

FOI 3506

29th December 2025

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

Question. I would be grateful if you could provide copies of any internal guidelines, protocols, policies or standard operating procedures that relate specifically to mealtime/ dining room support in the treatment of eating disorders within your services in all clinical settings and for all age groups

Response from Adult Eating Disorders Services:

Advice around meal support in general hospital will be individualised based on patients needs and resource available using the MEED guidance. The below applies to inpatient treatment of persons admitted for treatment of their eating disorder within Bluestone unit.

The below statements of guidance in relation to questions asked in FOI/3506 are taken from *“MEED + In patient (Southern Trust) Eating Disorder Programme of Care Guidance”*:

Enhanced Observations

On admission a person will commence on **Enhanced 1:1 observations** for the first 48-72 hours, this will be reviewed as per presentation.

Staff will use a number of strategies to address the challenging behaviours associated with eating disorders, such as increasing staff numbers, agreeing a ‘contract’ with the patient, treating patients in areas that can be more easily observed, locking toilets and bedrooms during the day to prevent covert exercising, and observing patients during therapeutic activities.

Patients whose behaviour is not improved by these measures may need one-to-one supportive supervision (occasionally a higher ratio is required) for 24 hours a day 1:1 observations should be reduced gradually. Starting with reducing to only day time enhanced observation, then to only meal support and rest periods and then to only meal support, with the aim to reduce to general ward observations. **The level of observations will depend on the patients level of commitment and risk posed so each patient’s care is individualised**

Activity and Rest

A rest period for **30 minutes after snacks** and **1 hour after meals** will be encouraged

Showers Toileting

No access to the toilet should be allowed for 1 hour after meals /snacks

Nutrition

On admission all meals and rest periods are to be supervised
Meal plan prescribed by the dietician to be followed exactly and not to be altered by
nursing staff

The person will be provided with meal options prior to their meals, **staff will plate same and bring it to the patient**

The person will have their snacks/meals in their bedroom in the initial stages and with concordance it will progress to the patient first having snacks in the **dinning area** to then having their meals in the dining area

Mealtimes should be time limited, for example, **20 minutes allocated for food to be eaten and if this is not managed an oral supplement can be offered for a further 10 minutes**

Patients are discouraged from brining in any food items from home

The below extracts are taken from an example Programme of care signed by the patient on admission. Extracts taken are only in relation to FOI question asked

This Programme of care will be individualised based on pts needs

You **will not be permitted** to have any food or fluids in your room.

You will receive your meals and snacks in your room. You can sit in the green chair or remain in bed for your meals/snacks. Meals and snacks should be finished in their entirety within a reasonable time (20mins) Staff will offer support for you to complete your meals and snacks. Staff will also discourage any **negative eating disorder behaviours** that they identify.

Meals will be agreed prior to meals times and you will be given a choice. You should identify **3 dislikes**, once identified there will be no deviation from the choices. We recognise that at times following meals it can be difficult staff will be mindful that more interaction/intervention may be required as a distraction technique to support you. **Meal times is 1 hour rest period and snack times is 30mins rest period.** Due to caffeine being an appetite suppressant, you have been encouraged to limit your coffee and tea intake. You have agreed as per your plan to have **2 coffees and 2 cups of tea a day** as agreed with E.D dietician.

Your meal plan and programme of care will be **reviewed regularly** throughout your hospital stay by the dietician and ward eating disorder team.

You have shown strength and ownership of your recovery by this voluntary admission to hospital and you are aware what is required of you in relation to this programme of care. Staff will promote your human rights throughout your admission. A persons best interests and the utilisation of least restrictive practice is always paramount. Care provided for you is in proportion to risk management of your current health. This will continually be reviewed to enhance your recovery.

You are in agreement that you will adhere to the terms outlined during your admission to Cloughmore ward in order to further your mental health recovery and improve your physical health.

Patient Signature:.....

Date.....

Response from Children, Young People & Women's Services:

Please find below section 10 of the Southern Health and Social Care Trust Clinical Guideline for Inpatient Paediatric / Medical Ward and Emergency Department Patients with Eating Disorders

Section 10: Staff Guide for Meal Management for Young People with Eating Disorders on Paediatric Wards

- Obtain a verbal handover from ward staff about the patient, any risks, and particular issues which have been occurring over recent hours/days with food/exercise, appraise yourself fully with the young person's treatment plan.
- At start of contact, introduce yourself and try to develop rapport with the patient. Explain that you will be here to help encourage them during meals and before/afterwards to support them.
- Discuss with the patient what is going to be most helpful for them coping with emerging mealtimes and during meals (e.g. if distracting conversation helps and if praise for eating is helpful or not). Record this as part of the nursing care plan so that staff give a consistent approach. It will help them to feel heard and to be able to feel involved in their care planning.
- Inform the patient that mobile phones are not encouraged during mealtimes, unless agreed by multi-disciplinary team.
- The patient should be encouraged to use the toilet facilities before meals, to avoid secret self-induced vomiting / exercising. After each main meal the patient should be encouraged to stay in bed for one hour, and 30 minutes after each snack. It is occasionally necessary to supervise toilet visits for 2 hours after meals if there is a significant risk of self-induced vomiting. Clear boundaries at mealtimes are needed. These should be discussed away from mealtimes to avoid conflict and argument during a meal.
- Be supportive and directive. Do not ask the young person if they want the meal/snack - tell them when it is ready. A young person with Anorexia Nervosa will not relate to "wanting to eat". Be clear it is a necessity and an expectation that they do eat and be clear with the boundaries before meals commence i.e. meal must be completed and any food or fluid hidden / dropped will be replaced.
- There needs to be a clear time boundary at mealtimes to discourage overly slow eating. Advise to keep main meals to 30 minutes and snacks to 15 minutes. Advise to keep nutritional supplements to 10 minutes. Ensure the patient is aware of the time they have to eat their meal/ snack, give clear indicators such as, 'time to make a start'. After this time has lapsed you will inform the ward staff what has/has not been consumed and document as necessary and follow the treatment plan re Supplements /Naso Gastric feeds.
- DO NOT negotiate about what is to be eaten but DO acknowledge that it is hard to do what is being asked and that you are there to support them.
- Staff together with parent/carer can use these dislikes when choosing meal options from the main menu. Staff/Parents to complete daily menu chart with guidance/approval form CAMHS EDS staff or in accordance with the treatment plan.
- Always set the expectation that the meal will be eaten.

- It is important for CAMHS staff and nursing staff to find out from the ward staff how meals are run (e.g. timings). This will help you to be clear with the patient what is expected of them. This will be jointly agreed with CAMHS EDS and paediatric/medical / Emergency Department Staff. (see appendix 2 for meal plans)
- During the mealtime, engage the patient in conversation (if they agreed this is helpful). Usually, direct discussion about food is not helpful. Don't get into any lengthy debates about the food or body concerns or why someone can't eat during the meal. This time is to focus on the task.
- Reassure the patient that you can talk about this afterwards. Document what has and has not been eaten (food and fluids) on the appropriate fluid balance chart after each meal. Offer support after the meal when a young person can be consumed with guilty feelings. They may wish to talk about these feelings or to be distracted by other things. Ask them what is most helpful.
- Children and young people find different things helpful. These guidelines will support your discussions. Adopt a firm, patient, and non-judgemental stance.

Helpful things to say include:

- "I understand it's difficult..."
- "I appreciate you don't want to do this..."
- "I know this won't be easy... but this is what you have to/need to do..."
- "You really need to eat you are very underweight..."
- "This will help you get out of hospital/to go home..."
- "You can do it..."
- "This is what will help you to get better..."
- "Psychological work / working on other concerns (such as low mood or anxiety) cannot be started unless you are eating..."
- "We won't think that everything is OK just because you are eating, we know that it is more complicated than that".
- 'Keep going'
- 'You need to complete this'.
- 'I know it's hard, but you need to keep going'
- 'I will keep chatting, but you need to focus on eating'.
- Time reminders are useful i.e. 'you have x minutes left to finish this meal / snack'.

Unhelpful things to say include:

- "You are looking so much better/healthier..."
 - "Your parents will be proud of you if you eat..."
 - "Why don't you just eat...?"
 - "I'm glad you ate breakfast/lunch/dinner..."
 - "You look anorexic".
- Avoid talking about food, calories, or diets in any form.
 - Do not comment if there has been any weight change on weighing.

- Try not to use phrases such as 'well done' as this can sometimes make the patient feel bad for eating (but check out whether this is helpful or not with them as each person is an individual).
- It may be helpful to have something sedentary planned to do once the meal is completed, like a crossword, Sudoku, colouring by numbers, a game, reading or watching a film/television. This may help with difficult feelings after eating and be useful as a form of distraction.
- Challenge the patient if you see any 'cheating' behaviours e.g. hiding of food, pushing food over the side of plate, leaving some fluids in bottom of cups). It is important to let them know you have seen and are aware of this behaviour and set clear boundaries to mitigate against occurrence of this. This is helpful and containing for the patient.
- Do not feel responsible for the patients eating. You are there to help and support but cannot make them eat. Ultimately it is their choice.
- Overall, remember that engaging with the patient is the best way to support them through this difficult time.

Behaviours to consider at meal/snack times.

- **Hiding food** (consider if long sleeved clothing is allowed at the table).
- **Regurgitation** (avoid having napkins/kitchen roll near the table).
- **Smearing/spreading of food over plate/bowl.**
- **Inappropriate use of cutlery.** Provide boundaries re same.
 - Knife and fork with main meals, apart from sandwiches, burgers, hot dogs.
 - Dessert spoon for proper puddings and ice cream
 - Teaspoon for yoghurt
- **Exercising at the table/bed** – leg shaking/tapping, and muscle tensing can often be seen, occasionally as a stress response, but are inappropriate and a negative influence on treatment therefore should not be allowed. Discourage young people from exercising. This may also include posturing or 'stress' positions (exercise includes squatting, sitting forward, pushing feet on floor, awkward sitting positions, sit-ups/push-ups/star jumps). Total bed rest (see guidance for parameters for same on page ...) may be indicated if the young person is severely unwell, although this is only exceptionally needed. Some degree of gentle activity (watching TV with others, reading a book, or doing some crafts) can help reduce distress without any additional risk. However, it is important to keep the patient warm and supervised.
- **Self-harming behaviours** e.g. scratching, picking. Consider in such cases removal of all sharp items from personal belongings. An assessment by CAMHS

is required if there is any concern about the risk of self-harm, actual self-harm or suicidal ideation.

- **Inappropriate use of sauces/condiments**

- Limit sauce e.g. ketchup to 2 dessert spoons per meal.
- Agree appropriate meals for sauces.
- Limit salt and pepper added to food – a pinch of each is sufficient.

- **Drinks at the table**

- Limit drinks during meals to 1 X200ml cups to avoid filling up on fluids.

- **Purging or other methods of avoiding weight gain.** Self-induced vomiting may be decreased by supervising patient for 1 hour after each meal or 30 minutes after a snack. Do not position bed next to sink or inside room. Also, consider removing bin out of room.

- **Bingeing.** Less common in young people than adults but may occur.

- **Psychiatric conditions such as OCD or anxiety.** In these situations, advice about Specific management is required from the CAMHS/EDS team.

Discharge Meal Plan Advice

ENSURE A ROBUST MUTUALLY AGREED MDT DISCHARGE PLAN IS AGREED, BEFORE DISCHARGE FROM PAEDIATRIC / MEDICAL WARD.

Nutrition for Recovery

Weight Restoring Food Plan – Discharge from Hospital (See Appendix 3)

During your child's hospital admission, they have been treated using a set meal plan. This meal plan is designed for achieving weight restoration and managing any medical side effects whilst in hospital.

However, being in hospital is very different to being at home, during which time activity is minimal and the body is beginning to recuperate from its malnourished and dehydrated state. To continue with weight restoration at home after discharge, young people need to eat more than is contained on hospital meal plan. It can feel challenging to move away from the hospital plan, where food has been very controlled and feels safe. This plan is a guide to help you move back onto family meals.

Moving onto family meals

The plan includes three regular meals and three snacks.

- Meals should contain two courses plus a nourishing drink (milk based or fruit juice)
- Snacks should contain both a food snack and a nourishing drink (milk based or fruit juice)

- Additional water is also vital – you will see a picture of a glass of water in the plan as a reminder. Aim for around 300mls for each glass. Avoid weighing, measuring and calorie counting. Discourage checking food labels.
- Portion sizes should be based on previous intake when well or intake of a similar aged/sized relative.
- Additional food or increases in portion sizes may be recommended if weight gain is slow.

Tips about the food

Everyday family foods are recommended; however, it is important that foods offered are high in energy to help weight gain. Low calorie foods are too bulky and don't provide enough energy.

- Choose full fat versions and avoid any diet products. Use whole milk, whole yoghurts, full fat mayonnaise, butter, or full fat spreads.
- Keep portions of fruit, vegetables, and salad small, as these are filling and low in energy.
- Milk and milk-based products (e.g. yoghurt, cheese, custard, and milk-based sauces) are particularly important in weight recovery, as they contain minerals for strong bones, such as calcium. Bones can be weakened and susceptible to fracture as consequence of prolonged starvation. Milk replacements (soya, nut, coconut milks) are often low in calories, do not contain all bone minerals and may not contain calcium. If a non-dairy milk is required, Alpro Soya Growing Up Drink (1-3 years) has the best calorie and calcium content.
- Fruit juice and fluid are built into the plan from the start. Fruit juice contains potassium which may be low and is also essential for muscle function. Many young people with anorexia nervosa are dehydrated, and as every cell in the body needs water to work properly, this is an essential part of the recovery plan.

Please note: This plan is a minimum intake plan and may need to be increased in line with increases in activity or slow weight gain. There will inevitably be small differences in the calories provided by each option. Avoid secretly adding in extra calories as this can lead to mistrust and food refusal but reinforce the need to have a normal amount of fats and sugar in food.

Email: Foi.Team@Southerntrust.hscni.net