

# The Case for the Transition House

## The Missing Piece in Eating Disorder Recovery and Support

by:  
 **EDFC** | Eating Disorders  
Foundation of Canada

In Canada, we are struggling to provide effective treatment outcomes for those with an eating disorders. The Eating Disorders Foundation of Canada (EDFC) has long considered the Transition Home, a residential environment between hospital and home for recovery-support, as the strategic step to improve outcomes and a more effective use of resources.

**EDFC** has examined the case for the transition house as an integral part of the pathway for individuals to live independent lives while managing this mental illness. The following assessment of the situation in Canada looks at seven criteria for successful implementation and offers our solution to the challenge.

### Availability

There is a national shortage of transition housing for eating disorders recovery, for example:

- There are no residential treatment facilities in six provinces which represent over 40% of the population of Canada.
- Eight are listed in the rest of Canada, of which 5 are privately operated, one operated by a foundation with provincial support.
- Only two of the private locations are operated strictly for eating disorders. Others include eating disorders within larger resident populations dealing with drug and alcohol addictions.

---

**EDFC** is focusing on opening a pilot transition house in Barrie, Ontario in 2021. Called *CHARLOTTE'S hope*, it is designed to provide residential stays for 40 to 50 young adults annually.

---

## Affordability

Residential eating disorder treatment and support is available primarily at private facilities at costs which are far out of the reach of most Canadian families. We need to make this intermediate step affordable to most families searching for a pathway to healthy living while avoiding hospitalization.

---

**EDFC understands that recovery-support needs to be affordable.**

**Our objective is to provide the necessary assistance 24/7 in a residential setting at a cost to the resident of \$350 per week. That is only \$2,100 for a six-week term.**

---

## Financial Stability

The “single-payer” model, either the **private patient** or the **public purse**, exposes the availability of critical recovery-support to great insecurity when financial certainty is necessary for proper development of resources across Canada.

Having multiple sources of financial support makes the operation of the home less reliant on the ability of a single entity to continue to fund operations.

---

**Users and their families, charitable organizations, individual donors and corporate partners need some level of public support to maintain access to this important step in learning to live with an eating disorder.**

---

## Efficency

Far too often, expensive beds in hospitals are tied up for long periods because there is no stepdown option. The time required to progress patients from hospital to residential recovery-support to home and independent living needs to be shortened. The availability of residential recovery-support as a place to direct those discharged from hospital will produce efficiencies and savings in the whole healthcare approach to eating disorders.

---

**An appropriate length of residential recovery support to be effective is variable and depends on the need. EDFC will offer a six-week program after which those who need more time can extend their stay.**

---

## Community of Care

Preventing relapses and re-admission back to hospital is an important part of residential recovery-support program. The resident will enter the residential program under the medical direction of their own doctor who will continue to follow their patient as they move on to independent living arrangements. Meanwhile, one of the long-term benefits of the recovery-support in a residential setting is the connections to be made with other professionals, caring volunteers and fellow residents who can be mutually supportive.

---

**One of the advantages of a resident having their own primary treatment team in conjunction with a residential recovery-support team is to ensure continuity of care is maximized.**

**In addition, the graduates of the program will have the opportunity to return to the transition home for follow-up sessions with the support team and their live-in colleagues.**

---

## Credibility

There is a need for evidence-based research to ensure the co-ordination of treatment and support programs offered is well documented and appropriately evaluated. This approach will provide us with a sustainable “transition house” model that can be offered to any community in need.

---

**EDFC has already had their research protocol approved by a university ethics committee and is in the process of applying for a program evaluation research grant.**

---

## Standardization

Although the needs of individuals will vary, it is important to standardize recovery-support programs, design of facilities and operational standards for ease of replication in all underserved parts of Canada. No matter where one lives in Canada, the goal should be the same standard of treatment followed by access to a recovery-support program.

---

**It is the vision of EDFC that CHARLOTTE'S *hope* in Barrie can be a blueprint for expansion within Canada providing greater access to recovery support at a reasonable cost for hundreds of young adults annually.**

**Our five-year plan is to have a minimum of five homes located throughout Canada providing support for over 200 individuals on an annual basis.**

---

# Treatment and Recovery-Support Models

---

For fuller understanding of the differences between the current approach to treatment of eating disorders requiring hospitalization and EDFC's proposed residential recovery-support intervention the following figures may be instructive.

The flowchart in Figure 1 is illustrative of the current approach to treating severe eating disorders which can result in:

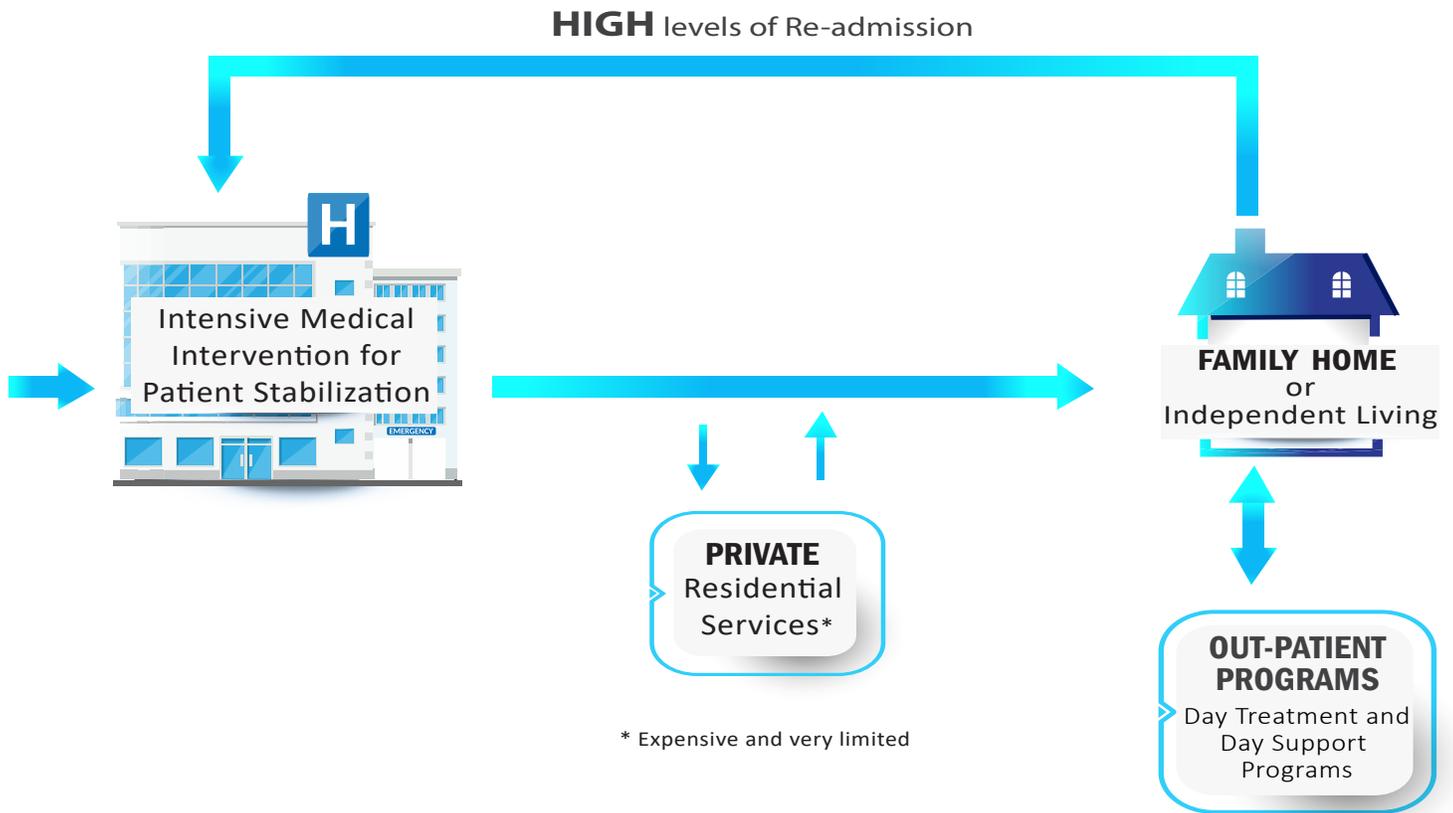
- High rates of hospital re-admissions without a recovery-support model,
- Lengthy hospitalizations for lack of suitable step-down options,
- Recovery-support available only in an out-patient setting.

The flowchart in Figure 2 is illustrative of EDFC's proposed Residential Recovery-Support Model, designed to:

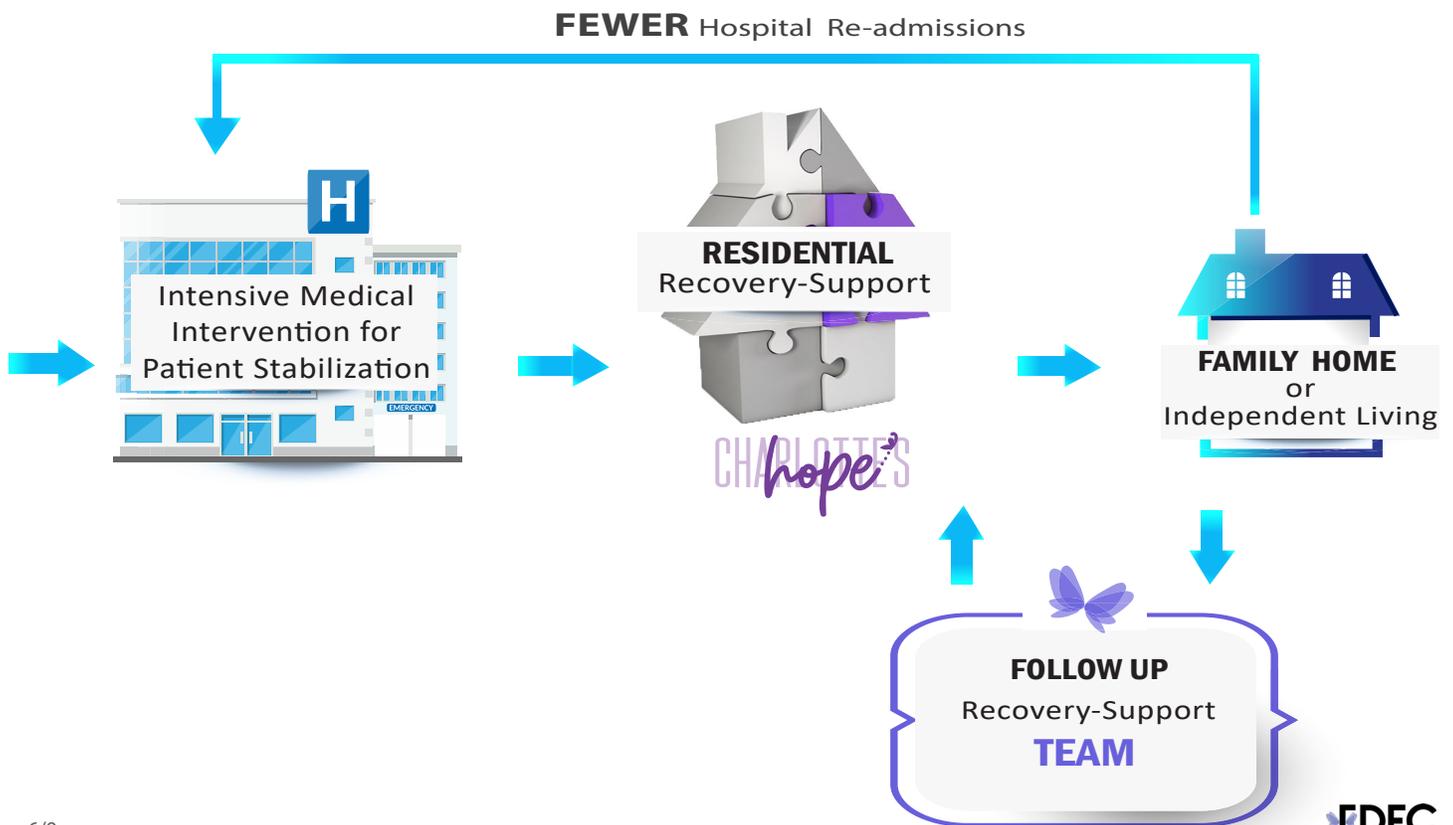
- Improve the rates at which patients discharged from hospital make a successful transition to home and independent living,
- Provide continuity of care throughout their treatment and recovery,
- Reduce the overall cost to the system while helping more young adults to affordably move ahead with their lives.

These figures are shown together on one page for great appreciation of the differences in the models.

# Current Treatment Model for Eating Disorders



## EDFC Model



# Definitions

The following definitions are provided by NEDIC, the National Eating Disorder Information Centre, to describe types of services available for those with eating disorders in Canada. We have included for greater clarity and understanding some additional commentary in italics at the end of each definition.

## Day Treatment

---

Day treatment programs are a form of outpatient care. The patient usually spends time at the program, eating meals there while continuing to live at home. In Canada, these are often hospital-based programs. Day programs are staffed by multidisciplinary teams that generally include psychiatrists, nurse practitioners/ nurses, psychologists, dietitians, social workers, child/youth counsellors, and educators.

---

**For many in Canada, day treatment services are often located hours from home and with no public transportation available. This makes regular attendance at these programs both problematic and unaffordable even when the programs are offered for free.**

---

## Inpatient Care

---

Inpatient care is, in Canada, a form of hospital-based care for individuals whose eating disorder symptoms require intensive medical interventions or monitoring. It is intended to be relatively short-term with the goal of stabilizing the person's physical health so that they can continue treatment.

Inpatient eating disorder treatment includes medical monitoring, re-feeding/nutrition restoration, and/or symptom interruption. A typical week's schedule will consist of staff supervised meals and snacks. In addition, an inpatient program may offer academic

programming; increasingly, family-based meal support is being integrated into inpatient programs. Inpatient eating disorder units are staffed by multi-disciplinary teams that generally include psychiatrists, nurse practitioners/ nurses, psychologists, dietitians, social workers, child/youth counsellors, and educators.

---

**Although “inpatient, hospital-based care is intended to be relatively short-term” in fact it is often quite long-term. We know of one patient who was hospitalized for a total of 68 weeks over five separate admissions to hospital.**

**Furthermore, the emphasis on “medical stabilization” is to release the patient to free up hospital beds. Without recovery-support the patient is ill-equipped to face the challenges of independent living.**

---

## **Residential Treatment**

---

For individuals who are medically stable but for whom outpatient or day treatment has been unsuccessful, residential treatment may be indicated. 24-hour care is provided, with aspects of inpatient care incorporated into some sites.

---

**In a survey of places in Canada where residential treatment is available, with limited exceptions, these excellent facilities are privately operated which are unaffordable to most people. In addition, many of these facilities include only a few beds for eating disorder residents. Unavoidably, residents are housed with others attending for addiction counselling and drug rehabilitation.**

---

# Residential Recovery-Support

---

NEDIC does not provide a definition for residential recovery support. It is new category proposed by EDFC as represented by our Charlotte's Hope project. We define it here as:

- A residential facility, exclusively for “medically-stable” individuals needing continuing recovery support for an eating disorder, whether previously hospitalized or not,
- The Resident's on-going treatment is provided by their existing treatment team, both during and after a minimum six-week program in the home,
- The Residence provides 24/7 supervision and is staffed by experienced support workers,
- Similar programs to that offered at day treatment facilities are offered plus a variety of activities and experiences aimed at helping the individual to prepare for independent living and return to education or career.



---

**Charlotte's Hope** fills the missing gap in the mix of treatment alternatives. It offers an efficient and affordable intermediate step in recovery, designed to speed young adults towards independent living and away from hospitals.

---

More information on **EDFC** and *Charlotte's Hope* is available at [www.edfc.ca](http://www.edfc.ca)

