SPACE TO BREATHE THERAPY • SUPPORT HUB

Supporting Someone Without Policing Food

Care, boundaries and language that protects connection

Loved ones often feel frightened and desperate to help. Watching, questioning or commenting on every bite may come from care, but it can increase shame and conflict. Support works best when it follows the treatment plan, protects safety and keeps the person's dignity intact.

UNDERSTAND	NOTICE	SUPPORT

INSIDE THIS GUIDE

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

Helpful communication

- Use “I” statements: “I’ve noticed you seem exhausted and I’m worried.”
- Focus on health, distress and behaviour rather than appearance.
- Listen without debating whether the person “looks ill”.
- Ask: “Would you like listening, practical help, or help contacting the team?”
- Keep boundaries calm, consistent and agreed where possible.

Comments to avoid

- “You look healthy” or any observation about weight change.
- “Just eat”, “be good”, “that is too much” or “I wish I had your willpower”.
- Sharing diet plans, calorie talk or compensation after eating.
- Publicly questioning portions, toilets or exercise.

Practical support

- Attend appointments if invited and write down key information.
- Help with shopping, cooking, transport or distraction after meals.
- Learn the individual care plan and emergency signs.
- Look after your own wellbeing and seek carer support.

Gentle, practical ways forward

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

WHAT MAY HELP

- Agree what meal support should look like outside a crisis.
- Keep ordinary conversation and shared identity alive.
- Separate the person from the illness without blaming either.
- Tell professionals about risk even if the person is angry; safety can require action.
- Remember that carers cannot replace specialist medical and psychological treatment.

A gentle reminder

You do not need perfect words. Calm presence, curiosity, dependable boundaries and willingness to seek help matter enormously.

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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