



Experiences of people with binge-eating disorder



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Executive Summary

This report highlights key findings in relation to the behaviours of over 1,000 people with binge-eating disorder and their experiences with education, personal finances, social life, stigma, discrimination, and access to treatment. In addition, it outlines the key findings from Beat's Freedom of Information (FOI) requests to providers of NHS mental health services in England, Scotland and Wales, and Health and Social Care (HSC) Trusts in Northern Ireland about the availability of treatment for binge-eating disorder.

Binge-eating disorder can lead sufferers to engage in destructive behaviours. For instance, during a binge, over half (59%) of participants had consumed food past its use-by-date and over one-third (37%) of participants had consumed food in a form that it was not intended to be eaten, for example, frozen food, raw food that's meant to be cooked, or raw ingredients such as flour. Participants also spoke of engaging in extreme measures to try and prevent a binge, such as putting bleach on food, before consuming it anyway.

It is clear that binge-eating disorder can have a devastating impact on all areas of sufferers' lives. Almost three-quarters (73%) of participants said their disorder had had at least some negative impact on their ability to work, and 80% said that their disorder had had at least some negative impact on their studies. For instance, participants spoke of troubles concentrating or functioning because of the after-effects of a binge and the associated feelings of guilt and shame, as well as the practical difficulties of experiencing intense urges to binge whilst working a full-time job or being in full-time education. Binge-eating disorder can also impact sufferers' social lives. For instance, 61% of participants said that they had not attended a special occasion (e.g. a wedding) because of their disorder. Participants also spoke of spending large amounts of money on food for binges and on private clinical treatment; 24% of participants had been in debt because of their disorder.

Participants also spoke of stigma and discrimination they had experienced outside of healthcare, for instance, from friends or in clothes shops. In fact, over half (56%) said they had been judged unfairly because of their disorder. These experiences had had at least some negative impact on the well-being of over three-quarters (77%) of participants, with 27% saying it had a significant negative impact and 14% a severe negative impact.

On average, it took participants 4.7 years to recognise their condition as an eating disorder, and 3.5 years to seek professional help. Only 51% of participants had ever sought professional help. When reaching out for help, participants spoke of the stigma and discrimination they faced from healthcare professionals. After seeking help, it took, on average, 1.2 years for participants to receive a clinical assessment. Indeed, of those who had sought treatment, almost half (48%) felt that they were not taken seriously and 58% felt that the healthcare professionals they spoke to did not understand their binge-eating disorder and the difficulties they were facing. Only 20% of the entire sample had ever received psychological treatment.

Our FOI requests revealed large inconsistencies in the availability of treatment for binge-eating disorder. For instance, only 12 of the 51 providers in England that responded to the FOI reported that they offer all three of the NICE-recommended services for binge-eating disorder. In Wales, four of seven Health Boards indicated that they provide treatment specific to binge-eating disorder for adults, and that only one service provides all six Matrix Cymru-approved therapies. In Scotland, 11 of the 14 Health Boards reported that they provide treatment specifically for binge-eating disorder for people over the age of 18, whilst only four provide treatment for those under the age of 18. In Northern Ireland, none of the five HSC Trusts reported that they provide treatment specific to binge-eating disorder.

Introduction

In the lead up to Eating Disorders Awareness Week 2021 (1st - 7th March), Beat conducted research into the experiences of 1,139 people who have a past history or who are currently experiencing binge-eating disorder. Specifically, we asked people with lived experience questions about: the behaviours they engage in and how their disorder makes them feel; the impact of their disorder on their work life, education, personal finances, and relationships/social life; their experience with stigma and/or discrimination; and access to treatment. Finally, we asked participants to reflect on what three things they would like people to know about binge-eating disorder, and what advice they would give to someone supporting a loved one with binge-eating disorder. The findings demonstrate the devastating impact that this under-recognised and stigmatised eating disorder has on sufferers. This report outlines our initial key findings; further analysis of the data is underway and will be written up for publication in an academic journal.

Additionally, in September 2020, Beat submitted Freedom of Information (FOI) requests to providers of NHS mental health services in England, Scotland and Wales, and Health and Social Care (HSC) Trusts in Northern Ireland. The FOIs asked whether, and if so, how these organisations provide treatment for people with binge-eating disorder, whether there are any service restrictions/eligibility criteria to access this treatment, and what types of treatment they provide. They also asked questions about funding and the role of weight management services. Separate tailored FOI requests were sent to each of the four devolved nations, and copies of these can be found in Appendix A.

Please note that this report contains details that might be upsetting for people currently living with an eating disorder or supporting someone who is. We recommend that you only read this report if you feel comfortable and well enough right now to do so.

Behaviours

Of the 1,139 participants who took part, 921 consented to being asked questions of a sensitive nature. The results in the 'Behaviours' section and the 'How does binge-eating disorder make you feel?' section apply to these participants.

85% of participants had thrown away or destroyed food in an attempt to avoid binge eating.

59% of participants had consumed food past its use-by-date during a binge.

71% of participants had taken food that wasn't theirs during a binge.

33% of participants had taken money that wasn't theirs to pay for food for a binge.

37% of participants had, during a binge, consumed food in a form that it was not intended to be eaten, for example, frozen food, raw food that's meant to be cooked, or raw ingredients such as flour.

Participants said:

"It is like a blind panic. I ate anything from frozen food to raw rice, it didn't matter. I felt like it was suffocating me but I couldn't stop"

"I would eat my younger brother's Easter eggs and birthday cakes. I'd steal money. I'd be so desperate for food I'd bake random things just to binge. I'd eat undercooked things. I'd fish food out [of] the bin to binge."

"I have had to put bleach on food and throw it in the bin outside but then I went to get it back out the bin to eat it. I once ate so much I lost my eyesight for what felt like minutes, my chest hurt, my heart was pounding and I threw up and blacked out. I know exactly how long delivery pizza takes from certain companies and how long I have before my husband gets home."

"[Your choice is to] eat or be overwhelmed by a tsunami of emotions."

"[I have] stolen food, taken food raffle prizes at work (stolen), gone through colleagues bag and desks looking for food, constant rumination, made excuses for unnecessary breaks to obtain and eat food, hidden in toilets, cars and eaten food I couldn't pay for in shops then walked out, it makes me so sad."

How does binge-eating disorder make you feel?

Participants were asked open-ended questions to gain further insight into their experience, including: "How does binge-eating disorder make you feel?". Some answers are given below.

"Ashamed, judged, disgusted, a failure."

"Weak, helpless, a disappointment, worried about my health, out of control."

"Just completely out of control and worthless. I feel like I'm defined by how I eat - it's how the world sees me and how I see myself."

"It feels like absolute hell. My entire health is going down the drain, and it feels like I'm powerless to stop it from happening. I hate feeling like I'm at the mercy of something I can't control."

"It sounds like a pathetic, non-disorder that greedy people invented to let themselves off the hook. "I've got binge eating disorder" "Oh right, that means you just eat loads, right?""

Impact on work

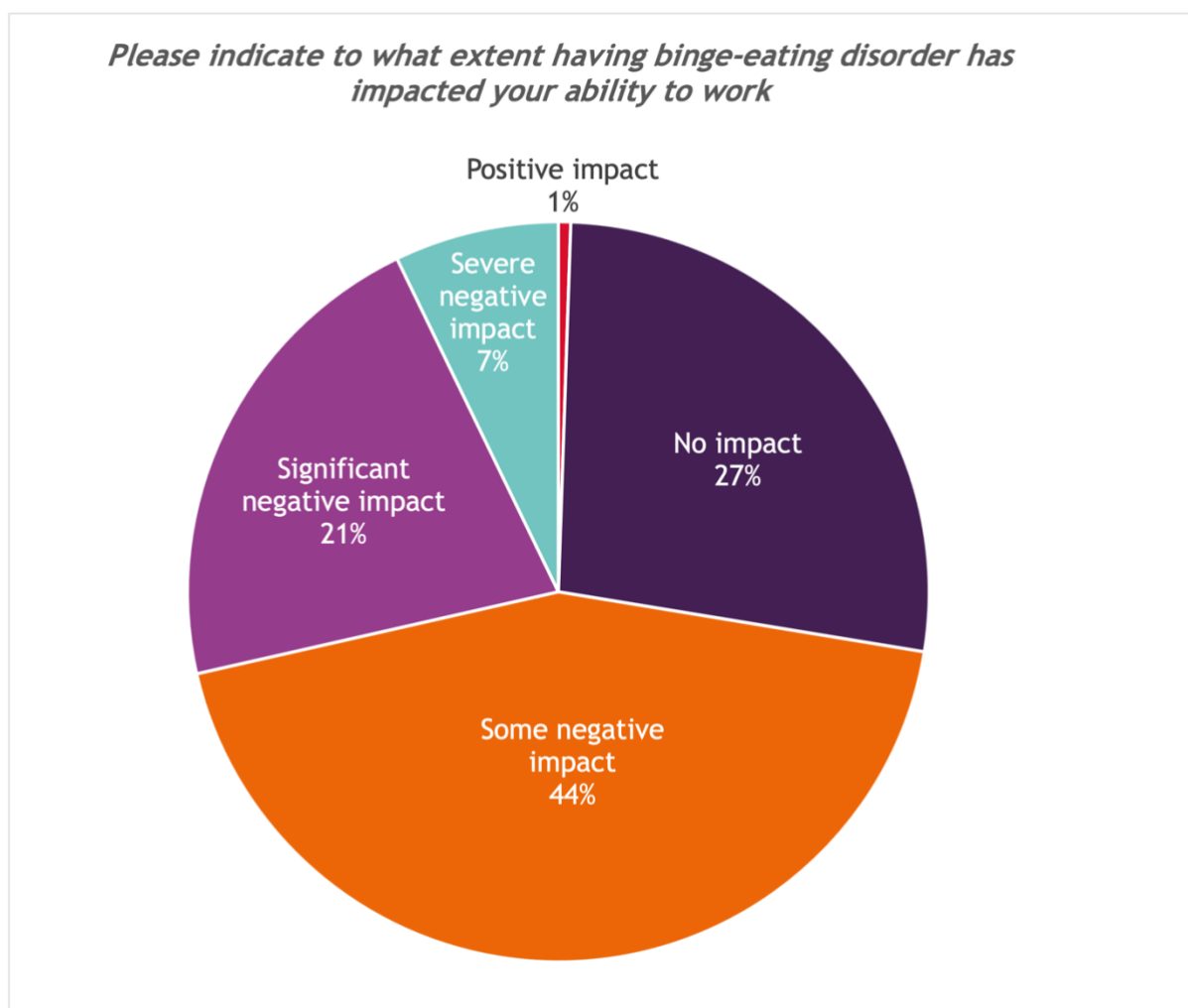
963 participants were in paid employment during their experience of binge-eating disorder. Of these people:

73% said that their disorder had had at least some negative impact on their ability to work.

25% said that they had felt worried that this impact might lead them to lose their job.

37% felt that their disorder had negatively impacted their progression at work.

337 participants had taken time off work or experienced a gap in their employment as a result of their disorder. The mean amount of time taken off work was **160 days**. Answers ranged from **1 day to 10 years**. In total, these 337 participants lost a total of **49,155 days** (1616 months; 135 years) due to binge-eating disorder.



Participants said:

“I didn't have time to go to work between binge urges. I would binge and purge on my break then run off as soon as my shift finished to binge again. It just wasn't sustainable.”

“I've been unemployed for over two years because my binge-eating disorder has been uncontrollable...I'm still struggling to find a job.”

“My job requires a high level of cognitive functioning, initiative and energy. This didn't used to be a problem. Now I feel like a fraud, avoiding situations that will expose my inability to think complexly or deeply or covering up how poorly I am functioning.”

“After a period of bingeing sometimes the only way I can stop myself is to stay in bed for the day and not eat at all. This means I have had to take days off work.”

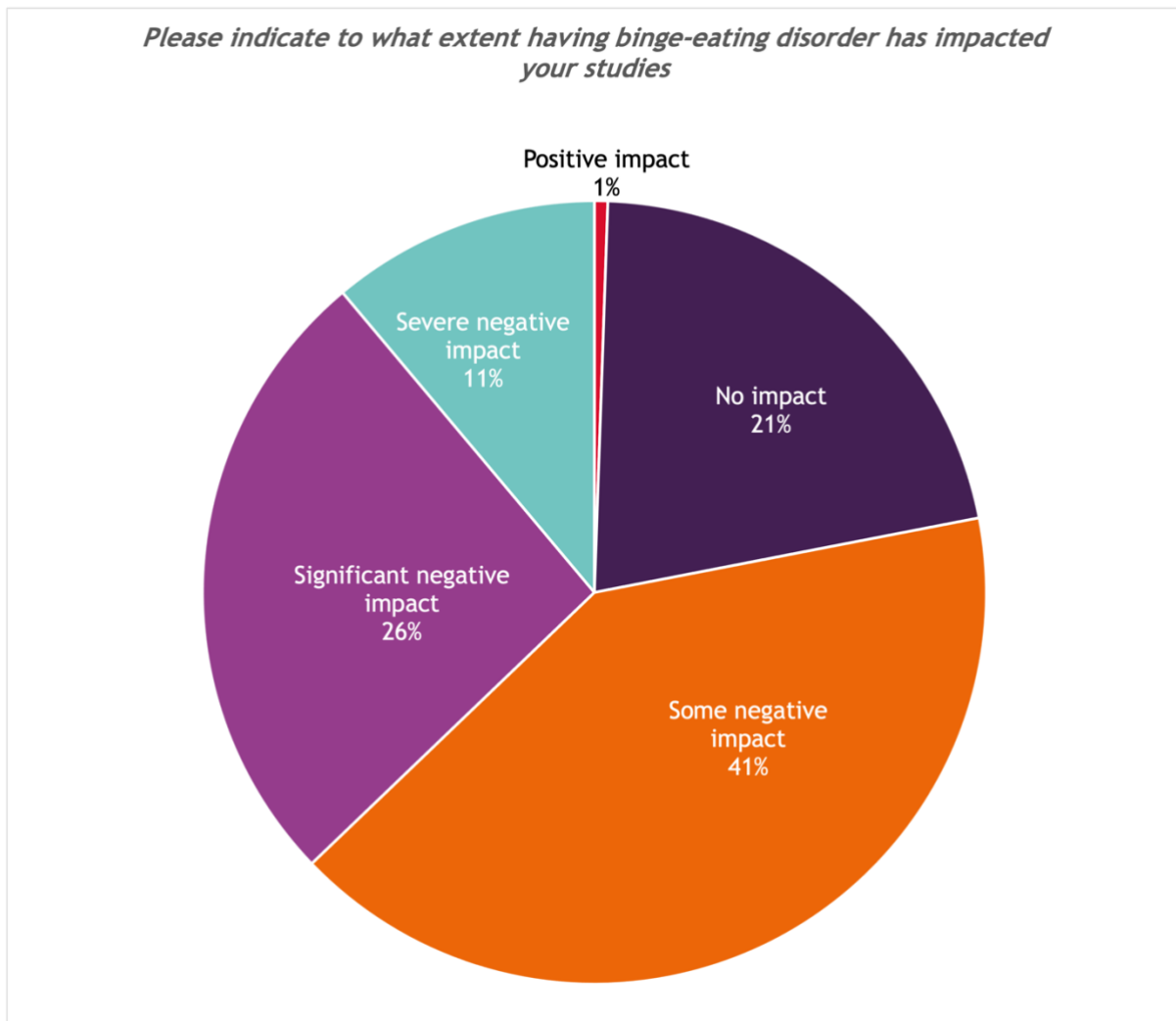
Impact on education

744 participants were in education during their experience of binge-eating disorder. Of these people:

80% said that their disorder had had at least some negative impact on their studies.

48% felt that their disorder had negatively impacted their progression in education.

205 participants had taken time off education or experienced a gap in their education as a result of their disorder. The mean amount of time taken off education was **245 days**. Answers ranged from **2 days to 9 years**. In total, these 205 participants had missed **47,184 days** (1551 months; 129 years) of education because of their binge-eating disorder.



Participants said:

“[I experienced] extreme difficulties in concentration; my entire focus, time and energy was on food and eating disorder behaviours, therefore my studies suffered as they were secondary to food.”

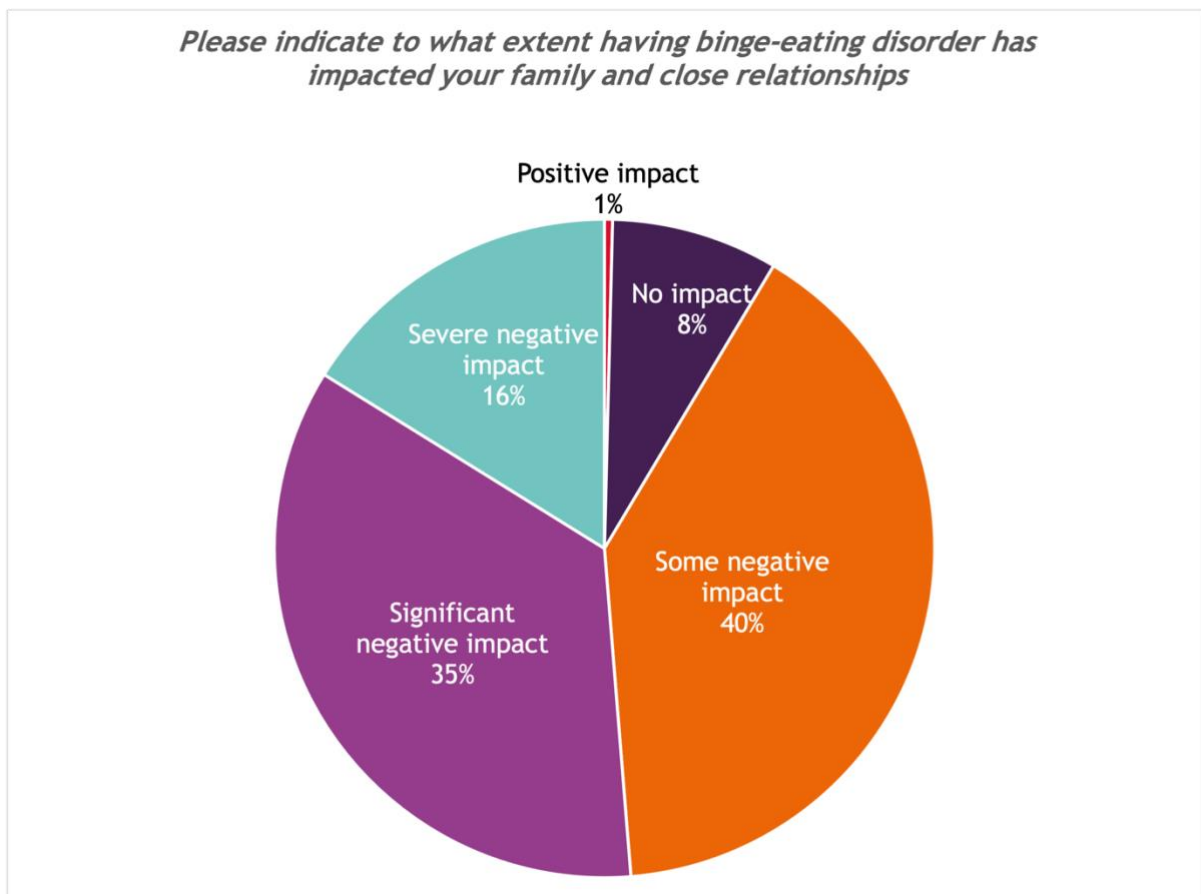
“Binge eating has caused me to miss so many things. Once I have binged I cannot concentrate and feel so ill and tired trying to do work - study/revise - feels impossible. The next day I would miss classes due to feeling almost hungover from the binge. (As well as all the negative emotions that come with a binge - guilt, shame, embarrassment, fear, to name a few).”

Impact on relationships/social life

92% of participants said that their disorder had had at least some negative impact on their family and close relationships.

69% of participants had struggled to form relationships because of their binge-eating disorder.

61% of participants said that they had not attended a special occasion (e.g. a wedding) because of their disorder.



Participants said:

“Food is such an important part of so many events and I often can't partake. There are few places I can see people where food isn't a focus... They don't realize certain foods are a trigger for me the same way a bottle of beer might be for an alcoholic.”

“You just feel constantly judged. To the point where the thought of eating in front of people puts you off eating at all during that function. So you don't eat. Which means you dread the next function, so you don't go. People think you're rude and selfish for not going and it's easy to lose friends because of this.”

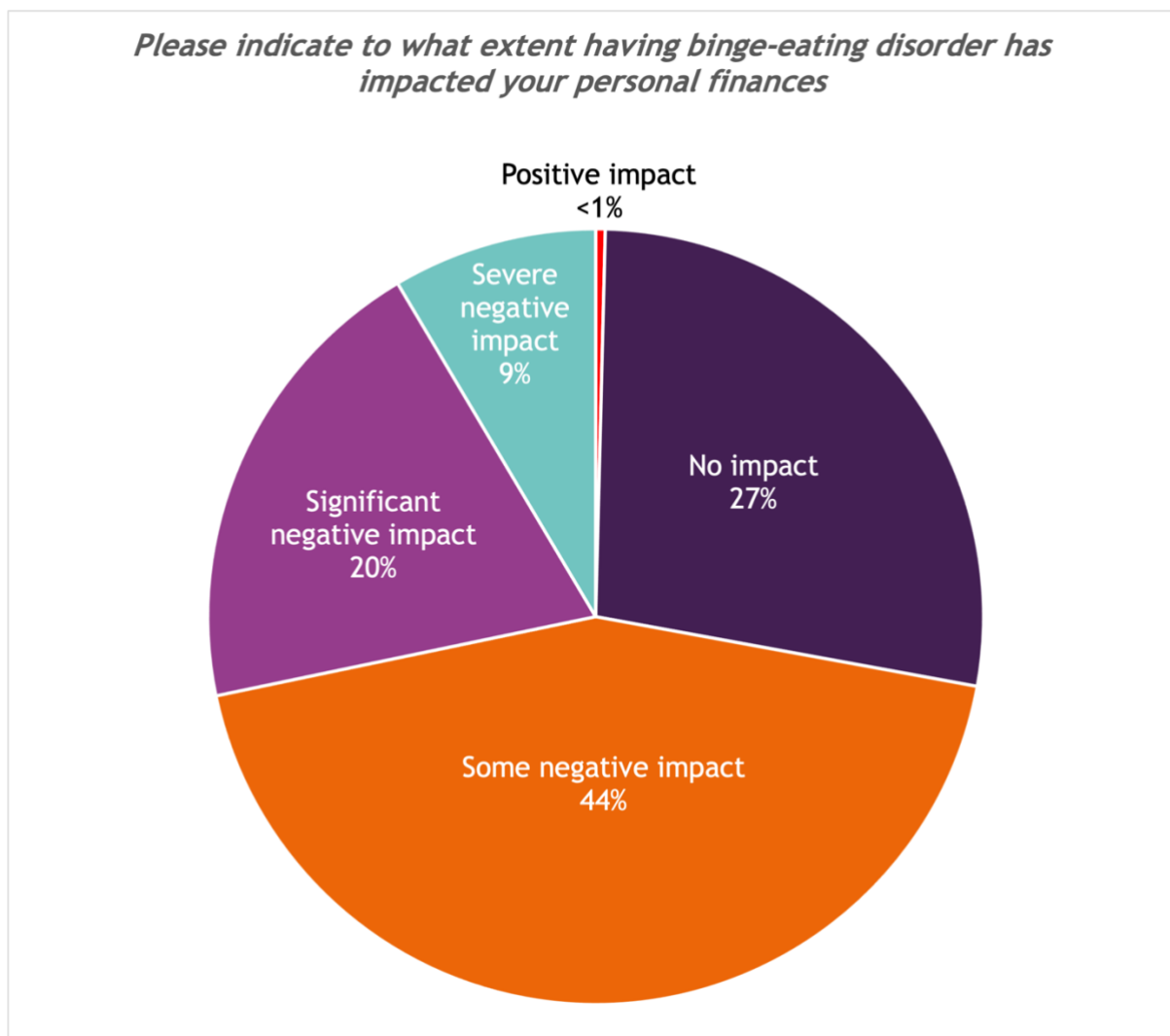
“I've cancelled or changed plans because I've filled the fridge with food and would prefer to sit eating that alone in my kitchen than spend time with friends/loved ones.”

Impact on personal finances

72% of participants said that their disorder had had at least some negative impact on their personal finances.

37% of participants had experienced financial difficulties because of spending money on food for binges.

24% of participants had been in debt because of their disorder.



Participants said:

“Severe overspending due to bingeing - can spend up to £100 in any one trip to a supermarket to buy stuff to binge and I can do this 5 or 6 times a week. This has led to credit card debt, overdrafts and family loans. More significantly, I also spent the entirety of a large inheritance (following the death of a very close family member) within a year on food - some of which just gets thrown away when I decide to “get a grip” on my eating the next day.”

“I used up my student overdraft on buying food to binge on. Again, I wasn’t fully aware of it at the time, until I ran out of funds. The concept of budgeting goes out the window as long as your card authorises that next payment at the checkout. You pretend money doesn’t exist. And when you run out of money, as soon as you get some it’s like a relief because the opportunity to binge feels unlimited. It’s horrific.”

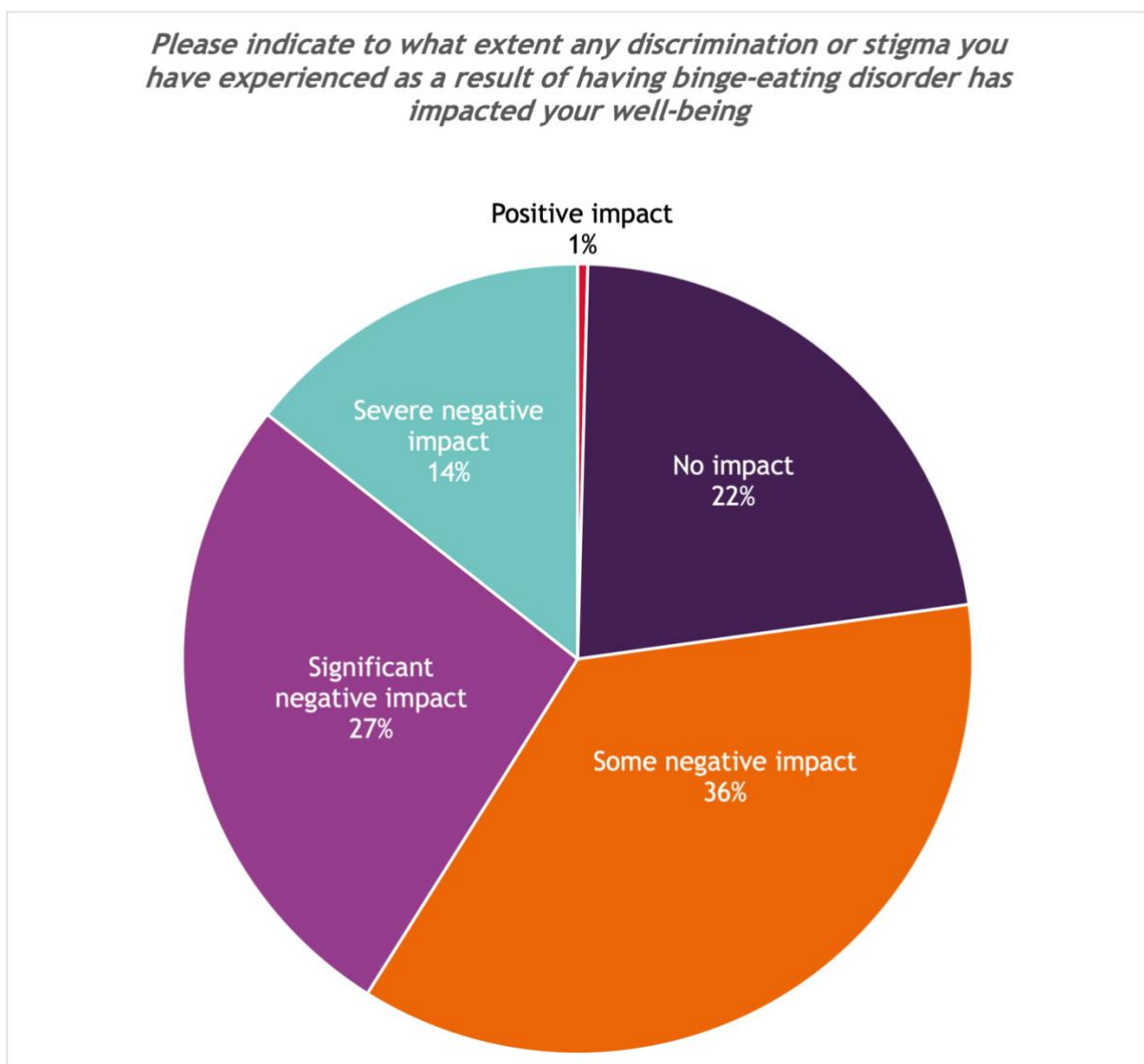
Stigma/discrimination

77% of participants said that the stigma or discrimination they experienced as a result of their binge-eating disorder had at least some negative impact on their well-being.

56% of participants had opened up to friends or family about their disorder.

49% of participants had said they have been treated differently because of their disorder.

56% said they had been judged unfairly because of their disorder.



Participants said:

“It's hard enough dealing with my own self-loathing let alone others' judgement and questions.”

““Overeating isn't an eating disorder”, this is a direct quote from a so-called healthcare professional. I have had to fight for every drop of help.”

“I once confided in a friend about my eating habits and she started laughing at me. I don't think this was out of spite, I just think because the media have brainwashed us into thinking binge eating is greed and 'fat' people = unhealthy and people that should be laughed at, this influences people to think like this”

“Fat people become both invisible and hyper-visible. You're invisible when you want to get served in [a] pub, for example. I've noticed that people bump into me more when I'm larger. You're hyper-visible when you occupy space (eg: on public transport). A worker in a clothes shop [was] following me around with a cardigan 2 sizes too small saying it had a lot of stretch. I sometimes see people look at my food shopping and judge me.”

Access to treatment

Of the whole sample, only **20%** of participants had received psychological treatment. Only **51%** of participants had sought professional help for their binge-eating disorder. Of those people:

48% (230 participants) felt that they were not taken seriously.

58% (281 participants) felt that the healthcare professionals they spoke to did not understand their binge-eating disorder and the difficulties they were facing.

31% (146 participants) were not offered any treatment due to a lack of availability in their local area.

45% (217 participants) received a clinical assessment.

The mean length of time between first experience of symptoms and recognising one had an eating disorder was **4.7 years**. Answers ranged from less than a week to 40 years. It took participants, on average, **3.5 years** (answers ranged from less than a week to 34 years) to then seek professional help for the first time. On average, it took participants **1.2 years** to then receive a clinical assessment, with answers again ranging from less than a week to 40 years. The average wait for participants to then start treatment was **six months** (answers ranged from less than a week to 8.5 years).

From first symptoms:



Participants said:

“Only person [who] offered me support [was] my fantastic GP. She referred me to all the right places but no one could work with me because there was either not enough staff to support me or I needed to have been referred when I was a bit younger.”

“I have had to go private at great personal expense as there has been zero help from the NHS and no accessible treatment in my area whatsoever.”

“I was essentially told my disorder was not serious/dangerous enough to qualify for one-to-one treatment. I was given a phone number for self-referral if my situation got worse, and a website to visit for advice on EDs.”

FOI results: Treatment availability

Below, we have outlined the key findings from our FOI requests investigating available treatment for binge-eating disorder.

	Response rate	(Any) treatment provided specifically for BED?	What do they provide?
England	85%* (51 out of 60 providers)	<p><18 years: 29 providers (71% of those who responded, although 1 of these providers is not commissioned to provide this treatment across their whole catchment area).</p> <p>18+ years: 29 providers (76% of those who responded, although 5 of these providers are not commissioned to provide this treatment across their whole catchment area).</p>	<p>Variable.</p> <ul style="list-style-type: none"> • 12 services offer all three of the NICE-recommended services. • 28 services offer two. • 16 services offer one. • Three services offer none. • For five services, it was unclear.
Wales	100% (7 out of 7 Health Boards)	<p><18 years: 3 Health Boards (50%)</p> <p>18+ years: 5 Health Boards (71%)</p>	<p><18 years: 1 offers 2 of the 6 Matrix Cymru-approved therapies, 2 provide just 1.</p> <p>18+ years: 4 offers 2 of the 6 Matrix Cymru-approved therapies, 1 provides just 1.</p>
Northern Ireland	100% (5 out of 5 HSC Trusts)	None	Northern HSC Trust, Southern HSC Trust, and Western HSC Trusts all said that they signpost to the voluntary sector which can provide support and guided self-help. Northern HSC Trust and Southern HSC Trust also mentioned signposting or referral to community dietetics.
Scotland	100% (14 out of 14 Health Boards)	<p><18 years: 5 Health Boards (39%)</p> <p>18+ years: 11 Health Boards (79%)</p>	<p>Variable.</p> <ul style="list-style-type: none"> • Some provide three or four NES Matrix-approved therapies. • Others provide only one or two.

* Of the nine who did not respond, three were Community Interest Companies (CICs) who are not bound by the FOI Acts. Please note that a comprehensive picture of treatment provision for binge-eating disorder in England is not possible through FOI, as many providers of IAPT and Weight Management services are CICs, charities or (possibly) private companies who are not bound by the FOI Act.

NB: Together these data do not constitute a comprehensive account of all possible treatment for binge-eating disorder in the UK. This is because these requests could not cover local-authority weight management services and because many organisations that provide primary-care based mental health services (such as IAPT in England) are Community Interest Companies (CICs), charities or private companies meaning that they are not legally obliged to respond to FOI requests, despite providing publicly funded services. It should also be noted that there may have been some changes in the provision of treatment for binge-eating disorder since these FOI requests were answered.

Referral criteria

Our FOI requests also enquired about the referral criteria for patients with binge-eating disorder.

Many providers in England indicated that the patient must meet specific criteria. However, these criteria varied across providers and often differed from the DSM-5-recognised symptoms. For instance, one provider referenced that the patient must have more than eight episodes per week of binge eating, whilst another provider specified two binge eating episodes per week. In contrast, the DSM-5 specifies that binge eating must occur once a week for three months for a person to be diagnosed with binge-eating disorder. Another provider specified the 'desire to be thinner', despite this not being a DSM-5-recognised symptom of binge-eating disorder.

In Scotland, distinct referral criteria is rare, however two Health boards reported a form of severity-based criteria.

In Wales, no referral criteria specific to binge-eating disorder was reported but general criteria applies in some or perhaps all areas to access community mental health team, eating disorder, or weight management services.

This information was not available for Northern Ireland because none of the HSC Trusts reported that they offered treatment specific to binge-eating disorder.

Weight management services

The questions about weight management services were different in the English and Northern Ireland FOIs compared to the Scottish and Welsh FOIs (see appendix A).

The FOIs for England and Northern Ireland contained questions about whether their eating disorder services accept referrals from their weight management services. In the Scottish and Welsh FOIs, questions included whether they provide weight management services and, if so, whether these screen for binge-eating disorder, whether they have clinical psychology input, and whether they have a referral pathway to eating disorder services.

Of the 51 eating disorder services in England that responded to our FOI request, 23 of the adult services and 19 of the child and adolescent services accept referrals from weight management services. However, 9 of the adult services and 15 of the child and adolescent services do not accept these referrals.

Services in Wales and Scotland also gave information on the availability of weight management services, whilst for Northern Ireland, this information was not available.

All Health Boards in Wales reported that they provide a weight management service. Three of these screened for binge-eating disorder (43%) and four had input from clinical psychologists (57%). None had established a referral pathway with an eating disorder service.

In Scotland, all Health Boards reported that they provide a weight management service. Ten of these screened for binge-eating disorder (71%) and six had input from clinical psychologists (43%). Five had established a referral pathway with an eating disorder service (36%).

Reflections

921 participants consented to being asked questions of a sensitive nature. The following answers come from these participants.

1) What three things would you want people to know about binge-eating disorder?

1. It's a compulsion
 2. It's hell not being able to just enjoy food without overeating and over thin
 3. Saying to someone to "just stop" is easier said than done
-
1. It's a mental health issue
 2. It's not about the food
 3. It's not a case of willpower
-
1. It can happen to anyone
 2. it's a serious condition, not just someone attention seeking
 3. It can get easier with help
-
1. It's compulsive, you just can't help it
 2. Nobody wants to binge, they don't want this disorder, they probably hate themselves for it
 3. It's not greed

2) What advice would you give to someone whose friend or family member is experiencing binge-eating disorder?

"Be kind, don't judge because there is a reason they have this disorder. And it's extremely embarrassing for us to talk about honestly."

"I would tell them to read up on BED so they understand the severity. I would ask them to stop talking about weight or diet around the suffering person and to tell them they are there to listen and support."

"Be there to listen, be understanding and non judgemental. Trying to guilt them into stopping will most likely make them binge more as it can be a coping mechanism...Help them to seek help when they're ready and support them through the process. Most of all, just love them."

"Be kind. Ensure they know they are loved and wanted."

"Be patient and compassionate. Please do not judge or minimise their experiences. Ask them if they are ok and if they want to talk. And when they do talk, just listen."

Conclusion

Overall, this report highlights the devastating impact that binge-eating disorder has on sufferers' lives, including their performance and ability to work and/or study, their capacity to engage in an active social life, and their ability to form and maintain relationships.

It is clear that participants felt that their disorder is not taken seriously, neither by healthcare professionals nor wider society, and that this can translate to difficulties in receiving appropriate treatment or referrals.

Many participants had faced financial pressures as a result of overspending on food for binges or having to resort to private treatment due to a lack of support from the NHS and/or available treatment in their area. Indeed, our FOI requests revealed large inconsistencies in the availability of treatment for binge-eating disorder across England, Wales, Northern Ireland, and Scotland.

Participants wanted people to know that binge-eating disorder is 'not about the food' nor is it 'greed'; it is a serious psychiatric illness.

Policy recommendations

- Governments, local authorities, the NHS in England, Scotland, and Wales, and HSC in Northern Ireland should ensure equitable access to evidence-based treatment for binge-eating disorder.
- Governments, public health agencies, the NHS in England, Scotland, and Wales, and HSC in Northern Ireland should include binge-eating disorder in programmes aimed at providing early intervention in eating disorders, and this should extend to the early stages of the illness, ensuring attention and resources are applied to reducing the delay between the onset of binge-eating disorder and the individual seeking treatment.
- Governments should facilitate dialogue and collaboration between the professional fields of public health and eating disorders, to ensure an integrated approach to the prevention of obesity and eating disorders, including binge-eating disorder.
- All medical students and other trainee health professionals in the UK should receive training on binge-eating disorder including the early signs/symptoms, safe management, and appropriate referral.
- Governments, public health agencies, the NHS in England, Scotland, and Wales, and HSC in Northern Ireland should collect and publish data on access to treatment and other issues that can be broken down by type of eating disorder, including for binge-eating disorder.
- Studies of the prevalence of mental health conditions in the UK (including the Adult Psychiatric Morbidity Survey 2022) should use an evidence-based methodology capable of assessing the prevalence of eating disorders and provide a break-down by diagnosis, including for binge-eating disorder.

Appendix A: FOI requests

1) England

Subject: Freedom of Information request on the availability of treatment for binge eating disorder

Hello,

I am writing to you under the Freedom of Information Act (2000) to request information regarding the **availability of treatment specifically for people assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)**. Throughout the request, we are interested in treatment for both children and young people (CYP), and/or adults. **If the Trust has multiple relevant services, please provide answers separately for each of these services.**

If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under your Section 16 obligations, as to how I can refine my request appropriately.

In any case, if you can identify ways that my request could be refined please provide further advice and assistance to indicate this.

Please include a reference number/code in your acknowledgement of this request. If you have any queries, please do not hesitate to contact me and I will be happy to clarify what I am asking for.

Many thanks,

Jonathan Kelly
Policy Advisor, Beat

foi@beateatingdisorders.org.uk

- 1) Does the Trust provide eating disorders services that offer outpatient treatment?
If so, please state the name of the service/s and the Clinical Commissioning Group/s (CCG/CCGs) that commission them.
 - a) For under 18s
 - b) For 18+ year olds
- 2) Is the Trust commissioned to provide a service for patients **assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)**?

- a) For under 18s
- b) For 18+ year olds

If “no” to either a) or b) in question 2, please answer question 3.

If “yes” to both a) and b) in question 2, please skip to question 4.

3) If “no” to question 2 a) and/or b), does the Trust provide any kind of treatment for patients **assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)** or signpost them to services provided by other organisations?

- a) For under 18s
- b) For 18+ year olds

If “no” to both a) and b) in question 3, that is all that is required. Thank you for your response.

If “yes” to either a) or b) in question 3, please answer the questions below.

4) Please outline the services that the Trust provides for patients **assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)**, including:

a) the **types of treatment** that the Trust provides **specifically for Binge Eating Disorder (BED)** (e.g. binge eating disorder-focused guided self-help, group eating disorder-focused CBT [group CBT-ED], individual eating disorder-focused CBT [individual CBT-ED]) and,

b) **how these are provided** (i.e. by eating disorder service/s, Improving Access to Psychological Therapies (IAPT) service/s, other primary care-based mental health services, Weight management services or otherwise).

In the case of self-help, please specify whether this is guided or unguided.

Please specify the names of all applicable services and the Clinical Commissioning Groups (CCGs) or local authorities that commission them. If the Trust provides more than one relevant service, please list answers to part a) separately against each.

- i) For under 18s
- ii) For 18+ year olds

Service restrictions/eligibility criteria

5) If applicable, please describe any **service restrictions/eligibility criteria** around accessing treatment **specifically for Binge Eating Disorder (BED)** (e.g. age, weight/BMI, comorbidity, severity etc). If the Trust provides more than one relevant service, please list answers separately *against each*.

- a) For under 18s
- b) For 18+ year olds

Access to binge eating disorder-focused guided self-help

- 6) a) **In 2019/2020** (the tax year) how many people on the caseload of the services specified in answer to Question 4b had been **assessed as currently meeting diagnostic criteria for Binge Eating Disorder (BED)**?
- i) For Under 18s
 - ii) For 18+ year olds
- b) How many of those in Question 6a have **participated in a binge eating disorder-focused guided self-help programme as first-line psychological treatment**?
- i) For Under 18s
 - ii) For 18+ year olds

Funding

- 7) a) In 2019/2020 (the tax year) **how much funding was allocated to the treatment provided by the Trust for eating disorders (any eating disorder diagnosis)**?
- i) For Under 18s
 - ii) For 18+ year olds
- b) In 2019/2020 (the tax year) **how much funding was allocated to the treatment provided by the Trust specifically for Binge Eating Disorder (BED)**?
- i) For Under 18s
 - ii) For 18+ year olds

Referrals from Weight Management Services

- 8) **Does the Trust's eating disorder service/s (if it provides any) accept referrals from Weight Management services?**

If the Trust provides more than one relevant service, please list answers separately against each.

- a) For under 18s
- b) For 18+ year olds

If "no" to both a) and b) in question 8 or both questions are not applicable, that is all that is required. Thank you for your response.

If "yes" to either a) or b) in question 8, please answer question 9.

- 9) **In 2019/2020** (the tax year) how many patients started treatment at the Trust's eating disorder service/s...

If the Trust provides more than one relevant service, please list answers separately against each.

- a) Who were **assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)** specifically
 - i) For Under 18s
 - ii) For 18+ year olds
- b) Who were **assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)** specifically, **who had been referred from Weight Management services.**
 - i) For Under 18s
 - ii) For 18+ year olds

2) Wales

Subject: Freedom of Information request on the availability of treatment for binge eating disorder (BED) (Wales)

Hello,

I am writing to you under the Freedom of Information Act (2000) to request information regarding the **availability of treatment specifically for people assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)**. Throughout the request, we are interested in treatment for both children and young people (CYP), and/or adults. If the Health Board has multiple relevant services, please provide answers separately for each of these services.

If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under your Section 16 obligations, as to how I can refine my request appropriately.

In any case, if you can identify ways that my request could be refined please provide further advice and assistance to indicate this.

If you have any queries, please do not hesitate to contact me and I will be happy to clarify what I am asking for. My contact details are outlined below.

Many thanks,
Jonathan Kelly
[Signature]

foi@beateatingdisorders.org.uk

- 1) Does the Health Board provide treatment for patients **assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)**?
 - a) For under 18s
 - b) For 18+ year olds

If “no” to both a) and b) in question 1, please skip to question 7.

If “yes” to either a) or b) in question 1, please continue.

- 2) Which of the Health Board’s services provide treatment **specifically for Binge Eating Disorder (BED)** (i.e. Weight Management Service, Primary Mental Health Support Service, Child and Adolescent Mental Health Service, Community Mental Health Team, Tier 2 or Tier 3 Eating Disorder service or otherwise)?

Please specify the names of all applicable services and their catchment areas.

- a) For under 18s
- b) For 18+ year olds

Service restrictions/eligibility criteria

- 3) If applicable, please describe any **service restrictions/eligibility criteria around accessing treatment specifically for Binge Eating Disorder (BED)** (e.g. age, weight/BMI, comorbidity, severity etc).

If the Health Board provides more than one relevant service, please list answers separately against each.

- a) For under 18s
- b) For 18+ year olds

Types of treatment provided

- 4) Please state the **types of treatment provided by the Health Board specifically for Binge Eating Disorder (BED)** (e.g. binge eating disorder-focused guided self-help, group eating disorder-focused CBT [group CBT-ED], individual eating disorder-focused CBT [individual CBT-ED]).

In the case of self-help, please clearly state whether this is guided or unguided. If the Health Board provides more than one relevant service, please list answers separately against each.

- a) For Under 18s
- b) For 18+ year olds

- 5) a) **In 2019/2020** (the tax year) how many people on the caseload of the services specified in answer to Question 2 had been **assessed as currently meeting diagnostic criteria for Binge Eating Disorder (BED)**?

- i) For Under 18s
- ii) For 18+ year olds

- b) How many of those in Question 5a have **participated in a binge eating disorder-focused guided self-help programme as first-line psychological treatment**?

- i) For Under 18s

- ii) For 18+ year olds

Funding

- 6) a) In 2019/2020 (the tax year) **how much funding was allocated to** the treatment provided by the Health Board for **eating disorders (any eating disorder diagnosis)?**
 - i) For Under 18s
 - ii) For 18+ year olds
- b) In 2019/2020 (the tax year) **how much funding was allocated to** the treatment provided by the Health Board **specifically for Binge Eating Disorder (BED)?**
 - i) For Under 18s
 - ii) For 18+ year olds

Eating Disorder Service Review 2018

- 7) Please outline any specific plans the Health Board has made (including timelines), regarding **implementation of recommendation 12 of the Welsh Eating Disorder Service Review 2018**, following the letter sent to Health Boards on 25 September 2019 by the Minister for Health and Social Services.

Weight Management Services

- 8) Does the Health Board provide a Weight Management Service? *If so, please state the name of the service and its catchment area.*

If “no” to question 8, there are no more questions. Thank you for your time.
If “yes” to question 8, please continue.
- 9) Does the Health Board’s Weight Management Service routinely **screen patients for Binge Eating Disorder (BED)?**
- 10) Does the Health Board’s Weight Management Service have dedicated Clinical Psychology input?
- 11) Is there a formal referral pathway/s in place between the Health Board’s Weight Management Service and (if applicable) eating disorder service/s? If so, please state the names and catchment areas of the services that have such a relationship.

3) Scotland

Subject: Freedom of Information request on the availability of treatment for binge eating disorder (BED) (Scotland)

Hello,

I am writing to you under the Freedom of Information (Scotland) Act 2002 to request information regarding the **availability of treatment specifically for people assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)**. Throughout the request, we are interested in treatment for both children and young people (CYP), and/or adults. If the Health Board has multiple relevant services, please provide answers separately for each of these services.

If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under your Section 16 obligations, as to how I can refine my request appropriately.

In any case, if you can identify ways that my request could be refined please provide further advice and assistance to indicate this.

If you have any queries, please do not hesitate to contact me and I will be happy to clarify what I am asking for. My contact details are outlined below.

Many thanks,
Jonathan Kelly
[Signature]

foi@beateatingdisorders.org.uk

- 1) Does the Health Board provide treatment for patients **assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)**?
 - a) For under 18s
 - b) For 18+ year olds

If “no” to both a) and b) in question 1, please skip to question 7.
If “yes” to either a) or b) in question 1, please continue.
- 2) Which of the Health Board’s services provide treatment **specifically for Binge Eating Disorder (BED)** (i.e. Weight Management Service, Primary Care Mental Health Team, Child and Adolescent Mental Health Service, Community Mental Health Team, Eating Disorder service or otherwise)?

Please specify the names of all applicable services and their catchment areas.

 - a) For under 18s
 - b) For 18+ year olds

Service restrictions/eligibility criteria

- 3) If applicable, please describe any service restrictions/eligibility criteria around accessing treatment **specifically for Binge Eating Disorder (BED)** (e.g. age, weight/BMI, comorbidity, severity etc).

If the Health Board provides more than one relevant service, please list answers separately against each.

- a) For under 18s
- b) For 18+ year olds

Types of treatment provided

- 4) Please state the **types of treatment provided by the Health Board specifically for Binge Eating Disorder (BED)** (e.g. binge eating disorder-focused guided self-help, group eating disorder-focused CBT [group CBT-ED], individual eating disorder-focused CBT [individual CBT-ED]). In the case of self-help, please clearly state whether this is guided or unguided.

If the Health Board provides more than one relevant service please list answers separately against each.

- a) For Under 18s
- b) For 18+ year olds

- 5) a) In 2019/2020 (the tax year) how many people on the caseload of the services specified in answer to Question 2 had been **assessed as currently meeting diagnostic criteria for Binge Eating Disorder (BED)?**

- i) For Under 18s
- ii) For 18+ year olds

- b) How many of those in Question 5a have **participated in a binge eating disorder-focused guided self-help programme as first-line psychological treatment?**

- i) For Under 18s
- ii) For 18+ year olds

Funding

- 6) a) In 2019/2020 (the tax year) how much funding was allocated to the treatment provided by the Health Board for **eating disorders (any eating disorder diagnosis)?**

- i) For Under 18s
- ii) For 18+ year olds

b) In 2019/2020 (the tax year) **how much funding was allocated** to the treatment provided by the Health Board **specifically for Binge Eating Disorder (BED)?**

- i) For Under 18s
- ii) For 18+ year olds

Weight Management Services

7) Does the Health Board provide a Weight Management Service? If so, please state the name of the service and its catchment area.

If “no” to question 7, there are no more questions. Thank you for your time.

If “yes” to question 7, please continue.

8) Does the Health Board’s Weight Management Service routinely **screen patients for Binge Eating Disorder (BED)?**

9) Does the Health Board’s Weight Management Service have dedicated Clinical Psychology input?

10) Is there a formal referral pathway/s in place between the Health Board’s Weight Management Service and (if applicable) eating disorder service/s? If so, please state the names and catchment areas of the services that have such a relationship.

5) Northern Ireland

Subject: Freedom of Information request on the availability of treatment for binge eating disorder (BED) (Northern Ireland)

Hello,

I am writing to you under the Freedom of Information Act (2000) to request information regarding the **availability of treatment specifically for people assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)**. Throughout the request, we are interested in treatment for both children and young people (CYP), and/or adults. **If the Health and Social Care Trust has multiple relevant services, please provide answers separately for each of these services.**

If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under your Section 16 obligations, as to how I can refine my request appropriately.

In any case, if you can identify ways that my request could be refined please provide further advice and assistance to indicate this.

If you have any queries, please do not hesitate to contact me and I will be happy to clarify what I am asking for. My contact details are outlined below.

Many thanks,

Jonathan Kelly

Policy Advisor, Beat

foi@beateatingdisorders.org.uk

- 1) Does the Health and Social Care Trust provide eating disorder services that offer outpatient treatment? *If so, please state the name of the service/s and the Local Commissioning Group/s (LCG) that commission them.*
 - a) For under 18s
 - b) For 18+ year olds
- 2) Is the Health and Social Care Trust commissioned to provide a service specifically for patients **assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)**?
 - a) For under 18s
 - b) For 18+ year olds

If “no” to either a) or b) in question 2, please answer question 3.
If “yes” to both a) and b) in question 2, please skip to question 4.
- 3) If “no” to question 2 a) and/or b), does the Health and Social Care Trust provide any kind of treatment specifically for patients **assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)** or signpost them to services provided by other organisations?
 - a) For under 18s
 - b) For 18+ year olds

If “no” to both a) and b) in question 3, that is all that is required. Thank you for your response.
If “yes” to either a) or b) in question 3, please answer the questions below.
- 4) Please outline the services that the Health and Social Care Trust provides specifically for patients **assessed as meeting diagnostic criteria for Binge Eating Disorder (BED)**, including:
 - a) the **types of treatment that the Trust provides specifically for Binge Eating Disorder (BED)** (e.g. binge eating disorder-focused guided self-help, group eating disorder-focused CBT [group CBT-ED], individual eating disorder-focused CBT [individual CBT-ED]) and,

b) **how these are provided** (i.e. by eating disorder service/s, primary care-based mental health services, Weight management services or otherwise).

In the case of self-help, please specify whether this is guided or unguided.

Please specify the names of all applicable services and the Local Commissioning Group/s (LCGs) or local authorities that commission them. If the Health and Social Care Trust provides more than one relevant service, please list answers to part a) separately against each.

a) For under 18s

b) For 18+ year olds

Service restrictions/eligibility criteria

- 6) If applicable, please describe any **service restrictions/eligibility criteria** around accessing treatment **specifically for Binge Eating Disorder (BED)** (e.g. age, weight/BMI, comorbidity, severity etc).

If the Health and Social Care Trust provides more than one relevant service, please list answers separately against each.

a) For under 18s

b) For 18+ year olds

Access to Guided Self-Help for Binge Eating Disorder

- 6) a) **In 2019/2020** (the tax year) how many people on the caseload of the services specified in answer to Question 4b **had been assessed as currently meeting diagnostic criteria for Binge Eating Disorder (BED)?**

i) For Under 18s

ii) For 18+ year olds

b) How many of those in Question 6a have **participated in a binge eating disorder-focused guided self-help programme as first-line psychological treatment?**

i) For Under 18s

ii) For 18+ year olds

Funding

- 7) a) In 2019/2020 (the tax year) **how much funding was allocated to the treatment provided by the Health and Social Care Trust for eating disorders (any eating disorder diagnosis)?**

i) For Under 18s

ii) For 18+ year olds

b) In 2019/2020 (the tax year) **how much funding was allocated to the treatment provided by the Health and Social Care Trust specifically for Binge Eating Disorder (BED)?**

- i) For Under 18s
- ii) For 18+ year olds

Referrals from Weight Management Services

8) Does the Health and Social Care Trust's eating disorder service/s (if it provides any) accept **referrals from Weight Management services?**

If the Health and Social Care Trust provides more than one relevant service, please list answers separately against each.

- a) For under 18s
- b) For 18+ year olds

If "no" to both a) and b) in question 8 or both questions are not applicable, that is all that is required. Thank you for your response.

If "yes" to either a) or b) in question 8, please answer question 9.

9) **In 2019/2020** (the tax year) how many patients started treatment at the Health and Social Care Trust's eating disorder service/s...

If the Health and Social Care Trust provides more than one relevant service, please list answers separately against each.

a) Who had been **assessed as currently meeting diagnostic criteria for Binge Eating Disorder (BED)** specifically

- i) For Under 18s
- ii) For 18+ year olds

b) Who had been **assessed as currently meeting diagnostic criteria for Binge Eating Disorder (BED)** specifically, **who had been referred from Weight Management services.**

- i) For Under 18s
- ii) For 18+ year olds



Acknowledgements

Helena L Davies designed the survey and wrote up the paper, with additional input from Jonathan Kelly and Tom Quinn. Rachel Poynor, Emma Broadhurst, and Jess Griffiths all also contributed to the design of the survey. Beat would like to thank all the participants who took part.