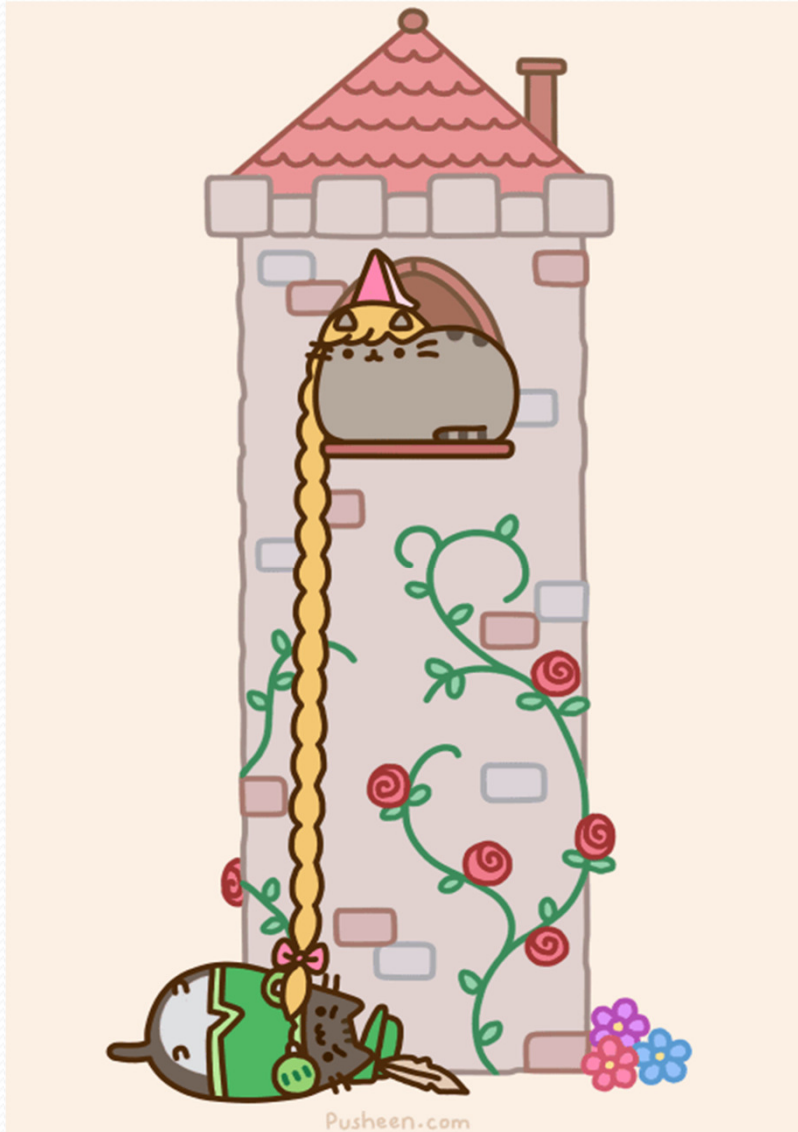


# A Psychologically Led Service

Dr Gail Bohin, Clinical Psychologist  
Gloucestershire Specialist Weight Management Service  
[gail.bohin@nhs.net](mailto:gail.bohin@nhs.net)



Given the added value psychology can bring, why are we so often a 'Rapunzel' profession in Tier 3 Weight Management Services?

# What is in the room with us?

- High levels of depression
- Hopelessness/burn out/'stuck-ness'/desperation
- Shame
- Undiagnosed/untreated psychological trauma
- Food used as:
  - a coping mechanism for psychological trauma
  - to block or avoid distressing thoughts, feelings or sensations
  - as an abusive or as a self-harming behaviour
- Weight used to de-sexualise/protect against abuse
- Eating disordered behaviours that are outside of current diagnostic classifications



# Working together

What can happen if we work together, in a psychologically informed way, from the outset, weaving this enhanced understanding into the fabric of the service?





# What are we hoping to achieve?

- Compliment the existing skills of our MDT colleagues
- More flexible/tailored interventions
- Deepening therapeutic alliances; increasing openness through reducing defences
- Improve the experience of patients
- Improve the experience of staff
- Drawing on understanding of psychological models and human behaviour at every level
- Contribute to the evidence base through increased understanding

Building Relationships

Developing Skills

Increasing Understanding



# How?

- Front loaded with longer assessment, to build safety and trust
- Development of assessment tools to help facilitate insight/awareness and clarify piece of work
- Flexible pathways with a range of options
- Informed by a deeper understanding of individual needs
- Creation of 'therapeutic teams' – joint working for our most complex patients
- Group delivery: content and management
- Greater access to 1:1 psychology
- Supervision & skill sharing
- Evaluation – what works and why??





# Patient experience

A thematic analysis of semi-structured interviews identified the following themes:

- *Our approach as a marked contrast to traditional dieting approaches*
- *Weight management is a deeply individual journey – valuing tailored care*
- *Recognition that weight is a psychological issue*
- *A feeling of regaining control*
- *The value of being equipped with transferable skills beyond weight*



# Outcomes

- **Weight loss** – 74% of patients lose weight in the first three months; 77% are losing at 12 months
- 76% of patients in our group treatment have lost weight by the end of their group; 71% are losing weight at the one year of treatment point
- **Patient satisfaction ratings are high** – 97% of people completing year two report finding the service useful; 69% give it the highest rating

## **Significant improvements in :**

- Perceived health improvement
- Anxiety and depression (PHQ-9 and GAD-7 scores)
- Quality of life
- Self-efficacy
- Emotional eating
- Cognitive restraint
- Perceived control over weight
- Perceived confidence in being able to maintain weight
- Physical activity

# Pros and cons

- Outcomes
- Patient satisfaction
- Attendance/retention
- More rapidly gets to the heart of the matter
- Can identify the 'real' barriers to progress (and other work that needs to be done first)
- Spontaneous improvements in other areas – not just weight
- Greater job satisfaction for staff

But....

- Not what all patients have signed up for
- Bringing problems into awareness can temporarily reduce self-efficacy
- Skews to 1:1 treatment
- Bespoke treatments make pathways complicated!
- Asks referrers to do more; this is not always welcomed...