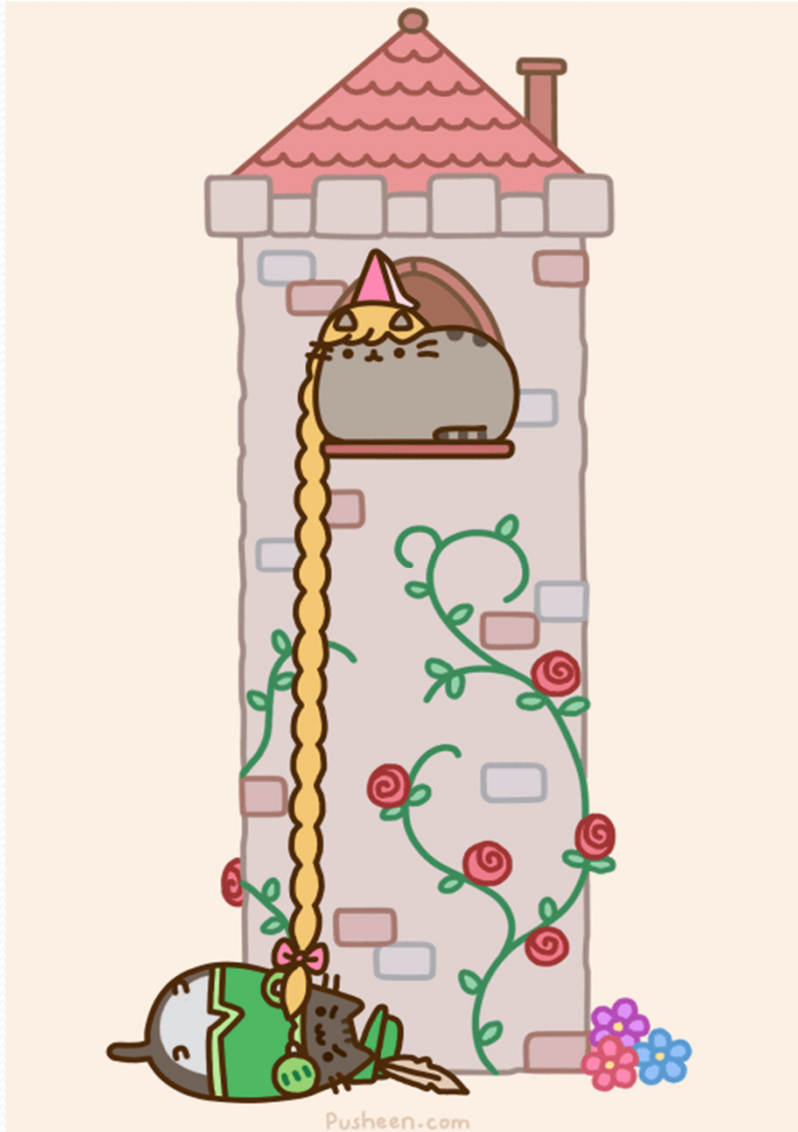


# A Psychologically Led Service

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

The diagram features three blue rounded rectangular boxes. The top box is centered and contains the text 'Building Relationships'. Below it, two boxes are positioned horizontally: 'Developing Skills' on the left and 'Increasing Understanding' on the right. A double-headed arrow connects the top box to the left box, and another double-headed arrow connects the top box to the right box. A third double-headed arrow connects the two bottom boxes horizontally.

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...