



The changes we are
campaigning for in Scotland

About eating disorders

- Approximately 1.25 million people in the UK of all ages, genders and backgrounds have an eating disorder.
- These serious mental illnesses can be fatal - anorexia has the highest mortality rate of all mental illnesses. The mortality rates for other eating disorders are also high.
- However, they are treatable, and full recovery is possible. The sooner someone gets the treatment they need, the more likely they are to make a full and sustained recovery, and the lower the cost to the NHS.
- Research by Beat shows that, on average, three-and-a-half years pass between the symptoms of an eating disorder emerging and treatment starting.

About Beat

Beat is the UK's eating disorder charity. We exist to end the pain and suffering caused by eating disorders. We do this by working directly with sufferers and their families, highlighting the challenges they face, and campaigning for change.

We want to see a society where people with eating disorders experience care and understanding, and health systems where they can quickly access effective treatment. To achieve this, we are calling for changes to be made by Government, the NHS and others in several key areas.

We are campaigning to ensure that the forthcoming national review of eating disorder services is based on learning from the experiences of people affected by eating disorders and clinical experts and for it to produce a series of recommendations that can lead to real change. Also we are calling for all Scotland-based medical students and junior doctors to be properly trained on eating disorders and campaigning for eating disorder research to be properly funded.

A comprehensive and ambitious review

We want to see: That the national review into treatment and support for eating disorders is guided by the expertise of people with lived experience and clinicians

During Eating Disorders Awareness Week (EDAW) 2020 the Scottish Government announced that it would commission a review of eating disorder services across Scotland. Beat and others have long called for this as an important first step towards ensuring that everyone in Scotland, wherever they live is able to access timely, safe and effective treatment.

- The Scottish 10 year Mental Health Strategy commits the Government and NHS to delivering on the principle of ‘ask once, get help fast’. Yet this is far from a reality for many people in Scotland with an eating disorder. A 2017 Beat survey of 125 people who lived in Scotland when they were first referred to eating disorder treatment, found a mean average wait of 7 months from seeking help from their GP to starting treatment. In 2017/2018 the median (average) waiting time from referral to starting treatment at a specialist adult eating disorder service in one Health Board was 37 weeks, and 14 weeks in another Health Board.
- People with eating disorders often face barriers to securing a referral to treatment and in such cases the option of self-referral can be crucial. In a Freedom of Information (FOI) request submitted by Beat in 2018 only one of the seventeen child and Adolescent mental health services (CAMHS) in Scotland which responded reported accepting self-referral.
- In some areas if a patient needs more intensive support than outpatient care, but they do not meet the threshold to access inpatient treatment then there is nothing available. A Beat FOI found that 3 of the 11 mainland Health Boards in Scotland do not provide suitably intensive day- or home-based treatment.
- There is wide variation between health boards in staffing levels at adult eating disorder services. At 31 March 2018 the health board with the most staff had 3 times more than the lowest, after accounting for population sizes. The Psychology workforce in adult eating disorders in Scotland was lower at 31 December 2018 than it was at 31 December 2013. Some adult eating disorder services have no psychology input at all. According to the Royal College of Psychiatrists in Scotland there is also wide variation in terms of staff training.

Medical training

We want: Eating disorders to be appropriately taught and assessed at all medical schools and for all junior doctors gain to clinical experience during their Foundation training

Doctors of the future must have a good understanding of eating disorders so they can help patients to access treatment at the earliest opportunity and manage their care safely. All trainee doctors should leave Medical school with basic levels of knowledge and skills in the identification, safe management and referral of patients with eating disorders. All junior doctors should obtain clinical experience in eating disorders through their Foundation training.

Improved teaching, assessment and clinical experience in eating disorders during medical training would also be likely to increase the number of trainees choosing to specialise in eating disorders.

- The Parliamentary and Health Service Ombudsman's (PHSO) 2017 report found that low levels of knowledge among doctors and other health professionals was amongst several failings which led to the death of 19 year old Averil Hart and two others and that there is not enough training for tomorrow's doctors on eating disorders.
- On average just 1.8 hours is spent on teaching about eating disorders in UK medical schools, with 1 in 5 medical schools providing no teaching at all. Some that provide theoretical teaching do not offer any clinical skills training. Assessment drives learning, yet many medical schools do not include a question about eating disorders in their final exams. Overall the data suggests that education and training on eating disorders is a low priority at many UK medical schools.
- A 2017 Beat survey of over 1100 people found that three out of ten did not receive a referral to a mental health service from the first GP they sought help from, despite clinical guidance that stresses the importance of immediate referral. Only 45% felt that their GP emphasised the importance of accessing treatment as soon as possible and when asked to rate the quality of care they received from this GP 48% rated it either 'good' or 'very good', with 52% rating it 'poor' or 'very poor'.
- Academic research suggests that most non-specialist doctors lack confidence and knowledge in how to help patients with eating disorders and that this leads to delays in

treatment and inappropriate management.

- The severe impacts of eating disorders on physical health, mean that they are relevant to a wide range of medical specialisms. However, opportunities to learn about their treatment in greater depth through specialist clinical placements are extremely limited. Only around half of UK junior doctors experience a psychiatry placement during their Foundation training, and not all of these include exposure to patients with eating disorders.

Research and innovation

We want to see: [A significant increase in funding for research into eating disorders](#)

While some high quality research is underway and effective therapies have been developed, we still don't have a full understanding of what causes eating disorders or how best to treat them. This is not surprising when considering the way that research funding is allocated in the UK.

The UK Government is a major funder of health research and has significant influence over other research funders. The UK Government has committed to ensuring that mental health conditions are treated with the same level of importance as physical health conditions. This principle must be applied to the allocation of research funding. A significant increase in the funding provided for eating disorder research is required to reflect the number of people affected and the severity of these conditions.

- Analysis by the mental health research charity MQ found that just £9 per person affected is spent by UK-based funders on mental health research per year, with just 96p per person affected spent on eating disorder research. Around £228 per person affected is spent on vital cancer research each year and this level of funding has led to major breakthroughs in diagnosis and treatment, with survival rates having doubled in the last forty years.