Why we offer carer consultations

Families who find themselves caring for a young person with an eating disorder often express a feeling of overwhelming confusion and bewilderment. The strangeness of the illness, the high levels of distress in their child, the extreme behaviours, and the intensity of the treatment process can all result in families struggling with family led refeeding and recovery. Some families struggle to get off the starting blocks at the beginning of treatment, others stumble further along, some get fatigued and run out of energy, and others find the return to normal family life challenging.

At all stages of the treatment process, access to a carer with lived experience provides normalisation of the situation, hope for a successful outcome, assistance with shifting ways of thinking about what is happening to them and their child, ideas and tips on strategies that work, and primarily just a sense that someone ‘gets it’.

Within the treating team, we aim to build trust in the team by supporting their approaches. Clinicians frequently find the sessions educational.

What we offer

All CAMHS/CYMHS and publicly funded eating disorder services can request a carer consultation with our Carer Consultant. A Senior CEED clinician is also allocated to the consultation and both attend the consultation. Our aim is to build capacity of services to better support families. Therefore we work closely with the consultee(s) to establish and understand the current situation for the family and subsequently focus the carer consultation to make it relevant for the particular family’s situation.
Prior to the face-to-face consultation, the CEED clinician and carer consultant will conduct a phone interview with the consultee to establish: the purpose of the consultation, the challenges of the case, and if there are any other considerations outside of a carer consultation that may support the case.

The CEED clinician will chair the meeting. They will explain the structure of the session.

Each person will introduce themselves, and describe how they perceive the current situation or ‘problem’.

Each family member will be asked for their view of the current situation. The clinician can add additional information and/or their perspective.

The carer consultant will share information about her role, her involvement in the carer community and elements of her story (in a way to relates as close as possible to the case) as per the earlier conversation with the clinician.

The carer consultant will provide tailored insights and advice to the attending carers utilising her own experience and knowledge and that of the broader community of carer's experience and knowledge. The CEED clinician acts as a time keeper and contains/re-directs discussion as needed. The CEED clinician may also provide clinical insight and support where appropriate.

As a team, the group may develop a short-term change plan for the family to implement.

The CEED clinician will write up a summary of the consultation. The carer consultant will review the summary and contribute before it is sent to the care team.