



# Eating Disorders Awareness Week 2022: Key Policy Asks Scotland

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Policies and research evidence cited in this briefing are accessible via hyperlinks. Quotes are included throughout from people with lived experience of eating disorders, professionals, organisations and others. All names attributed to quotes are pseudonyms.

# Summary of Key Policy Asks

This document outlines our key concerns and specific policy recommendations for the following priority areas:

## **Medical training on eating disorders**

**Eating disorders are appropriately taught and assessed at all UK medical schools and all junior doctors in the UK to gain clinical experience during foundation training**

Learning about eating disorders is generally overlooked in UK medical training, with severe consequences for the prognosis and safety of patients.

## **Scottish Eating Disorder Service Review**

**Full implementation of the 2021 Scottish National Eating Disorder Service Review's recommendations**

The Scottish Government should ensure full implementation of the Scottish Eating Disorder Service review's recommendations, including through the allocation of sufficient funding, workforce and staff training. This must also be accompanied by an implementation plan outlining the timescales for when the recommendations will be fully implemented across Scotland.

## **Research funding**

**Increased funding for eating disorder research**

Major advances are needed in our understanding of what causes eating disorders, how to prevent them from developing and how best to treat them. Despite eating disorders having very high mortality rates, with anorexia having the highest mortality rate of any mental illness and 1 in 6 people with Binge Eating Disorder trying to end their life, eating disorders account for just 1% of the UK's already severely limited mental health funding.

## **Campaigns to address obesity**

**Public health campaigns to address obesity are informed by experts from the field of eating disorders, including experts by experience**

There is a risk that campaigns to address obesity can promote messages that are harmful to people with eating disorders and those at risk of developing one.

# Introduction

## About Eating Disorders

Eating disorders are serious mental illnesses. Around 1.25 million in the UK have an eating disorder. Eating disorders affect people of any age, gender, ethnicity or background. They have major impacts on individuals, families, the NHS, social care and wider society.

Types of eating disorders include binge eating disorder, bulimia, anorexia, other specified feeding or eating disorder (OSFED) and avoidant/restrictive food intake disorder (ARFID). Eating disorders have high mortality rates, with anorexia having the highest mortality rate of any mental illness, and 1 in 6 people with Binge Eating Disorder trying to end their life.

People with eating disorders typically develop severe physical health problems and overall quality of life has been estimated to be as low as in symptomatic coronary heart disease or severe depression. Without early intervention, many become unable to participate in education or employment.

However, **recovery is possible**. Access to the right treatment and support is life-changing, and early intervention provides the best chance for recovery. Delays prolong the suffering of the individual and those who care for them, as well as significantly increasing the costs to the NHS, as hospital admission becomes more likely. Despite this, those who are able to access treatment experience an average three-and-a-half-year gap between onset and start of treatment, due to delays in identification, referral, and waiting times.

Families and other carers can play an important role in recovery, yet they are often not empowered to provide this support.

## The difference you can make as an MSP

In recent years the support of MSPs has helped increase the political profile of eating disorders. This support has been crucial in securing the review of eating disorder services in Scotland. However, there is much more work to do before we have a health system and society that enables everyone affected by eating disorders to get the help they need.

Tabling written or oral questions and writing to Ministers are valuable actions that MSPs can take to support the cause. Within their constituencies, MSPs can also make a big difference by helping to hold local NHS leaders and others to account.

# Impact of COVID-19 on people affected by eating disorders

COVID-19 and the resulting necessary lockdown restrictions have had profound, negative impacts on people affected by eating disorders. The disruption caused to routines, living arrangements, opportunities for physical activity and access to treatment have made the pandemic especially challenging for people with eating disorders and those that support them.

In a Northumbria University survey of people with an eating disorder conducted in 2020 during the first lockdown, nine out of ten respondents said that their symptoms had got worse as a result of the pandemic, with 30% reporting that their symptoms had got much worse.

These findings are echoed in the increased scale of demand for Beat's support services. At its peak in March 2021, **Beat support services experienced a 300% rise in the number of people reaching out for help, in comparison to pre-pandemic levels, and in 2021 there were 1117 safeguarding concerns raised from calls to Beat's services.**

With a distinct lack of data available on eating disorders in Scotland, it is difficult to get a full picture of the true impact from COVID-19, however the Royal College of Psychiatrists in Scotland shows referrals for those under 18 jumped from 456 in 2019/20 to 615 in 2020/21. This is a concerning rise for eating disorder services considering referrals were rising even before the pandemic.

COVID-19 has also seen a rise of the numbers of patients presenting in a severely ill state;

anecdotally, clinicians across the country have reported a significant increase in the proportion of young people first presenting in a severely ill state. They have also expressed concerns about the strains on the current workforce and the need for plans to support staff and boost recruitment and retention.



# Eating Disorders Awareness Week 2022:

## Worth more than 2 hours

### Our key policy ask:

- Eating disorders are appropriately taught and assessed at all UK medical schools and all junior doctors in the UK to gain clinical experience during foundation training.

Learning about eating disorders has been overlooked in UK medical training, with severe consequences for the prognosis and safety of patients.

This year the theme of Eating Disorders Awareness Week is medical training. Many of us rely on GPs to spot the early warning signs of an eating disorder, to intervene quickly and help us to recover.

However, on average, medical students receive less than two hours training on eating disorders in their training, with a fifth of medical schools offering no training whatsoever.

This lack of training has delayed access to treatment and leads to misdiagnosis of eating disorders for years. The consequences for people living with these mental illnesses and their families can be devastating and sometimes deadly.

**This isn't good enough.**

Our GPs want to provide the best quality care for people with eating disorders. But they need proper training to match the seriousness of these conditions.

This training exists. Beat has developed clear and comprehensive courses for medical students which some medical schools have started to teach.

**But 'some' is not enough.**

We need all UK medical schools to include comprehensive training on eating disorders. So that people like Julia get early access to treatment.

**It's time for all UK medical schools to implement proper training on eating disorders. It's time to change lives.**

" The doctor who finally referred me was someone who listened - not just to what I was saying but listened to all of me... He was very attentive to my body language and non-verbal cues as well as my words. The important thing is to really focus on what the person is telling you and what their mental state is "

Julia

" I have encountered a number of problematic, stereotypical opinions of patients with eating disorders being spread through medical training "

(4th Year Medical student)

## Overlooked in medical training

Research published in 2018 found that:

- On average just **1.8 hours** is spent on teaching about eating disorders in UK medical schools.
- **One in five** medical schools do not provide any teaching.
- Assessment drives learning, yet 50% of medical schools **do not include a question about eating disorders** in their final exams.

Eating disorders are serious mental illnesses and it is crucial that all doctors understand eating disorders, know how to identify an eating disorder and know how to treat someone with an eating disorder.

In a Beat survey (2021) of 1,697 people who have experienced an eating disorder, many participants reported that when they first sought help from a GP they had a negative experience:

- **60% felt that their quality of care was poor**
- **58% of respondents felt that the first GP they sought help from did not understand eating disorders**
- **Only 42% felt that their GP emphasised the importance of getting help and treatment as soon as possible**

There are many fantastic GPs delivering excellent care to people with eating disorders. Unfortunately, we have heard many accounts of GPs failing to take people's disclosures seriously, where people with eating disorders have been told "*it's just a phase*", "*just eat a bit of toast*", "*you're a nice size so you don't have anything to worry about*" and even some cases where people have been encouraged to lose more weight in order for them to be taken seriously. These comments highlight the importance of training.

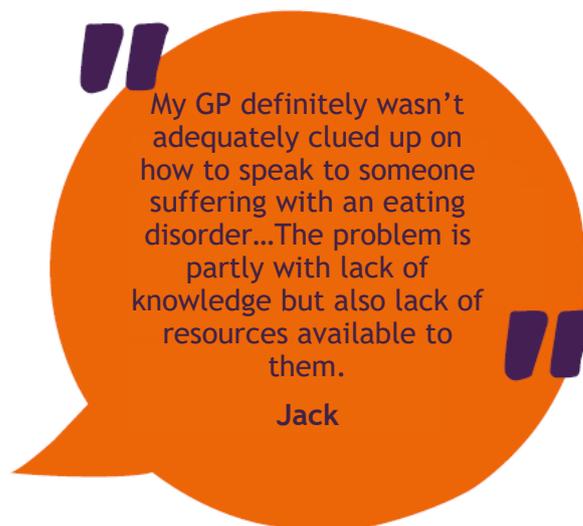
**Research suggests that most non-specialist doctors lack confidence in and knowledge of how to help patients with eating disorders, and that**

**this leads to delays in treatment and inappropriate management.**

## **National Eating Disorder Review**

In the Scottish Eating Disorder Service Review published in 2021, the lack of training and education for healthcare workers on eating disorders was highlighted.

In its recommendations, it calls for work to be done with UK-wide organisations to increase eating disorder content of curricula within medical schools, dental schools, general nursing, dietetics and clinic psychology training.



**Health Education England has funded Beat in collaboration with the Faculty of Eating Disorders at the Royal College of Psychiatrists to develop training packages for medical schools and foundation programmes across the UK, including in Scotland. The package is now freely available to all medical schools and foundation programmes in the UK.**

**As an MSP we ask that you submit written or oral questions to the Scottish Government to ensure progress is being made in the development of a skills and competency framework and training strategy for all healthcare workers who may come into contact with those with an eating disorder, including undergraduate students, as recommended in the National Eating Disorder Service Review.**

# National Eating Disorder Service Review

## Our key policy ask:

- Full implementation of the 2021 Scottish National Eating Disorder Service Review's recommendations

The Scottish Government should ensure full implementation of the Scottish Eating Disorder Service review's recommendations, including through the allocation of sufficient funding, workforce and staff training. This must also be accompanied by an implementation plan outlining the timescales for when the recommendations will be fully implemented across Scotland.

In March 2021, the Scottish Government completed a National Eating Disorders Service Review. This report, led by eating disorder specialists Dr Stephen Anderson, Dr Charlotte Oakley and Dr Jacinta Tan, was announced following the Mental Welfare Commission for Scotland's mapping report of all Scottish eating disorder services.

The national eating disorder service review includes a total of 15 ambitious recommendations focussed on ensuring all those affected by eating disorders receive timely and appropriate care and support. **Beat welcomes the report's recommendations, and it is now vital that the Scottish Government works to implement them in full.**

An Implementation Group has been set up to review timescales and cost of implementation of the recommendations. Three sub-groups have been created within the implementation group (a training group, a standards group and a data group) however the data group is still yet to convene.

There is a distinct lack of eating disorder data in Scotland, and it is likely that services are under-funded and under-resourced. A 2019 Freedom of Information (FOI) request into adult eating disorder treatment in Scotland submitted by Beat found that only **three of the ten Health Boards that provide specialist treatment for adults held data on their waiting times from referral to start of treatment in 2017/2018**. For two of these Health Boards the median waiting times were 37 weeks and 14 weeks respectively.

**It is essential that the data sub-group meet as soon as possible to ensure that progress can be made on implementing the recommendation of coordination of data collection.**

”

There is a lack of adequate service provision to ensure that anyone in Scotland can access timely, safe, person-centred, effective, efficient and equitable care for an eating disorder

National Eating Disorder Service Review report

”

”

By the time you've been waiting you just feel a bit abandoned and forgotten

Claire

”

It is also essential that the voices of those with lived experience of an eating disorder and those in the third sector are involved in all stages of the implementation of the recommendations.

**It is concerning that currently, there is no lived experience group and no third sector representation in the implementation group, as recommended in the eating disorder service review. This must be a priority going forward.**

Beat **welcomes** the £439,000 in funding it received in order to deliver services between October 2021 and September 2022. Furthermore, it is **encouraging** to see that every health board was awarded emergency COVID-19 funds for eating disorders. However, it is essential that sufficient funding is provided on a permanent basis to ensure services are fully equipped to provide early and effective treatment.

Carer services are also vital to ensure that those supporting someone with an eating disorder are

well-equipped and supported themselves.

**It is essential that carer services are fully implemented as part of the clinical pathways for eating disorders and as part of the early intervention strategy.**

**As an MSP, we ask that you hold the Scottish Government to account to ensure that there is full implementation of the eating disorder service review's recommendations. This includes the inclusion of a lived experience group and third sector representation in the implementation group, timely meeting of the data sub-group and the inclusion of carer services in eating disorder clinical pathways.**

# Research funding

## Our key policy ask:

- Increased funding for eating disorder research

Major advances are needed in our understanding of what causes eating disorders, how to prevent them developing and how best to treat them. Eating disorders account for just 1% of the UK's already severely limited mental health research funding.

### Why eating disorder research is so important

**Major advances are needed in our understanding of what causes eating disorders, how to prevent them developing and how best to treat them.** Without this, eating disorders will continue to represent a significant public health issue, devastating lives while leading to high costs to the NHS and the economy. The impacts of COVID-19 on demand for eating disorder services in Scotland means that the need for advances in knowledge and innovation through research is more urgent than ever.

**Research into eating disorders should be seen as a prudent investment.** Often chances for early intervention are missed. Treatments are not always effective. As a result, many patients are admitted for expensive hospital treatment. Hospital admissions in Scotland for people with eating disorders rose significantly between 2013 and 2018.

The Scottish Intercollegiate Guideline Network (SIGN) recently published new clinical guidance for eating disorder treatment. It found significant gaps in the evidence upon which to base its guidance for healthcare providers.

The Scottish Eating Disorder Service Review, which was commissioned by the Scottish Government, called for greater investment in eating disorder research in Scotland and argued that: *“Developing a strong [eating disorder] research culture in Scotland would ultimately improve standards across all services.”*

### The APPG on Eating Disorders' inquiry

In 2020/21, the All-Party Parliamentary Group (APPG) on Eating Disorders conducted an inquiry

into research funding across the UK. The APPG received both written and oral evidence from Scottish researchers. Its ‘Breaking the Cycle’ report sets out its findings and recommendations.

**The inquiry found that despite the prevalence and severity of eating disorders, they receive very little research funding.** Total UK investment (in terms of grant funding) amounted to just £1.13 per person affected per year between 2009 and 2019. From 2015-2019 just 1% of the UK's already severely limited mental health research funding went towards research on eating disorders. This is despite people with eating disorders accounting for around 9% of the total number of people with a mental health condition in the UK.

A funding target for the UK eating disorder research field should as an absolute minimum be based on parity within mental health research. As explained in the ‘Breaking the Cycle’ report, this would mean an increase of 9-13 times the current funding level in order to reach between £13m and £18m per year. However, to achieve the progress needed, the ambition should be much greater - at least £50m-£100m per year.

It is of note how few research groups in the UK conduct eating disorder research.

Prof. Ulrike Schmidt,  
Professor of Eating Disorders, Kings College London

The inquiry found that **an historic lack of investment has led to a vicious cycle. As a result there are few active researchers and research centres in the UK and therefore little research is published. This has helped stigmatising attitudes persist, which reinforce the small capacity of the field, and its lack of funding.**



Source: APPG on Eating Disorders (2021, p.15)

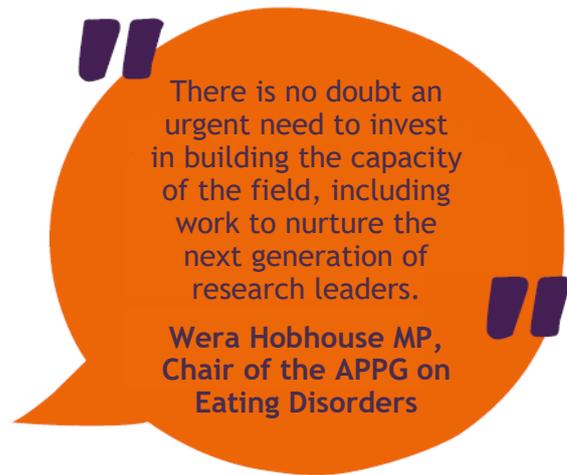
The inquiry also reported serious inequities within the UK eating disorder research field:

- **UK eating disorder research funding is highly concentrated in London.** A total of 83% of grant funding invested by UK funders was awarded to London-based institutions (as the lead institution) from 2009-2019. No other single location accounted for more than 3% of the total share.
- Within the research conducted, certain population/patient groups, including males, people with binge-eating disorder, and people from ethnic minorities, have been largely overlooked.

Evidence submitted to the inquiry from both the University of Edinburgh Eating Disorders and Behaviours research group and Dr Karen McMahon (University of the West of Scotland) raised concerns about capacity to recruit and retain the next generation of Scottish eating disorder researchers and opportunities for those working in NHS services to become active in research.

The APPG's recommendations include:

- The Scottish Government to commission research to address key gaps in the evidence base on eating disorders identified by the Scottish Intercollegiate Guideline Network



**Wera Hobhouse MP,  
Chair of the APPG on  
Eating Disorders**

(SIGN). (This aligns with recommendation 15 of the Scottish Eating Disorder Service Review).

- UK Research and Innovation (UKRI) to collaborate with a group of universities to establish an inter-disciplinary training programme for early-career researchers in eating disorders.
- Establishment of a working group to develop and oversee implementation of a long-term UK eating disorder research strategy.
- NHS Scotland to incorporate skills and capacity in audit and research into future workforce planning for eating disorder services and to ensure sufficient investment so that time for clinicians to lead or support research can be protected.
- NHS Scotland to support health boards to establish eating disorder research clinics or other innovations to build the capacity of eating disorder services to lead and support audit and research.

**Implementation of the APPG's recommendations, by research funders (including Government departments/agencies), universities, the NHS and researchers, would enable us to break the cycle of underfunding in eating disorder research and achieve the much-needed advances in knowledge that research can deliver.**

**As an MSP you can support our campaigning on this issue by asking questions in the Scottish Parliament about implementation of the recommendations made in the APPG's 'Breaking the Cycle' report.**

# Campaigns to address obesity

## Our key policy ask:

- **Public health campaigns to address obesity are informed by experts from the field of eating disorders, including experts by experience**

There is a risk that campaigns to address obesity can promote messages that are harmful to people with eating disorders and those at risk of developing one

Beat recognises the importance of addressing obesity. However, public health campaigns must be evidence-based and avoid causing harm to people with eating disorders.

### Campaigns to address obesity must:

- Do no harm to people with eating disorders.
- Be informed by people with lived experience of eating disorders, and experts from the field of eating disorders.
- Avoid the use of reductionist and stigmatising language.
- Be evidence based and understand obesity as a complex interaction involving multiple factors, rather than an individual's choice or something to be ashamed of.

Research has found that campaigns to address obesity have the potential to exacerbate eating disorder behaviours, and cause harm to people at risk of developing an eating disorder.

### 'A Healthier future...'

In 2018 the Scottish government published '[A healthier future: Scotland's diet and healthy weight delivery plan](#)'. **The Scottish Government and public health leaders should continue to consult with Beat and other eating disorder experts, including experts by experience, when implementing the policies outlined in the '[A healthier future...](#)' delivery plan.**

Some of Beat's key concerns from the 'A healthier future...' delivery plan are outlined below.

### Calorie labelling

The 'A healthier future...' delivery plan outlines a range of actions intended to support making healthy choices while eating "out of the home" including calorie labelling on menus. Research has found that when making hypothetical food choices, **if a menu includes a calorie count,**

**individuals with anorexia and bulimia are more likely to order food with significantly fewer calories, whereas people with binge eating disorder are more likely to order food with significantly more calories.**

There is only a small body of low-quality evidence supporting the idea that calorie counts on menus will lead to a reduction in calories purchased by the general population.

**The Scottish Government should not introduce mandatory calorie labelling on menus.**

### Expanding weight management services

Beat welcomes the Government's pledge, within the 'A healthier future...' delivery plan, to expand access to weight management services.

Many people with eating disorders also live with obesity. Various studies have shown that up to 30% of those who access weight management services would meet the diagnostic criteria for binge eating disorder.

**It is crucial that this group of people are identified and receive the most appropriate evidence-based support.** Referring people with an eating disorder to a weight loss programme, without first addressing their binge eating, is likely to cause additional distress, but is unlikely to result in sustainable weight loss.

SIGN guidelines recommend that the main outcome for the guidance on Binge Eating Disorder is reduction of eating disorder thinking and behaviours as pursuit of weight loss is recognised as a powerful maintaining factor for eating disorder thinking and behaviours.

**The expansion of weight management services should be accompanied by measures to ensure that they can identify and refer those that require specialist eating disorder assessment.**

## About Beat

Beat is the UK's eating disorder charity. We exist to end the pain and suffering of eating disorders, and we are here to help anyone affected by these serious mental illnesses.

We provide information and support through Helplines, which people can call, text or email. We also run online support groups and HelpFinder, an online directory of support services.

We provide expert training, resources and consultancy to health and social care professionals and schools, and support and encourage research into eating disorders.

## Beat's Helpline and other support services

Beat provides Helplines for people of all ages, offering support and information about eating disorders no matter where you are in your journey. These Helplines are free to call from all phones.

Individuals contacting our Helpline speak to trained advisors who are experienced in listening and talking to people affected by eating disorders. Anyone affected by an eating disorder can call, email or contact Beat's Helpline Advisors via one-to-one webchat.

Scotland: 0808 801 0432

[Scotlandhelp@beateatingdisorders.org.uk](mailto:Scotlandhelp@beateatingdisorders.org.uk)

Our Helpline is open 365 days a year from 9am-midnight during the week, and 4pm-midnight on weekends and bank holidays.

## Emma Broadhurst

National Officer—Scotland

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