caring for a child or adolescent the parent may be the ones to take the lead when it comes to treatment.

Research the treatment on offer – don't be afraid to question the type of treatment on offer and share your concerns if needed.

Ask what the referral pathway involves. Who where and when will your child be seen.

Be aware that medical oversight is vitally important. If someone is being treated as an out patient within Child and Adolescent Mental Health Services (CAMHS) then the patients medical needs may not be addressed fully. It is very important the GP is involved on a regular basis. This will give you peace of mind that the sufferer will not be allowed to slip to dangerously low levels (check out BMI)

Once an adolescent ceases to be in full time education and reaches the age of 17 they will be past over to adult services. If a child is in full time education and under 18 they will be treated within CAMHS

Transition can be very fragmented and often no one will take responsibility. It is around this time that people 'slip through the net' and may be left without support for an unacceptable length of time. Don't play the waiting game! Re-visit the CPN in charge whilst under CAMHS and ask that they co-ordinate care for you within Adult Services. This should be an automatic transition from adolescent to adult services but sadly this is not always the case.

If a sufferer is over 18 years of age and being treated within adult services carers often feel isolated from their son/daughter care. If your son/daughter wishes that you are involved in their care plan then all that is needed is for them to write a short letter giving their permission for this to happen.

This would not entitle you to be a part of their one to one sessions but it would give you the opportunity to share concerns, give updates or if needed, act as advocate when accessing services.

Always make sure that what you think should happen for your son/daughter's pathway of care i.e. in-patient provision, is what the patient thinks should happen also.

This is a very difficult time and whilst you 'fight' tooth and nail for appropriate services, the patient could easily be non-compliant with your wishes.

Be aware also that if your son/daughters weight is dangerously low it would be as a matter of urgency that they are overseen within a medical ward until such time as they are stabilised.

Do not take chances – if you feel there is a problem then either seek GP advice or take directly to the A & E. Department.

THE ROLE OF HEALTH CARE PROFESSIONALS

AT

ART THERAPIST'S focuses on expression via the Arts. This gives individuals, suffering from mental health problems the opportunity to express thoughts and feelings in other ways.

CPN

COMMUNITY PSYCHIATRIC NURSE provides care and treatment for people living in the community who are experiencing mental health problems. A **CPN** offers emotional support and co-ordinates your **Care Plan** which may incorporate other services. If a **CPN is unable to** meet all your requirements then it may be necessary to refer you on to secondary services i.e. psychology or psychiatry. The **CPN** will still be involved in your care even if you are receiving oversight from other services. This is referred to as a 'Network' of support.

COUNSELLOR

The role of a counsellor is to explore any difficulties the client may be having. By listening attentively and patiently the counsellor can begin to perceive the difficulties from the client's point of view and can help them to see things more clearly. As in any counselling or therapy the relationship between client and counsellor is an essential part of the process.

DIETICIAN

Is a healthcare professional who can advise you about nutrition and health, and how to manage your weight. They can also explain how eating disorders can cause damage to physical health.

FT

FAMILY THERAPY - This therapy is based on psychological principles and is most commonly used with families where a child or adolescent has an eating disorder. With eating disorders, the focus is on the eating disorder and how this affects family relationships. In the early stages of treatment, it emphasises the necessity for parents to take a central role in supporting their child's efforts to eat.

FA

FAMILY WORK – This support is different to Family Therapy and offer emotional support rather than therapeutic support.

GP

GENERAL PRACTITIONER is a commonly known as a **Doctor**. The **GP** should play an active role in monitoring your physical well being. The **GP** is the first link in the chain and the person who makes the initial referral to a **CPN** within the **CMHT**

PSYCHIATRIST

Is a medical doctor (GP) whose specialises in the study and treatment of mental health. A psychiatrist **is able** to prescribe medication.

PSYCHOLOGIST

A psychologist is a specialist in the treatment of mental and emotional health problems. A psychologist is **unable** to prescribe drugs.

OT

OCCUPATIONAL THERAPISTS focus on enabling the development of specific skills and techniques needed in daily living, and assessment may be needed for any physical adaptations to the home environment. They help people with mental health problems build up the confidence and skills needed for personal, social, domestic, leisure or work activities.

SOCIAL WORKER

A social worker helps individuals and their families deal with various problems which arise from coping with a difficulty, illness or hospitalisation. It is also someone who deals with social impacts of an illness, such as an eating disorder. A social worker can provide information and referral to various agencies that can assist with many issues such as counselling, housing, legal, and financial aid.

THERAPIST

Some Therapists are able to deliver therapy in a number of different ways e.g. Cognitive Behavioural Therapy (CBT). Cognitive Analytical Therapy (CAT) Interpersonal Psychotherapy (IPT)

DIFFERENT TYPES OF CARE

In-patient Care

A person will be kept overnight for the duration of their treatment

Outpatient Care

A person who has appointment at a hospital or clinic but does not need to stay overnight.

Day Care

If an area were to benefit from an Eating Disorder Day Centre then a patient would be expected to attend that centre on a daily basis as part of their treatment plan. This could only work if the Town/City you live in has this facility. It would not be practical for a patient to travel many miles on a daily basis

Acute In Patient Stay

'Acute' is the name given to our hospitals such as Hull Royal Infirmary or Castle Hill Hospital. Or they can refer to Psychiatric Units within The Humber Mental Health Trust.

Sometimes it is necessary for a patient to be stabilised medically before in-patient treatment can be offered within an Eating Disorder Specialist Hospital (the nearest of which would be Leeds, York or Sheffield)

If a person has complex mental health problems it may be necessary for them to stay within a psychiatric unit until they are stabilized.

Be aware that if a person is offered treatment within a psychiatric unit and they suffer purely from an Eating Disorder with no complex mental health issues, this may not be the best environment for that individual, in view of the fact the units would be mixed wards and not specialised in dealing with eating difficulties.

MENTAL HEALTH ACT (1983)

When a Healthcare professional believes that a person is so ill that he or she is unable to make a decision about treatment, or if a person who is ill refuses treatment, the healthcare profession can treat the person under the Mental Health Act (1983). This treatment, against the will of the patient or without their consent is called being '*sectioned*'.

If you are treated under the Mental Health Act you will receive your care in an inpatient unit. The people in charge of your care will make sure you understand what is happening to you and your legal rights

MEDICAL RISK ASSESSMENT

For more information on this visit the following:-

www.iop.kcl.ac.uk

This site will take you into the Kings College London web site. Type in the search box – (medical risk assessment for eating disorders) this will then navigate you to a paper written by Prof Janet Treasure.

It is designed specifically for out-patients in primary care and secondary care, medical in-patients, general psychiatric in-patients and eating disorder in-patients.

Body Mass Index Key

Guidelines as set out the South London and Maudsley Nhs Trust

25.0 – 18.5	Healthy Weight
18.5 – 17.5	Underweight – Irregular periods or absent menstruation. Ovulation Failure
17.5 – 15.	Anorexia Nervosa – Amenorrhoea. Loss or substance from all body organs and structure
15. – 13.5	Severe Anorexia. All organ systems compromised. Bone: heart: muscle: brain: Metabolism reduced by 50%
13.5 - 12	Critical Anorexia Nervosa: Inpatient treatment recommended. Organs begin to fail: muscle: bone marrow: heart
-12	Dangerously underweight

Other Important Issues to Consider When Consulting your GP

A person suffering from Bulimia/Binge Eating may display normal or near normal weight this does not mean to say they do not need to be monitored by the GP.

One of the important issues is that if a person is vomiting excessive their potassium levels will become very low. Potassium is the mineral that stabilises our heart rate.

A normal potassium level is within 3.5 – 5.2. Anything below may be given Slow K – a potassium supplement available only on prescription. It is important the GP does regular blood tests to monitor potassium levels because what is equally important is that the potassium does not rise too high. Bananas, Grapes, Lentils and Pulses are a great source of potassium.

By comparison when a patient is severely underweight it is advisable to ask the doctor for a complete blood count. This will counteract any other medical deficiencies.

It is important the GP oversees the patient even when a referral is in place to see a Community Psychiatric Nurse or a Psychologist. It is important to get the balance to address both physical and psychological needs.

Calculation

The formula is:-

weight (KG)/height (m) x height (m)

e.g. 1.78m tall, weighing 86kg =

$1.78 \times 1.78 = 3.17$

86 divided by 3.17 = 27.1

BMI = 27.1

Multiply your weight (in pounds) by 700

Divide the answer by your height in inches

Once more divide the answer by your height in inches

The result figure is your BMI (Body Mass Index)

Please be aware the BMI calculation does not take into account age, or gender. In the case of children it may be more appropriate to refer to a child centile growth chart for a more accurate calculation.

GLOSSARY OF TERMS

ACUTE TRUST

A legal entity/organisation formed to provide health services in Secondary Setting – usually within a hospital. Hull Royal Infirmary and Castle Hill are recognised to come under the Acute Trust.

CAMHS

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES are a comprehensive range of services available within local communities which provide help and treatment to children and young people who are experiencing emotional or behavioural difficulties or mental health problems.

CAT

COGNITIVE ANALYTIC THERAPY

CBT

COGNITIVE BEHAVOURALY THERAPY targets maladaptive thought processes in attempting to treat mental health difficulties. It attempts to replace the maladaptive thought processes with ones which are more adaptive or less problematic.

CMHT

COMMUNITY MENTAL HEALTH TEAM are responsible for the mental health care and treatment of adults living in the community.

CHI

COMMISSION FOR HEALTH IMPROVEMENTS is an independent inspection body for the NHS. This was replaced by CHAI in April 2004 www.chai.nhs.uk. Will give more information and the opportunity to give your views when inspections are in progress.

CPA

CARE PLAN APPROACH is a legislative requirement ensuring that a person accessing care from mental health services has a detailed care plan detailing what professionals are responsible for different areas of their care.

CRS

CRISIS RESOLUTION SERVICES are a team of professionals who respond to and support adults who are experiencing severe mental health problems which might lead to admission to a psychiatric hospital. The main aim of the CRS is to help individuals manage and resolve their crisis through home assessment and treatment as an alternative to hospital.

EYPCT

EAST YORKSHIRE PRIMARY CARE is a Primary Care Trust within the North and East Yorkshire and Northern Lincolnshire Strategic Health Authority area.

FT

FAMILY THERAPY is when members of the family meet with a team of healthcare professionals specialising in family therapy and they discuss ways in which the family can identify issues that may be problematic to them and help them deal with those issues as a family unit.

FOUNDATION TRUST

NHS FOUNDATION TRUST are a new type of NHS Hospital tailored to the needs of local populations and run by local managers, staff and members of the public. Visit www.humber.nhs.uk for more information. It is proposed that the present HMHT applies for Foundation Trust Status.

HMHT

HUMBER MENTAL HEALTH TRUST oversee all treatment relating to mental health. Child and Adolescent Mental Health Services and Adult Services and Specialist Services are presently governed via the HMHT

IALT

INTER-AGENCY LINKS TEAM supports primary services in meeting the needs of children, young people and their families experiencing emotional, behavioural and mental health difficulties through identifying and facilitating access to specialist services.

Glossary cont.....**ICMHT**

INTEGRATED COMMUNITY HEALTH TEAM consists of health and social service professionals such as social workers.

IPT**INTERPERSONAL THERAPY****NHS DIRECT**

NATIONAL HEALTH SERVICE DIRECT is a nurse-led telephone advice and information service, also available on the internet www.nhsdirect.co.uk

NICE

NATIONAL INSTITUTE OF CLINICAL EXCELLENCE – Providing the National Guidelines in the Treatment of Eating Disorders.

PALS

PATIENT ADVISORY AND LIAISON SERVICES is a service to provide help to patients, carers and relatives raise concerns or make comments on all aspects of local health services.

PCT

PRIMARY CARE TRUST oversee services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic medical practitioners, together with district nurses and health visitors refers to the geographical area covered by the NHS trust. From April 2006 the established East and West PCT will merge services, and will therefore cover the Hull area. East Riding presently operate geographically.

PPI

PATIENT AND PUBLIC INVOLVEMENT SERVICES have been set up to give local voluntary organisations within your local community who are enthusiastic about helping patients and members of the public influence the way that local healthcare is organised and delivered. Forum members come from a broad variety of backgrounds and have a range of experience and skills.

PSI

PSYCHO SOCIAL INTERVENTIONS refers to the range of interventions employed by mental health professionals which target both psychological and social processes in helping a person overcome a mental health problem.

PSYPHER**PSYCHOSIS SERVICES FOR YOUNG PEOPLE OF HULL AND EAST RIDING**

provides a service to people who are aged between 14 and 35 who have experienced a first episode of psychosis. The main purpose of the service is to help young people tackle the many obstacles and challenges associated with their psychosis and helping them in getting on with their life again as soon as possible.

SHA

STATEGIC HEALTH AUTHORITY is responsible for developing strategies for local health services and ensuring high-quality performance. They manage the NHS locally and are a key link between the Department of Health and the HNS. See www.neynlha.nhs.uk

SHA

SPECIAL HEALTH AUTHORITY is a body that is usually established for the purposes of providing a service to the rest of the NHS. It is part of the NHS and is subject to many of the same requirements as other health authorities. The functions and obligations of an SHA are set out in legislation, SHA's are therefore accountable to Ministers and Parliament.

MEDICAL TERMS USED WITHIN MENTAL HEALTH

BIPOLAR DISORDER OR MANIC DEPRESSION

Someone diagnosed with manic depression may swing from moods of deep depression to periods of overactive, excited behaviour known as mania. Between these severe highs and lows there may be relatively stable times, although this isn't always the case.

DELUSION

Delusions are defined as beliefs or experiences that are not shared by others. Someone might believe, for instance, that they are being pursued by secret agents or controlled by external forces that are putting thoughts into their minds.

PSYCHOSIS

Is a psychiatric illness in which a person's capacity for recognizing reality and communicating and interacting with others is impaired, thereby greatly diminishing the person's ability to deal with life's demands. May be associated with several medical disorders, and includes thought disorders (delusion), sensory perceptual alterations (hallucinations, illusions) and extremes of affect.

NEUROLEPTICS/ANTI-PSYCHOSIS MEDICATION

Drugs which are used to help control the symptoms of psychosis, these include both traditional typical anti-psychotics (e.g. chlorpromazine, haloperidol etc) and the more recent atypical anti-psychotics (e.g. alanzophone, quetiapine etc.)

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

(**SSRI's**) and one in particular called fluoxetine (Prozac) are the ones most often chosen for treating bulimia nervosa. Anti-depressants can help to reduce the number of times someone binge eats and purges. The long term effects on eating problems however are not known.

PERSONALITY DISORDER

We all have personality and sometimes if this is presented in a disordered way and an eating disorder may develop as a coping strategy, a person could be diagnosed as having a personality disorder instead of an eating disorder.

USEFUL INFORMATION

- The GP is the first link in the chain.
- Do not be under the illusion that the GP will offer counselling/therapy. The role of the GP would be to make recommendations for further help and hopefully to oversee your condition physically.
- Don't be afraid to ask your GP for a referral, even if he is not forthcoming in offering this. A referral would be to a Community Mental Health Team in the first instance.
- If another appointment is not forthcoming with your GP – ask if you could see your GP again.
- If blood tests are not offered – you are quite within your right to ask for a blood test to check that your levels are normal. In the first instance this would be a full blood count. If bloods do show abnormality then it is usual for follow up blood tests to be carried out.
- Don't be afraid of asking what your levels were and get the GP to explain them to you.
- If a referral has been recommended to a CMHT you will be assessed by a CPN (Community Psychiatric Nurse). Don't be afraid of making a list of questions and share with the CPN if you are nervous or feel uneasy in any way.
- You are quite within your right to take someone with you for support.
- Make sure you know exactly who you are seeing and what is their role.
- You may wish to ask if they have worked with people with eating disorders!
- Ask what happens next. Don't leave the session without being clear about who, where and when you will be seen.
- You may wish to ask what their recommendations are!
- Don't be dismissed by someone saying there is nothing they can do for you. This is unacceptable. You have every right to ask for a second opinion. Make sure you know exactly what the next step would be.
- If you are offered counselling via the GP then this may not be a Psychologist.
- A Psychologist usually comes under what is called secondary services. The GP is a primary service but sometimes do have Primary Care Psychologists.
- Always make sure you know exactly who you are seeing (i.e. what is their role).
- Sometimes if a service is offered via the GP ask exactly what this involves. You may find that the sessions are limited to approximately 6.
- This may work very well with someone needing emotional support for mild mental health problems but if the patient has long term mental health problems this may not be the right route to take. The patient may be left feeling isolated with their problems if the sessions are stopped.
- Self Help can take on many forms. This can be groups, websites, books, e mail support or telephone support.
- It may also be that someone may look to specialist counselling services such as Rape Crisis, Relate or Bereavement Counselling. Look to self help very much as an 'add on' and not in place of anything the Trusts are able to provide.
- Remember this is what we call a 'network' of support.
- A network of support could involve the GP, family or friends; self help groups, CPN, psychiatry or psychology, a dietician.
- Remember 'recovery' can take anything from 2 to 5 years in total. Those people who struggle are those who have no network of support around them, especially when faced with long waiting lists.
- If you feel you would benefit from a dietician it could be that the GP offer a service attached to their surgery, if not you would need to be referred via the GP.

BENEFITS

It would be impossible to keep up to date with the legislation for benefits. Below are just some of the entitlements that may apply to you, together with valuable information based on research and experiences.

For up to date information booklet **GL23 (Department of Works and Pensions) DWP**

Carers Allowance is paid to the carer at a rate of £43.15 per week. This does have criteria and carers are limited to the amount they are able to earn in any one week, and must care for someone for minimum number of hours per day.

Disability Living Allowance can be awarded to someone who needs help with personal care. It is not means tested and the **care component as at April 2006** is made up as follows:-

Higher rate £57.20 per week Middle rate £38.30 per week Lower rate £15.15 per week.

Check out www.dwp.gov.uk for up dated rates of payment and criteria needed. It can be payable to someone who has mental health problems and depend on others for support. This is known as the **Care Component**. The forms can be daunting but ask for help from someone who has experience of filling out these forms. Always keep copies of the completed form it may be that you are not awarded this allowance at first but need to appeal against their decision. You will need to know why you have been turned down and what procedures are needed to appeal. Don't be deterred, if you are awarded his benefit it will be worth the effort in the end. Unless you have physical disabilities you will not qualify for the **Mobility Component** applicable to the allowance. For more information ring 0845 7123456. If you are having difficulty in filling in forms contact The Hull Council for the Disabled they have advisors who are trained in supporting people applying for benefits.

HC2 Form is means tested and awarded on a yearly basis to those people on low incomes. It provides help for prescription charges, dentistry, travel to and from hospital appointments to name a few. Your doctor or dentist may have some forms that you can have. This form is very easy to fill out – it asks for details of dependants and who you live with. Basically if you are living with parents and not getting much or any allowances all you need to do is fill in the form, sign the declaration and provide a recent bank statement. It is well worth the time to do this because if you are on incapacity you will be expected to pay for prescriptions etc. For more information ring 0845 850 1166

Income Support is made up of personal allowances, premiums, housing costs – the criteria is mind blowing but necessary for financial assistance. You will need to contact your local social security office, and fill in the necessary forms for your claim to be assessed. If you are on Income Support you automatically are entitled to free prescriptions, eye tests, glasses and dentistry work. For more information ring 01482 584444. Telephone Advice Line (01482)482051

Incapacity Benefit this is a payment made if you are not fit to work. To qualify for incapacity you need to be signed off as unfit to work by your GP. –Do this as soon as you feel you are unable to continue in your employment. Contact the Social Security Office and ask for a claim form. Fill this in as soon as possible and continue to send 'sickness certificates for as long as they need them'. If there is a delay in processing your application don't worry, check with the department to see how the claim is progressing. If you are awarded payment then payment will be back dated to the date of application.

There are different rates of incapacity:- Rates as at April 2004:-

Short term lower rate is £54.40 ST higher rate is £64.35 Long T basic rate is £72.15

Short term is up to 26 weeks off ill.

Short term higher is after 26 weeks and up to 52 weeks.

And long term basic is after 52 weeks.

All of the above are subject to change and the DSS will let you know when you do not have to send in any more certificates from you GP. They will also inform you of any changes that are made to your payments. The system is computerised and you will be kept informed of any update they may need from you. New legislation may mean that you are asked to attend assessments from time to time. This information is very basic but hopefully will help. For more information ring 01482 584444

If a person has not worked for 2 years and have no national health stamps to entitle them to benefits there is no reason why you cannot start to send in sick notes from the GP – This will then entitle you to a stamp, and although you will not be entitled to benefits you will start to get a stamp paid and after 2 years would be able to claim money. Also by becoming an incapacity 'statistic' you may then have access to government incentive schemes!

Disability Services Team offer help and advice for returning to work ring your local team on 01482 332912.

Worthwhile Websites

Save hours of searching and getting nowhere! Below are some of the excellent sites available to conduct your own research:-

www.seedeatingdisorders.co.uk

Eating Disorder Support Group links you in with lots of excellent sites. All you need to do is access the above site. On the Home Page, click on relevant websites or more relevant websites. The list is extensive and the information invaluable. Why not take a look!

www.b-eat.co.uk

Well as members of the Eating Disorder Association Self Help Network it would be wrong of me not to single this site out as excellent. Of course you can link in with this site via our own 'beehive' site.

www.dwp.gov.uk

This site is owned by the Department of Works and Pensions has all you need to know about benefits.

www.nice.org.uk

This site is the National Institute of Clinical Excellence (NICE) and you are able to access the NICE Guidelines for Eating Disorders, which is a guide for people with eating disorders, their advocates and carers and the public.

www.nhs.uk

The National Health Service was set up in 1948 to provide healthcare for all citizens, based on need, not the ability to pay. It is made up of a wide range of health professionals, support workers and organisations. This site will tell you everything you need to know about just how the NHS is structured.

www.eatingresearch.com

Is owned by the Institute of Psychiatry and has extensive information about eating disorders.

www.iop.kcl.ac.uk

This site will take you into the Kings College London web site. Type in the search box – (medical risk assessment for eating disorders) this will then navigate you to a paper written by Prof Janet Treasure.

It is designed specifically for out-patients in primary care and secondary care, medical in-patients, general psychiatric in-patients and eating disorder in-patients.

www.neynlha.nhs.uk

Strategic Health Authority is responsible for developing strategies for local health services and ensuring high-quality performance. They manage the HNS locally and are a key link between the Department of Health and the HNS.

www.carers.gov.uk

You will find useful information about the important role the carers can provide for people with a range of mental health problems.

www.chai.nhs.uk

Commission for Health Improvements is an independent inspection body for the NHS. This was replaced by CHAI in April 2004. This site will give more information and the opportunity to give your views when inspections are in progress.

www.humber.nhs.uk

NHS Foundation Trust is a new type of NHS Hospital tailored to the needs of local populations and run by local managers, staff and members of the public. Visit the above site for more information. It is proposed that the present HMHT applies for Foundation Trust Status.

www.nhsdirect.co.uk

National Health Service Direct is a nurse led telephone advice and information service, also available on the internet.

USEFUL TELEPHONE NUMBERS**A & E MENTAL HEALTH LIAISON**

(Specialising in Self Harm)

01482 675676

ADDICTION SERVICES (DRUGS & ALCOHOL)

COSMIC (under 19's)

01482 335350

Addictions Services

01482 336790

The Quays

01482 335335

CRISIS RESOLUTION SERVICES

01482 335790

CRUSE

Bereavement Counselling and Advice

01482 354722

DISABILITY SERVICES TEAM (part of Jobseekers)

01482 332900

S.E.E.D. Eating Disorders Support Services**01482 718130**www.seedeatingdisorders.co.uk**B-eat (www.b-eat.co.uk)****Help line****0845 634 1414**

Youth line (18 and under)

0845 634 7650

Admin

0870 770 3256

HEALTH SERVICES HEAD OFFICES

EYPCT (Health House) Willerby

01482 650700

Eastern Hull Primary Care Trust

01482 335400

Humber Mental Health Trust (Head Office)

01482 301700

Western Hull Primary Care Trust

01482 303500

Yorkshire Wolds PCT (Driffield)

01377 243000

HOSPITALS

Hull Royal Infirmary

01482 328541

Castle Hill Hospital

01482 875875

Princes Royal Hospital

01482 701151

MIND

Hull

01482 224729

Beverley

01482 886098

NHS DIRECT**0845 46 47****NUTRITION AND DIETETICS**

(Beverley)

01482 886579

Hull

01482 617909

PATIENT ADVICE & LIAISON SERVICES (PALS)

East Yorkshire PCT

01482 672071

Hull & East Yorkshire Hospitals

01482 672074

Humber Mental Health Teaching NHS Trust

01482 303966

West & Eastern PCT's

01482 335409

Yorkshire Wolds & Coast PCT

01377 243006

PSYPHER

Psychosis Service for Young People in Hull & E. R

01482 336868

RAPE CRISIS

01482 329990

RELATE

Marriage Guidance

01482 329621

RETHINK

Severe Mental Health Illness

01482 679723

SAMARITANS

08457 909090

SOBS

Survivors Of Bereavement by Suicide

01482 610712

SUICIDE BEREAVEMENT CONSULTANCY

01482 569660

THERAPY SERVICES

General Enquiries

01482 617744

VICTIM SUPPORT

01482 587666