

## **Eating Disorders Awareness Week- Westminster Hall Debate: 09.30am, 28 February 2023 – Wera Hobhouse MP**

### **Background:**

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Wera Hobhouse MP is leading a Westminster Hall Debate on Eating Disorders for Eating Disorders Awareness week.

### **Key Messages:**

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- Eating disorders are a serious mental illness but with appropriate treatment, they can be overcome and people can go on to live healthy and fulfilling lives. Many people develop an eating disorder in adolescence or early adulthood. Early recognition and treatment are associated with improved outcomes, so it is vital that all healthcare professionals are able to identify those at risk and patients are able to access the care quickly.
- The College has, and will continue to, produce evidence-based advice and guidance to support the best care possible, including the recent [‘Medical Emergencies in Eating Disorders’ \(MEED\) guidance](#).
- There has been a significant increase in the number of people being referred to eating disorder services, particularly during Covid-19. Services are struggling to meet demand, and too many patients are facing unacceptably long waiting times, with hospital admissions rising as a result.
- Workforce shortages continue to undermine the capacity of services. There are critical areas on retention and recruitment that must be considered in workforce planning to address this issue. Towards the end of 2022 the Government committed to publishing a “comprehensive” NHS Workforce Plan in 2023. We need to see the plan published in early 2023, backed by adequate investment and align with HEE's Strategic Framework. It is important that healthcare professionals are trained in recognising eating disorders to ensure people can access specialist support, should they need it, as quickly as possible.

### **About the Royal College of Psychiatrists:**

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We are the professional medical body responsible for supporting psychiatrists throughout their careers from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

We work to secure the best outcomes for people with mental illness, intellectual disabilities and developmental disorders by promoting excellent mental health services, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry.

### **Statistics:**

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- The number of children and young people who are waiting for treatment following an urgent referral for a suspected eating disorder has increased considerably over recent years.
- [NHS England data](#) published for the first quarter 2022-23 shows that of the 229 children and young people currently on the waiting list for urgent treatment for eating disorders, 45% have been waiting for more than 12 weeks. This figure has risen substantially from 11% in the first quarter of 2021-22 (an increase of 34 percentage points) and 5% in the first quarter of 2020-21 (an increase of 40 percentage points).

- With regards to the demand for Mental Health services for children and young people with eating disorders, the proportion of urgent cases able to commence a NICE-recommended package of care within one week of referral in April-June 2022 was 68%, slightly greater than the value of 61% for April-June 2021.
- Nonetheless, the figure for the first quarter of 2022-23 is 27 percentage points below the 95% standard set by the Government for 2020-21.
- Prior to the COVID-19 pandemic, 78% of children and young people who were referred did receive treatment within one week of referral in the first quarter of 2019-20 (a subsequent decrease of 10 percentage points in 2022).

### **Increasing Referrals:**

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The pandemic has had an enormous impact on eating disorder services, with more patients being referred and many of them being more seriously ill.

Even before the Pandemic Hospital admissions for eating disorders were increasing, with admissions increasing by 84% between 2015/16 and 2020/21. While services are seeing many more patients than previously, they are not able to meet demand and waiting lists have grown considerably.

### **Clinical Review of Standards:**

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Having clear standards can facilitate service improvements, enhancing the experience for patients and driving up health outcomes. Standards introduced in 2015 for waiting times for children and young people's (CYP) eating disorder services<sup>1</sup> have proven to be an essential tool to drive service improvements. However, similar standards have been lacking in relation to adult services.

Under the [new waiting time standards which are set to be introduced by NHS England](#), subject to agreement of funding and an implementation plan with DHSC, it is intended that patients presenting to community-based mental health services – including those with eating disorders – will start to receive help within 4 weeks of referral. In light of what we know about the importance of early interventions in improving long term outcomes in people with eating disorders, this standard is welcome.

While the proposed introduction of new access standards in Mental Health is a welcome step towards parity of esteem, they will not in and of themselves be able to drive improvements in performance. A key part of implementing the new standards would be a long-term plan for investment in workforce growth, hence the need for the publication of and funding for the Government's promised workforce plan.

Moreover, given there has been no cost estimate for implementing the NICE eating disorder guidance, there is a significant risk this will continue to not be implemented in full, in light of constraints on resources.

Additional, targeted investment would almost certainly be transformative and ensure adult eating disorder services are able to mirror improvements seen in under-19s services prior to the pandemic.

### **Strengthening Specialist Services:**

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<sup>1</sup> 95% of children and young people referred for an assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case

Clinicians have been advising the College about both the growing number of patients presenting with eating disorders and many of them are much more acutely unwell. Outcomes for these patients remain poor across the UK, where inpatient admission is often seen as the last resort for patients whose physical health is compromised.

The lack of integration between inpatient and community services means that patients' experience of care is often disjointed, with variations in treatment models and significant variations in the level of support offered across services. The result is high rates of re-admission, worsening patient outcomes and greater pressures placed on already stretched services.

We welcome the focus on improving integration between community and inpatient settings set out in the [NICE guideline](#) and the NHSEI eating disorder pathways for children, young people and adults. Parts of the country have demonstrated effective integration that could be rolled out further.

With commissioning arrangements for specialist services now shifting from national commissioning to regional provider collaboratives, there is a real opportunity to invest in integrated services that offer more personalised care, including planned admissions and appropriate step-up and step-down care. There is evidence to suggest that specialist day care provision and home-based treatment could be as effective as inpatient treatment, but these service models have not yet been made widely available.<sup>2</sup>

Developing and trialling such innovative models requires upfront investment. Providing additional resources to trial and scale models could prove transformative for patients and the system as the whole, while also generating a critical evidence base for eating disorder services globally.

### **Guidance on Recognising/Managing Medical Emergencies in Eating Disorders:**

The College recently released [guidance](#) on how to respond to Medical Emergencies in Eating Disorders.

The signs that someone with an eating disorder is severely ill and in need of hospital treatment are often missed in primary care and emergency departments, due to lack of training and accessible guidance for frontline staff. The main barrier to identifying patients at risk is that, even when seriously unwell, people with eating disorders can appear to be healthy, with normal blood tests.

The evidence-based guidance is targeted at professionals working across a wide range of services to ensure patients are recognised quickly and receive the care they need at the earliest opportunity, regardless of where they present for care. Taking on board learning from a range of sources, including recent research and the experiences of individual patients, this guidance aims to make preventable deaths due to eating disorders an issue of the past. This is especially critical in the alarming rise of eating disorder presentations, which mean that all clinicians are increasingly likely to encounter patients with eating disorders in their daily practice.

Concerns have also continued to be raised about the high number of patients needing to be admitted to general medical units, underlining the importance of improving the quality-of-care patients with eating disorders receive in these settings. The guidance sets out information on medical management, including both physical and psychiatric care, across emergency departments and medical/paediatric wards. The breadth of relevance is reflected in its endorsement by the Academy of Medical Royal Colleges (AoMRC).

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<sup>2</sup> [Intensive Outpatient Treatment \(beateatingdisorders.org.uk\)](https://www.beateatingdisorders.org.uk)

Many eating disorder patients are admitted to acute (rather than specialist) beds, they are often cared for by non-specialist eating disorder staff. Consequently, there is an issue around the amount of knowledge of eating disorder amongst doctors. In 2017, the Parliamentary and Health Service Ombudsman found that low levels of knowledge among generalist doctors and other health professionals was amongst several failings which led to avoidable deaths.<sup>3</sup> The recent Report to Prevent Future Deaths also highlights the need to improve and standardise training in this field.<sup>4</sup>

Given this context, a credential in Eating Disorders is being developed by the Royal College of Psychiatrists, in conjunction with HEE, NHSEI and GMC, to improve early intervention and standards of care for this high-risk population that is currently being piloted. Crucially, the credential is multi-professional and will enable staff to develop specialised skills and knowledge to assess and treat people with eating disorders across the age range. In order for more staff to undertake the certificated course, central funding could be provided to NHS Trusts to enable them to release staff.

### **Workforce:**

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The RCPsych 2021 Workforce Census shows that since 2017, there has been a 30% increase in the number of vacant or unfilled consultant posts in England. The specialities with the highest number of vacancies were child and adolescent psychiatry, eating disorders psychiatry and addictions psychiatry.

Workforce constraints continue to hamper efforts to transform Eating Disorder services in line with the Long-Term Plan, let alone in the face of unprecedented post-pandemic demand. According to the Royal College of Psychiatrists 2021 workforce census<sup>5</sup>, there are only 28 full-time substantive consultants in England working in specialist Eating Disorder services (albeit the number of child and adolescent psychiatrists working in this field is not recorded, but it is estimated around 50-60). Furthermore, Eating Disorder Psychiatry and Child and Adolescent Psychiatry have the two of the three highest consultant vacancy rates among psychiatric subspecialties (16.1% and 14.8% respectively).

Over the past year (October 2021- October 2022), there has been an increase of just 6.3 Full-Time Equivalent (FTE) consultant psychiatrists in post, across the NHS workforce, equivalent to a year-on-year rise of just 0.1%. This also means that only 236.5 FTE consultants have now been added to the workforce since March 2016, as against the HEE/NHSE target to have an additional 750 (31.5%) in post by March 2022 or 910 (26.0%) by March 2023.

A multi-year settlement for workforce training and education will be required to grow the Mental Health workforce, including via new roles. The settlement must take into account that funding for postgraduate medical education and training has been essentially flat in real terms between 2013/14 (£2.111bn) and 2020/21 (£2.080bn).

An essential measure to secure workforce supply for coming years is to increase medical school places. We are recommending an increase in medical school places to 15,000 by 2028/29, prioritising schools which encourage students towards shortage specialties.

In the shorter term, increased training of physician associates to work in Mental Health services will be needed to ensure services are appropriately staffed. Action to continue the expansion of core and higher psychiatry training posts to address geographical and specialty shortages, including Eating Disorder Psychiatry, and facilitate long-term

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<sup>3</sup> [FINAL FOR WEB Anorexia Report.pdf \(ombudsman.org.uk\)](https://www.ombudsman.org.uk/~/media/ombudsman/2017/07/FINAL_FOR_WEB_Anorexia_Report.pdf)

<sup>4</sup> [REGULATION 30: ACTION TO PREVENT FUTURE DEATHS \(judiciary.uk\)](https://www.judiciary.uk/wp-content/uploads/2021/06/REGULATION-30-ACTION-TO-PREVENT-FUTURE-DEATHS-2021-06-23.pdf)

<sup>5</sup> [Microsoft Word - Front Cover 2019 \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/~/media/RCPsych/2021/01/Microsoft-Word-Front-Cover-2019.pdf)

sustainability and growth in consultant psychiatrist posts is also needed. Additional posts must be fully funded through the training pathway.

Workforce constraints have an enormous impact on staff wellbeing. At present, members report high workloads, poor work-life balance, and pressures on continuing professional development (CPD). This means that older consultants are more likely to retire early due to work-related stress, which has been exacerbated by the pandemic.

Across the sector, there has been an increase in the number of doctors taking early retirement, with NHS figures showing that the numbers have tripled in the past decade. The Royal College of Psychiatrists 2021 workforce census shows a total of 193 consultants were reported to have retired in England in 2020/21, signalling a 49.6% increase from 2016/17.

There needs to be significant investment in retention and in Mental Health support for health and care staff, particularly after the strain put on them during the pandemic. This is needed both as a duty of care towards staff, and also to mitigate the impacts of mental health-related absence, which has consistently been the most reported reason for sickness absence.

NHS trusts should be supported to meet an annual 4% improvement target in retention of mental health staff.

## **Eating Disorders in Men**

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In 2021, the College recorded a podcast where Dr Jane Morris, vice Chair of the Royal College of Psychiatrists in Scotland, heard a young man discuss his binge eating disorder and reflect on his feelings of powerlessness, guilt and shame surrounding eating disorders. You can find a full transcript of the podcast here: [Binge Eating Disorder in Young Men and Anorexia During Pregnancy \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/news/2021/07/2021-07-20-Dr-Jane-Morris-vice-Chair-of-the-Royal-College-of-Psychiatrists-in-Scotland-heard-a-young-man-discuss-his-binge-eating-disorder-and-reflect-on-his-feelings-of-powerlessness-guilt-and-shame-surrounding-eating-disorders-193721).

The pandemic has had a major impact on Eating Disorders across the globe, regardless of the pandemic. Isolation, anxiety and negative social media messages around weight loss have also had an impact.

There has been a major increase in hospital admissions for Eating Disorders for young men and boys under 18 but also adult men under 40 who require treatment.

There is still much more stigma around Eating Disorders in men and is perceived as more a more acceptable illness for girls, than for boys. Psychiatrist are seeing more boys with Eating Disorders accessing treatment, but there is still a great deal of unmet need due to stigma.

Our recent [MEED guidance](#) had specific guidance on treatment for males, who may have eating disorders, including that males should be asked specifically about excess training and exercise and misuse of anabolic or androgenic steroids.

## **More information:**

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