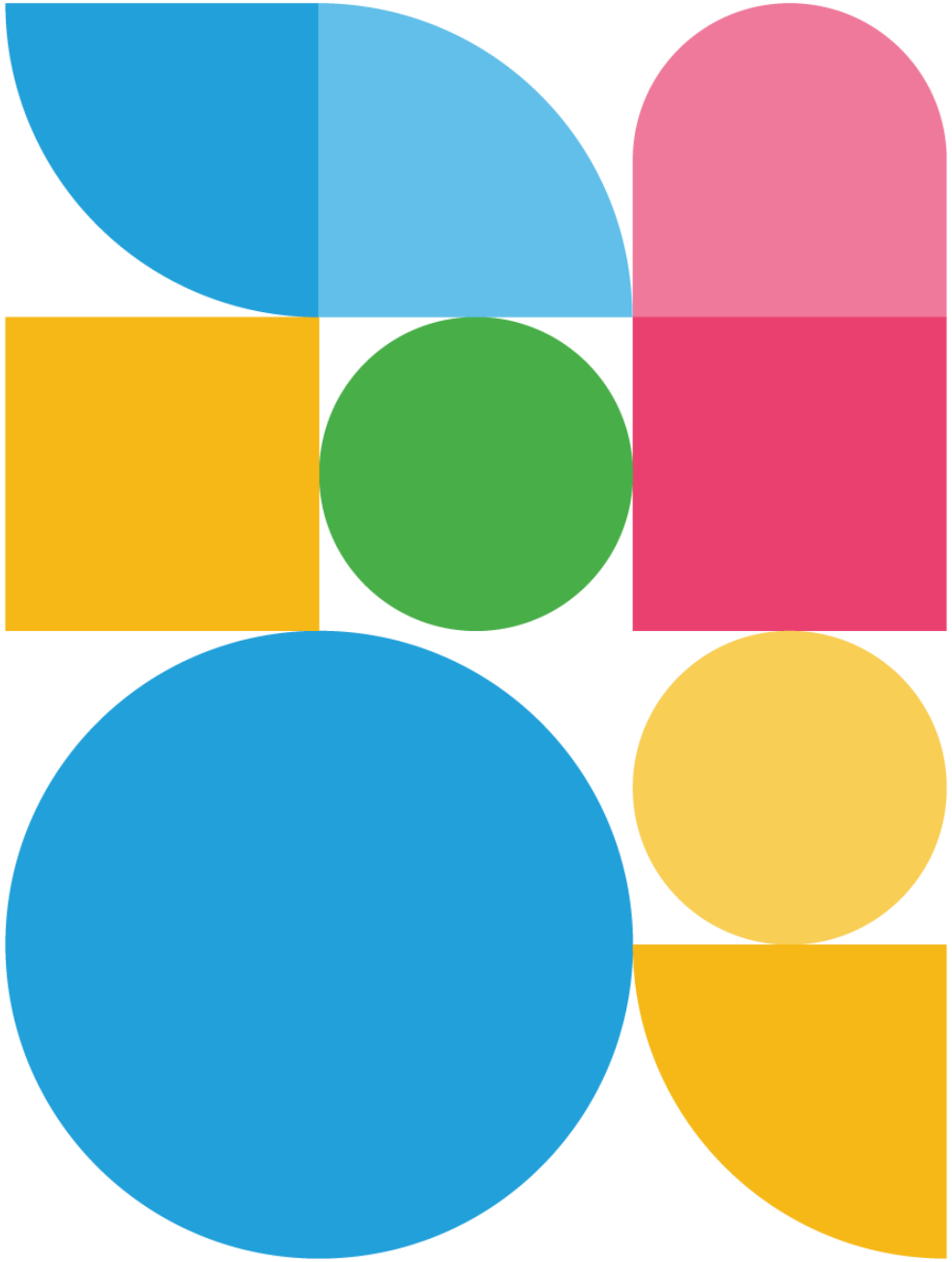


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Adapting inpatient admissions for autistic young people on a CAMHS ED unit

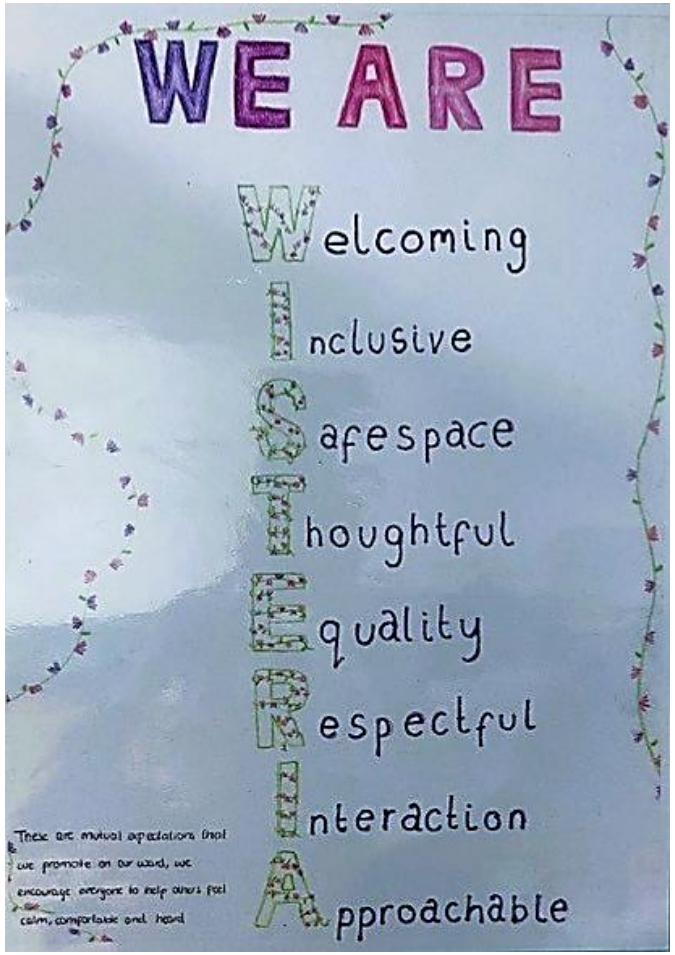
Presentation by

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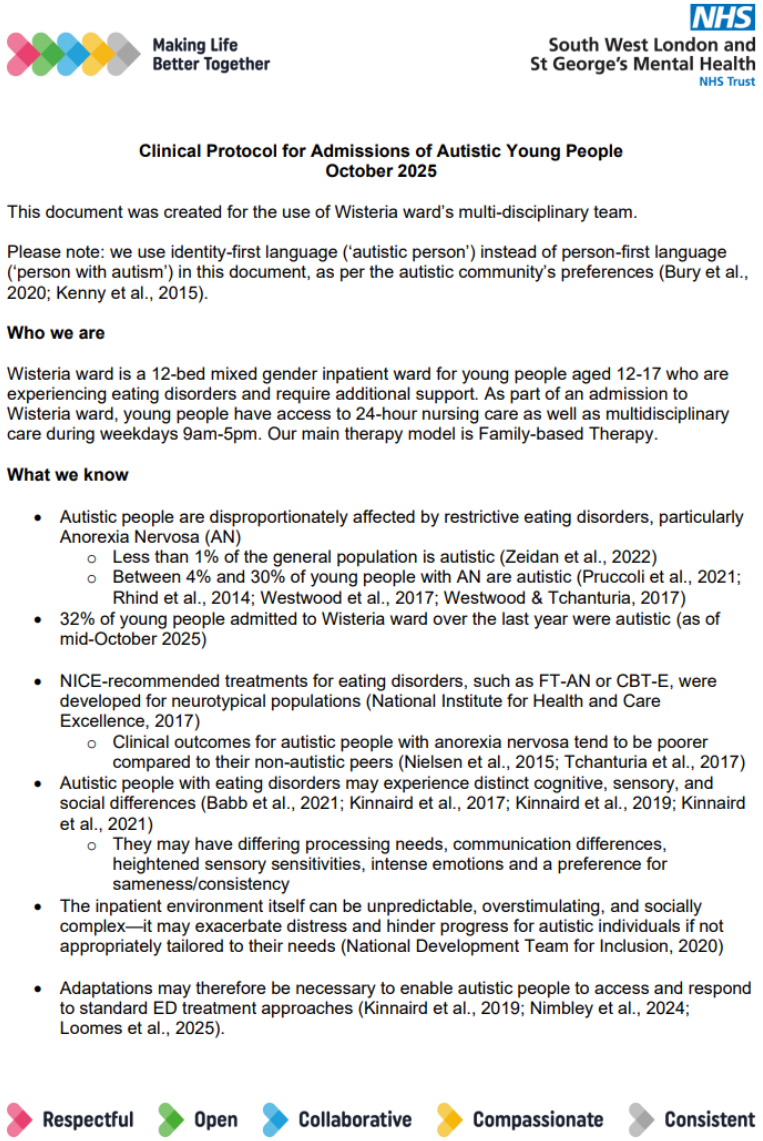
Wisteria ward

- 12-bed mixed gender inpatient ward for young people aged 12-17
- Specialist eating disorder unit, mainly supporting young people with restrictive eating disorders
- Multi-disciplinary care: nursing, medical, psychology, family therapy, occupational therapy, dietetics
- Main therapy model: family-based therapy



Need for neuro-affirming treatment pathway

- 2025: increasing prevalence of autistic young people on our ward, recognised need for adapted clinical pathway
- Exposure to possible treatment adaptations in weekly PEACE huddles
- Working group on the ward developed a clinical protocol outlining adjustments to treatment at each stage of admission



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Clinical Protocol for Admissions of Autistic Young People
October 2025

This document was created for the use of Wisteria ward's multi-disciplinary team.

Please note: we use identity-first language ('autistic person') instead of person-first language ('person with autism') in this document, as per the autistic community's preferences (Bury et al., 2020; Kenny et al., 2015).

Who we are

Wisteria ward is a 12-bed mixed gender inpatient ward for young people aged 12-17 who are experiencing eating disorders and require additional support. As part of an admission to Wisteria ward, young people have access to 24-hour nursing care as well as multidisciplinary care during weekdays 9am-5pm. Our main therapy model is Family-based Therapy.

What we know

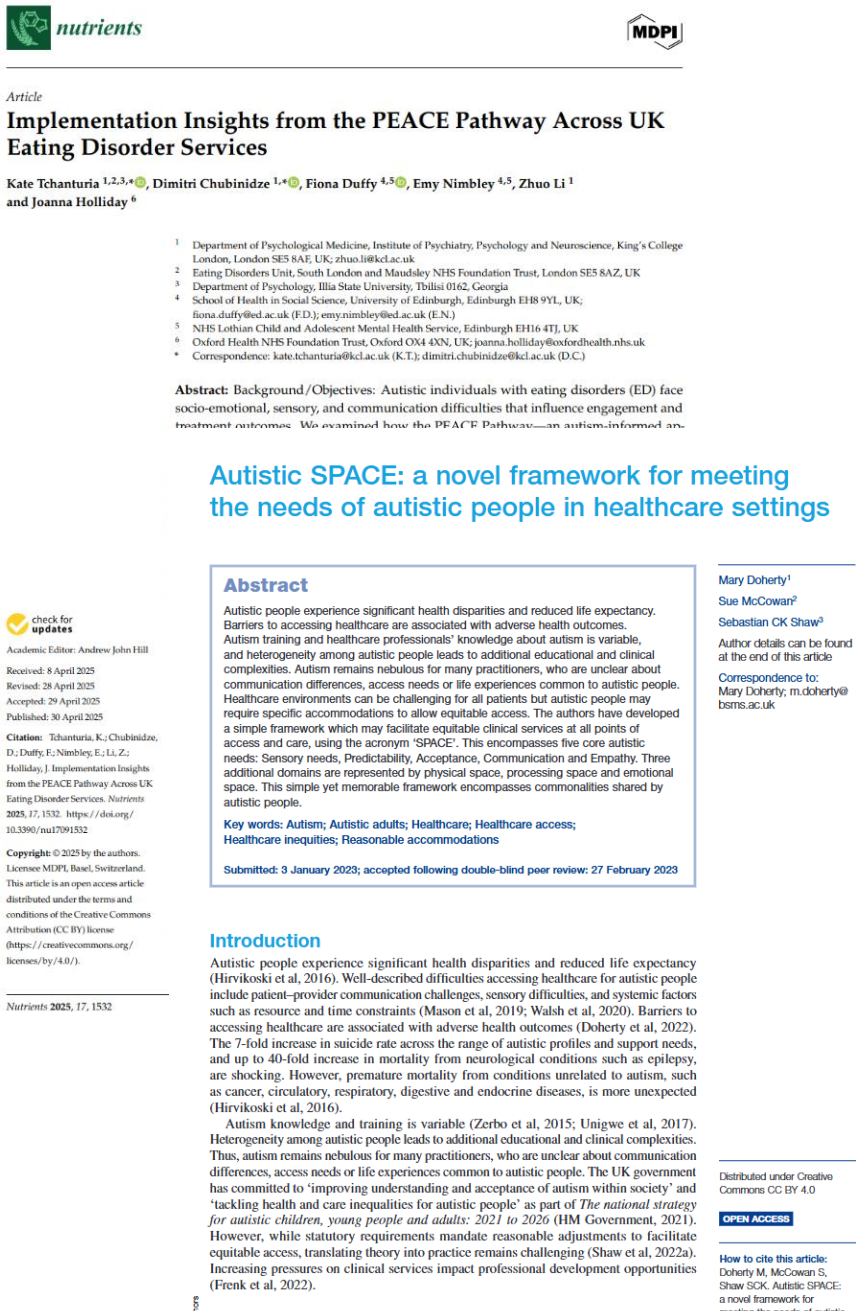
- Autistic people are disproportionately affected by restrictive eating disorders, particularly Anorexia Nervosa (AN)
  - Less than 1% of the general population is autistic (Zeidan et al., 2022)
  - Between 4% and 30% of young people with AN are autistic (Pruccoli et al., 2021; Rhind et al., 2014; Westwood et al., 2017; Westwood & Tchanturia, 2017)
- 32% of young people admitted to Wisteria ward over the last year were autistic (as of mid-October 2025)
- NICE-recommended treatments for eating disorders, such as FT-AN or CBT-E, were developed for neurotypical populations (National Institute for Health and Care Excellence, 2017)
  - Clinical outcomes for autistic people with anorexia nervosa tend to be poorer compared to their non-autistic peers (Nielsen et al., 2015; Tchanturia et al., 2017)
- Autistic people with eating disorders may experience distinct cognitive, sensory, and social differences (Babb et al., 2021; Kinnaird et al., 2017; Kinnaird et al., 2019; Kinnaird et al., 2021)
  - They may have differing processing needs, communication differences, heightened sensory sensitivities, intense emotions and a preference for sameness/consistency
- The inpatient environment itself can be unpredictable, overstimulating, and socially complex—it may exacerbate distress and hinder progress for autistic individuals if not appropriately tailored to their needs (National Development Team for Inclusion, 2020)
- Adaptations may therefore be necessary to enable autistic people to access and respond to standard ED treatment approaches (Kinnaird et al., 2019; Nimbley et al., 2024; Loomes et al., 2025).

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Autism clinical protocol

Informed by:

- The PEACE pathway: PEACE huddles, 2025 publication on implementation of PEACE in ED services
- The SPACE framework for meeting autistic needs in healthcare settings (Doherty et al., 2023)
- Feedback from key stakeholders



nutrients MDPI

Article

Implementation Insights from the PEACE Pathway Across UK Eating Disorder Services

Kate Tchanturia [1,2,3,*], Dimitri Chubinidze [1,*], Fiona Duffy [4,5], Emy Nimbley [4,5], Zhuo Li [1] and Joanna Holliday [6]

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Abstract: Background/Objectives: Autistic individuals with eating disorders (ED) face socio-emotional, sensory, and communication difficulties that influence engagement and treatment outcomes. We examined how the PEACE Pathway—an autism-informed ap-

Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings

Abstract

Autistic people experience significant health disparities and reduced life expectancy. Barriers to accessing healthcare are associated with adverse health outcomes. Autism training and healthcare professionals' knowledge about autism is variable, and heterogeneity among autistic people leads to additional educational and clinical complexities. Autism remains nebulous for many practitioners, who are unclear about communication differences, access needs or life experiences common to autistic people. Healthcare environments can be challenging for all patients but autistic people may require specific accommodations to allow equitable access. The authors have developed a simple framework which may facilitate equitable clinical services at all points of access and care, using the acronym 'SPACE'. This encompasses five core autistic needs: Sensory needs, Predictability, Acceptance, Communication and Empathy. Three additional domains are represented by physical space, processing space and emotional space. This simple yet memorable framework encompasses commonalities shared by autistic people.

Key words: Autism; Autistic adults; Healthcare; Healthcare access; Healthcare inequities; Reasonable accommodations

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Introduction

Autistic people experience significant health disparities and reduced life expectancy (Hirvikoski et al, 2016). Well-described difficulties accessing healthcare for autistic people include patient–provider communication challenges, sensory difficulties, and systemic factors such as resource and time constraints (Mason et al, 2019; Walsh et al, 2020). Barriers to accessing healthcare are associated with adverse health outcomes (Doherty et al, 2022). The 7-fold increase in suicide rate across the range of autistic profiles and support needs, and up to 40-fold increase in mortality from neurological conditions such as epilepsy, are shocking. However, premature mortality from conditions unrelated to autism, such as cancer, circulatory, respiratory, digestive and endocrine diseases, is more unexpected (Hirvikoski et al, 2016).

Autism knowledge and training is variable (Zerbo et al, 2015; Unigwe et al, 2017). Heterogeneity among autistic people leads to additional educational and clinical complexities. Thus, autism remains nebulous for many practitioners, who are unclear about communication differences, access needs or life experiences common to autistic people. The UK government has committed to 'improving understanding and acceptance of autism within society' and 'tackling health and care inequalities for autistic people' as part of *The national strategy for autistic children, young people and adults: 2021 to 2026* (HM Government, 2021). However, while statutory requirements mandate reasonable adjustments to facilitate equitable access, translating theory into practice remains challenging (Shaw et al, 2022a). Increasing pressures on clinical services impact professional development opportunities (Frenk et al, 2022).

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Responding to autistic needs – pre-admission

Local Area Emergency Protocol (LAEP) or Care Education Treatment Review (CETR) meetings

Dietetic assessment to assess any sensory needs related to food/eating

Downstairs area (YP & staff only)



Entrance



Hallway



Lounge (part 1)



Lounge (part 2)

3

Document of photos of our ward

Day of Admission

Here is an outline of what to expect on Admission Day. We know it might feel quite scary at first, but our staff are here to support you as you settle in. When you arrive, a member of the nursing team will introduce you to the ward, collect your contact details, and answer any initial questions you may have.

Various members of our team will then meet with you. You can expect the following to take place, however, please note that they may happen in a different order:

With one of the doctors:

- Medical & psychiatric history (30min-1h). This can be done with the YP and parents/carers together or separately, depending on preference
- Physical examinations in the clinic room (30min): general physical examination, bloods, ECG. Parents/carers remain upstairs for this

With the dietitian:

- Dietetic assessment. This is done separately with the YP (30min) and parents/carers (1hr)

With a member of the nursing team:

- Physical examinations in the clinic room (10min): weight, height, physical observations. Parents/carers remain upstairs for this
- Ward orientation (10min): the YP is shown the ward and their bedroom

With a member of the psychology team:

- Start of admission questionnaires (5min): a member of the psychology team will provide our routine start of admission questionnaires

Please note:

- The YP will be expected to follow the ward's mealtime schedule from the moment of arrival on the ward
- Nursing staff will search the YP's belongings to ensure no prohibited or restricted items are brought onto the ward
- There will be short breaks in between the above where you can be together. If you would like us to provide you with any games to distract (E.g. Uno, Dobble), please let us know
- Parents/carers are welcome to leave once the above has been completed. This should take no longer than 3-4 hours, however we recommend that parents/carers block out the whole day for the admission process.

Once parents/carers have left, YP will be brought to the ward to unpack their belongings and settle into their new space.

5

Guidance for admission day in welcome pack

Responding to autistic needs – during admission

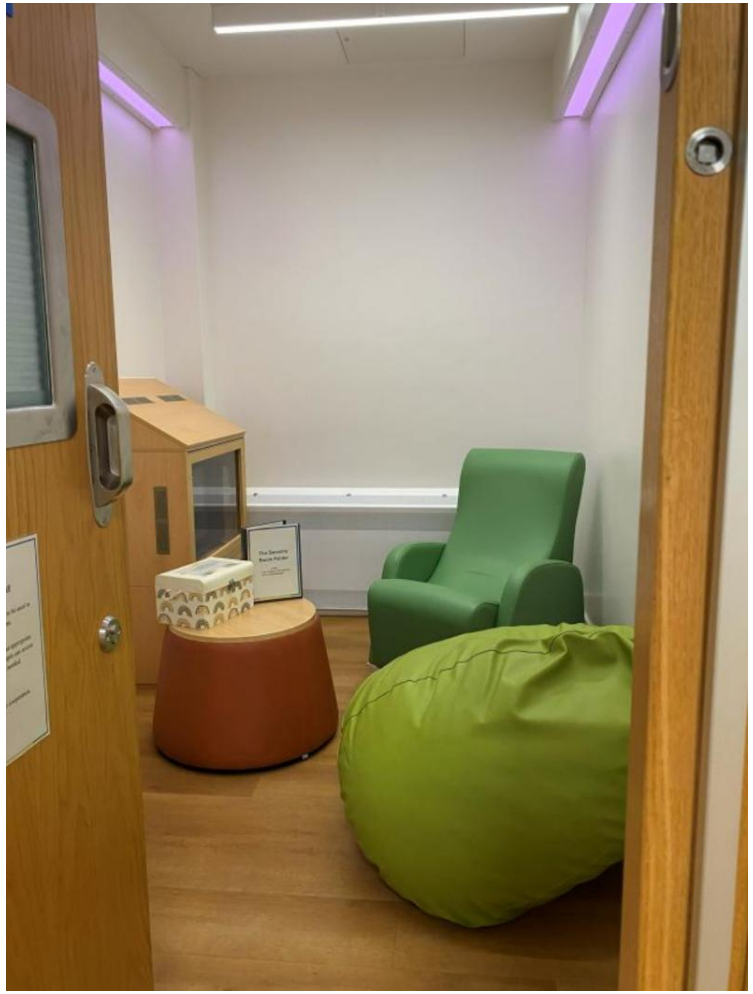


Communication passport



Door sign

Responding to autistic needs – during admission



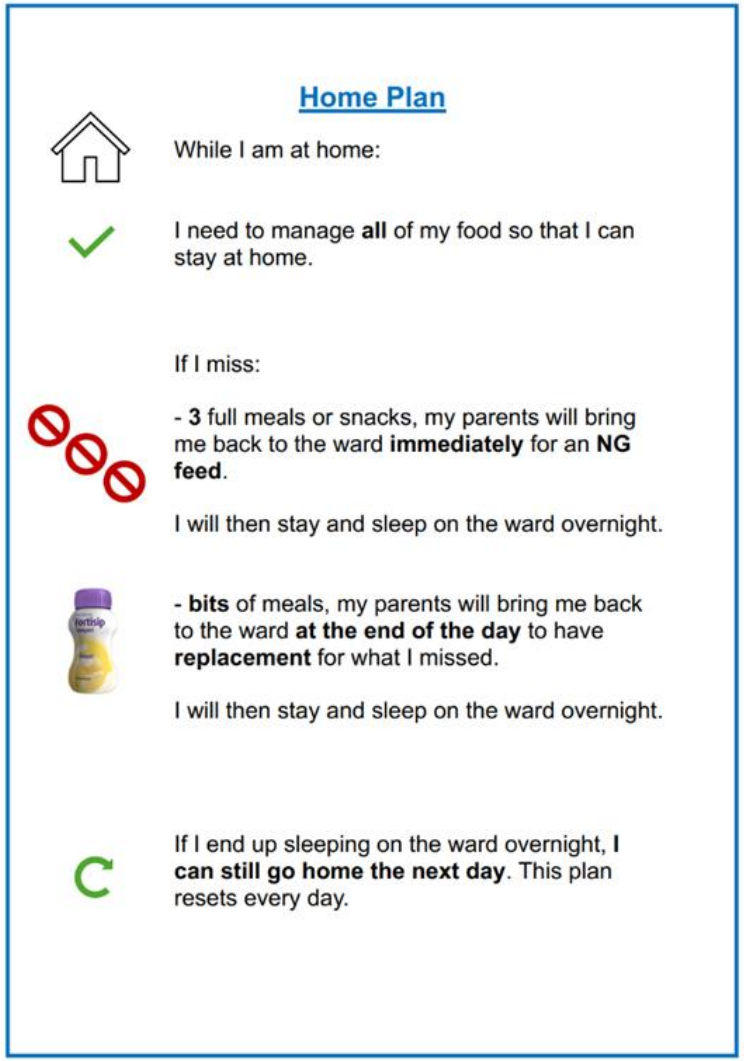
Sensory room



Fidget toy boxes

Sensory assessment
(OT)

Responding to autistic needs – during admission



Home Plan

While I am at home:

I need to manage **all** of my food so that I can stay at home.

If I miss:

- **3** full meals or snacks, my parents will bring me back to the ward **immediately** for an **NG feed**.

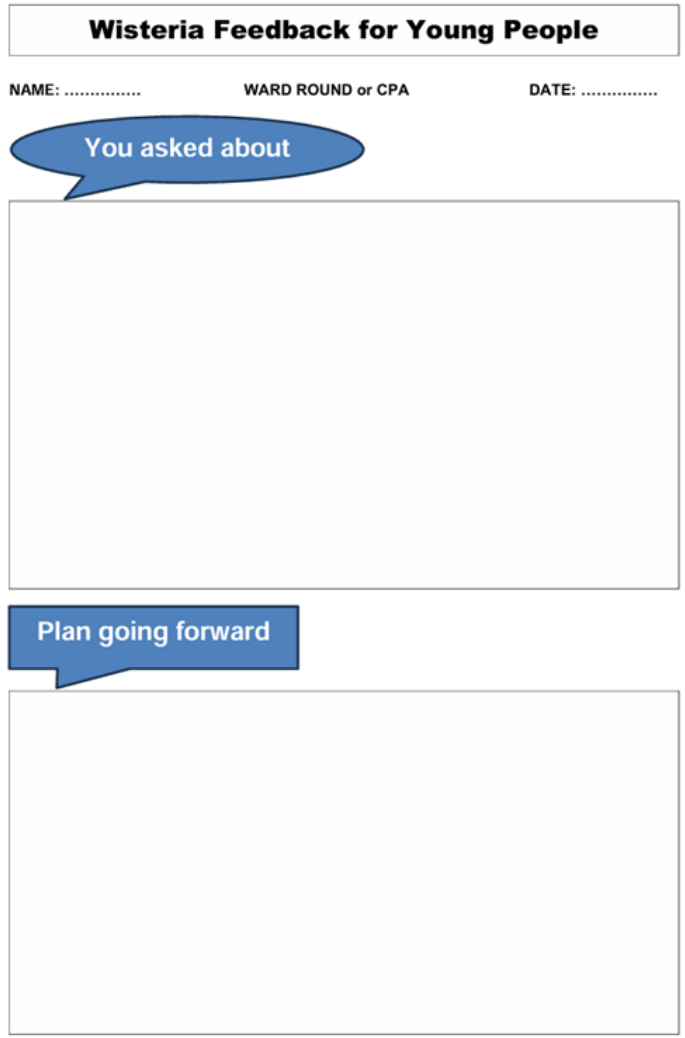
I will then stay and sleep on the ward overnight.

- **bits** of meals, my parents will bring me back to the ward **at the end of the day** to have **replacement** for what I missed.

I will then stay and sleep on the ward overnight.

If I end up sleeping on the ward overnight, **I can still go home the next day**. This plan resets every day.

Easy read plans



Wisteria Feedback for Young People

NAME: ..... WARD ROUND or CPA DATE: .....

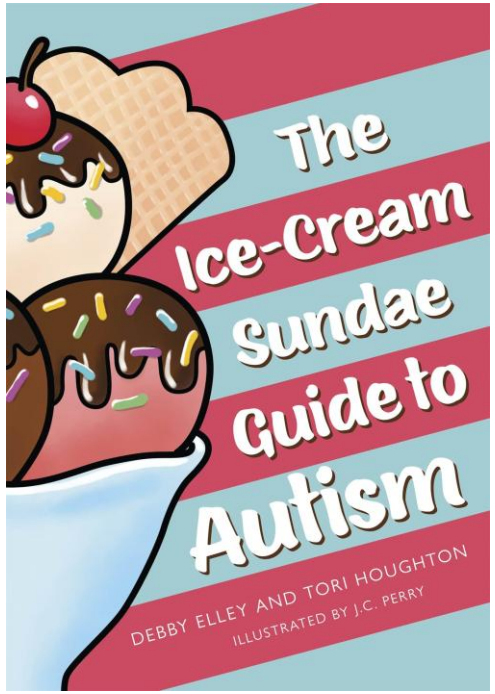
You asked about

Plan going forward

Written feedback

Responding to autistic needs – during admission

Exploring impact of autism in family therapy & individual therapy spaces



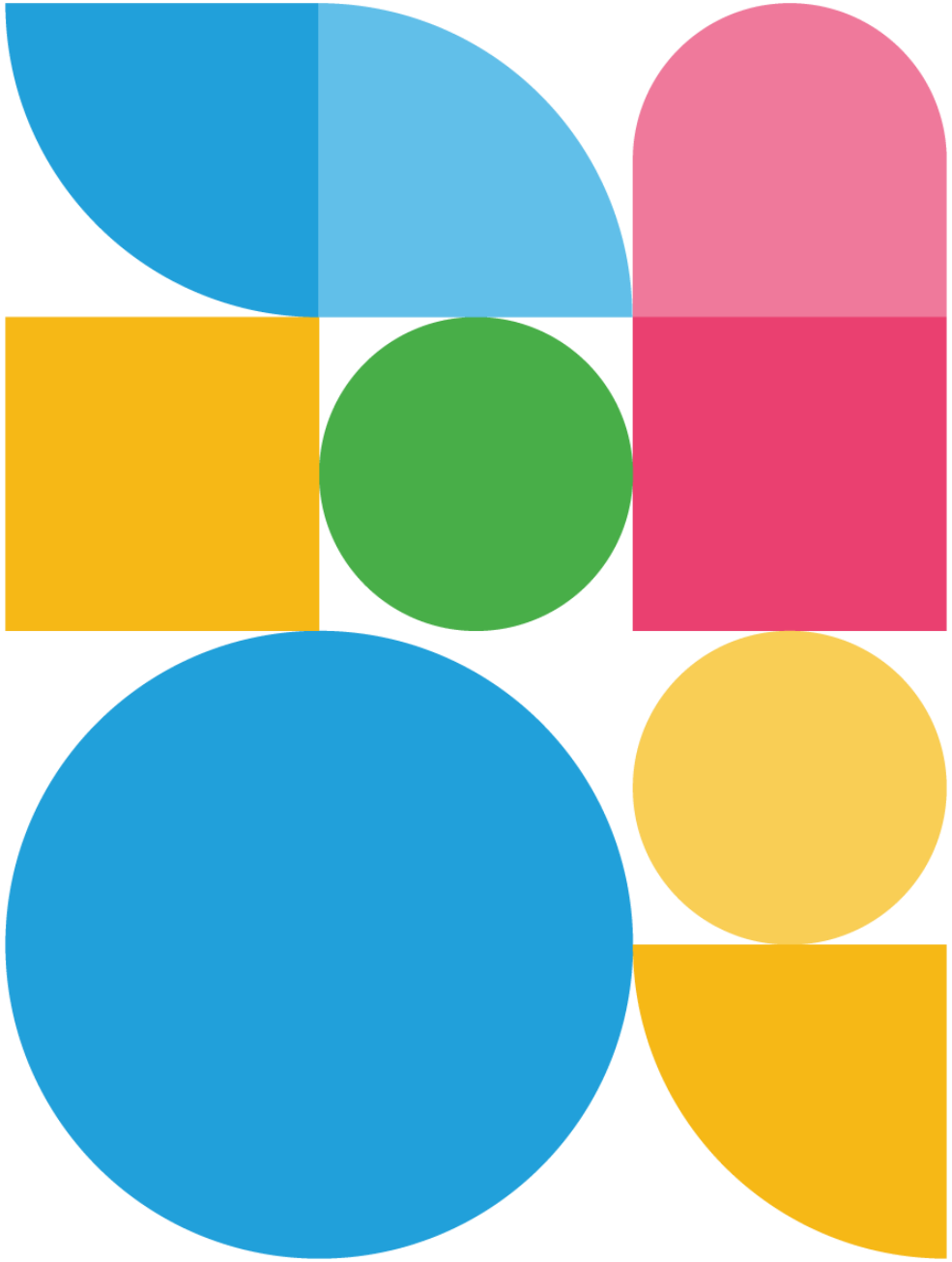
Learning about recent autism diagnosis



Thinking outside the box!

Responding to autistic needs – end of admission

- Sharing knowledge gained during admission with professional system
- Making recommendations of support that might be needed in the community
- Visual plan of care post-discharge



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What's next?

- Sensory environment is a continued obstacle– can any changes be made?
- Further training on autism-informed care to build staff awareness?
- Review protocol in October 2026 using feedback from the team and autistic service users and their families

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Thank you

For more information, please contact

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Wisteria Ward
South West London and St George's Mental Health NHS Trust

Respectful Open Collaborative Compassionate Consistent

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Doherty, M., McCowan, S., & Shaw, S. C. (2023). Autistic SPACE: A novel framework for meeting the needs of autistic people in healthcare settings. *British Journal of Hospital Medicine*, *84*(4), 1–9. https://doi.org/10.12968/hmed.2023.0006

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