

# Attitudes of Clinicians in Treating Adolescents with Eating Disorders

## Comparing Perspectives Across Community, Inpatient, and Specialist Settings

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### Introduction:

◊ Adolescents with eating disorders present unique and complex challenges in health settings, with these disorders having the highest mortality rate

◊ Clinicians in community, inpatient and specialist settings face diverse barriers in treating adolescents with eating disorders

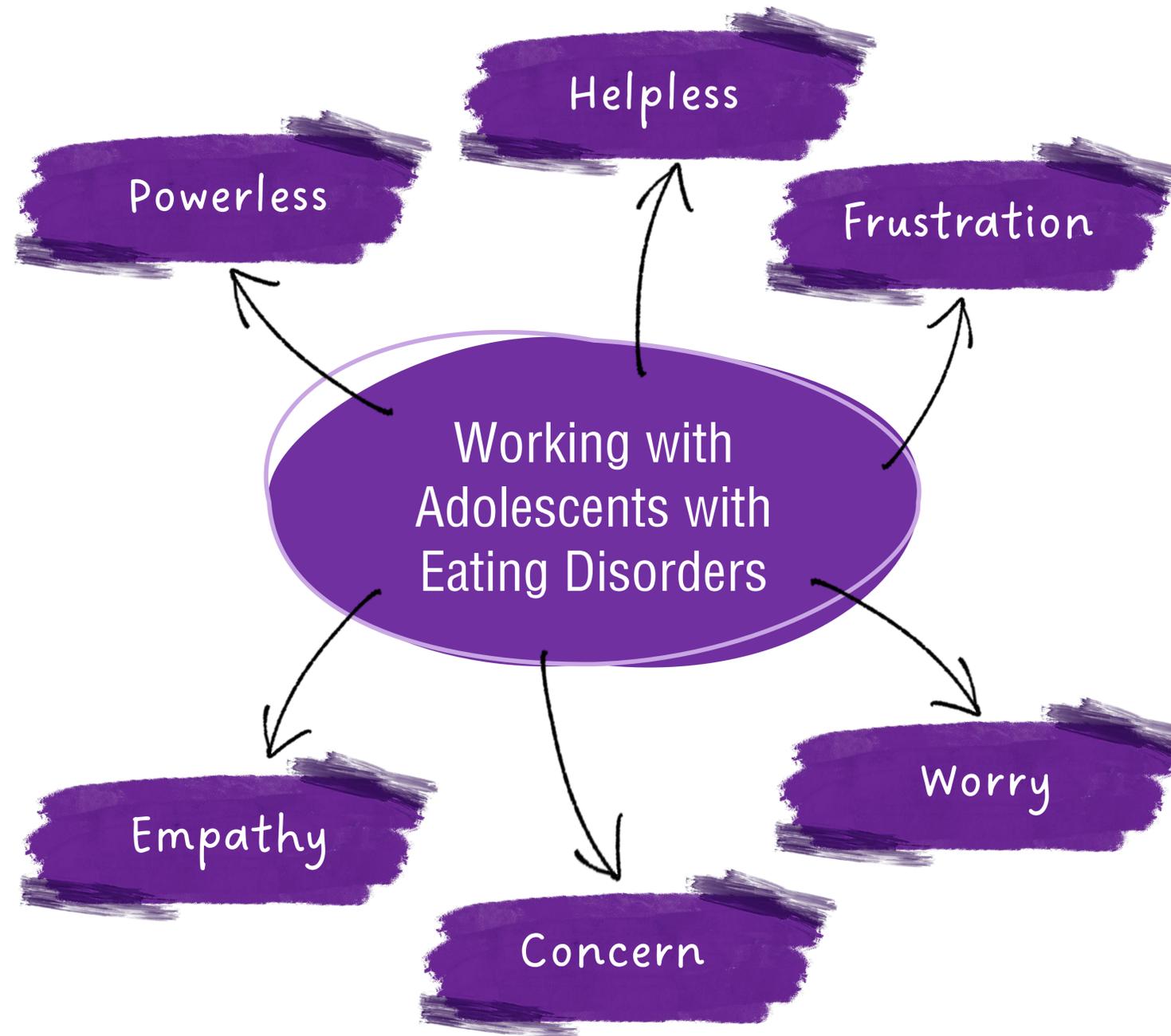
**Aim:** To explore clinician perceptions of adolescents with eating disorders, providing insights to improve treatment by highlighting shared challenges and setting-specific factors

### Methods:

**Design:** A rapid review was chosen to allow for the timely synthesis of evidence, identification of knowledge gaps, and guidance for clinical practice in this vulnerable population.

**Search:** Databases PubMed and PsycINFO were searched, resulting in 1710 studies. Following the application of inclusion and exclusion criteria, 10 articles were included.

**Analysis:** Rapid qualitative analysis (RQA) using a thematic lens, identified key themes on clinician perceptions and challenges across different settings.



This diagram highlights the emotional experiences of clinicians when working with adolescents with eating disorders, capturing the complexities and challenges they encounter in their roles.

Understanding these emotional responses is essential for determining how to provide better support and training for clinicians, ultimately improving patient care.

### Results:

#### Community:

*Emotional Burden of Countertransference*

- ◊ Frustration, hopelessness, helplessness
- ◊ Excessive concern
- ◊ Perceived inadequacy and being under-resourced to address the complex needs

#### Inpatient:

*Cohesive Care in a High-Stress Environment*

- ◊ Importance of collaboration and communication
- ◊ Balancing priorities between medical stabilisation and psychological needs

#### Specialist:

*Experience of Powerlessness in Providing Care*

- ◊ Perceived inability to provide effective care
- ◊ Pressure to contribute to improvement of complex and resistive disorders

### Discussion:

Clinicians in community, inpatient, and specialist settings face shared and distinct challenges influenced by each setting's demands and the stages of the eating disorder recovery journey.

#### Implications:

- ◊ Prioritising the emotional burden and distinct challenges is essential for improving care across settings

#### Recommendations:

- ◊ Consistent training in evidence-based approaches and increased support across settings are vital to alleviate clinician burden and enhance care

#### Future Research:

- ◊ Investigate how different settings align with recovery stages, identifying unique challenges to inform tailored support and resources



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