Ellern Mede

Ellern Mede Barnet

Family and carer booklet





About Ellern Mede Group

Founded in 2000, Ellern Mede has over 25 years' experience as a trusted mental healthcare service. We provide bespoke inpatient treatment for individuals with complex mental health needs and overlapping conditions, including eating disorders, emotional dysregulation, trauma and neurodivergence. Our mission is to support meaningful and sustainable recovery from even the most complex mental health conditions.

About Ellern Mede Barnet

Ellern Mede Barnet provides specialist inpatient care for adults with complex mental health needs, including eating disorders and disordered eating.

The service is made up of three inpatient wards, including a step-down ward to support gradual progress towards independence.

The wards at Ellern Mede Barnet are:

- Rowan Ward (4 beds)
- Ash Ward (7 beds)
- The Annex (3 beds)

Decisions about ward transfers are based on risk assessments, recovery goals, and clinical need, and are discussed with patients and families to ensure the right support at the right time.

'I will be forever grateful for all the team at EM for believing in me when times got tough and making me smile every day.'

-Former Patient



Why has my relative come to Ellern Mede?

People come to Ellern Mede when they need a level of care and support that is best provided in a specialist inpatient setting. This may be because their mental health needs have become more complex, or because they require closer support to help them feel safe and stabilised.

An inpatient admission offers time and space for assessment, therapeutic support, and structured care delivered by a specialist team. While care is centred on your relative, we also recognise the importance of families and supporters. With your relative's agreement, we work in partnership with you to support recovery and plan a gradual and supported transition back to home and community services.

Who will support my relative?

At Ellern Mede, your relative will be supported by a multidisciplinary team of experienced professionals who work closely together to provide safe, coordinated, and compassionate care.

The team may include nurses, doctors, psychologists, therapists, dietitians, occupational therapists and support staff. Each professional brings a different area of expertise, but care is always planned and delivered collaboratively, with regular communication between team members.

Your relative will have named members of staff, including a Consultant Psychiatrist, who oversee and coordinate their care. We recognise that families often play an important role in a person's recovery. With your relative's agreement, we are committed to working in partnership with you, keeping you informed, listening to your views, and involving you appropriately in discussions and decisions about care.





How will my relative's views be heard?

At Ellern Mede, we are committed to ensuring that patients are actively involved in decisions about their care wherever possible. Your relative's views, preferences, and goals are central to how care is planned and delivered.

Your relative can share their views in several ways, including:

- Care planning and reviews, through conversations with the team or by providing written input
- MDT and CPA meetings, by attending in person, contributing in writing, or being supported by someone they trust
- Personalised support planning (including approaches used to support individuals during periods of distress), helping them have a clear voice in how they are cared for
- Community meetings, where patients can share feedback, raise concerns, and contribute to service development
- Independent advocacy, with support from an Independent Mental Health Advocate (IMHA)

With your relative's consent, families and supporters may also be involved in discussions to help ensure care reflects what matters most to them.

What sort of activities are available?

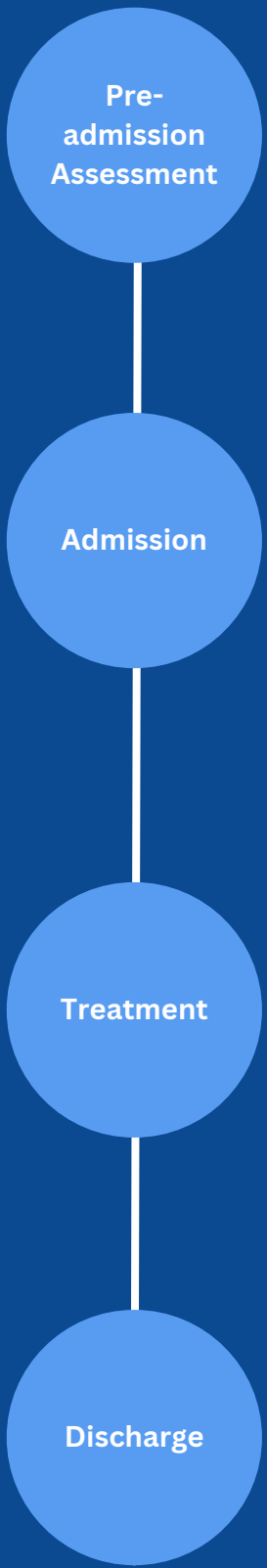
Patients are encouraged to take part in a range of activities that support wellbeing alongside treatment and therapy. Activities are tailored to individual interests and abilities and may include movement-based activities, mindfulness and relaxation sessions, creative activities, films, swimming, yoga, art, crafts, drama, and access to games or leisure activities.

When they are ready, supported social outings may be offered, such as visits to local shops, cafés, cinemas, or restaurants. If your relative has a particular interest or hobby, we will encourage and support them to continue this during their time at Ellern Mede wherever possible.

Families and carers may also be involved in shared activities, such as meals or cooking sessions, when this is appropriate and agreed as part of the individual's care plan.

The care pathway

Your relative's care pathway will be personalised to meet their individual needs.



Pre-admission assessment

Your relative will meet their Consultant Psychiatrist, who will have reviewed the referral in advance. This meeting gives your relative the opportunity to share how they are feeling, while the team discusses admission goals, treatment options, and what support may be needed. Family involvement is considered with your relative's consent.

Admission

Following admission, further assessments help the team build a clear understanding of your relative's needs. This includes developing a biopsychosocial formulation (a shared understanding of emotional, physical, and social needs), identifying appropriate therapies, planning nutritional support where required, and considering what involvement from family may be helpful. For some patients, this stage may include periods of closer observation to help maintain safety.

Treatment

During admission, staff focus on supporting safety, recovery, and increased independence. A dietitian will support meal planning, and the therapy team works with your relative to explore thoughts, feelings, and behaviours and to develop coping strategies. Progress is reviewed regularly through weekly MDT reviews and CPA meetings every 10–12 weeks, with family involvement where appropriate and agreed.

Discharge

Discharge planning begins from the point of admission. We work closely with your relative, community teams, and families (where appropriate) to plan a safe transition from hospital. The aim is to build skills, confidence and support to help sustain recovery after discharge.

What is a person-centred approach?

A person-centred approach means we take time to understand your relative as a whole person, not just their diagnosis or symptoms. We recognise that every individual's situation is different, and care should be shaped around their unique needs, experiences, values and strengths.

We work in partnership with your relative and, where appropriate, with families and carers to develop a shared understanding of what has contributed to their difficulties, what may be maintaining them, and what will best support recovery. This approach helps ensure care is personalised, flexible, and responsive as needs change over time.

What is a formulation assessment?

A formulation assessment is a multidisciplinary, biopsychosocial assessment that helps the team understand your relative's needs, strengths, and risks in a joined-up way.

The formulation is developed collaboratively with your relative and, where appropriate, with families, supporters, and community professionals. It considers mental and emotional health, physical health, relationships, neurodevelopmental factors, and the impact of past experiences or trauma, helping the team understand how different factors interact and influence one another.

The formulation guides care planning throughout admission and supports the development of a clear and realistic plan for recovery and discharge. A summary is usually shared at the first CPA meeting and reviewed regularly to ensure support remains appropriate as your relative progresses.

Treatment reviews

Regular reviews take place to ensure a collaborative approach to personalizing care and treatment plans.

Weekly MDT review meetings

Your relative's progress and treatment plans will be reviewed with the whole team weekly, ensuring alignment with the patient's individual recovery goals and discharge plans. MDT meetings also include input from patients, families and community teams. Patients can give written input weekly and are invited to join the meetings on a fortnightly basis along with family members (where appropriate) and members of the community team. MDT reports are sent to family/carers and community professionals every week. This is subject to patient's consent as part of their information sharing agreement.





CPA meetings

'Care programme approach' (CPA) meetings are held every 10-12 weeks, led by the Consultant psychiatrist. Members of the MDT also share a formal report for their discipline to review progress over the review period, taking into account the patient's formulation, admission goals and discharge plans. Family members and relevant professionals from the community team are also invited to join. Patients are encouraged and supported to attend if they wish to do so.

The multi-disciplinary team (MDT)

Our multidisciplinary team (MDT) brings together a range of professionals who work closely together to provide coordinated, person-centred care. Team members meet regularly in MDT reviews (ward rounds) to share updates, plan treatment, and ensure all aspects of your relative's health and wellbeing are addressed in a joined-up way.

Hospital Manager
A senior registered nurse who oversees the day-to-day running of the hospital, ensuring services are safe, well-managed, and meet regulatory and quality standards.

Consultant Psychiatrist
Leads medical care, including diagnosis, treatment planning, and medication management, and oversees coordination of care across services.

Specialty doctor / Ward doctor
Supports day-to-day medical care, monitors physical health, and responds to medical needs on the ward.

Psychologist
Provides psychological assessment, formulation, individual and group therapies, and supports the wider team through reflective practice. Ellern Mede has clinical and counselling psychologists as well as trainee and assistant psychologists. They work closely with other team members to integrate the formulation and therapeutic care into all areas of treatment.

Family therapist
Works with patients and families to strengthen communication, relationships, and support recovery within the family system.

Dietician
Assesses nutritional needs and provides individualised meal planning and dietary support to promote physical health and recovery.

Social worker
Supports safeguarding, discharge planning, and access to community resources, working closely with patients and families.

Clinical Service Manager
Supports the Hospital Manager with clinical operations and oversees safe, high-quality care provided by the nursing team.

Nursing team
Provide 24-hour care and support led by the Ward Manager. Nurses administer treatment such as medication. Each patient is allocated a key nurse for regular one-to-one support.

Autism team
Led by our Autism lead nurse, the team includes an Autism champion at each hospital. The Autism team can provide autism screening and assessments. The team advocates for patients with autism and other forms of neurodiversity, and ensures care approaches and environments are personalized, inclusive and supportive.

Healthcare assistants / Therapeutic support workers
Support day-to-day care, safety, routines, mealtimes, activities and emotional wellbeing on the ward.

Occupational therapist (OT)
Supports independence and daily living skills, helping patients engage in meaningful activities.

Activity coordinator
Facilitates therapeutic activities and supported outings that promote wellbeing, confidence, and skill development.

Psychotherapist
Provides individual therapy to help patients explore thoughts, feelings, and experiences, supporting emotional understanding and positive change.

Art therapist
Uses creative activities such as art-making to help patients express emotions, process experiences, and support emotional wellbeing, particularly when feelings are difficult to put into words.

Physiotherapist
Supports physical health, mobility, and rehabilitation where required.

Daily routine

IIn addition to therapeutic activities, the daily timetable includes opportunities for self-directed activity. This may include watching films, playing card or board games, or taking part in arts and crafts. Activities can be undertaken independently or with support from staff, depending on individual needs and preference.



A range of individual sessions is available as part of the treatment programme. These may include meetings with psychologists, therapeutic support staff, autism champions, physiotherapists, and activity coordinators, depending on each person's care plan and goals.



Group-based therapeutic sessions form an important part of the weekly programme. These are delivered by different disciplines and may include dietetic-led groups, sensory or regulation groups, post-meal support sessions, and psychological therapy groups such as dialectical behaviour therapy (DBT), where appropriate.

Daily routines are structured to support safety, wellbeing, and everyday functioning. A typical day may include support with waking up, personal care, getting dressed, attending meals, and organising the day ahead. Staff work alongside patients to provide encouragement, practical assistance, and structure, helping them rebuild confidence with daily living at a pace that feels manageable.

Physical activity and access to different environments are encouraged as part of recovery. Depending on individual risk assessments and MDT plans, patients may take part in supervised walks within the grounds or local community and, where appropriate, supported outings to local amenities such as cafés, cinemas, shops, or leisure facilities.

Structured routines are designed to support the health and wellbeing of individuals on the ward, ensuring they have access to a comprehensive range of therapeutic and practical activities.

Meal times

	Weekdays	Weekends
Breakfast	9:00-9:30am	9:30am - 10:00am
Morning snack	11:00am - 11:15am	11:15am - 11:30am
Lunch	1:15pm - 1.45pm	1:15pm - 1.45pm
Afternoon snack	3:30pm -3:45pm	3:30pm -3:45pm
Dinner	6:15pm -6:45pm	6:15pm -6:45pm
Evening snack	9:15pm - 9:30pm	9:15pm - 9:30pm

All patients are supported during meal and snack times. Support is individualised in line with each person's care plan, needs, and preferences, and may include direct or indirect supervision, staff role-modelling, and facilitated peer support after meals and snacks.

Therapeutic spaces

Sensory room
Our sensory room provides a calm and supportive space for service users during their stay. The room is designed to help patients feel settled, manage feelings of anxiety or overwhelm, and take time to regulate when things feel difficult. The space includes a range of sensory features that can be adapted to individual needs and preferences. It can be particularly helpful for neurodiverse people, offering a safe environment that supports emotional regulation, comfort, and a sense of security as part of their wider care and recovery.

Quiet spaces and multi-faith areas
There are Quiet rooms on the unit which patients can use when they need some downtime. There is also a Safe room which is a low stimuli environment with acoustics designed to help ground service users experiencing heightened periods of distress. We also have multi-faith spaces patients can use, with access to spiritual and faith resources.

Places to go for outings



Everyman Barnet
3–5 Church Passage, Barnet EN5 5UE

The Spires Shopping Centre
High Street, Barnet EN5 5XY

Barnet High Street
Shops, cafés, and everyday community access

King George V Playing Fields
Open green space for walks and fresh air

Hadley Green
Local green space for fresh air

Barnet Museum
Wood Street, Barnet EN5 4BW

New Barnet Leisure Centre
Swimming and fitness activities, where appropriate

Key Points for relatives



"All About Me" Document
Families and carers may find it helpful to contribute to an “All About Me” document, offering insight into who their relative is outside of illness and what helps them feel understood and supported.

Digital safety- Mobile phone policy
We ask all patients to sign a mobile phone agreement to ensure everyone’s digital safety. Mobile phones are allowed in the hospital. Phone cameras must be disabled and our technical support team can facilitate this. Patients can use social media and will receive psycho-education and support to use this as safely as possible. Where appropriate, relatives may be asked to assist with agreed digital safety measures on personal devices, in line with care plans.

Restrictive interventions and use of restraints
There may be times during an admission when staff need to use restrictive interventions, including physical holds, to keep patients or others safe or to support essential treatment, such as nasogastric feeding.
Any use of restraint is always proportionate, reasonable, and necessary, and used only as a last resort. Our staff are specially trained to use the least restrictive approaches possible, with a strong focus on de-escalation and safety. Ellern Mede uses Timian training, accredited in line with the Restraint Reduction Network National Standards.Families and supporters will be informed of any incidents involving restrictive interventions, in line with the patient’s wishes, consent, and legal requirements.

Planning Visits: Rooms are booked via reception. Please coordinate with the ward for availability, and plan visits outside of therapeutic activities and meal times where possible.

Patient’s leave
Leave from the hospital is introduced gradually as part of recovery. It usually begins with short periods of local community leave and builds up over time.
As confidence and safety increase, leave may progress to overnight stays at home, often starting with single nights. For patients who live far from the hospital, short stays in nearby hotels or Airbnb may be considered to support overnight leave as part of discharge planning.

Room personalisation
Patients can usually personalise their side of the bedroom. Please note that room changes may be necessary at short notice.

Noise sensitivity
Hospital environments can sometimes be noisy. If your relative is sensitive to sound, please let the team know so this can be considered as part of their care. Items such as noise-cancelling headphones may help improve comfort and wellbeing.

What your relative should pack



All items are subject to risk assessment and items brought onto the ward are routinely inspected by staff.

- 12 Items of day clothing (jumper, hoody, trousers, cardigan etc)
- 12 pants
- 12 pairs of socks
- 5 bras, sports bras or vests
- 5 pairs of tights or leggings (if worn)
- 10 books (nurses to check suitability)
- 7 T-shirts (including vests)
- 2 pairs of pajamas
- 2 pairs of shoes (no high heels)
- 1 pair of trainers
- 1 pair of slippers
- 1 pair of wellingtons
- 1 dressing gown (no cord)
- Bathing suit for privacy while washing
- 1 regular coat
- 1 waterproof coat
- 1 musical instrument
- Personal comfort items, such as cuddly toys (max 5 medium sized)
- 10 books (nurses to check suitability)
-
- Toiletries (maximum amounts)
- 2 bottles of shampoo
- 2 bottles of conditioner
- 2 shower gel/body washing products
- 2 roll-on deodorants,
- 2 bottles of body spray or perfume (non-aerosol)

In some situations, exceptions may be agreed with the nursing team. If items cannot be kept safely in bedrooms, they will be stored securely in your relative's property drawer in the nurse's office or in the property cupboard. Decorations and cards are welcome to help personalise your relative's space.

Items to be stored in Nurses' Office

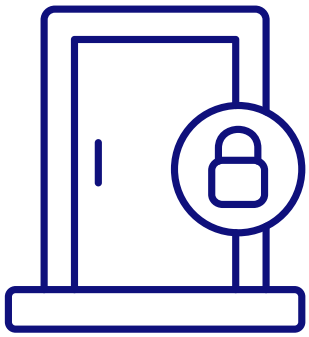
- 1 mobile phone (for phones, tablets and devices, camera and internet restrictions apply)
- 1 laptop (to be used supervised in the activity room only)
- 1 tablet or games device
- 1 hair dryer
- 1 pair of hair straighteners
- Chargers, cables and any other risk items

All personal items not listed as contraband (see on next page) must fit entirely within a box measuring 30cm wide, 40cm long, and 15cm high. This includes items such as makeup, nail art supplies, aerosols, toiletries, and similar belongings.

Items to be stored in the Patient's store cupboard

We can also keep a second box (same size as above) and up to two bin liners full of clothing, for patients who are unable (due to risk) to have any of the above items in their rooms.

All other items must be taken home by family. Thank you for your cooperation.



Questions

What should my relative bring to Ellern Mede?

We encourage families to bring comfortable clothing, toiletries, and a small number of personal items to help your relative feel settled. This might include items such as a favourite book, diary, poster, or soft toy.

Please bring only a small amount of pocket money and avoid bringing valuable items, as space on the ward is limited. We kindly ask families and carers help ensure that only essential items are brought in.

For everyone's safety, some items cannot be kept on the ward. These include:

- Alcohol, medication, or chemicals
- Aerosol sprays
- Cameras or devices with cameras (unless agreed as part of a care plan)
- Chewing gum or blu tack
- Glass items, including mirrors
- Sharp objects such as scissors, needles, or pins

Before giving any items to your child, please check with the Nurse in Charge. Staff may need to check belongings to help keep everyone safe. Items that cannot be kept on the ward will be stored securely.

How do I stay in touch with my relative?

We encourage relatives to visit patients or to stay in contact via phone or FaceTime. Visiting rooms should be booked in advance via Reception outside of therapeutic activities and mealtimes.

Who can see my relative's medical records?

Your relative's medical records are confidential and shared only with professionals involved in their care. Information may be shared with families where appropriate and with your relative's consent.
If there are concerns about safety, relevant information may be shared and this will be discussed with your relative. Your relative has the right to request access to their records, and staff can support them with this. Any other requests require your relative's consent and approval from the Consultant Psychiatrist..

Fire safety procedure

Your relative will be made aware of the fire policy and procedure. The fire alarm is tested every Tuesday at 2pm.

Ward guidelines

Hospitals have a small number of guidelines in place to help keep everyone safe and to support a calm, respectful environment.
When your child arrives, staff will explain these guidelines and the reasons for them. This includes expectations around dress code, privacy, and the use of recording or photography, which is not permitted ōn the unit. We understand that new environments can feel overwhelming, and staff will support your child to settle in and feel as comfortable as possible.

What are my relative's legal rights and status?

Your relative may be staying in hospital as either an informal or a formal patient. If your relative is an informal patient, their admission and treatment have been agreed voluntarily. They can usually leave the hospital, subject to discussion with the care team.
If your relative is a formal patient, this means they have been admitted under the Mental Health Act (MHA) to help keep them safe. The care team will explain what this means, including their rights, and your relative can ask for their legal status to be reviewed. They also have access to an Independent Mental Health Advocate (IMHA).
With your relative's consent, families and carers may be involved in discussions about care. If there are concerns about diagnosis or treatment, your relative has the right to request a second opinion

What is a second opinion?

A second opinion is when another consultant psychiatrist reviews your relative's diagnosis or treatment plan.

How do I make a complaint?

If you have any concerns about your relative's care, you can use the complaints or feedback forms available on the ward, or ask a member of staff for support.
Your concern will be reviewed by the Hospital Manager and the Complaints Team. It will be acknowledged within two working days, and you will be kept informed of the outcome.
If you are not satisfied with the response, you can ask for the complaint to be reviewed by the Managing Director. If you remain unhappy, you can contact the Parliamentary and Health Service Ombudsman. Details are available in the Complaints Leaflet.

Can my relative access the internet?

PPatients can access the internet using the hospital's Wi-Fi. For safety reasons, restrictions are in place to block inappropriate content.
Support with digital safety is tailored to individual needs and agreed as part of the care plan. Where appropriate and with your relative's consent, families or carers may be asked to help with agreed safety measures on personal devices.



Gallery







Doctify

Trusted Reviews

We use Doctify, a trusted and independent healthcare review platform, where patients and families can share their experiences of care at Ellern Mede. This allows you to read real reviews from people with lived experience of our services.

‘Warm and friendly welcome as soon as I entered the building. The atmosphere was positive and felt inclusive throughout.’

‘The staff were very helpful and friendly’

‘Lovely place and friendly staff’



Contact us

Ellern Mede Barnet
2 Warwick road
Barnet
London EN5 5EE

T: 020 3209 7900
E: info@ellernmede.org

Ellern Mede

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