



ADAPTING WARD FOODSERVICE TO SUPPORT TREATMENT AND RECOVERY

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TRADITIONAL WARD REFEEDING PROCESS

- On day of admission, service users meet a dietitian who will complete an assessment, and explain and plan refeeding
- Begin with staged introductory menu of mostly milk and milk-based foods (vegan options available), to manage medical risk
- Increasing amounts of food according to medical indicators
- Staged progress to main ward menu, a 28-day cycle with several choices at each meal, including vegetarian and vegan options
- Individual care plans as needed, agreed at MDT meetings

AIMS FOR ADAPTATIONS: BETTER PATIENT EXPERIENCE, BETTER CLINICAL OUTCOMES

- To assure patients with ASD features, and their family members, that their concerns are understood, and are addressed seriously by the team
- To provide safer and more acceptable food choices for people with ASD features to help them improve their nutrition more effectively and with less anxiety
- To reduce distressing behaviour related to food, and so reduce stress in the dining room for everyone
- To make staying on the ward less uncomfortable, so improve engagement with in-patient treatment and reduce self-discharging

IDENTIFYING CHALLENGES

- Reading the literature to improve understanding of the issues
- Discussion at dietetic team meetings, to consider what might be needed, and what might be possible. This group includes the catering company dietitian, and CAMHS dietitians with experience of ASD, and eating disorders, as well as the dietitians working in the adult eating disorders service, so a lot of useful expertise.

GENERAL CLINICAL APPROACH (NONE OF THIS IS EXCLUSIVE TO PEOPLE WITH ASD)

- Continuity of care
- Pace adapted to suit the individual
- Agreed priorities and non-priorities
- Clear, relevant aims and goals
- Use of written, graphic and pictorial materials in sessions and to take away
- Plain language and presentation in materials
- Adapting materials to suit individual needs, removing irrelevant information

FOOD-RELATED CHALLENGES (RELATED TO ASD AND ED)

- Attempts to control body weight and shape
- Social anxiety about eating and meal-times
- Need for predictability, familiarity and control
- Sensory processing needs (food, written materials and environment)
- Impaired ability to recognise hunger, thirst and fullness
- Physical discomfort provoked by eating
- Anxiety and guilt about breaking rules or not getting eating quite right

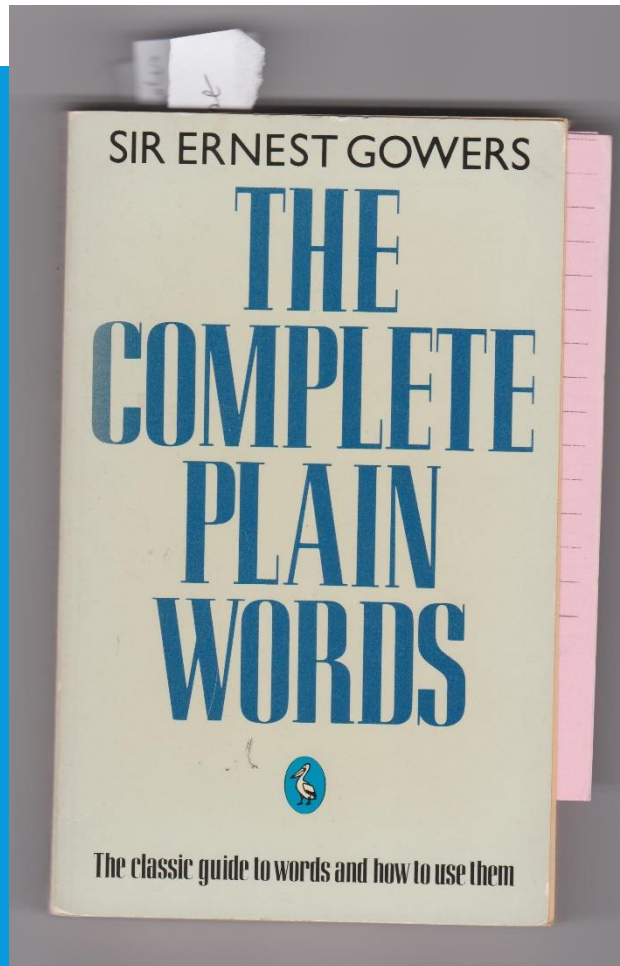
ADAPTATIONS FOR THE PEACE PROCESS

- Dietetic assessment meeting
- Written materials
- Introductory menu
- Main menu

ASSESSMENT AND INTRODUCTORY STAGES

- The assessment template was changed to include more investigation of eating in early life, sensory issues, and experience of physical discomfort associated with eating
- A plan was agreed to manage the introductory menu
- After the meeting, the dietitian printed copies of the introductory menu showing the date of each stage, to make the process of increase clear
- She removed options the person would never select, to make choices simpler.
- New written materials to explain the process

WRITING PLAIN ENGLISH



- Plain English Campaign
www.plainenglish.co.uk
- *Plain Words* by Patricia Gowers

THE BIGGEST CHALLENGE – THE MAIN MENU

- Amount of choice can be overwhelming
- Amount of information to process can be overwhelming
- Many items unacceptable to many individuals, making the food provision seem off-putting and irrelevant to needs, and frightening
- Sometimes last-minute changes without notice
- The same dish may not appear the same every time (it's food, cooked fresh, on the premises)
- A bad day can undermine eating for some time

HELP WITH PLANNING ADAPTATIONS

- Dietetics department meetings
- Dietitians' supervision sessions
- Ward clinical team in PEACE huddles and ward catering meetings
- Ward service users in community meetings and ward catering meetings
- Catering colleagues in ward catering meetings and many, many other meetings

CONSIDERATIONS FOR FOOD SERVICE

- How can we make the food offered more acceptable?
- How can we make meal-times more manageable?
- Who should have access to the adaptations?
- How do we make it easier for people to use the foodservice?

DIETETIC PRIORITIES

1. Reducing medical risk
2. Recovering nutrition – however will work
3. Normalising eating

In that order

Recognise that step 3 may need to wait

ADAPTATIONS AT EACH STAGE

THE ALTERNATIVE (PEACE) MENU

We developed a separate
menu

PEACE MENU

- Replaced the previous alternative food options
- The menu prioritises safety, and nutritional recovery, over socially normal eating
- It has the same calorie value as the main menu
- Deliverable reliably
- This was further developed to help with problems we were already aware of, and those associated with ASC

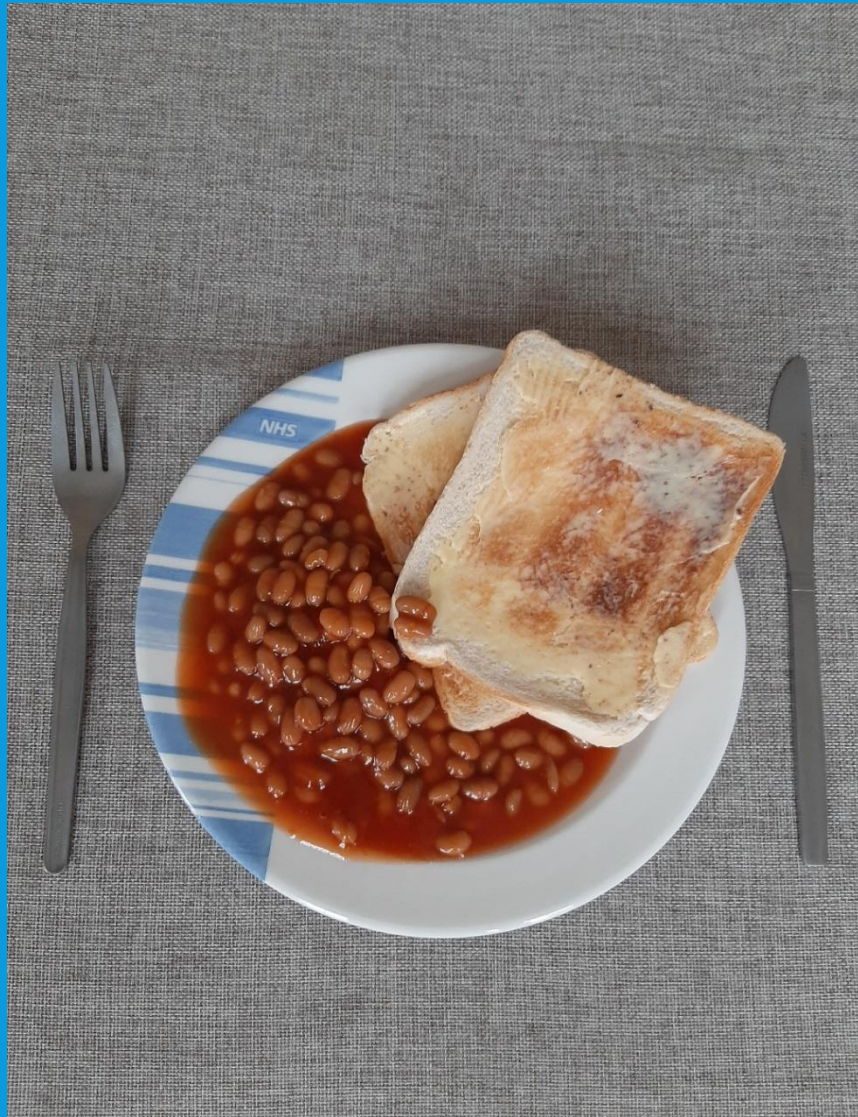
THE PEACE MENU ADDRESSES:

- Predictability and Familiarity
 - Sensory Processing
 - Physical Discomfort
 - Poor Interoception
-
- It is available for anyone to use if there is an unexpected difficulty with the food they ordered, or *with a care plan* to use more regularly

PREDICTABILITY AND FAMILIARITY

- The menu is the same every day, and offers a small range of options for each meal
- As far as possible, foods are familiar and consistent, eg branded tinned soup, baked beans, milk, breakfast cereal, sliced bread
- Most of the food items are kept on the ward, so it is reliably available
- Photographs of the food items are available to help with making choices

DINNER Choose juice or soup, 1 main course and 1 dessert	Vegan	Apple juice
	Vegan	Orange juice
	Vegan	Heinz vegetable soup
	Vegetarian	Heinz tomato soup
	Vegan	Lentil and sweet potato bake and vegetable
	Vegetarian	Plain omelette with mashed potatoes and vegetable
	Vegan	Peanut butter sandwich
	Vegetarian	Ice cream with a Twirl bar and a banana (can be served separately)
	Vegan	Doughnut with a carton of soya custard (can be served separately)



2 slices toast with 2 portions spread
and 1 pot baked beans





Plain omelette with mashed potatoes and vegetable

SENSORY PROCESSING

- It includes items which are
 - bland or slightly sweet in flavour, such as smooth yogurt, omelet, ice cream, lentil bake, mashed potatoes
 - low odour, usually served cold, such as fruit juice, sandwiches, breakfast cereal, crackers and cheese
 - homogeneous in texture, such as tomato soup, milky drinks, custard

PHYSICAL DISCOMFORT

- Both low and high fibre items to help manage abdominal pain and cramp, constipation and diarrhoea as needed (linseeds and probiotic drinks are also available)
- High energy density items such as cheese, chocolate and ice cream to help avoid bloating
- Soft texture items to help with mouth or dental pain, or anxiety about chewing or choking

POOR INTEROCEPTION

- “Eating by the Book”
- Fixed, regular meal and snack time slots
- Consistent calorie values
- Normal, consistent portion sizes
- Energy spread evenly over the day
- Regular fluid intake
- Adjusting the plan in the light of results

USING THE PEACE MENU

- The PEACE menu is available for all patients to use, when they have moved on from the introductory menu
- Copies are freely available, but presentation can be individually adapted
- It can be used on a single occasion if an unexpected difficulty arises in the dining room, with staff agreement
- A care plan can be agreed with a nurse to use it regularly up to three times a week
- The dietitian can agree a care plan for more frequent use

USING THE PEACE MENU WITHOUT A CARE PLAN

- If a service user can't manage to eat the meal they selected from the main menu:
 - A replacement meal is offered from the PEACE menu, using the options that can be prepared from ward issues
 - Or a fluid replacement
 - After the meal, arrange to care plan how to manage if this happens again.
 - If the service user wants to use the PEACE menu more than three times a week, a meeting is arranged with the dietitian to care plan for this.

INDIVIDUAL CARE PLANNING

- To use the PEACE menu as needed, perhaps just a few times a week, for only main courses or desserts, or perhaps to use it at every meal
- To use the most acceptable foods, usually with bland flavours and odours, homogeneous textures, neutral colours, controlled portions
- To present foods in the most acceptable ways, eg different items not touching on the plate; or on separate plates; all elements of the meal given at the same time....
- To provide adapted menus and supporting materials
- To plan to move on to use the main menu when able

INDIVIDUAL CARE PLANNING

- Adjust the pace of eating, offering agreed prompts, allow extra time, clear time limits
- Agreed plan for what will happen eg if food is refused
- Sit in the same place for every meal
- Adjust seating, use cushions for support etc
- Use a pro-biotic or linseeds for bowel symptoms
- Use relaxation techniques before and after meals

SUPPORT FROM STAFF

- No surprises
- Maintaining a calm environment in the dining room
- Agreed plan for support when struggling to eat
- Agreed plan for support with choosing from the menu, and how to manage changes of decision
- Warning of any changes
- High priority to ensuring the right food is ordered, delivered and provided at the right time

COLLABORATIVE CARE PLANNING FOR HOME

- No surprises
- Agreed flexibility and limits, eg begin eating breakfast between 7.30 and 8 am, a regular time slot, not a precise time
- Clear meal plan, with limited options, and a “plan B”, eg a safe, adequate meal that is less challenging than the eating plan, and always available
- Agreed environment – who is present, which room, radio or music on/off, whatever needs adjustment and is practical to deliver

WHAT IS DIFFICULT?

- To let go of normal eating as an early aim in recovery
- To let go of writing elegant academic English (or clunky English that you just didn't think through properly)
- For chefs to produce food with little flavour, odour or texture
- Communicating effectively
- It could be too much of a safe retreat, reducing motivation to try challenging foods and situations (but I suggest a ward environment isn't ideal for that anyway)

DID IT HELP?

- Data collection was cut short by the pandemic, but we got some positive responses (n=7)

The menu helped me to complete meals	3
The menu helped me to feel the food was safe	3
The menu helped me to stay calm in the dining room	2
The menu helped me to control unhealthy behaviours	2
The menu helped me feel more confident about eating	4

- “The alternative meals... are those I am likely to eat at home so helps me realise the correct portions I should have at home”
- “Thankyou so much for giving me the opportunity to use the alternative menu”
- The menu was helpful “especially when the options on the main menu were too challenging for me at my current point in my recovery”
- “a great and safe option”

TAKE-HOME MESSAGES

- Investigate in every assessment possible difficulties with eating that may be related to autistic traits. They may not emerge at first.
- Acknowledge them, take them seriously, work together to find workable (not perfect) solutions
- Explain and tackle what needs urgent change, accept what can wait.
- Support everyone concerned to manage the difficulties in a practical way. Everyone has limits.