SPACE TO BREATHE

Returning to Work or Study in Recovery

Planning energy, meals, privacy and reasonable support

Work or study can restore identity and routine, but returning too quickly can also increase stress, missed nourishment and relapse risk. A gradual, collaborative plan should consider physical safety, concentration, treatment appointments and the practical realities of eating during the day.

UNDERSTAND	NOTICE	SUPPORT

INSIDE THIS GUIDE

- Questions to consider
- Possible adjustments
- Privacy and communication

Use this guide to understand, begin a conversation, or help someone feel less alone.

You do not need to read it all at once. Pause whenever you need to and return when you feel ready.

A compassionate information guide

This resource offers general information and does not replace individual medical or specialist eating-disorder care.

Understanding what may be happening

Questions to consider

- Is physical health stable enough for travel, standing, lifting or driving?
- Can planned meals and snacks happen reliably and privately enough?
- How much concentration, decision-making and social demand is realistic?
- When are treatment and monitoring appointments?
- What are the early warning signs that demands are too high?

Possible adjustments

- A phased return, shorter days or reduced workload.
- Protected breaks and a suitable place to eat.
- Time for appointments without unnecessary disclosure.
- Written instructions, predictable routines or reduced travel.
- Temporary limits on exercise-heavy or safety-critical tasks.

Privacy and communication

- The person can decide what personal detail to share, within safety and workplace processes.
- A simple plan can focus on functional needs rather than diagnosis.
- One named contact may reduce repeated explanations.

Gentle, practical ways forward

Support should always be adapted to the person, their diagnosis, physical health, culture, neurotype and treatment plan.

WHAT MAY HELP

- Build the plan with the treatment team and occupational health where available.
- Schedule nourishment before filling the day with tasks.
- Keep a written relapse and emergency plan.
- Review adjustments regularly rather than treating the first plan as permanent.
- Step support back up promptly if symptoms, dizziness, concentration or medical risk worsen.

A gentle reminder

A successful return is not the fastest return. It is one that protects health, dignity and sustainable participation.

Please seek urgent help for fainting, chest pain, confusion, severe weakness, uncontrolled vomiting, blood, serious dehydration, or immediate risk of harm. In the UK call 999/A&E; for an emergency, NHS 111 for urgent advice, or contact your GP/eating-disorder team.

Trusted information

NHS: Eating disorders overview
https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/

NICE: Eating disorders: recognition and treatment (NG69)
https://www.nice.org.uk/guidance/ng69

Royal College of Psychiatrists: Medical Emergencies in Eating Disorders (MEED)
https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr233

Beat: Eating-disorder information and support
https://www.beateatingdisorders.org.uk/

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