



The changes we are
campaigning for in Wales

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.

In Wales we are campaigning for full implementation of the recommendations made by the Government-commissioned Eating Disorder Service Review 2018. Campaigning will be crucial to securing enough funding, staff and training to realise the review's ambition of world-class treatment and support across the whole of Wales. We are calling for all Wales-based medical students and junior doctors to be properly trained on eating disorders and campaigning for eating disorder research to be properly funded.

Implementing the service review recommendations

We want to see: [Full implementation of the Welsh Eating Disorder Service Review's recommendations](#)

The Welsh Eating Disorder Service Review led by Dr Jacinta Tan (Consultant Child and Adolescent Psychiatrist at Aneurin Bevan University Health Board), was developed through close collaboration with experts by experience in 2018. This review was commissioned by the Welsh Government.

It found that the current system in Wales is based on reacting to patients who are already severely ill, rather than intervening early, and that there is a postcode lottery in the level and quality of treatment.

It made a series of ambitious recommendations for improvement, prioritising early detection of eating disorders, rapid access to treatment, and equitable provision of evidence-based treatment nationwide. Its recommendations include the introduction of a waiting time targets for patients of all ages, which with the right safeguards and monitoring would make a huge difference to people with eating disorders across Wales. The recommendations also include that patients and their carers are fully involved in the development of services, and that families and other carers receive the information and support they need.

The Welsh Government has published the Executive summary of the review and asked Health boards to begin the process of implementing its recommendations. However, there are questions remaining as to whether sufficient funding, workforce and staff training will be provided to realise the review's ambition of world-class treatment and support across the whole of Wales.

- Access to Tier 3 specialist eating disorder services in Wales varies widely between areas. At 31 March 2018, after accounting for differences in population sizes, there was a 2-fold difference between the health board with the biggest caseload (number of patients) and the health board with the smallest. At 31 March 2018 the health board with the most staff had 3 times more than the lowest after accounting for differences in population sizes. In proportion to the number of patients treated, the service with the most staff had 4 times more than the lowest.
- People with eating disorders often face barriers to securing a referral to treatment. The review recommended that services should accept referrals from all sources including self-

referral. In 2018 none of the seven health boards reported accepting self-referral at their Child and Adolescent Mental Health Service (CAMHS).

- In most 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 Freedom of Information (FOI) request found that only one Health Board in Wales provides suitably intensive day- or home-based treatment.
- Families and carers are often key to recovery, however the service review confirmed that in Wales they often do not receive the information and support they need.

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.