

Written Evidence submitted by Beat

APPG on Coronavirus Impact of the Pandemic on Mental Health

- Demand for Beat's support services increased by 97.8% during March - August 2020 compared to the same period in 2019.
- Crisis calls to Beat's support services have been double our typical monthly average between April and July 2020. In August 2020 it was triple the monthly average.
- 28% of calls to Beat's Support Services during March - August 2020 were made from people seeking help for the first time.

About Beat

As the UK's eating disorder charity, Beat often serves as a first port of call on the journey to recovery, supporting both people with eating disorders and their families and friends through their Helpline and support groups. We raise awareness through our network of Ambassadors, as well as providing services such as training in schools, universities, and among healthcare professionals.

About Eating Disorders

An estimated 1.25 million people in the UK have an eating disorder¹. The most common age of onset is between 15 and 25 years old, during a developmentally sensitive time². Although prevalence is higher in young females, males constitute approximately one in four cases³ and recent research suggests that prevalence in middle aged and older people may be much higher than previously assumed^{4;5}.

Eating disorders are severe mental illnesses⁶. Anorexia nervosa has the highest mortality rate of any mental health condition, and the mortality rates of bulimia nervosa, binge eating disorder and other eating disorders are also high^{7;8}. People with eating disorders typically develop serious physical health problems through starvation, bingeing, purging or over-exercise. An eating disorder can often exacerbate symptoms associated with other mental health conditions including anxiety, depression and OCD⁹. In many cases participation in education or employment is significantly compromised or becomes impossible². Feelings of loneliness and isolation are common.

Obesity is not a mental health disorder, although many people with eating disorders are also living with obesity and various studies have shown that up to 30% of people seeking weight management services would meet the diagnostic criteria for binge eating disorder^{10;11;12;13;14}.

Overall quality of life in eating disorders has been estimated to be as low as in symptomatic coronary heart disease or severe depression².

1.0 What are the key issues faced by your organisation, and/or those suffering from mental health problems?

1.1 Significant Increased demand for Support Services

Demand for Beat's support services increased by 97.8% during March - August 2020 compared to the same period in 2019.

Between March and August 2019, 23,568 individuals contacted Beat’s support services. This increased to **46,625 between March and August 2020**, almost double the previous year.

Some of the key concerns from Beat’s service users related to the impact of food shortages and lack of availability of ‘safe foods’, reduced access to treatment and other forms of support, disruption to usual routines, increased anxiety (including more recently about lockdown lifting).

In some recently published research by Northumbria University on the impact of the pandemic on eating disorders, **9 out of 10 people** found that the pandemic had a profound negative effect on their eating disorder¹⁵.

Beat was able to issue guidance^{16;17;18;19} to help address some of the more common problems, however we recognise that for every person the difficulties and severity of difficulties vary depending on where they are in their eating disorder journey.

Crisis calls to Beat’s support services have been double our typical monthly average between April and July 2020. In August 2020 it was triple the monthly average.

There was significant concern regarding the number of calls made to Beat’s Support Services in a crisis, as these were significantly above average throughout lockdown and have remained so.

Month	Number of calls in crisis
January	32
February	36
March	31
April	83
May	66
June	66
July	77
August	105

28% of calls to Beat’s Support Services during March - August 2020 were made from people seeking help for the first time.

Beat is concerned that there is a significant increase in demand for treatment, with people highlighting that they are worried about relapsing and people who are experiencing eating disorder symptoms for the first time. Below are two case studies who contacted Beat following the launch of a new National Lottery funded support service. It is worth noting that on the day this service launched, it received 100 sign-ups. Other services were also very popular.

“5 years ago I received CBT from the NHS, and was on prozac. At that time I had suffered from bulimia since age 17. Recovery had been strong until lockdown. Since the end of March I have had relapse after relapse.”

“I’m not receiving treatment at the moment. My diagnosis is osfed and I’m on the waiting list for assessment in the outpatient ED service. I’ve been told the minimum waiting time for assessment is 6 months at the moment and I’ve been on the list for about 2 months now.”

1.2 Reduced Access to NHS Services

One of the major challenges faced by those surveyed by Northumbria University was a reduction in healthcare service provision or discrepancies in access to healthcare services. Some reported being prematurely discharged from inpatient units, having treatment suspended or continuing to stay on a waiting list for treatment, and receiving limited post-diagnostic support²⁰.

Beat notes that the NHS Long Term Plan includes an additional investment into mental health services of at least £2.3 billion a year by 2023/24. This includes investment in community-based adult eating disorder services.

Beat also notes that as part of a broader programme of work on community based mental health care for adults, NHS England is testing four-week waiting times for adult community mental health teams in selected areas, which includes eating disorder services.

The APPG should ask the Government to review the progress being made on the adult eating disorder service pilots.

The APPG should also ask the Government to consider, in light of the pandemic, increasing the funding allocated for adult community mental health services and introducing an Access and Waiting Time Standard for Adults with an Eating Disorder.

Beat also notes that the Government has invested £150 million to improve services for children and young people with eating disorders, which has led to 70 dedicated new or extended community services. Beat also notes that the first access and waiting time targets have been introduced so that by 2020/21 95% of children or young people with an eating disorder should receive treatment within one week for urgent cases and within four weeks for routine cases.

Statistics published by NHS England covering referrals and waiting times for children and young people with an eating disorder showed a 10% reduction in the number of patients starting treatment during Q1 2020/21 compared to Q1 of 2019/20. This deficit was particularly notable in the South West NHS region, with 30% fewer patients starting treatment than in Q1 of 2019/20²¹.

Unfortunately, corresponding data for Adult eating disorder services are not published.

Whilst no analysis has been completed, the decrease in referrals is a likely result from usual referral routes not being accessed, such as children and young people not being in school, limited face to face visits with GPs, families concerned about using NHS services due to concerns on getting Covid-19. Beat are concerned that once referral routes start being accessed again, services will not be able to cope with the demand.

One of the referral routes available to children and young people is self-referral. According to NHS England's Access and Waiting Time Standards for Children and Young People, community eating disorder services for children and young people should offer self-referral by March 2021²². Despite this, it is commonly unavailable to individuals seeking treatment for an eating disorder across the UK. A 2017 Beat investigation into self-referral across UK eating disorder services for children and young people found that 50 services (49.0%) stated that they accepted self-referral. A number of these

placed restrictions on who could self-refer, based on factors such as the individual's age or diagnosis. A follow-up investigation by Beat in January 2020 found that self-referral was accessible in only 33 services (33.7%) for children and young people, and nine services (11.4%) for adults. Self-referral for specialist assessment removes a significant barrier to accessing treatment and therefore steps should be taken to ensure that all children and young people's community eating disorder services in England are offering an accessible self-referral service by 2021.

The Government has not made it a requirement for eating disorder services to offer self-referral for adults, however one option would be for the voluntary sector to play a role in making these referrals. This is something which could be offered through Beat's Helpline.

There is also further outreach work required to reduce the time between someone falling ill with an eating disorder and seeking help. The sooner someone is able to access treatment for their eating disorder the better their chances are of making a full and sustained recovery and the lower the cost to the NHS²³. This is also an area which, with adequate support, the voluntary sector could play a role in supporting.

The APPG should call on the Government to ensure that all children and young people's community eating disorder services meet the deadline of March 2021 to introduce self-referral in an accessible way.

The APPG should call on the Government to invest additional resource into Children and Young People's eating disorder services, in light of the pandemic, to enable services to meet the expected increase in demand.

The APPG should consider recommending the commissioning of the voluntary sector to provide a referral route for adults with eating disorders.

1.3 Access to Medical Monitoring

Eating disorders are complex mental illnesses with often severe impacts on both physical and psychological health. As highlighted in a 2017 report by the Parliamentary Health Services Ombudsman (PHSO), failure to conduct regular medical monitoring of people with eating disorders can be fatal and before COVID-19 this was already a significant concern²⁴. Senior eating disorder clinicians in England have informed us that failure to provide adequate medical monitoring has become an even greater problem during the pandemic, with primary care and specialist eating disorder services in some areas refusing to visit patients at home or to see them in person at a clinic.

The APPG should call on NHS England to review how provision of medical monitoring for patients with eating disorders has been affected during the pandemic and work with Primary Care Networks, eating disorder services and others to ensure that a safe level of medical monitoring is provided in all areas.

1.4 Support in the community following discharge

Many inpatient eating disorder services in England are in serious need of capital investment to enable adherence to infection control procedures, including cohorting. In response to concerns about potential transmission of COVID-19 within inpatient eating disorder wards admissions were restricted to those deemed the most severely

ill and duration of admissions were shortened. Day patient services for people with eating disorders were closed.

A letter²⁵ sent by NHS England on 29 April 2020 set out ‘high priority actions’ for mental health services as part of ‘phase 2’ of the NHS response in England. This letter stated:

“For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient services and those who are shielding.”

On 21 August 2020 the Department of Health and Social Care announced £588 million to support the provision of care for patients discharged from hospital, as part of additional funding to prepare for winter and a potential second spike of COVID-19. The guidance that was published to accompany this funding announcement said: *“Mental Health inpatient services are not within scope for this guidance. Parallel guidance on managing demand and capacity across mental health, learning disability and autism services has been developed and should be consulted”* (p.3).

The Department for Health and Social Care must ensure that parity of esteem for mental health services is adhered to in the allocation of funding to prepare for winter pressures and a potential second spike of COVID-19.

1.5 Impact of the Government’s strategy on obesity

Beat recognises the importance of addressing the high levels of obesity amongst the UK population, however the APPG should note that in the week that the Government strategy on obesity was announced, contact with Beat’s Support Services specifically mentioning obesity or similar **increased by 165%**.

Beat has expressed concern over a number of elements of the strategy, which is designed to reduce one health crisis, but is potentially contributing to another health crisis as a consequence.

Beat has highlighted that elements such as the promotion of calorie counting on menus and crash diets, have limited impact on reducing obesity levels and are detrimental to people affected by eating disorders. For example, a Cochrane review found that there is only a small body of low-quality evidence supporting the idea that calorie counts on menus lead to a reduction in calories purchased.²⁶ Furthermore Haynos and Roberto found that when making hypothetical food choices, people with anorexia nervosa or bulimia nervosa ordered food with significantly fewer calories when the menu included a calorie count compared to when there was no calorie count stated, whereas people with binge eating disorder ordered food with significantly more calories when the information was provided²⁷.

Beat are aware that people with obesity are often encouraged to embark on strict, restrictive diets. If these are not supported within the context of a well-managed, holistic, weight-management programme, restrained eating is commonly associated with weight gain over time^{28;29} and binge eating.^{30 ;31}

Restrictive eating has also been found to trigger the onset of an eating disorder. One study found that eating disorders were up to 18-fold more prevalent among people following the most severe diets.³² This suggests that anti-obesity public health

campaigns that focus solely on encouraging restrictive eating are likely to be ineffective in reducing obesity, yet put people vulnerable to developing an eating disorder more at risk.

Beat are concerned that the current strategy is designed more with the notion that addressing population levels of obesity is down to individual choice, rather than a complex interaction between multiple factors, including mental health.

Beat is calling for a review of the Government’s Obesity strategy to ensure that eating disorder experts, including experts by experience are consulted on the proposals. Beat would welcome the APPG’s support calling for this review.

1.6 Financial Impact of the Pandemic

The Covid-19 pandemic has had a significant effect on Beat’s income generation activities. In an overall income budget of approximately £3 million we have had to remove close to £500,000 from our Community Fundraising income budget alone, with so many of our usual events (e.g. London Marathon) not taking place. Corporate Fundraising has taken a major hit, we are now going to do well to raise £100,000 from our most stalwart supporters rather than the £380,000 we’d been aiming for. Gifts from the general public (small gifts and philanthropy), despite our emergency public appeals, are still likely to come in at c. £100,000 lower than planned. We must expect some direct debit cancellations and whilst some of our most loyal major donors have looked to make extra gifts, it will be a very tough environment to bring in new major donors in 2020. Beat have had to remove c. £100k anticipated in new contracts with public sector bodies (e.g. health commissioners).

The APPG should note that Beat will need to source new income streams in order to meet the demand for our Support Services should the current rate continue.

2.0 What support has been provided by Government

2.1 Beat have benefited from statutory funding and were also successful in an application to the National Lottery Coronavirus Community Support Fund. These funds were all from the Government’s Emergency Funding package for the charity sector. A breakdown is detailed below.

Funder	Amount	Purpose
Department of Health and Social Care (direct)	£90,000	Expansion of helpline
Scottish Government (direct)	£42,963	Existing helpline for Scottish users
Welsh Government (direct)	£30,940	Expanded helpline for Wales
SCVO Wellbeing Fund (Scot. Gov.)	£12,515	Expanded helpline for Scotland
TOTAL from statutory	£176,418	

National Lottery (Coronavirus Community Support Fund with DCMS)	£451,000	Protect existing helpline, extend opening hours and add several new services
--	----------	--

3.0 What support is needed ahead of a potential second wave

3.1 The Covid-19 pandemic has had a significant effect on Beat's income generation activities. Beat welcomes the Government support provided during the previous lockdown period, however notes that it only goes some way to addressing the gaps in our traditional income sources. Without additional income, and especially if there is a second wave resulting in further restrictions to traditional fundraising activities, we will be unable to meet demand for our Support services in the future.

The APPG should consider calling for further emergency charity funding packages to ensure that the sector is able to continue to provide the many vital services it does.

3.2 Demand for Beat's Support Services has increased by 97.8% during the period of March -August 2020, compared with the same period in 2019. This has not showed signs of slowing down.

The APPG should consider calling for specific mental health funding packages, for charities and other voluntary organisations providing vital services.

3.3 Access to safe foods, difficulties with supermarket shopping and delivery slots were challenges faced by many throughout the pandemic. This was even more challenging for people affected by eating disorders.

The APPG should call on the Government to meet with supermarket bosses to review the lessons learned and ensure better planning is in place for a second wave.

The APPG should also recommend that an option to be added to the priority shopping slots is made available for people with an eating disorder (or carer of).

3.4 28% of calls to Beat's Support Services were made from people seeking help for the first time. Also during lockdown there was a worrying trend of people who were either prematurely discharged from services, who contacted Beat highlighting concerns that they were relapsing during lockdown and data showed that referrals to Children and Young People's eating disorder services were down.

Beat therefore expects a significant increase in referrals to both Children and Young People's services and adult eating disorder services in the coming months.

The APPG should call on the Government to ensure that eating disorder services are suitably funded to meet the demand.

3.5 Senior eating disorder clinicians have expressed concern about patient safety as a result of geographic variation in service provision and coordination of care during the pandemic, particularly around the maintenance of medical monitoring and

ensuring that patients receive sufficient support from their clinical team after discharge from inpatient treatment or the cessation of day-care. This echoes what Beat has heard from callers to our Helpline.

The APPG should recommend that NHS England review the extent of service provision and care coordination for people with eating disorders during the pandemic to ensure that minimum, safe standards of care are adhered to in all areas.

¹ Beat. (2018) *How many people have an eating disorder in the UK?* Available from: beateatingdisorders.org.uk/how-many-people-eating-disorder-uk.

² Schmidt, U., Adan, R., Böhm, I., Campbell, I.C., Dingemans, A., Ehrlich, S., Elzackers, I., Favaro, A., Giel, K., Harrison, A., Himmerich, H., Hoek, H.W., Herpetz-Dahlmann, B., Kas, M.J., Seitz, J., Smeets, P., Sternheim, L., Tenconi, E., van Elburg, A., van Furth, E. and Zipfel, S. (2016) Eating disorders: the big issue. *The Lancet Psychiatry*. Vol. 3(4), p.313-315. Available from: researchgate.net/publication/300368547_Eating_disorders_The_big_issue

³ Sweeting, H., Walker, L, MacLean, A., Patterson, C., Räisänen U. and Hunt, K. (2015) Prevalence of eating disorders in males: a review of rates reported in academic research and UK mass media. *International Journal of Mens Health*. Vol.14(2). Available from: ncbi.nlm.nih.gov/pmc/articles/PMC4538851 .

⁴ Micali, N., Martini, M.G., Thomas, J.J., Eddy, K.T., Kothari, R., Russell, E., Bulik, C.M. and Treasure, J. (2017) Lifetime and 12-month prevalence of eating disorders amongst women in midlife: a population-based study of diagnoses and risk factors. *BMC Medicine*. Vol.15(12). Available from: doi.org/10.1186/s12916-016-0766-4.

⁵ Conceição, E.M., F.V.S., Gomes, Vaz, A.R., Pinto-Bastos, A. and Machado, P.P.P. (2017) Prevalence of eating disorders and picking/ nibbling in elderly women. *International Journal of Eating Disorders*. Vol.50(7) p.793-800. Available from: doi.org/10.1002/eat.22700.

⁶ NHS England and NHS Improvement. (2019) *NHS Mental Health Implementation Plan 2019/20 - 2023/24*. Available from: longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf.

⁷ Arcelus J., Mitchell A.J., Wales J. and Nielsen S. (2011) Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. *Archives of General Psychiatry*. Vol. 68(7), p.724-31. Available from: jamanetwork.com/journals/jamapsychiatry/fullarticle/1107207.

⁸ Chesney, E., Goodwin, G.M., and Fazel, S. (2014) Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, Vol.13(2), p.153-160. <https://doi.org/10.1002/wps.20128>.

⁹ NHS England. (2015) *Access and Waiting Time Standard for Children and Young People with an Eating Disorder*. Available from: <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>.

¹⁰ Spitzer RL, Devlin M, Walsh, BT, Hasin D, Wing R, Marcus M, Stunkard A, Wadden T, Yanovski S, Agras S, Mitchell J, Nonas C. Binge eating disorder: A multisite field trial of the diagnostic criteria Binge eating disorder. *International Journal of Eating Disorders*. 1992;11 (3):191-203.

¹¹ Marek RJ, Ben-Porath YS, Ashton K, Heinberg LJ. Impact of using DSM-5 criteria for diagnosing binge eating disorder in bariatric surgery candidates: change in prevalence rate, demographic characteristics, and scores on the Minnesota Multiphasic Personality Inventory--2 restructured form (MMPI-2-RF). *International Journal of Eating Disorders*. 2014;47 (5):553-7.

¹² Mitchell JE, King WC, Courcoulas A, Dakin G, Elder K, Engel S, Flum D, Kalarchian M, Khandelwal S, Pender J, Pories W, Wolfe B. Eating behavior and eating disorders in adults before bariatric surgery. *The International journal of eating disorders*. 2015;48 (2):215-222.

¹³ Cella S, Fei L, D'Amico R, Giardiello C, Allaria A, Cotrufo P. Binge Eating Disorder and Related Features in Bariatric Surgery Candidates. *Open Med (Wars)*. 2019;7 (14):407-415.

¹⁴ Tess H, Maximiano-Ferreira L, Pajcecki D, Want Y-P. Bariatric surgery and binge eating disorders: should surgeons care about it? A literature review of prevalence and assessment tools. *Arquivos de Gastroenterologia*. 2019;56 (1):55-60.

-
- ¹⁵ Branley-Bell D, Talbot CV. Exploring the impact of the COVID-19 pandemic and UK lockdown on individuals with experience of eating disorders. *J Eat Disord* 8, 44 (2020).
- ¹⁶ <https://www.beateatingdisorders.org.uk/coronavirus/supporting-someone>
- ¹⁷ <https://www.beateatingdisorders.org.uk/coronavirus/food-exercise-shopping>
- ¹⁸ <https://www.beateatingdisorders.org.uk/blast-advice>
- ¹⁹ <https://www.beateatingdisorders.org.uk/coronavirus/recovery-and-setbacks>
- ²⁰ Ibid
- ²¹ NHS England (2020) *Children and Young People with an Eating Disorder Waiting Times (CYP ED)*. Available at: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/children-and-young-people-s-health-services-data-set/children-and-young-people-with-an-eating-disorder-waiting-times-cyp-ed>.
- ²² NHS England. Access and Waiting Time Standard for Children and Young People with an Eating Disorder: Commissioning Guide [Internet]. 2015. Available from: <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>
- ²³ Beat (2017) Delaying for years, denied for months: The health, emotional and financial impact on sufferers, families and the NHS of delaying treatment for eating disorders in England. Available at: <https://www.beateatingdisorders.org.uk/uploads/documents/2017/11/delaying-for-years-denied-for-months.pdf>
- ²⁴ PHSO (2017) *Ignoring the alarms: How NHS eating disorder services are failing patients*. Available at: <https://www.ombudsman.org.uk/sites/default/files/page/ACCESSIBLE%20PDF%20-%20Anorexia%20Report.pdf>.
- ²⁵ NHS England (2020) *Second phase of NHS response to COVID19* [Letter]. Available at: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-Covid-19-letter-to-chief-execs-29-april-2020.pdf>.
- ²⁶ Crockett RA, King SE, Marteau TM, Prevost AT, Bignardi G, Roberts NW, et al. Nutritional labelling for healthier food or non-alcoholic drink purchasing and consumption. *Cochrane Database Syst Rev*. 2018;(2).
- ²⁷ Haynos AF, Roberto CA. The effects of restaurant menu calorie labeling on hypothetical meal choices of females with disordered eating. *Int J Eat Disord*. 2017;50(3):275-83.
- ²⁸ Hunger JM, Smith JP, Tomiyama AJ. An Evidence-Based Rationale for Adopting Weight-Inclusive Health Policy. *Soc Issues Policy Rev*. 2020;14(1):73-107.
- ²⁹ de Witt Huberts JC, Evers C, de Ridder DTD. Double trouble: restrained eaters do not eat less and feel worse. *Psychol Health*. 2013;28(6):686-700.
- ³⁰ Stice E, Davis K, Miller NP, Marti CN. Fasting increases risk for onset of binge eating and bulimic pathology: a 5-year prospective study. *J Abnorm Psychol*. 2008;117(4):941.
- ³¹ West CE, Goldschmidt AB, Mason SM, Neumark-Sztainer D. Differences in risk factors for binge eating by socio-economic status in a community-based sample of adolescents: Findings from Project EAT. *Int J Eat Disord*. 2019;52(6):659-68.
- ³² Patton GC, Selzer R, Coffey C, Carlin JB, Wolfe R. Onset of adolescent eating disorders: population based cohort study over 3 years. *BMJ*. 1999;318(7186):765-8.