A new approach to treating eating disorders at the Anna Westin House.

Last winter, a group of teens and adults moved into Minnesota’s first long-term residential treatment facility for women with eating disorders, but Anna Westin was not among them. In 2000, at age 21, Anna committed suicide. The Chaska resident had struggled with anorexia nervosa for more than five years and might have benefited from just such a program.

Eating disorders affect nearly 10 million Americans. Treatment often takes years and requires careful monitoring by doctors, psychologists, and nutritionists, but most recovery programs are outpatient-based. “One of the things that was not available to Anna was residential care,” says her mother Kitty Westin. Until recently, many insurers have been reluctant to cover inpatient treatment. Shortly after Anna died, the state sued Blue Cross Blue Shield of Minnesota for delaying, denying, and withholding treatment for eating disorders from its customers. The suit was successfully settled.

The Westin family used the settlement proceeds to establish the Anna Westin Foundation and subsequently the Anna Westin House, a treatment facility for girls and women with eating disorders and operated by Methodist Hospital’s Eating Disorders Institute. The Anna Westin House is a collaboration of the Anna Westin Foundation and Methodist Hospital and is supported by a team that includes the University’s Center for Spirituality and Healing, the Medical School’s Department of Psychiatry, Blue Cross Blue Shield, and Mayo Clinic.

Based in Chaska, the 3,500-square-foot facility provides a safe, nurturing, homelike environment for girls and women ages 14 to 40 who are recovering from anorexia, bulimia, and other eating disorders. The comfortable, bright duplex can house up to eight, and has a full-time, on-site staff that includes licensed psychologists, a registered dietitian, a professional chef, nurses, and administrators. Additionally, patients have regular visits by a physician, a psychiatrist, physical therapists, occupational therapists, a chaplain, psychologists, and specialists in Traditional Chinese Medicine, massage therapy, energy healing, music therapy, art therapy, dance therapy, and yoga.

Complementary and alternative therapies are an integral part of the regimen at the Westin House, says Karen Lawson, physician and director of integrative clinical services at the Center for Spirituality and Healing. Such therapies help relieve anxiety often associated with eating disorders. They also improve body image, help the body heal physically, and address spiritual well being. “Eating disorders is a diagnostic category for which mainstream medicine has not found a package treatment or an accepted answer,” Lawson says. “It’s a multi-faceted condition: It may have some genetic underpinnings, there are cultural and psychosocial components, and there are familial and metabolic components. Mainstream biomedical health care on the whole does not have a very good track record in dealing with such multi-faceted conditions.”

Other systems of medicine, like Traditional Chinese Medicine, tend to look at the larger picture, Lawson adds. “They try to restore a balanced system of energy to the whole body,” she says, augmenting conventional Western treatments.

Women and girls admitted to the house stay for whatever time is therapeutically needed, participating in a highly structured program aimed at meeting their nutritional, physical, mental, and spiritual needs. “There’s a real sense of calmness, of health and healing in the house,” says Kitty Westin.

What’s more, participants’ involvement in the program is covered by some insurers. The primary motivator for third-party payers, says Lawson, is that a diagnosis usually requires ongoing, long-term interventions, and patients have unusually high rates of recidivism. “They’re inpatient, they’re outpatient, they go back and forth. We don’t see a lot of resolution in difficult cases, and haven’t been able to keep people out of the hospital,” Lawson says. “Our hope with the residential program is to significantly decrease the need for recurrent inpatient care, emergency room visits, and most importantly, years of ongoing treatment.”

“We’re really pleased and proud.” Kitty Westin says of such advances in treatment and coverage. “It’s a real legacy to Anna. It wasn’t there when she needed it.”

-Kitty Westin

OUTREACH