

Spotlight

'We cannot continue to allow people to reach a point of crisis before they get help'

Kerrie Jones tells Sally Brown about her clinic's innovative approach to treating eating disorders

Kerrie Jones is a BACP-registered counsellor and the co-founder and clinical director of Orri, an innovative eating disorders service. Orri aims to fill two crucial gaps in treatment provision that became apparent to Kerrie over the course of her career in eating disorder treatment. 'The first is early intervention. Research shows that treatment in the first three years of an eating disorder has the highest success rate,' she says. 'The second is treatment that allows patients to maintain their everyday life, whether that is going to uni or working, and living at home or independently.'

Two well-publicised reports¹ have highlighted barriers to clients accessing services, with reports of waiting times of up to five and a half months for treatment and people with eating disorder being told they are 'not ill enough' to access NHS services, which is often interpreted as 'Come back when you are thinner/more unwell'. 'There can be a revolving door for patients with eating disorders,' says Kerrie. 'They are referred by their GP for treatment, but then are rejected by the eating disorder services, so they go back to their GP, and the process starts again.'

This is the point at which clients who can afford it often seek private treatment at clinics such as Orri, but those who can't potentially fall through the net and get no treatment at all. 'Obviously, it is a far from optimum situation. Our ultimate aim is to work with the NHS to provide funded places,' Kerrie says.

Orri offers 'day-hab' - an intensive treatment programme that allows clients to test-drive the insights and learnings from the clinic when they return home every evening. 'A day-clinic place is far less expensive than an inpatient place, and it's far less disruptive. Some clients are sent hundreds of miles away from their home to an inpatient unit, which in itself can be traumatic,' says Kerrie. 'The clinic is open from 8.30am to 7pm, and clients attend on a full-day, half-day or five-hour basis, to fit around work or study.'

Orri's client base is predominantly young and female, although at the time of writing they also have male clients and older clients in their 50s. There is no minimum BMI threshold for admission. Although there is an emphasis on early intervention, the clinic has seen success with clients with a severe and enduring eating disorder (SEED) diagnosis. 'Getting better is a subjective term, but we have



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seen clients who have had multiple inpatient admissions respond and maintain their physical health,' says Kerrie.

Before launching Orri, Kerrie worked at Priory Hospital Roehampton and then set up an inpatient clinic in Southampton. It was there that she began to think about solutions to the limitations of the inpatient model. 'We would build up a deep attachment to patients and provide 24/7 care. Then, at the end of their stay, they would essentially be cut off from that, with little ongoing contact. It seemed obvious to me that the treatment process came with an inbuilt barrier to patients' recovery. At Orri, our relationship is interwoven with a client's every day life,' says Kerrie.

Backing for Orri, which is based in a six-storey building in central London, comes from LGT Lightstone, a social impact investor. Central to its success, believes Kerrie, is the breadth of skills across its expert team. 'Eating disorders filter into all aspects of a person's life. The diverse team at Orri ensures that there is the experience to meet the client in each of these facets. This includes both body and talk-based therapists, dietitians, occupational therapists, registered mental health nurses and psychiatrists. We take a multi-disciplinary approach because there's no one way to have an eating disorder.'

Like other services, Orri had to rapidly transition to online after lockdown, but found that clients have adapted quickly. 'We were in the process of researching online provision, so it has been fast-tracked,' says Kerrie. 'What we have found so far is that clients are amazingly resourceful. It also offers some extra advantages. We can work with clients in their own kitchens as they prepare food, for instance. We literally get into their cupboards!'

Kerrie's personal motivation is driven by knowing there is much work to be done to properly meet the needs of this client group. 'Some of it is about educating society in the diversity of eating disorders and how and why they continue to develop and thrive,' she says. 'But we cannot continue to allow people to reach a point of crisis before they get help.' ■

www.orri-uk.com

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