

<b>Annex 2</b>	
Production	<b>Analysis of a project on therapy for eating disorders with similar objectives and participants</b>
Date	Submitted at 5 <sup>th</sup> meeting
Partners involved	Partner meeting
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Meeting	

## **My memory of the founding of the NAE (Former known as SEN, Stichting Eetstoornissen Nederland)**

### *NAE: National Academy of Eating Disorders*

About 15 years ago there was nearly any scientific knowledge in Holland en Belgium about how to treat a patient with an eating disorder. This was critical because anorexia nervosa is the most fatal psychiatric disease.

Trough the lack of knowledge and treatmentplaces (clinics) the patient had become his own victim. Too few treatment places and knowledge which resulted in long waitinglists (over a year or longer) for the one eating-disorder clinic in Holland. (Ursula kliniek Wassenaar)

Because the other patients were treated in general psychiatric hospitals the result there was: powerless patients including their loved ones and frustrated medical staff. Being an eating disorder patient nearly automatically meant that time, that the patient became cronicly ill.

This had to come to an end.

It became a political topic.

The Minister of National Health became interested (Dr. Els Borst D'66)

Before her political live she was a medical doctor herself.

This was her goal:

To achieve more treatmentplaces for patients all over the country

National : One specialised clinic for patients with an eating disorder

Regional: Several supra-regional specialised treatment centres for patients with an eating disorder.

Method of working to achieve this was:

- Questionnaire
- Report from the medical staffs
- PR with brochure about the treatment of the SEN-members
- Sharing knowledge and explore research in cooperation with University's all over the country to achieve more knowledge (science)
- Academic Hospital Utrecht developed pilot for treatment for day-care
- Writing a Handbook Treatment Eatingdisorders ( all members involved)

- From the goverment a questionnaire started with the goal to gain information:  
Which hospitals or therapists are treating patients with an eating disorders?  
How many patients were treated per year, and what was the result?  
What was the qualification of the staff/therapist?  
What was the during of the treatment?  
Was the treatment in day-care/clinical?  
What was the method? Etc.etc.

At that time I worked in a small day-care eating disorder program in Veghel. We had some experience, we wanted to learn and we allready had good contact with Ursula kliniek Wassenaar.

- After the questionnaire

Everybody who treated patients with an eating disorder could write a report about the treatment. How it was developed what was the state of art for that moment and what were the plans for the future.

- Our psychiatrist wrote that report in cooperation with the entire staff.

The goal of that report was to join the SEN (what later became the NAE) We couldn't just join in, the report was screened ofcourse and when the departement of the government agreed that the treatment was from good standard, you got member of the SEN.

Only 5 – 6 members were chosen to start the project.

Membership was important because a membership gave acces to a lot of knowledge. Thereby we could get permission to get more specialised, we could cooperate with the Ursula kliniek, and Prof. W Vandereijken (University Leuven, Belgium) who wanted to share their knowledge in favor of the patient with an eating disorder.

The treatment discribed in the report made us member. We were so proud and we committed to several duty's too:

- As a member we had duty's too:

Our psychologist became boardmember SEN

We had to explore and develop our knowledge about our treatment

We had the duty to share our knowledge about the treatment of eating disorders

We had to participate and organise a SEN conference once a year to update eachother. (all disciplines participated)

We had to work with prevention and cure etc. etc.

- During the time we came to know the workers through the country very well.

We were not the same but complementair, we listened, looked in eachother clinics and were openminded. Science became an important part.

It became common to do scientificly research of the results of the developed treatments.

Until now, we work close together,with other clinics, we are still developing, the University of Maastricht has a chair of science eating disorders for scientific research.

New methods of treatment are shared with eachother etc.etc.

- It's almost to much to discribe what developed over the years out of one initiative.

SEN became NAE (National Academy Eatingdisorders)

Politicians are still involved in the developements. They are critics, they come to the conferences, at this moment the after- treatment / prevention of falling back in the disease is a topic. The politicians are concerned about the double-diagnosed patient, and their possibility's for treatment.

It keeps us alert, all in favor of the vulnerable patient, whom we offer the possibility to become a good documented treatment.

For me personal

The open manner of discussing

The real interest in eachother without competition but with the same goal (wellbeing of the patient)

The fact that all disciplines were involved (and still are) with their own talents and kwalifications.

The hospitality of the members to come and let everybody look how they work with the patients makes the journey to realise a better en more evidence - based treatment for a difficult psychiatric disese a succes for almost 15 year.

Maria van Eijk

