THE BALANCE

Eating Disorders and Disordered Eating

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Eating disorders can affect multiple areas of health and life, while severity cannot be determined by appearance, body size, or a single test.

02 THE BALANCE considers selected presentations only after individual suitability review confirms appropriate specialist, medical, nutritional, psychological, and psychiatric capability.

03 Coordinated care may include medical monitoring, nutrition support, psychotherapy, family involvement, structured meals, adapted activity, and realistic continuing care after residence.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

Presentations Are Diverse

Diagnostic terminology and scope should be determined by appropriately qualified clinicians rather than marketing copy.

- Restrictive eating and diagnosed anorexia nervosa
- Binge eating, purging, and diagnosed bulimia nervosa
- Binge-eating disorder and loss-of-control eating
- Avoidant or restrictive patterns with sensory, fear, or appetite factors
- Compulsive exercise or other compensatory behavior
- Eating difficulties occurring with trauma, OCD, anxiety, depression, ADHD, substance use, or medical illness
- Persistent disordered eating that causes distress or impairment without fitting one simple category

Medical and Nutritional Safety Comes First

Eating disorders can affect heart rhythm, electrolytes, hydration, gastrointestinal function, bone health, cognition, temperature, blood pressure, and other systems. Risk cannot be judged from appearance or one laboratory result.

The assessment may require medical examination, laboratory testing, cardiac review, medication review, nutrition history, recent weight pattern, behaviors, and prior complications. The responsible specialist determines the appropriate level of monitoring and care.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Food behavior may be connected to anxiety, body image, perfectionism, sensory experience, trauma, identity, control, relationships, mood, neurodevelopmental factors, or medical symptoms. These possible functions are explored without assuming one cause.

The team also considers medication, substance use, sleep, movement, work, family dynamics, previous treatment, and the practical environment after residence. A shared formulation helps medical, nutritional, and psychological care support one another.

The process begins with Assessment and Treatment Planning.

Safety and the appropriate setting

A specialist hospital or inpatient eating-disorder program may be needed when medical instability, refeeding risk, severe malnutrition, uncontrolled purging, acute psychiatric risk, or the level of observation exceeds what the residence can provide. The exact thresholds must be set by clinical leadership and current location capability. Privacy or a wish to avoid hospital should never lead the team to understate risk.

04 / CARE BUILT AROUND YOU

Care built around you

Integrated Specialist Care

When THE BALANCE is suitable and capability is confirmed, the plan may involve appropriately qualified medical, psychiatric, psychological, and nutrition professionals. Each role should be explicit, including who monitors medical risk and who is available when concern increases.

Meal support, psychotherapy, family work, medication, activity, and physical-health care should follow one coordinated plan. Private dining does not replace specialist nutritional treatment, and general nutrition advice is not sufficient for a high-risk eating disorder.

Meals Require Dignity and Structure

Food should be planned with clinical purpose while respecting culture, medical need, sensory considerations, and the person’s dignity. Excessive choice can maintain avoidance, while rigid control without explanation can intensify fear and mistrust.

The level of meal support, observation, responsibility, and flexibility depends on risk and the treatment plan. The private chef and residence are supportive parts of the environment, not evidence of eating-disorder capability by themselves.

Weight, Exercise, and Information Boundaries

Weight and other measurements may be clinically necessary, but the way they are taken, discussed, and shared should be agreed within the specialist plan. More data is not always more helpful to the client.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

Eating-disorder treatment often continues beyond one intensive phase. The handover may include local medical monitoring, nutrition care, psychotherapy, psychiatric review, family guidance, meal structure, activity planning, and warning signs. Travel, several residences, public meals, staff, and professional events can affect implementation. The plan should be realistic about the person’s actual life rather than dependent on recreating the residence.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Does THE BALANCE treat eating disorders?

Selected presentations may be considered only when current specialist staffing, medical monitoring, nutrition capability, and hospital pathways can safely meet the person’s needs. Individual review is essential.

Can someone be medically unwell at any body size?

Yes. Medical risk cannot be inferred from appearance or body size alone. Behaviors, recent change, symptoms, examination, laboratory findings, and other factors matter.

Is private dining the same as eating-disorder treatment?

No. A chef and private meals support the environment. Eating-disorder care requires verified medical, nutritional, psychological, and psychiatric capability and clear risk management.

Will weight be monitored?

Monitoring depends on clinical indication and the specialist plan. The purpose, frequency, method, and sharing of results should be explained sensitively.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.