

## Written evidence submitted by Beat (BYC060)

### Executive Summary

Beat is the UK's eating disorder charity. Our vision is to end the pain and suffering caused by eating disorders. Eating disorders are serious mental illnesses and include anorexia nervosa, bulimia nervosa and binge eating disorder. Anorexia nervosa alone has the highest mortality rate of all mental illness. At least 725,000 men and women of all ages and backgrounds in the UK have a diagnosed eating disorder and 1 in 4 of this figure are thought to be male. There is no one single cause as to why a person develops an eating disorder and latest research is showing that they are more biologically based than previously thought as well as psychological and sociological factors. Whilst the media, social media and societal stresses don't directly cause eating disorders, these can have detrimental effects on individuals already suffering and can impact significantly on self esteem and self confidence.

Although eating disorders are serious, recovery is possible. In 2016, Beat launched its Early Intervention programme to ensure that people with eating disorders experience care and understanding, and can quickly access treatment that supports a rapid and sustained recovery. The programme of work was developed in response to research commissioned by Beat and studies from other partners including Kings College London, which all show clear evidence that the key to sustained recovery from eating disorders is getting the right help and treatment as soon as possible.

### Beat's submission to the Youth Select Committee

Please note that due to our current strategy we are unable to offer a response to all questions. We also asked the questions to some of our young ambassadors and received a very positive response. Selected responses have been anonymised.

### Responses to questions 1, 2 and 3

*1. Are particular groups of young people particularly prone to poor body image, or less likely to be offered or seek help with poor body image? What causes these trends?*

*2. In relation to young men and boys, minority ethnic groups, and those who self-identify as transgender: what are the specific challenges facing young people in these groups? How effective is existing support?*

*3. Do existing campaigns and initiatives to promote positive body image sufficiently take into account the different challenges faced by young people with particular characteristics?*

Beat has recently expanded our helpline opening hours to operate daily from 3pm till 10pm. These are open 7 days a week, 365 days of the year. The increased hours reflect the growing concern from parents, carers and professionals as well as the increase in need from sufferers.

The data collection on our helplines since its expansion is still in an early phase, but we have seen a slight growth in the number of calls since March 2017. Although eating disorders are most prevalent amongst adolescent females, our helpline data reveals a relatively even split amongst age groups using the service. The greatest volumes by age group were: 27% of calls received from 16-25 year olds, 20% from 26-35 year olds and 20% from 46-55 year olds. No particular part of the country had

a higher prevalence than others. We also found that 88% of callers were from females. At this stage we are not tracking ethnicity but will be in the near future.

*“I think that adolescents and young people with low self-esteem and self-confidence are particularly prone to poor body image. During puberty, all adolescents must deal with their changing bodies. I think that those with low self-esteem are more likely to compare their bodies to others in a negative manner, consistent with how they feel about themselves.” (Beat Young Ambassador).*

There are a number of reasons why a person develops an eating disorder and these can include sociological, psychological and biological factors. With this in mind, prevalence amongst younger age groups can be attributed to identity, exam stress and peer pressure, and for older groups issues such as trauma, post-pregnancy and other hormonal changes and life events, although there are of course other reasons.

Eating disorders in men are often described as ‘Underdiagnosed, undertreated, and misunderstood’. The charity Men Get Eating Disorders Too, have highlighted the challenges men face getting treatment, due to lack of single sex accommodation in inpatient units and specialist centres, lack of research and a lack of awareness that eating disorders affect men. Some units refuse to admit male patients because they fear that a lack of substantial physical barriers across the unit between male patient/s and their other patients would result in sanction from the CQC.

*“The increasing emphasis by the Care Quality Commission and Department of Health on single-sex accommodation has meant that some units are now unable to take male patients in order to comply with the standards. Male patients do not therefore have equal access to services, and they may have to travel much further if they require inpatient care.” (JCPMH, 2013).*

A recent review of the literature made a strong case that as high as 25% of all people with eating disorders may be male, however further research is needed, despite typical proportions at around 10% accessing specialist treatment.

*“I do not think that campaigns and initiatives take into account the different challenges faced by young people. Too often the campaigns are focused on girls who look at magazines, rather than how poor body image is often a reflection of how the individual feels about themselves. I don’t think that campaigns take into account the pressures that young people face academically. Also I think that there seems to be a pressure on young people to “grow up” quicker nowadays, and that initiatives need to address this.” (Beat Young Ambassador).*

#### **A general response to questions 4, 5, 6 and 7**

4. Has the growing use of social media and communications platforms amongst young people encouraged practices and attitudes that entrench poor body image? What is the link between “sexting” and body dissatisfaction?

5. Can the internet and social media be used as a tool to promote positive self-image? What examples are there of this happening?

6. Do internet companies, social media platforms or other platforms have a responsibility to tackle trends which entrench poor body image? What are they already doing in this area? What more should they be doing?

7. Does the Government have a responsibility to discourage the use of social media, the internet and communications platforms in ways which promote poor body image? What should it be doing in this regard?

The mainstream media and social media do not cause eating disorders, however they often don't help and can lead to an increase in low self esteem. Our helpline service users have identified pro-ana websites and social media use as a trigger and here at Beat we feel that more should be done to police this area. It's also important to note that some evidence has shown that banning sites drives people underground and criminalizes the unwell webmaster/s behind them and there is some research that shows how users disperse to alternatives when a site is banned and that the sites they end up going to may be more cut off from pro-recovery communities. There's also research that shows many pro-ED site visitors are also using pro-recovery sites. Generally people go on pro-ED sites to feel understood and accepted and so we would recommend a focus on providing pro-recovery alternatives. One suggestion is to encourage internet companies to generate pop ups signposting people to our support services, when they enter pro-ED search terms.

The media does have significant responsibility and we would continue to call for a more diverse representation of cultures and body types particularly in advertising.

*"This trend naturally reinforces the idea that young people are constantly under peer pressure and constantly being watched, particularly because the face we present to the world on social media cannot contain our entire personalities, history and interests which reduces us to what can be seen online, to a physical form." (Beat Young Ambassador).*

Social media can, however, be a very good source of support and Beat's services use a variety of platforms including moderated online forums. Peer support online can be invaluable to a sufferer.

### **Response to question 8**

8. What examples are there of schools integrating the promotion of positive body image into school subjects across the curriculum, particularly physical education? How successful have these been? How can success best be measured?

Beat recently contributed to an inquiry into [Children and Young people's mental health, in education](#). We welcome the Government's commitment to make personal, social, health and economic education (PSHE) mandatory in schools and colleges. Beat also welcomes the commitment to mental health first aid training, which includes an eating disorder module. We recognise the role schools and colleges have in identifying mental illnesses and feel that more can be done to raise awareness of [the signs and symptoms of eating disorders](#), so that sufferers can be supported at the earliest opportunity.

## **Response to questions 11 and 12**

*11. Does the NHS have sufficient resources and expertise to manage mental health issues associated with poor body image? How have changes in education funding impacted on the ability of schools to provide in house mental health services?*

*12. Are schools sufficiently linked with health professionals? What more could be done in this regard?*

Beat's strategy focuses on early intervention and therefore access and waiting times for treatment remain a priority. In 2015, the Government announced funding for CAMHS eating disorder services to address the long waits sufferers were experiencing for treatment. Under the new standards, urgent cases should be seen within one week, and less urgent within four weeks. The first data was reported on in May 2017 and demonstrated a varied picture. The data suggests that although approximately 72% of children and young people with an eating disorder began treatment within the maximum waiting time targets, there was wide variation across the country. In some areas very few patients were offered a first appointment within 4 weeks. Freedom of Information requests conducted by Beat in April 2017 also demonstrated that funding wasn't being fully utilised in some areas, including 18 of the 61 CCGs who responded to our FOI, who reported spending less in 2016/2017, than the (additional) funding they were given by NHS England for this purpose. Under the CAMHS access and waiting times standards, eating disorder services should be accepting parent, carer and school referrals directly as well as patient self-referral. Whilst the majority of trusts do accept referrals of some sort other than from GPs, 10 of the 44 Trusts who responded reported that they do not accept referrals from schools and 19 of the 44 Trusts said that they do not accept self-referral.

Additionally, no extra funding has been allocated for adult eating disorders services meaning that [waiting times can extend up to two years](#) without an individual being offered support. The outcome of this may also be associated with an 8% increase in the number of inpatient hospital admissions ([October 2013](#)) and a 34% increase in admissions since 2005/06 equating to approximately a 7% rise each year. Inpatient admissions are a financial burden to the NHS and here at Beat we feel it is essential to see equivalent access and waiting times standards for adults in order to reduce the cost and crucially improve long term outcomes for patients. It is also appropriate to consider the challenges to accessing treatment faced by sufferers between services i.e. between school and university and consider the appropriate steps to improve outcomes for this group.

## **Recommendations to the Committee**

- Beat would like to see increased funding to reduce waiting times and in particular, an access and waiting times standard for adult sufferers
- Beat would recommend further research and potential investment into 0-25 services which helps to eliminate the gaps experienced between CAMHS and adult services and particularly covers the transition between school and university
- Beat are calling for training on eating disorders in schools with increased awareness in identifying the signs and symptoms

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