
WWW.FIRSTSTEPSED.CO.UK

@FIRSTSTEPSED

TRANSLATING ADVANCES IN OBESITY TREATMENTS

SPECIALISTS IN DISORDERED EATING, EARLY
INTERVENTION AND PREVENTION



in partnership with: **techcanal**



First Steps ED is an evidence-based specialist Eating Disorder charity, offering person-centred individual and group therapeutic services to people of all ages, genders and backgrounds. Our programme of psychotherapy, peer support, groups and creative recoveries helps everyone with all types of disordered eating and disorders, body image, compulsive exercise and obesity-related conditions.

Alongside our specialist eating disorder services is our community engagement. This includes our psycho-educational workshops in schools, employers and within the community, helping children, young people, adults and supporting parents/carers change their body image perception and relationship with food.

Having received an Enterprise Development Programme grant from the Association of Mental Health Providers, First Steps ED have continued to develop and coproduce (with experts by experience) a comprehensive understanding of obesity and weight management services and its relationship to eating disorder presentations and therapeutic services.

The programme has informed an evidence-based Tier 2 Plus new care model which recognises equitable, safe, accessible, and person-centred care.



Translating advances in obesity treatments

Learning from lived experience

Our teams ensure the voice of Lived Experience guides what we do to help to develop a greater understanding, reduce stigma and improve the quality and effectiveness of our services and integrated NHS pathways.

Overcoming the cultural barriers

Cultural factors can play a significant role in the accessibility and effectiveness of physical and mental health treatments. Disparate access to eating disorders treatment may contribute to significant health inequalities amongst marginalised groups.

Service development and innovation

Access to evidence-based mental health treatment is a necessary first step towards health equity for individuals of healthy weight and living in larger bodies or with obesity. Additional work is needed to dismantle systemic inequities that contribute to disparities in wrong diagnosis and access to care and support.

COMMISSIONED SERVICES

Whether through an NHS service specification and standard NHS contract, spot purchase framework or pilot funded arrangement, our services meet the needs of people suffering from disordered eating and/or eating disorders. Our dynamic team delivers cost-effective and paired outcome reporting for healthcare commissioners and providers.

Our multidisciplinary staff work across a range of primary and secondary care pathways employing the NHS Care Programme Approach as an Integrated Community Service for children, young people, adults, and their families across the eating disorder and obesity spectrum.

WORKING WITH PARTNERS

We have decades of experience in providing multi-award-winning services on behalf of NHS organisations with a high return on investment. Our multidisciplinary team is trauma-informed and takes a compassionate, person centred, family-based approach to the support we provide and have the skills and expertise to develop new services to meet specific needs and demands with a focus on joined up care.

A Charitable Incorporated Organisation (CIO) registered with the Charity Commission (1185092) operating a Quality Management System (which is independently audited and accredited annually under ISO9001) and employ an ISO 27001 Information Technology and Cyber Security Managed Service Provider.

We are hosted by NHS Digital for our NHS mail account and annually update our NHS Data, Security Protection Toolkit and flow monthly data for our commissioners to the Mental Health Services Data Set (MHSDS).



Learning from lived experience

Our teams ensures involvement and engagement from experts-by-experience in service innovation and development. Real stories and experiences helps us gain a greater understanding of any potential access barriers for treatment, reduce stigma and continually improve the quality and effectiveness of our pathways.

THE YEARS I LOST TO WEIGHT STIGMA AND OBESITY

"Therapy taught me that food wasn't the issue and neither was I. Buried underneath all that surface stuff was a complex web of negativity and inner shame that I have been holding onto for most of my life."

<https://firststepsed.co.uk/the-years-i-lost-to-weight-stigma-and-obesity/>



BEING FAT AND FEARFUL OF RECOVERY... THINGS NEED TO CHANGE.

"There are too many stories out there from people who have been victim to some exceptionally cruel experiences because of weight stigma, discrimination and fatphobia. BUT I believe this shouldn't deter people from finding help."

<https://firststepsed.co.uk/fat-and-fearful-of-recovery/>

“

I feel there were so many missed opportunities in my life because of both my excessive focus on my weight, and the eating disorders. There were childhood dreams never realised, friendships and relationships lost, career opportunities not followed through, wonderful experiences never experienced.

I guess my story began at the young age of 7, when, as a 'chubby child', I was encouraged to go on a diet (in a misguided attempt to help me get control of my weight) and I never really stopped dieting from there.

At 13, my dieting habits changed into periods of severe restriction followed by excessive eating - and so the cycle began, by 17, I was purging and soon became a habitual behaviour.

Shirley Peacock

MY LIFE WITH AN EATING DISORDER IN A LARGER BODY



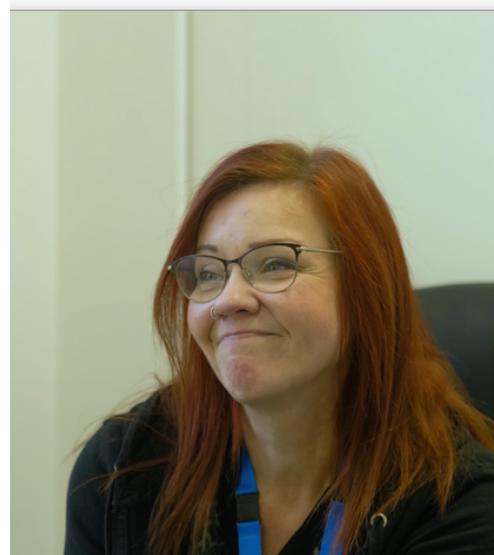
READ SHIRLEY'S STORY AT WWW.FIRSTSTEPSED.CO.UK/MY-LIFE-WITH-AN-EATING-DISORDER-IN-A-LARGER-BODY/

Psychoeducation and Therapeutic Intervention in the Treatment of Obesity

AN EFFECTIVE ALTERNATIVE OR SUPPLEMENT TO CLINICAL INTERVENTIONS.

Research has shown that individuals with obesity and comorbid eating disorders are at higher risk for several medical and psychosocial complications than individuals with either condition alone. Yet, healthcare professionals specialising in obesity treatment are often not skilled or able to address eating disorder behaviours, and when these present, will likely see unsuccessful weight management interventions.

Whilst objectives and approaches may look different, professionals working in the fields of either obesity and/or eating disorders recognise the common goal of promoting a healthy relationship with food and our bodies. It's important that patients living in larger bodies and presenting with disordered eating behaviours receive coordinated and effective treatment to prevent any physical and mental health consequences.



In conversation with Shirley, employed by First Steps ED as an NHS Peer Support Worker working with our NHS clinical colleagues in Specialist Adult Eating Disorders. Shirley discusses her lived experience living with obesity and disordered eating, and her journey through recovery.

Scan the QR code or Click [here](https://bit.ly/3nwV4aA) to watch or visit <https://bit.ly/3nwV4aA>





Shared pathways for eating disorders and obesity have been studied internationally to raise awareness around the complexity and multi-factorial nature of the common contributors to these issues with our relationship with food.

Findings have previously demonstrated that disordered eating was associated to both eating disorders and weight status, with diet culture and emotion dysregulation directly associated with the presenting behaviours. The same study also pointed to the impact of poor relationships with, or access to food and exercise in contributing to poor body image (risk factors for eating disorders and obesity, simultaneously) and signaling the complex interaction of psychosocial factors that underlie these concerns.[1]

Research of this nature provides evidence for psycho-education approaches which recognise the psychosocial impact and risk factors involved in maintaining eating disorders and obesity, with particular attention on environmental stressors such as diet culture and weight stigma which exacerbates poor health outcomes [2]

"people with excess weight and obesity usually experience stigma from a young age, which negatively affects both mental health (increased likelihood of stress, depression, anxiety and developing eating disorders) and physical health" [2]

FURTHER READING:

[1] Examining Shared Pathways for Eating Disorders and Obesity in a Community Sample of Adolescents: The REAL Study, *Frontiers in Psychology* (<https://www.frontiersin.org/articles/10.3389/fpsyg.2022.805596>)

[2] Tackling obesity: Improving policy making on food and health, Institute for Government 2023 (<https://www.instituteforgovernment.org.uk/sites/default/files/2023-04/tackling-obesity.pdf>)

Obesity with Comorbid Eating Disorders: Associated Health Risks and Treatment Approaches (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6073367/>)

Overcoming the cultural barriers

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9875472/>

Health inequalities impact physical and mental health outcomes between different groups within society. Areas of concern often include (but not limited to) the health conditions they may experience and the services that are (or not) available to them.

It is important that healthcare professionals take a person-centred approach to care and have an understanding of the unique experiences of diverse socio-economic backgrounds, ethnicities and cultures.

Recognising there is no one-size-fits-all approach to support can promote effective access to services, particularly when patients provide real-time feedback and support the development and innovation of new care models.

Mental health statistics: prevalence, services and funding in England

A 2023 report from the UK Parliament published key data and findings which explored the prevalence of mental health conditions in the UK, and available services and funding.

It found that recovery and improvement rates varied between socioeconomic groups, with some minority groups less likely to see positive outcomes.



People living in more deprived areas were less likely to experience improvement or recovery than those living in less deprived areas.

People with disabilities were less likely to experience improvement or recovery than those without disabilities.

People identifying as bisexual were less likely to experience improvement than people identifying as straight.

People in Bangladeshi, Pakistani, Mixed and Other Ethnic Groups were less likely to experience improvement and recovery than those identifying as White British, Indian, African or Caribbean.

Understanding Pathways

Tier One: Local Authorities and Primary Care

Prevention and reinforcement messaging and initiatives for healthy eating and regular exercise. Tier one is delivered by local public health teams and carried out in primary care settings by healthcare professionals such as **GPs, nurses, health visitors, school nurses** etc. often with support from pharmacists, local leisure providers and allied organisations.

Tier Two: Local Authorities and Community Care

Lifestyle weight management, delivered by **community-based local services**. Support and advice are often centred around diet, nutrition, lifestyle and behaviour change in a peer-group setting. These services are only available for a limited time period (often only 12 weeks.)

Tier Three: Specialist Clinical Services (Outpatient)

Specialist weight management clinics that provide non-surgical intensive medical management with a clinician-led multidisciplinary team (MDT). The MDT consists of healthcare professionals with a special interest in obesity (including (but not limited to) physician, specialist nurse, dietitian, psychological support and specialist exercise therapists/physiotherapist.

Tier Four: Specialist Clinical Services (Inpatient)

Surgical and pharmaceutical therapies, performed in secondary care and supported by a clinician-led multidisciplinary team (MDT), including pre-operative assessment and post-operative care and support.

The NHS has recently approved pharmaceutical weight loss interventions and is currently carrying out NICE assessment for 12-17 year olds. However, the long-term (five years) clinical outcomes require more research and evidence.

Our Proposal

First Steps ED holds several NHS Standard Contracts as the primary care Tier 1 and Tier 2 mild-to-moderate eating disorder service on behalf of Integrated Commissioning Boards and where directly commissioned by NHS secondary care services employs a specialist integrated NHS/VCSE team working with Tier 3 specialist outpatient services supporting patients in the home and community.

LET'S WORK TOGETHER



OUR OBJECTIVES:

- ✓ To offer inclusive and effective community support to individuals of all ages, genders and backgrounds.
- ✓ Delivering early intervention, and education around psychopathology in relation to personal, environment, genetic and social influencers to understand which factors are within ones control.
- ✓ To continue developing a comprehensive understanding of the epidemiology of obesity and which personal circumstances can support the individual to live with a health weight.



OUR AIM IS TO...

Support people with disordered eating who are at higher weight, based on the premise that every person with an eating disorder is deserving of equitable, safe, accessible, and evidence-based care regardless of their body size, bringing together research evidence, clinical and non-clinical expertise and lived experience to improve healthcare systems and care pathways for all.

These interventions would include advice and guidance, one-to-one therapy, guided self-help programmes and parent/carer support programmes. The charity is also focused on prevention and through its work proactively delivers campaigns through a range of social media channels and works across the education sector delivering early intervention psycho-education workshops to students and teachers in primary and secondary schools.

Despite the high prevalence, eating disorders experienced by people with higher weight have been consistently under-recognised and under-treated, and there has been little to focus on the management of eating disorders in this population.

It is important to recognise that behaviours are influenced by a combination of biological, psychological and social factors. Eating is an essential part of daily life and it meets a range of social and psychological needs. For many, over-eating may have developed as a way to regulate emotions and children who have been bullied may learn to use food as solace. Interventions can address self-esteem and self-efficacy, help individuals to cope with the re-emergence of old habits, especially under stress, tackle unhelpful thoughts and beliefs about themselves and encourages healthy lifestyles (BPS, 2019).

BRITISH PSYCHOLOGICAL SOCIETY., (2019), PSYCHOLOGICAL PERSPECTIVES ON OBESITY.

[HTTPS://WWW.BPS.ORG.UK/NEWS-AND-POLICY/PSYCHOLOGICAL-PERSPECTIVES-OBESITY-ADDRESSING-POLICY-PRACTICE-AND-RESEARCH](https://www.bps.org.uk/news-and-policy/psychological-perspectives-obesity-addressing-policy-practice-and-research)



EVIDENCE BASE:

People with a lived experience of an eating disorder who are of higher weight report being misdiagnosed, dismissed by health professionals, or excluded from eating disorder treatment services. This population is often absent from eating disorders research, except for binge-eating disorder.

Eating disorders carry a stigma that sufferers are of a low body weight and the evidence is that many people of a healthy weight are impacted by this health inequality. The most common eating disorders are binge-eating disorder, other specified feeding or eating disorder (OSFED) and bulimia nervosa, and these occur in people across a broad range of body types [1].

Eating disorders are common and increasing in prevalence. This is particularly true for people with eating disorders who are of higher weight. This population comprises more than half of all people struggling with body image and their relationship with food with rates increasing in people with higher weight.

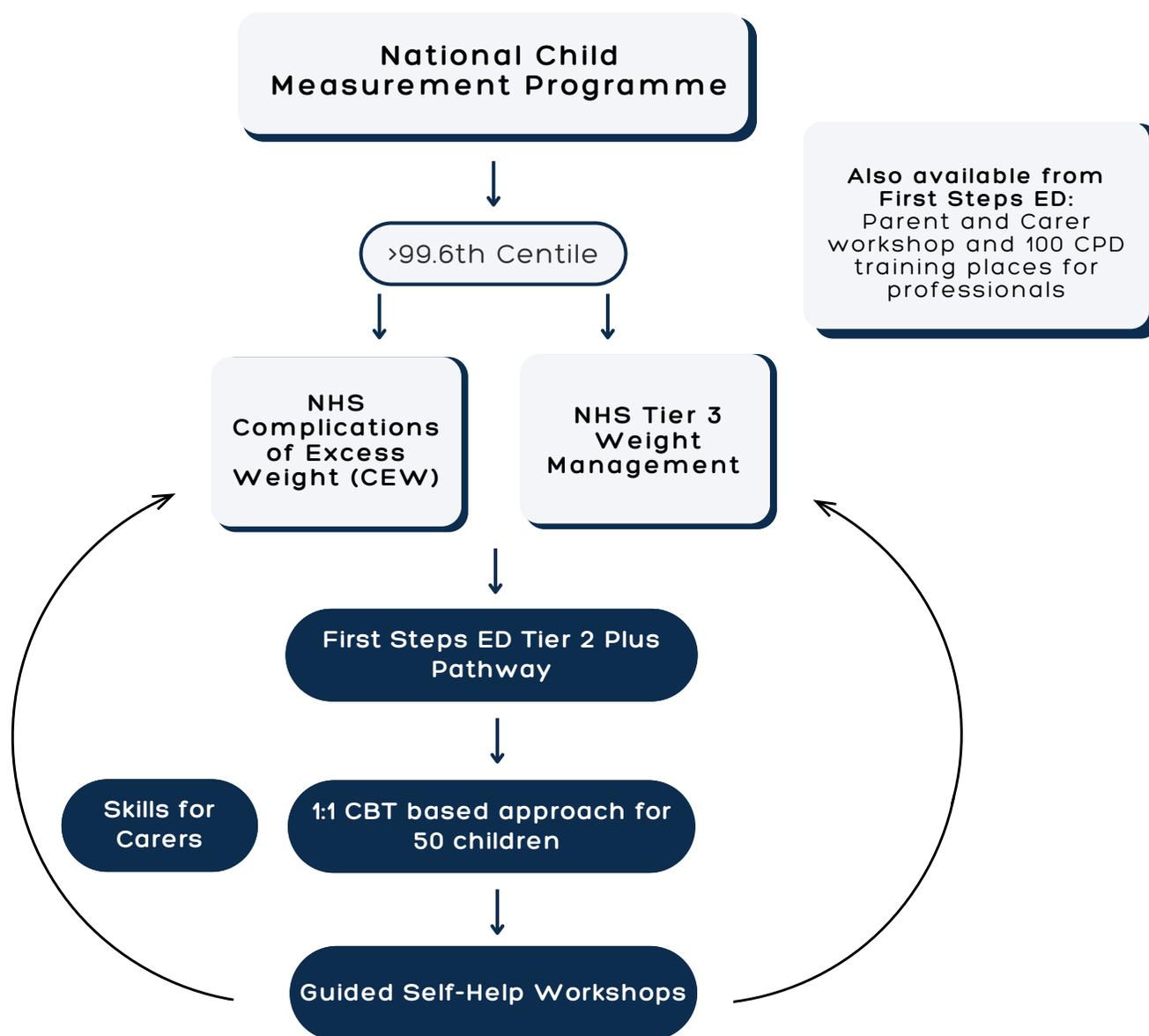
There are also risks associated with eating disorders and diabetes where insulin restriction (Diabulimia) is used to control body weight [2].

Up to the inclusion of bulimia nervosa in DSM-III in 1980 [1], the only eating disorder that was recognised was anorexia nervosa, historically associated with a low BMI.

Anorexia Nervosa - 0.2-0.8% of eating disorders population; Bulimia Nervosa - 1% of eating disorders population; Binge Eating Disorder - 15-3% in general population and 30-40% of those seeking treatment for obesity [2].

First Steps ED

'Tier 2 Plus' Programme for Lifestyle, Activity and Nutrition Services Pathway.



Tier 2 Plus Pathway

We're working alongside Public Health teams at Derby City and Derbyshire County Council's, and the Children and Young Persons Commissioning Team at Joined Up Care Derbyshire, to deliver a pilot in partnership with Tier 2 Weight Management services and Community Mental Health Teams in schools.



AIMS: The aims of this pilot (for the system) are:

- ✓ To enhance integrated services and joined up care for Children and Young people (CYP) who are severely obese and obese currently being supported on the weight management pathway.
- ✓ To gain valuable insight from Children and Young people, parents/guardians and professionals around the support provided whilst navigating the pilot pathway.
- ✓ To utilise insight/learning from this prototype to inform a scalable model across NHS Derby Derbyshire Integrated Care System.

Partners involved in this pilot

First Steps ED is working with our Highly Specialist Tier 3 Paediatric Complex Obesity Dietitian providing clinical supervision to the specialist eating disorder staff working with 50 children and young persons cohort accessing the **Tier 2 Plus Pilot Pathway**.



AIMS: The aims of this pilot (for the young person) are:

- ✓ To provide specialist behavioural disordered eating support for children and young person ≥ 99.6 th Centile identified by the school nursing service. (Identified by Joined Up Care Derbyshire Children's Board as a system risk).
- ✓ To identify the early onset development of co-morbidities because of obesity related disordered eating psychopathology in children and young people.
- ✓ To provide an effective treatment pathway to support children and young people manage co-morbidities

Support for those identified as a system risk (≥ 99.6 th Centile)



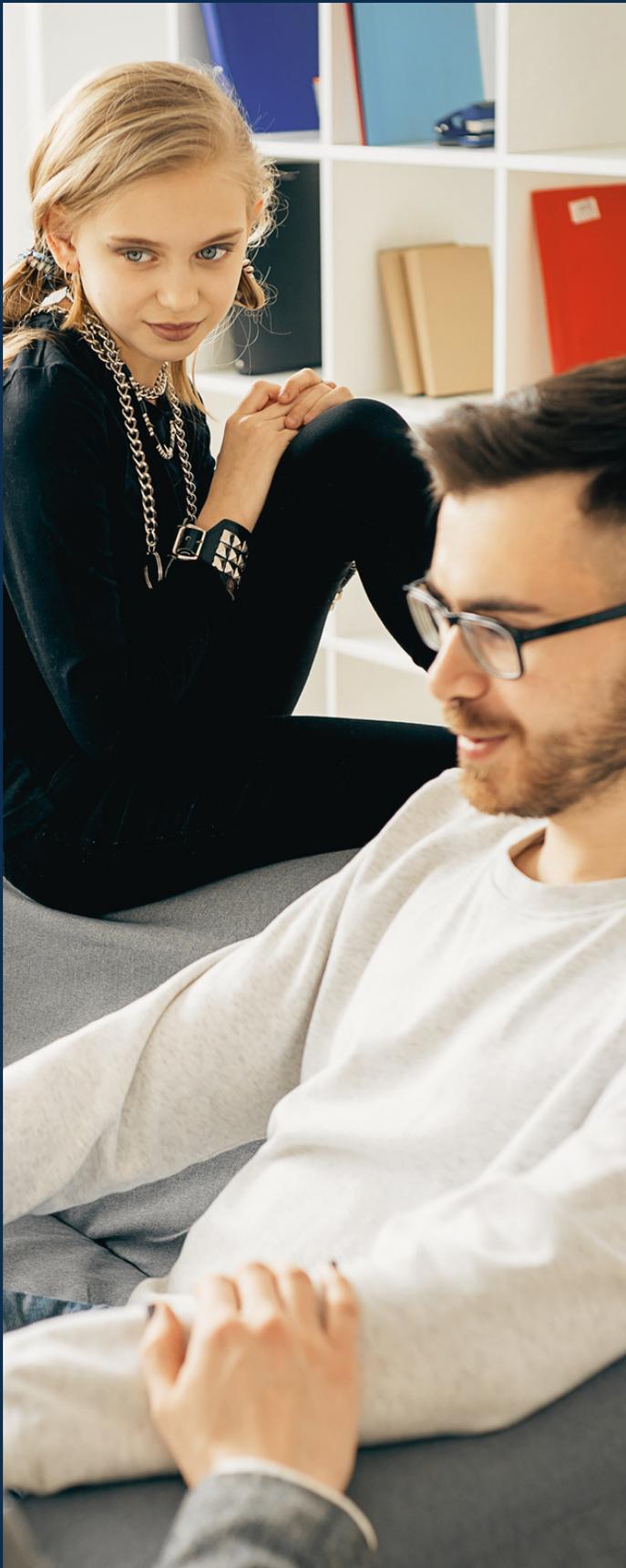
PSYCHOLOGICAL THERAPY FOR CHILDREN AND ADOLESCENTS:

Psychological treatment should be offered as first-line treatment approach for CYP with Binge Eating Disorders (BED) Other Specified Feeding or Eating Disorder (OFSED) or Unspecified Feeding or Eating Disorder (UFED) and Subsyndromal Eating Disorders (poor and/or distorted body images and practice restrictive and/or pathogenic weight control behaviours).

PHYSICAL ACTIVITY

Physical activity interventions should focus on physical activity for positive physical and mental health benefits and away from exercising for weight or shape change.

If compulsive exercise is present, referral to an exercise physiologist experienced in working with larger-bodied people and eating disorders populations is desirable.



FAMILY AND OTHER INTERVENTIONS FOR CHILDREN AND YOUNG PEOPLE

Include families and other carers when indicated for anyone with an eating disorder. Family psychoeducation around impacts of body and eating conversations should include modelling body image acceptance, weight stigma and a focus on health in recovery.

NUTRITIONAL AND MANAGEMENT

Nutritional/medical guidance should minimise language that can reinforce poor self-worth and contribute to worsening eating disorder behaviours. Irrespective of body size, addressing malnutrition and poor diet quality is essential.



EXERCISE AND PHYSIOTHERAPY

Physiotherapy has a unique role to play in the treatment of eating disorders and obesity, as a member of the multidisciplinary team using physical therapeutic interventions and education to help CYP overcome and to accept their body image through advice, education, and management of the various physical and psychological components plays a vital role.

SLEEP AND MANAGEMENT

Keeping a regular sleep schedule is a major component of sleep hygiene, and getting enough quality sleep can improve dietary decision-making and contribute to wellbeing reducing levels of anxiety around body image ideals. Sleeping well can reduce overeating and may facilitate more physical activity by helping you feel more energetic and focused.

The aim of this pilot is to synthesise the current best practice approaches to the management of eating disorders for people who are of higher weight. The focus is on the treatment of the eating disorder behaviours, with consideration of higher weight. The aim is not to address weight loss or treatment of obesity.

Further information and reading

Thank you for reading. For more information about First Steps ED work, scan the QR code or visit <https://firststepsed.co.uk/psychoeducation-and-therapeutic-intervention-for-obesity/>



For further information and reading please see the following resources, articles, research and more, recommended by our team, partners and collaborators.

Obesity Policy Engagement Network (OPEN) The Need for Collaboration to Deliver Improved Obesity Policies (2023).
<https://youtu.be/Yx8vIVmgb44>

Institute for Government (UK) Tackling obesity; Improving policy making on food and health (2023)
<https://www.instituteforgovernment.org.uk/sites/default/files/2023-04/tackling-obesity.pdf>

National Eating Disorders Collaboration (NEDC) Management of eating disorders for people with higher weight: clinical practice guideline (2022)
<https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-022-00622-w>

National Institute for Health and Care Excellence (NICE) Obesity: Identification, assessment and management: Clinical guideline CG189 (updated 2022)
<https://www.nice.org.uk/guidance/cg189/chapter/Recommendations#assessment>

National Institute for Health and Care Excellence (NICE) Obesity: Semaglutide for managing overweight and obesity: Technology appraisal guidance TA875 (2023)
<https://www.nice.org.uk/guidance/TA875>

Hiba Jebeile, Sol Libesman, Hannah Melville, et al. (2023) Eating disorder risk during behavioural weight management in adults with overweight or obesity: A systematic review with meta-analysis.
<https://doi.org/10.1111/obr.13561>

José Francisco López-Gil; Antonio García-Hermoso, Lee Smith, (2023) Global Proportion of Disordered Eating in Children and Adolescents: A Systematic Review and Meta-analysis.
<https://jamanetwork.com/journals/jamapediatrics/article-abstract/2801664>

Amanda Raffoul PhD, Samantha L. Turner BS, Meg G. Salvia MS, S. Bryn Austin ScD (2023) Population-level policy recommendations for the prevention of disordered weight control behaviours: A scoping review. <https://doi.org/10.1002/eat.23970>

Nicole Obeid, Martine F, Annick Buchholz, Katherine A. Henderson, Nick Schubert, Giorgio Tasca, Helen Thai, Gary Goldfield (2022) Examining Shared Pathways for Eating Disorders and Obesity in a Community Sample of Adolescents: The REAL Study.
<https://doi.org/10.3389%2Ffpsyg.2022.805596>

Agnes Ayton, Ali Ibrahim (2020) Royal College of Psychiatrists (RCPsych) The Western diet: a blind spot of eating disorder research? - a narrative review and recommendations for treatment and research. <https://doi.org/10.1093/nutrit/nuz089>

Tatyana Bidopia, Alejandra Vivas Carbo, Rachel A. Ross, Natasha L. Burke (2023) Food insecurity and disordered eating behaviours in children and adolescents: A systematic review.
<https://www.sciencedirect.com/science/article/abs/pii/S1471015323000314>

Agnes Ayton, Ali Ibrahim, James Dugan, Eimear Galvin, Oliver Wroe Wright (2021) Ultra-processed foods and binge eating: A retrospective observational study. <https://doi.org/10.1016/j.nut.2020.111023>

Faris M. Zuraikat, Sanja Jelic, Marie-Pierre St-Onge (2023) Wake up! It's time to recognise the importance of sleep in metabolic health. <https://doi.org/10.1002/oby.23776>

Ruby Moreno, Sara M. Buckelew, Erin C. Accurso, Marissa Raymond-Flesch (2023) Disparities in access to eating disorders treatment for youth and youth of colour: a retrospective cohort study. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9875472/>

Nicula, M., Pellegrini, D., Grennan, L., Bhatnagar, N., McVey, G., & Couturier, J. (2022). Help-seeking attitudes and behaviours among youth with eating disorders: a scoping review. *Journal of Eating Disorders*, 10(1), 21. <https://doi.org/10.1186/s40337-022-00543-8>

Andrea B. Goldschmidt PhD, Christina C. Tortolani PhD (2023) The parents aren't alright, either. <https://doi.org/10.1002/eat.23983>

Rienecke R. D. (2017). Family-based treatment of eating disorders in adolescents: current insights. *Adolescent Health, Medicine and Therapeutics*, 8, 69-79. <https://doi.org/10.2147/AHMT.S115775>

Russel, P. (03 March 2023). Short-Staffed Eating Disorder Services 'Unable to Meet Growing Demand'. Medscape UK. <https://www.medscape.co.uk/viewarticle/short-staffed-eating-disorder-services-unable-meet-growing-2023a10004i7>

Lewis, H. K. & Foye, U. (2021). From prevention to peer support: a systematic review exploring the involvement of lived-experience in eating disorder interventions. *Mental Health Review Journal*, 27(1). <https://doi.org/10.1108/MHRJ-04-2021-0033>

Downs, J., & Mycock, G. (2022). Eating disorders in men: limited models of diagnosis and treatment are failing patients. *BMJ*, 376. <https://doi.org/10.1136/bmj.o537>

Jones, M. & Brown, T. (n.d). Why Early Intervention for Eating Disorders is Essential. National Eating Disorders Association. <https://www.nationaleatingdisorders.org/blog/why-early-intervention-eating-disorders-essential>

Eating Disorder Hope (27 May 2020). Eating Disorders and Co-Occurring Mental Health Disorders. <https://seedsofhope.pyramidhealthcarepa.com/eating-disorders-and-co-occurring-mental-health-disorders>

Cohrdes, C., Santos-Hövenner, C., Kajikhina, K., & Hölling, H. (2021). The role of weight- and appearance-related discrimination on eating disorder symptoms among adolescents and emerging adults. BMC public health, 21(1), 1751. <https://doi.org/10.1186/s12889-021-11756-y>

Colmsee, I.-S. O., Hank, P., & Bošnjak, M. (2021). Low self-esteem as a risk factor for eating disorders: A meta-analysis. Zeitschrift für Psychologie, 229(1), 48-69. <https://doi.org/10.1027/2151-2604/a000433>



We are experts by experience, a quality-assured, research-based Charitable Incorporated Organisation (1185092), and a leading light working as an integrated partner in the health and education environments.



info@firststepsed.co.uk
www.firststepsed.co.uk

Thank you!