

# Newsletter

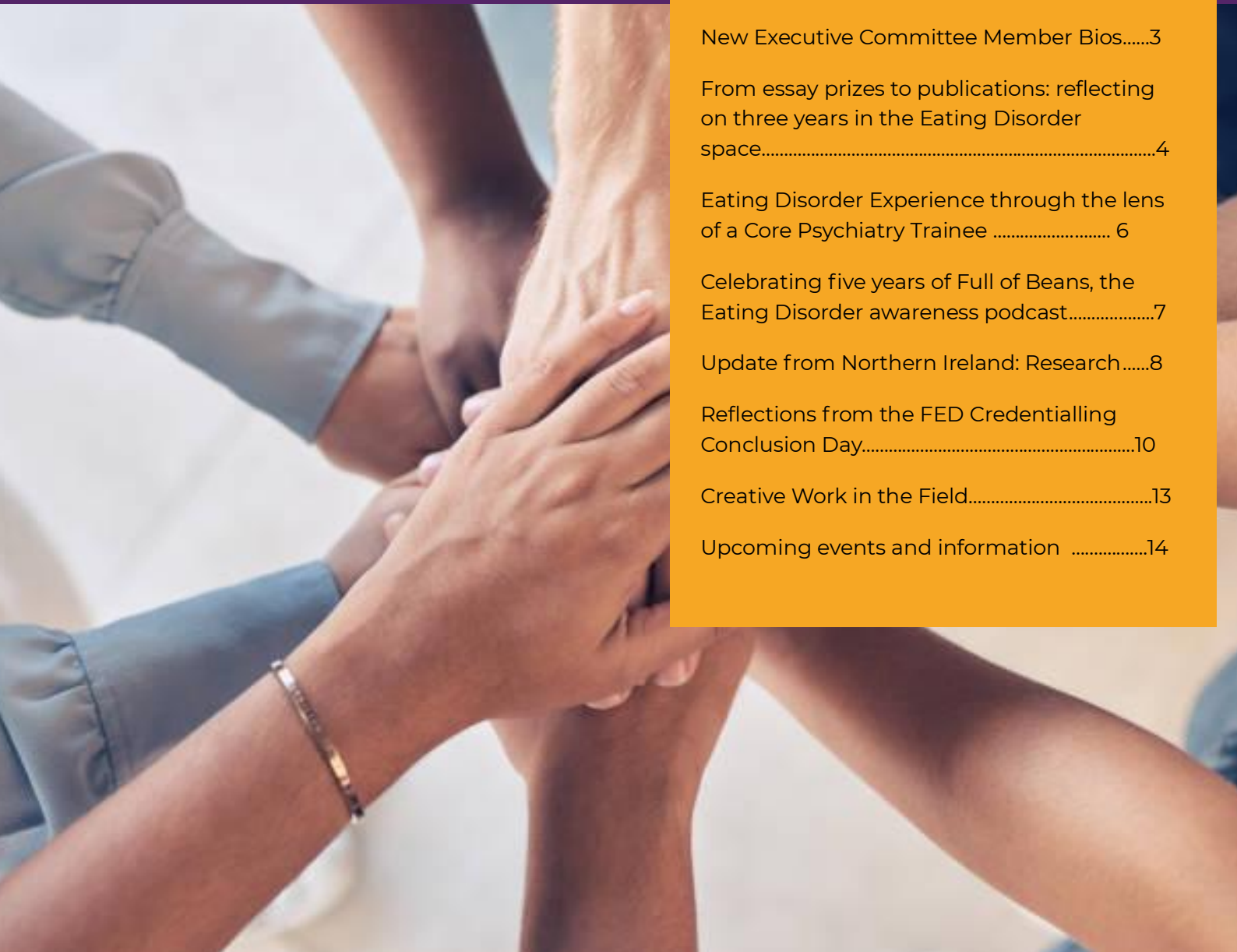
Spring 2026



# Eating Disorder Faculty

## Contents

Editors' Introduction.....	1
Chair's update: Let Wisdom Guide.....	1
New Executive Committee Member Bios.....	3
From essay prizes to publications: reflecting on three years in the Eating Disorder space.....	4
Eating Disorder Experience through the lens of a Core Psychiatry Trainee .....	6
Celebrating five years of Full of Beans, the Eating Disorder awareness podcast.....	7
Update from Northern Ireland: Research.....	8
Reflections from the FED Credentialling Conclusion Day.....	10
Creative Work in the Field.....	13
Upcoming events and information .....	14



## Editors' introduction

Thank you for taking the time to read our newsletter. The Eating Disorder Faculty welcome the opportunity to celebrate the work of our members, both within the Faculty and without in the wider community of interest. Each of the pieces here speaks to the spirit of creativity, innovation and dedication to the speciality that we want to promote and celebrate.

*Our editors, Dr David Coyle and Dr Louise Johnston, are always open to submissions for future editions of the Newsletter so by all means get in touch. The Faculty can be contacted through Stephanie Whitehead, the Faculty Manager: [Stephanie.Whitehead@rcpsych.ac.uk](mailto:Stephanie.Whitehead@rcpsych.ac.uk)*

## Chair's update: Let Wisdom Guide



It is great to connect with you all and welcome you to this latest edition of the Faculty of Eating Disorders Newsletter which coincides with the completion of 100 years of receiving the Royal Charter by the RCPsych on 13 March 2026. It was an amazing experience to meet (again) and listen to past presidents ([Dr. Lade Smith CBE \(current\)](#), [Dr Adrian James](#), [Professor Sir Simon Wessely](#), [Professor Dinesh Bhugra](#), [Professor Sheila, the Baroness Hollins](#), [Dr. Mike Shooter](#), [Professor John Cox](#)) talk about their journey to becoming president of the College and how

they shaped the future of psychiatry and the mental health world over the last few decades.

The common theme was their compassion for both psychiatrists and the patients and carers for whom we all work. All of them contributed heavily to research, service development, innovation, workforce and training in psychiatry and it is a great opportunity for all of us to join forces to contribute to new challenges which face us and work together to make things better for mental health services.

It will be important to share that the Department of Health and Social Care (DHSC) is putting together a severe mental illness modern service framework to deliver on nationwide changes in mental health care as part of the NHS long term plan. It will focus on improving evidence based pathways, reducing inequalities and offering enhanced care in communities. It is being led by Dr Adrian James (NHSE Medical Director for Mental Health And Neurodiversity) and we at the Faculty of Eating Disorders are working with him to enhance care for eating disorder patients.

It is important that we get it right as the number of people with eating disorders has increased significantly (an estimated 3.6 million people present with eating difficulties in UK) and the number of hospital admissions because of eating disorders has gone to 29,000 a year and more and it puts significant strain on the psychiatry workforce and clinical teams which are working under immense pressure to deliver the best care to our patients. There is a huge treatment gap in the field of eating disorders, and we need to innovate and improve access to care for our patients to reduce waiting times for our patients.

We are hoping to publish our "Prevention in Eating Disorder" and "Severe and Long Standing Eating Disorders" position statements later this year which demonstrates our commitment to continue to work to improve knowledge and awareness about eating disorders.





Vice Chair Agnes Ayton, Chair Ashish Kumar and Academic Secretaries Hubertus Himmerich and Lisa Mukherjee

Please join us for the Faculty Of Eating Disorders Spring Conference "Empowering Clinicians in the Field of Eating Disorders" online on 20 May 2026. We have a great line-up of eminent speakers from the USA, Norway and the UK who are going to take you on the journey of exploration of the evidence from the deep layers of cognition and mentalisation to the use of Ketamine as a possible solution to help eating disorder patients. We will have an opening message from Dr Lade Smith CBE the President of the RCPsych and a key note address from Dr Adrian James NHSE National Medical Director for Mental Health who will share more information about the severe mental illness and eating disorders modern service framework.

In addition, we will hear how the eating disorders credential programme has helped improve training and care in the field of eating disorders nationally and how liaison psychiatry can help enhance the care of the patients with eating disorders.

And please save the date for our exciting two day annual conference in the vibrant environment of Liverpool later in the year on 19/20 November 2026. We will welcome our members, patients, carers, and partners to work together to improve eating disorder services. We continue to offer a number of bursaries to medical students and psychiatry trainees to attend our annual conferences so do look out for announcements about those.



The Faculty of Eating Disorders awards two research bursaries worth £2500 each as well as an annual essay prize worth £500 which have helped raise awareness about eating disorders and attract more doctors to our field.

Some of the past research bursary winners have conducted research on important topics such as the ARFID pathway; the association of the Gut Microbiome with ED; surveys of workforce training needs; and the link between self-reported disordered eating and clinical diagnosis of eating disorders. Look out for announcements coming shortly and apply for these research bursaries and prizes.



It is a challenging time for our field but please do get involved with our academic, research, education and training, advocacy, and communications related activities.

With best wishes

**Dr Ashish Kumar**  
**Chair, Faculty of Eating Disorders**  
**The Royal College of Psychiatrists**



## New Executive Committee Member Bios



I've been a Child and Adolescent Psychiatrist at Surrey & Borders Partnership NHS Foundation Trust for the past 16 years and I've worked in the Surrey Wide Eating

Disorder Service for Children and Young People for 15 of those years. I'm the Clinical and Medical Lead for the service and I am also the Training Program Director for the HST Child and Adolescent Psychiatry in Kent, Surrey, Sussex. I supervise both Core and Higher Specialist Trainees. I also do a small amount of medico-legal work in my spare time.

Up until recently, I was the Clinical Lead for the Surrey Heartlands Provider Collaborative, but five years was sufficient in that role, so I moved on to the TPD role. I've previously sat on a College Question Writing Panel and on what was then called the Psychiatric Trainee's Committee.

I'm newly Elected to the Child and Adolescent Faculty Executive and coopted to the Eating Disorder Faculty Executive. Being a Child Psychiatrist, I'm interested in early intervention. My team has had an admission avoidance arm for the past ten years, so I'm interested in that too. I want to bring together my experience as a trainer, a clinician and as a medical manager in my College work.

I'm married to a fellow Psychiatrist and we have two kids and a very elderly dog. Riding horses, yoga and pilates help me to unwind.

*Dr Shereen Haffejee*



I graduated from Newcastle University Medical School in 1998 and have spent my whole career in the North East of England. I initially trained in General Medicine but soon realised that I was primarily

interested in mental health and communication skills and commenced psychiatric training in 2001. I became interested in Eating Disorders after being accidentally allocated a patient with anorexia nervosa as a CBT training case and experiencing first hand the effectiveness of appropriate psychological interventions.

As a specialist registrar I undertook placements in community and in-patient eating disorders, training in CBT and gained experience of motivational interviewing, systemic and psychodynamic psychotherapy models.

In 2011, I was appointed as Consultant Psychiatrist in Adult Eating Disorders in Newcastle upon Tyne. I initially worked in the community team, including leading an Intensive DBT programme for 2 and a half years. Since 2015, I have worked primarily on Specialist In-patient units- including a 3 year secondment to provide clinical leadership, training and support service improvement in a failing unit elsewhere in the country.

Working in the North East of England, much of my career has been spent in small teams with no other psychiatric colleagues and trying to make "a little go a long way". The wider world of eating disorder psychiatry can feel very distant,

I currently work across the pathway providing clinical leadership to a 5 bedded SEDU, an



intensive day service and have a small community case load. I supervise medical students, psychiatry trainees, SAS doctors and specialist nurses. I am part of the leadership team in my service and provider collaborative and am author of regional protocols and Trust Policies.

I decided to stand for election as I wanted to use my accumulated skills and experience to contribute to national projects. I also wanted to ensure representation of those of us working in more remote and less well recruited parts of the UK. I firmly believe in the importance of psychiatrists in leading the delivery of holistic biopsychosocial treatment for eating disorders and am keen to promote the speciality amongst trainees and to take any opportunity to advocate for better care and treatment for our patients.

Please feel free to get in touch with me if you have questions about the role of the committee or concerns you would like to share.

*Dr Caroline Reynolds*



I'm Dr Joanne Wallace, ST5 in CAMHS and currently I am one of the Northern and Yorkshire Reps for the RCPSYCH Psychiatric Resident Doctors committee (PRDC). As part of this role I have volunteered to be

the PRDC rep for the Faculty of eating disorders. This is an area of psychiatry I am passionate about working in, especially in CAMHS where the focus is on early intervention and identification through collaborative working across specialist and generalist teams.

I hope to help contribute to improving our understanding of the current opportunities for psychiatry resident doctors to access training in eating disorders and improving psychiatry

training in this area to ensure that all psychiatrists can effectively support patients who are at risk or suffering from eating disorders across the lifespan.

*Dr Joanne Wallace*

## From essay prizes to publications: reflecting on three years in the Eating Disorder space

It can be easy in 2026 to feel disillusioned with research. The advent of AI technology has brought with it a host of new possibilities, including improved access to literature, ease of data handling and writing refinement. However there are a number of double edged swords which are being figured out in real time, including the issues surrounding fraudulent papers and journals, exploitation of the indexing process of scientific articles and plagiarism to name a few.(1,2)

These really are uncertain times, and the ongoing research into eating disorders (ED) is no less affected by the AI wave.(2)

Many of my colleagues in other specialities are also feeling the crunch of the, for want of a better term, *normalisation* of being a first author as a mandatory CV 'feather in the cap' for consideration of relatively junior medical training roles – anecdotally and from expert opinion the quality of research suffers as contemporaries are drawn into projects with which they share neither affinity or interest.(3)

I hope my research journey can act as inspiration for anyone at any stage of their career who was in my shoes 3 years ago, that yes, you can still make a meaningful contribution and that yes, in amongst the AI and the uncertainty, it's still possible to do good work and change practice for the better.

Re-winding the clock 3 years then, I submitted an essay prize project at the time in 2023 on the



subject of novel treatments for Eating Disorders, writing what I thought was an interesting take on how online apps, glucose sensors and remote consultations could lead to a new model for outpatient care. Suffice to say, cramming the whole project into a hasty 4 day marathon reading any and every paper on e-health technology and Anorexia was not going to be a recipe for success. I didn't win but the experience was the foot in the door I needed to start to get involved in the Eating Disorders world.

The essay prize led to attending the Autumn Faculty conference in London, and crossing paths with Dr Ayton whom I had met back when I was a medical student. Dr Ayton gave me the tools to get involved in my first peer-reviewed project for the Journal of Eating Disorders looking into harm reduction for the treatment of severe anorexia.(4) Progressing to published research was less a master-plan, but a snowball effect- finding that as my confidence grew, I was able to hone my skills in appraising the eating disorders literature and zeitgeist. Within 18 months, I had gone from looking up the difference between Anorexia and Bulimia to having opinions about the ethics of different treatment approaches. The final piece, available online as *"Harm reduction in severe and long-standing Anorexia Nervosa: part of the journey but not the destination—a narrative review with lived experience"* has surprised me with the degree of engagement. It has been great to see how the project has continued to advance the conversation into the role of harm reduction in Anorexia, and has allowed me to meet Phillippa Hay (albeit virtually, still one of the greats!). I am also very fortunate to work with James Downs, who has provided lived patient experience perspectives for all our work, and instilled a real attention to this side of the research in my own approach. Having this type of exposure at the start of my psychiatry career I hope will only continue to shape my own practice and keep the patient voice close at hand for everything I do.

Which brings me nearly up to date on my research journey. This February we published the piece *"Modernising the Mental State Examination: embedding eating and nutritional assessment into the 21st-century MSE"* within the BJPsych bulletin.(5)

Moving from strength to strength, we examined the fundamentals of how the mental state examination (MSE) is caught lacking with inquiry into nutrition and eating disorders/behaviours. The tool, used worldwide by psychiatrists and other healthcare professionals has potential to be updated leading to better detection and characterisation of eating behaviours and cognition.

We again were fortunate to have the lived experience voice of James, who brought real examples of how eating behaviours and nutrition are frequently overlooked during routine psychiatric assessment.

One particular detail that stood out to me from this project, and I am sure will be of interest to the readers of this newsletter, is how the psychiatric establishment clings to thorough assessment and emphasis on psychotic disorders despite the fact that disordered eating and eating disorders are often equally prevalent if not more so in the general population.(6) Even amongst psychotic disorders, nutrition remains a key component of their care and recovery, and so I am proud to draw more attention to this issue which I am sure will continue to receive further attention with the growth of the nutritional psychiatry field.

Furthermore, as this project has been written as an educational article, we are hoping that it raises awareness and attention amongst newly qualified psychiatrists- which as I am learning is one of the steps needed to rectify the shocking investment in eating disorders research.(7)

And so, as I bring myself back to the present and view the whole picture, within 3 short years I have gone from humbly pitching my essay prize towards completing work which targets the fundamentals of how we conduct psychiatric



assessment. It has been a rollercoaster and never easy, but it's proved to me that there is still some cause for optimism in the research space, that small beginnings can yield progress and new interests, and most importantly has inspired me to take the steps necessary to pursue eating disorders psychiatry as a career. Ongoing research into eating disorders is so desperately needed to improve the lives of our patients, and I am hopeful that my example may reach someone out there who is currently on the fence about getting involved. You never know where things will lead!

Let's see what the next three years brings.

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*Edwin Birch is a locum doctor working in East Kent, with ambitions to enter Psychiatry training in August 2026. Alongside his clinical work, he has built on a 2023 runner up award in the faculty essay prize and now celebrates his second publication on updating the mental state examination to better detect eating disorders with co-authors Agnes Ayton and James Downs. Here he sets down his thoughts on how the essay prize led to further projects, and the importance of continuing research into eating disorders.*

## Eating Disorder Experience through the lens of a Core Psychiatry Trainee

*Dr Olivia Wight*

I have recently completed a 6 month rotation in an Eating Disorder Service as part of my Core Psychiatry Training. Since starting psychiatry training, I have always wanted an eating disorder post as I was intrigued by the large overlap of physical and mental health. I also found the area somewhat daunting; different from other subspecialties, and I was curious to learn more. I was hopeful the post would set me up for higher training with less fear around eating disorders and to have explored this 'mysterious' area.

From the outset, I was provided with rich learning; hearing from service users about their individual experiences and following part of their journey. This was pivotal for me in learning about the psychopathology of eating disorders and to gain an understanding of the individuals' experiences. With time, I began to feel more confident speaking to service users and shake off my fear of "saying the wrong thing."

I gained confidence in utilising motivational interviewing techniques and saw first-hand how effective this can be. I noticed how physical health results i.e. reduced bone mineral density



can be utilised to help individuals challenge cognitions linked to their eating disorder.

I was grateful for the opportunity in my role to provide psychoeducation; both in a group setting on the inpatient ward but also in 1:1 sessions utilising FREED (First Episode Rapid Early Intervention for Eating Disorders) resources.

I was able to maintain my physical health skills along with my psychiatric knowledge of co-morbid disorders during my post. What I enjoyed most about my post was the role of the psychiatrist in eating disorders. Being a psychiatrist, trained in both medicine and psychological therapies; this post truly incorporated both skillsets. This was not something I have seen done to the same extent in other subspecialties.

As a core trainee, often you get left with all the 'medical' jobs however my supervisor was passionate about incorporating other areas of eating disorders treatment to my role as outlined above. This made my experience so much richer, rewarding and stimulating. Something I would highly recommend other eating disorder supervisors to consider for their trainees.

Overall, my time with eating disorder services was a fruitful learning experience which developed my communications skills and gave me the opportunity to witness and provide holistic care. It brought together and expanded my physical health and psychiatric knowledge. Going forward I hope to continue to utilise my whole skillset in my role as a psychiatrist in the MDT. I appreciate the important position psychiatrists have when treating individuals with eating disorders; to have in-depth knowledge of both human physiology and psychopathology. I can also truly appreciate the privileged position we are in our career; to be able to work alongside our service users during some of their most challenging days for a more hopeful future.

## Celebrating Five Years of Full of Beans, the eating disorder awareness podcast



If you haven't already listened, [Full of Beans](#) is an eating disorder awareness podcast on a mission to reduce stigma and amplify the voices of those impacted by eating disorders, hosted by our faculty patient representative, Hannah

Hickinbotham. From

researchers and clinicians to those with lived experience, the podcast shares a breadth of perspectives that so often go unheard. Over the past five years and over 260 episodes, it has grown into a trusted resource for professionals and individuals alike.

To celebrate this milestone with Hannah, we wanted down the top 10 most-listened episodes from the past 12 months. The breadth of topics, from midlife eating disorders to neurodivergence, ARFID to athlete health, reflects the growing desire for nuanced, evidence-informed conversations in this space. We hope these episodes have been a valuable resource in your practice if not, please do give them a listen!

 Your Top 10 Episodes of the Year:

[E215 – Unveiling the Hidden Long-Term Impacts of Eating Disorders in Midlife with Dr. Jessica Murphy](#) - Dr. Murphy explores how eating disorders can persist or emerge in midlife, and why this often-overlooked population deserves greater clinical attention.

[E224 – The Comfort Blanket of Control: Neurodivergence & Eating Disorders with Rose](#) - Rose shares her personal experience of neurodivergence and an eating disorder,



exploring how control around food can become a coping mechanism for those who think differently.

**[E218 – Treatment Resistant or Systemic Failure? Reframing "Untreatable" Eating Disorders with Dr. Anita Federici](#)** - Dr. Federici challenges the label of "treatment resistant," arguing that what we often see as a patient failing treatment is in fact a system failing the patient.

**[E212 – Understanding ARFID: Explained by an Eating Disorder Dietitian with Paola Falcoski](#)** - Paola breaks down what ARFID really is, how it presents across different ages, and how dietitians can take a compassionate, practical approach to treatment.

**[E223 – Dietetics Beyond the Meal Plan: A Trauma-Informed Nutritional Approach with Sarah Elder](#)** - Sarah discusses how integrating trauma-informed care into nutritional practice can lead to deeper, more sustainable recovery outcomes for those with eating disorders.

**[E226 – Exploring the Relationship Between ADHD and Disordered Eating with Kate Moryoussef](#)** - Kate unpacks the often-missed connection between ADHD and disordered eating, and why understanding this relationship is crucial for effective, joined-up care.

**[E237 – Neurodiversity, Eating Disorder Recovery & Burnout with Remie Colledge](#)** - Remie explores how neurodivergent individuals experience eating disorder recovery differently, and the role that burnout can play in both onset and relapse.

**[E214 – Supporting Disordered Eating & RED-S in Athletes with Aidan Custy](#)** - Aidan shares the unique pressures athletes face around food and performance, and how practitioners can better identify and support those experiencing RED-S.

**[E242 – The Role of Intention in Recovery with Eric Pothen](#)** - Eric reflects on how cultivating intention, rather than simply following a

treatment plan, can be a powerful and often underestimated driver of lasting recovery.

**[E220 – A Personal Story Sharing Why #DumpTheScales Is So Important with Jodie Goodacre](#)** - Jodie shares her deeply personal experience of weight-focused care, and why the #DumpTheScales movement is calling for a more compassionate, weight-neutral approach in clinical settings.

You can explore all episodes at **[wearefullofbeans.com](https://wearefullofbeans.com)**. Hannah would like to extend her thanks to. You for your continued support, and here's to the next five years of meaningful conversations!

If you are interested in speaking to Hannah on her podcast, you're welcome to reach her on **[hannah@wearefullofbeans.com](mailto:hannah@wearefullofbeans.com)** and share your discussion ideas with her!

## Update from Northern Ireland: Research

Recent developments in Northern Ireland have included the formation of the Eating Disorder Managed Care Network. The Network launched their three year strategy in the early Spring at Stormont with Mr Mike Nesbitt, Minister for Health in the Northern Ireland Assembly. Research and Outcomes is one of the key workstreams, and a cornerstone of this is a close working relationship with the School of Psychology at Queens University Belfast. Four exciting research projects specifically in the field of Eating Disorder are underway. Included below are brief summaries of each.

### ["Exploring Medical Students' Perceptions Of The Clinical Priorities of Eating Disorders"](#)

This study is exploring how QUB medical students assess the clinical severity and therefore priority for referral to secondary care of various eating disorder presentations, with the aim of assessing the extent of weight bias amongst the medical student population. This will ultimately help to inform teaching practices



that will address biases held by future doctors and therefore improve care for patients with eating disorders.

The students are asked to rank eight fictional patient cases from highest to lowest priority for referral. The cases range in BMI values in order to observe any tendencies students may have toward ranking lower BMI patients as higher priority, regardless of other clinical factors. The student rankings are then compared to the ranking done by an eating disorder specialist to evaluate the presence of misconceptions and biases amongst medical students.

*Ella Chamberlain is a final year medical student at Queens University Belfast and is the Faculty Psych Star this year. She is being mentored by Dr David Coyle, Clinical Lead for Eating Disorder in Northern Ireland.*

### “CONFIDE Peer-led Intervention for Disordered Eating amongst University Students”

'Eating disorders and disordered eating are highly prevalent among university students, and although seeking professional help is always recommended, it's common for many young people to turn to their peers for support. Therefore, CONFIDE is a feasibility study exploring if peer-intervention can be used to build body confidence in university students, based on the knowledge that body dissatisfaction is a risk factor for the development of eating disorders, in the hopes of reducing the risk of future eating disorder onset.

Our participants will be female-identifying university students. They will either take part in five weekly group sessions based on the 'Body Project', a widely replicated intervention aimed at criticising societal appearance ideals, which will be led by trained female-identifying university students (our peer facilitators), or be given a series of educational materials on eating disorders (these participants will also be given the option to be placed on a waitlist for the peer-facilitated group sessions). We will measure all participants on a number of outcomes, with surveys administered each week, and again four

months after the intervention is completed to assess for any indications of meaningful change.

Overall, this study represents an important step towards improving our understanding of how best to support university students experiencing body image concerns and whether such support is meaningful and relevant for our student population at Queen's University Belfast.'

*Leah Brown*

### “Mentalisation and Interoception in the field of Eating Disorder”

Researchers at Queen's University Belfast are launching a study to better understand how early life experiences may shape disordered eating. Disordered eating patterns affect millions of people, and previous research suggests links between childhood trauma, difficulties in interoception (awareness of internal bodily signals), and reduced mentalisation—the ability to understand one's own and others' mental states.

The study will invite participants who identify as having disordered eating patterns to attend an in-person session to complete questionnaires and the novel Water Load Test II, developed by Van Dyck and colleagues (2016). During this task, participants drink water at two time points—first until comfortably full (satiety) and then until maximum fullness—allowing researchers to measure gastric interoception by comparing the volumes consumed. The other elements, that is, disordered eating, childhood trauma and mentalisation will be measured through questionnaires. The study aims to deepen understanding of the psychological processes involved in disordered eating and help inform future research and treatment approaches.

*Hannah Kee*

### “Understanding the experiences of inpatient staff when working with those who suffer from Eating Disorder”



Eating disorders present complex challenges within inpatient settings, particularly in regions where specialist services are limited. This research explores the perspectives of ward nursing staff who support adult inpatients with eating disorders in non-specialist wards in Northern Ireland. Given Northern Ireland's unique position, in that it does not currently have specialist inpatient eating disorder units, individuals requiring admission are typically treated within acute mental health or medical wards. Using semi-structured interviews with nursing staff across two of the five Health and Social Care Trusts, this study seeks to understand the experiences, challenges, and support needs of staff working in these environments. Due to the exploratory nature of the study and the relatively small participant group, data will be analysed using interpretative phenomenological analysis.

The study has the potential to impact admission outcomes for individuals with eating disorders, create more trauma-informed environments for both patients and staff, enhance staff support and overall wellbeing in the workplace, increase staff confidence when working with inpatients with eating disorders, and explore how ward nursing staff understand and define recovery in the context of eating disorder care. The findings aim to highlight opportunities to enhance inpatient care through more trauma-informed approaches, identify potential training and support needs for staff, and ultimately contribute to improving the experiences and outcomes of individuals with eating disorders receiving treatment in non-specialist inpatient settings.

*Rachel Gray*

*Leah Brown, Hannah Kee and Rachel Gray are students at the School of Psychology at Queens University Belfast and their projects are being supervised by Dr Emanuele Fino, Lecturer in Quantitative Research Methods and Professor Cherie Armour.*

## Reflections from the FED Credentialing Conclusion Day

The RCPsych Eating Disorders Credential Cohort 2 Conclusion Day brought together clinicians from across the UK to reflect on learning from the credentialing programme and to explore emerging developments in eating disorder practice. The programme included contributions from UK and international experts covering clinical management, medical complications, mortality, legal frameworks and emerging diagnostic presentations.

Speakers included Professor Wendy Burn on completion of the credential portfolio, Peter Edwards on legal aspects of compulsory treatment, Professor Nancy Zucker on ARFID treatments ([dukehealth](#)), Dr Daniel Keszthelyi on gut brain interactions in eating disorders, Dr Alistair McKinley on managing extreme malnutrition in acute settings, and Dr Marco Solmi on mortality in eating disorders ([World Psychiatry, 2026](#)). The day also included rapid-fire presentations from credentialing participants highlighting clinical and service innovations.

***Ella McGowan***, an ST5 resident psychiatrist, has reflected on the Eating Disorder Credentialing programme:

Hello, my name is Ella, and I'm a higher specialty trainee in psychiatry. Over the past year, I've been based in a community eating disorder service. I worked on an inpatient eating disorders unit about three years ago. Now I'm working within an ADHD team. I'll be finishing my training next year, and I'm hoping to take up a consultant post in eating disorders.

What I want to share today is how the credential has structured my learning this year, how it has changed my clinical practice, and how it has shaped the kind of clinician I want to be.

### 1. MDT



One of the biggest benefits for me was the *structure* the credential offered. Eating disorders is an area where it's easy to pick up experience but much harder to consolidate that into a coherent body of knowledge.

The initial training days, combined with the national conferences, gave me a strong foundation.

They shifted me from guideline-driven care to a much more nuanced, formulation-led approach. I began to understand not only *what* we do, but *why*, and *for whom* certain approaches work—or don't work.

This foundation boosted my confidence in *leading MDTs*, especially when making decisions about complex cases or when liaising with physicians managing medically compromised patients in general hospitals.

I now lead meetings more confidently, articulate risk more clearly, and collaborate more effectively with the wider team including hospital physicians.

## 2. Hope

One of the most impactful themes through the year was the emphasis on *not giving up hope* for individuals with severe and enduring eating disorders.

A patient who really shaped my thinking was a woman in her 50s with a BMI of around 15, who has lived with anorexia since her early twenties. Despite repeatedly saying she wanted change, she consistently found herself unable to eat during outreach meal-support sessions and struggled to make any meaningful shifts. Her identity is strongly tied to productivity and perfectionism; she works long hours in a high-responsibility managerial role and has very little space in her life for anything outside work and exercise.

There was a point when the MDT were considering discharge because progress seemed static. However, drawing on the credential's focus on chronicity, relational work,

and preserving therapeutic optimism, I advocated for continued engagement. I had been working with her on widening her interests and gently challenging the belief that recovery had to look "all or nothing."

Over time, this steady motivational work paid off. She agreed to attend day treatment—a significant step for her. Initially, she continued to bring her laptop and work during sessions, but with ongoing support she has begun to experiment with new, low-pressure activities. Most recently, she has taken up knitting, which is not only a creative outlet but also her first attempt in years to build an identity outside work and the eating disorder.

This experience has reinforced for me the importance of persistent, patient-centred hope, even when progress appears slow. Change in SEED often comes in small steps—not dramatic transformations—and the credential helped me recognise, value, and nurture those steps.

## 3. Ethical Reasoning and Autonomy–Risk Balance (1 minute)

The supervision sessions throughout the year significantly strengthened my ethical reasoning. These cases have required difficult judgement calls about capacity, autonomy, and risk.

I now feel more confident navigating:

when compulsory treatment is proportionate

when to prioritise quality of life over and autonomy compulsory intervention, and

how to document capacity assessments with clarity and compassion.

These are situations where no option is risk-free, and the credential gave me a much clearer framework for making and justifying those decisions.

## 4. Teaching

Another important part of my development this year has been teaching. I delivered several



teaching sessions for PLT teaching and for Foundation Doctors on MEED guidelines and medical emergencies in eating disorders.

The feedback highlighted how valuable these sessions were for colleagues working across emergency care, paediatrics, MAU and psychiatry. Many trainees commented that the teaching was pitched “just right,” and that they felt more confident recognising eating disorders, understanding red flags, and knowing how to escalate appropriately.

For me, this teaching experience reinforced the importance of upskilling the wider system, because early recognition and appropriate escalation often happens outside of specialist services. Strengthening the knowledge base among junior doctors directly improves patient safety and outcomes.

**5.** Another area I’ve developed is quality improvement. This year, I began leading a QI project focused on improving communication with carers. Many families report feeling excluded, unsure how to support meals, or overwhelmed by risk. We will be starting the change cycles shortly.

### **6. Working with Complex Comorbidity: Neurodevelopmental Learning**

Another major area of learning has been neurodevelopmental comorbidity. Working now in an ADHD service has reinforced this.

Many of the patients I’ve seen in ED services were previously described as “non-engaging” or “rigid,” but the credential has helped me recognise when this reflects autism, ADHD, sensory difficulties, or executive dysfunction.

A case that has stayed with me is a woman with autism and personality disorder traits, with a BMI of around 12, and a long history of failed inpatient admissions. She finds attending the service extremely difficult, and historically she has often dropped out of care.

Over the last nine months, I’ve worked closely with our outreach team. Instead of insisting on

centre-based appointments, we shifted to regular structured telephone contacts, which fit her communication style and sensory needs better.

The credential helped me approach her care through three key lenses:

**Formulation:** understanding her sensory profile, interpersonal difficulties, and trauma history.

**Ethics:** balancing her autonomy with very high clinical risk.

**Hope:** recognising that improvement might be measured in stabilisation, engagement, and maintaining a therapeutic relationship—not necessarily in weight restoration alone.

To summarise, the Eating Disorder Credential has been transformative for me. It has strengthened my clinical competence, my ethical reasoning, and my ability to lead multidisciplinary and system-wide care.

It has also shaped the clinician I want to become—someone who is evidence-based, formulation-led, and grounded in compassion and hope, even in the most complex and enduring cases.

As I move toward a future consultant post in eating disorders, this credential has given me the tools, the confidence, and the reflective capacity to practise safely and meaningfully in this highly specialised field.

Ella has captured her reflections as a helpful image that is included at the end of the Newsletter.



## Creative work in the field



*This is from the artist in residence with the Kings College London EDIFY project, which highlighted the quiet creative acts that support healing in eating disorders treatment.*

The songs in front of you grew out of my time as the Artist in Residence at King's College London (EDIFY project). They took their time, wandered a little, and slowly changed shape, much like treatment does, quietly reshaping us along the way. I made them from my own experience, in conversation with researchers, clinicians and colleagues, and most of all alongside and inspired by my patients.

Looking back at my time here as both an Artist in Residence and a clinician, this is the first time I've felt these parts of myself truly come together. I usually keep my creative and clinical work quite separate, but this experience allowed them to meet. In doing so, it brought me closer to myself, and in a way, I feel renewed too.

### **Song 1 (One Comment)**

**Music, lyrics and production: Ivana Picek.**

One Comment was the first song to appear. It started with noticing how a single remark can fix itself in the body and refuse to leave. How it can spiral into obsession, pulling us inward, before something softer eventually shows up. This song lives in that awkward middle space, where things are messy, tender, and still moving.

### **Song 2 (Butterfly Net)**

*Written and performed by Louise Johnston (one of our Executive Committee members, as well as co-editor of the Newsletter!), with production,*

*arrangement, additional vocals and harp melodies by Ivana Picek.*

Butterfly Net began with a bit of good luck. While speaking at the RCPsych Faculty of Eating Disorders Conference, I put out an open call for collaboration. Psychiatrist and songwriter Louise Johnston responded with this beautiful song, and later I added my own vocals, harp, and production. The song is about the paradoxes and fragilities within eating disorder treatment, the tension between holding on and letting go, between trying to fix and allowing change.

### **Song 3 (River of Renewal)**

*Music, iTBS and field recordings: Ivana Picek. Vocals and motivational message: Holly Page.*

River of Renewal is an instrumental piece inspired by the RaISE trial. I mixed the steady pulse of an iTBS machine, field recordings from the grounds of Bethlem Royal Hospital, and my own harp playing. It moves through unease without hurrying, and slowly opens toward something brighter. For me, recovery feels more like a river than a finish line, always moving, never quite the same.

### **Album artwork:**

"Things we like seeing" is a collective artwork created with patients from an inpatient eating disorders unit during facilitated creative groups. Inspired by soothing visual imagery, each canvas reflects an individual moment of expression while forming part of a shared gesture toward recovery. The work stands as a reminder of care, collaboration, and the quiet creative acts that support healing.

<https://ivanapicek.bandcamp.com>

One of our Executive Committee Members, as well as co-editor of the Newsletter Dr Louise Johnston, is featured on one of the tracks!



## Upcoming events and information

### Faculty of Eating Disorders Spring Conference 20 May 2026

The theme for this year's Spring Conference is **Empowering Clinicians in the Field of Eating Disorders**. This meeting will provide up-to-date information on established and novel treatments for eating disorders including Mentalization-Based Therapy (MBT), Cognitive Behaviour Therapy for Eating Disorders (CBT-E), and psychedelic treatment with ketamine. A special focus will be on the modernisation of medical education in eating disorders.

Everybody should feel invited: Psychiatrists, other specialists working in multidisciplinary teams, researchers, people with lived experience, their families and friends, and everybody who is interested in the latest developments in the field.

#### Learning Objectives

- To enhance knowledge and skills in evidence-based care in MBT, CBT-E, and Ketamine based treatment in ED
- Increase awareness about training medical students, trainees and psychiatrists in eating disorders
- To understand how a liaison psychiatry department can help improve the care for patients with eating disorders.

Please [visit the conference webpage](#) to see the full programme and book your place.

### Save The Date: Faculty of Eating Disorders Annual Conference 2026

The Eating Disorder Faculty Annual Conference will be on the 19 and 20 November 2026 in Liverpool.

### e-Books available from RCPsych

Here is a list of the fantastic e-books recommended by members of our executive available through the [RCPsych Library](#):

1. *Eating Disorders: a Comprehensive Guide to Medical Care and Complications*
2. *Complex Cases and Comorbidity in Eating Disorders*
3. *Sick Enough*
4. *The Biology of Human Starvation*
5. *Decoding Anorexia*
6. *The Anorexic Mind*
7. *Internal Landscapes and Foreign Bodies*
8. *Exploring Feeding Difficulties in Children: The Generosity of Acceptance Vol. 1*
9. *Exploring Eating Disorders in Adolescence: The Generosity of Acceptance Vol. 2*
10. *Overcoming Binge Eating*
11. *A Cognitive-Interpersonal Therapy Workbook for Treating Anorexia Nervosa: The Maudsley Model*
12. *Supporting Autistic People with Eating Disorders: A Guide to Adapting Treatment and Supporting Recovery*
13. *The Clinical Handbook of Complex and Atypical Eating Disorders*
14. *Multistep Cognitive Behavioral Therapy for Eating Disorders: Theory, Practice, and Clinical Cases.*

These new additions join more than 30,000 eBooks already available to all members via RCPsych OpenAthens accounts. If you don't have an account set up get in touch with the Library at [infoservices@rcpsych.ac.uk](mailto:infoservices@rcpsych.ac.uk) and they we will set one up for you.



## RCPSych Awards 2026 - nominations now open



The RCPSych Awards mark the highest level of achievement in psychiatry.

The College is calling for nominations across 18 categories including individual awards for psychiatrists of all grades as well as awards to recognise the work being done by teams in mental health care.

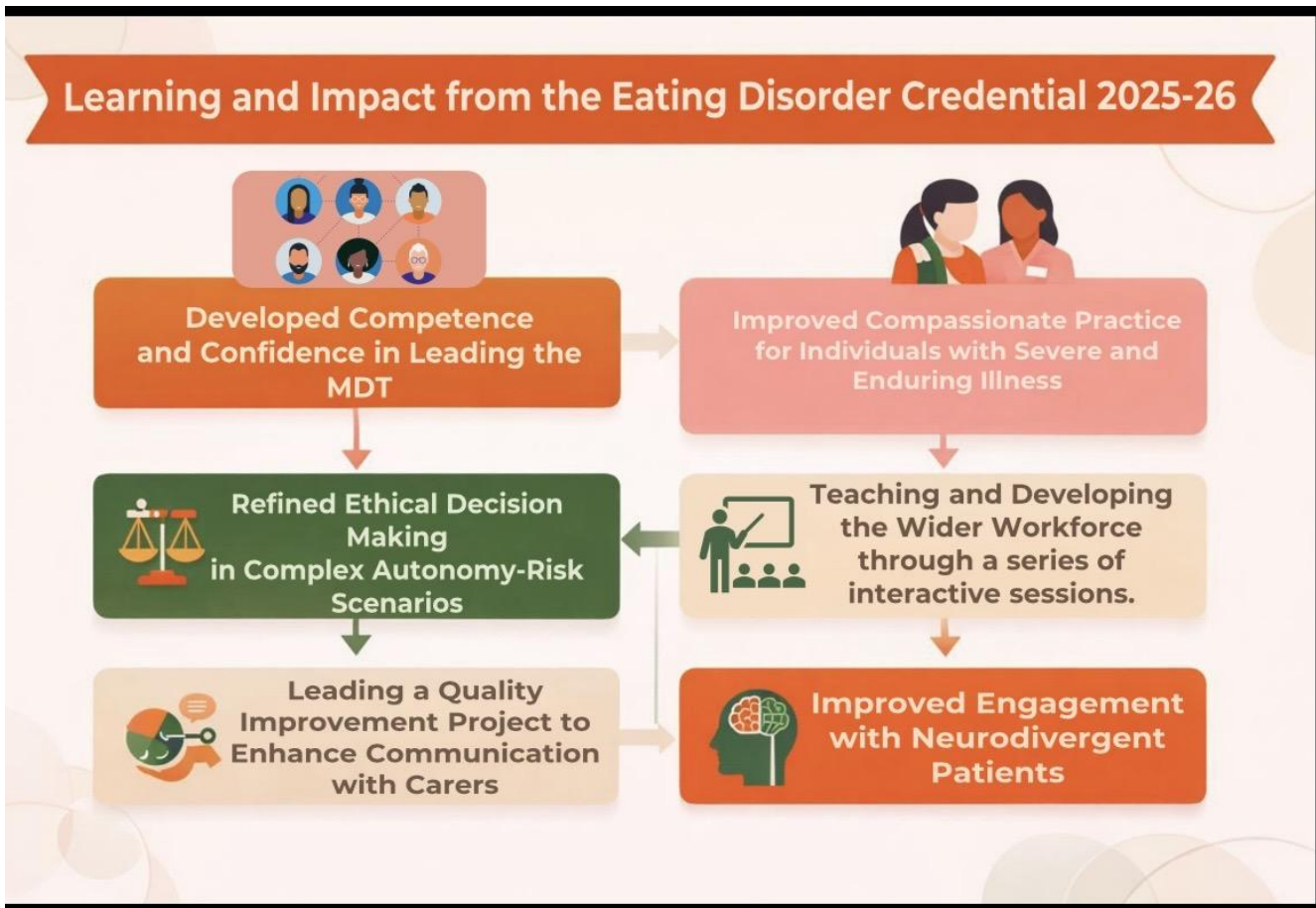
We want to make sure our awards are truly reflective of the breadth, diversity and talent of all those working in mental healthcare and are encouraging entrants from right across the UK, in all of our categories.

Has someone inspired you, with their dedication and commitment. Why not nominate someone or a team that have gone that extra mile and impressed over the past year?

If so, please let us know by putting them forward for an award: [Nominate someone](#)

The closing date for entries is **5pm on 29 May 2026**.





**Disclaimer:**

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