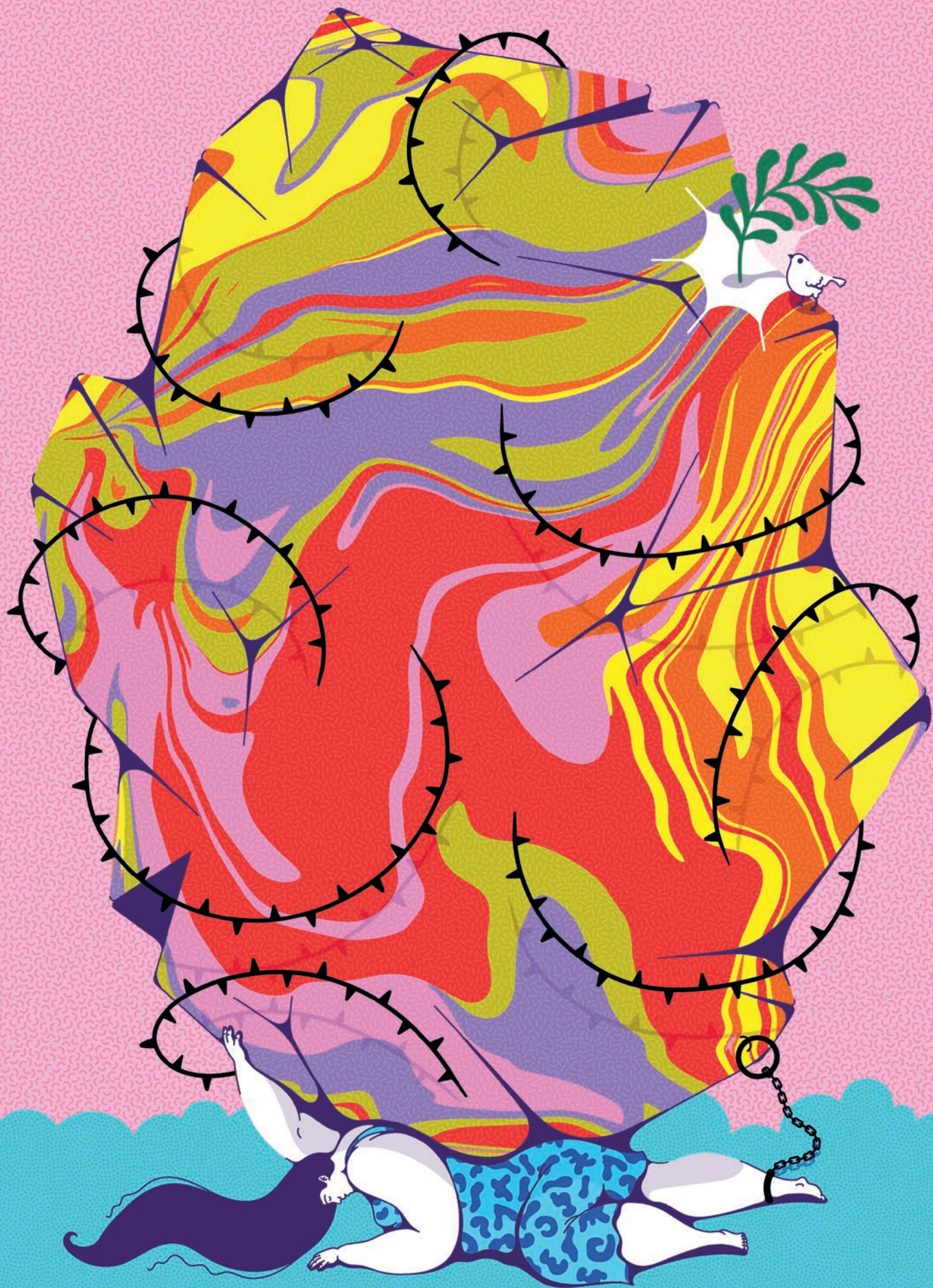


# On the front line of the eating disorder epidemic

Hospital admissions for eating disorders have shot up in the past five years. Why? And what is being done about it? We meet the people battling a crisis

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**T**o those who aren't in the know, it looks like any other office: tiles of commercial grey carpet, blue swivel chairs and stern black screens fill the space. Faux potted plants punctuate the otherwise stark white walls and an array of balloons in a rainbow of colours are strewn across the floor, remnants from a recent birthday celebration. At the pine-coloured desks, rows of employees sit with their headsets on, each embroiled in their conversation. So far, so unremarkable.

But listen closely to the words being spoken and you'll soon learn, as I do on this grey afternoon, that this is no ordinary workplace. One of the employees says, 'I understand how frustrating it must be to keep reaching out and not feel like you're getting the help you need.' Another one says, 'Please know that you're deserving of support,' and then, simply, 'I hear you.' They're speaking to people they've never met – and never will – but their words are life-changing, and sometimes, they can even be life-saving.

**I'm sitting in on an afternoon** shift at the Warrington offices of Beat – the UK's leading charity for those affected by eating disorders – shadowing a team of helpline advisers. This team – a mix of volunteers and employees – are on the front line of a developing crisis: hospital admissions for eating disorders have increased by 84% in the past five years. In the year before the pandemic, this team provided nearly 40,000 'support sessions' (from helpline calls to online support groups and web chats) but in the first year of Covid that number shot up to 100,000, and in the year to March 2022, rose again to 127,000. The helpline is open to anyone who is affected by eating disorders, from those suffering, to partners, family, teachers and friends. Eating disorders are serious mental health conditions and include anorexia nervosa,

bulimia nervosa, binge eating disorder and avoidant restrictive food intake disorder (a condition characterised by restricting intake of food, or avoiding certain types of food, or both).

In my few hours at the helpline, the callers range from a mother concerned about her daughter, a woman who works in a children's care home and needs to quickly understand why one child has developed a disordered eating pattern, and another caller who reports a low BMI. Through these snapshots, I'm hoping to understand why eating disorders are increasing so sharply – and if anything can be done to halt it.

'The rise has been massive – it's been crazy,' says Mia Jackson, 23, who started at Beat in January 2022 and is now a senior helpline adviser. She tells me she's regularly

## 'It felt like my brain was split in two: me and the eating disorder. Slowly, it shut me down'

speaking to people who are suicidal – and in moments like that she calls on Beat's crisis team for help. 'More and more people seem to be struggling to get support,' she says. The interface on her screen flashes red – another caller is waiting.

### Hiding in plain sight

As I sit in a busy train station cafe, I ponder the public perception of eating disorders. We think we know what they look like – popular culture has always depicted them through the lens of thinness, and, as such, we think we'll be able to 'spot' if a loved one was unwell. But, while restrictive eating disorders are common (and also often not as visible as we might expect) the most prevalent is binge eating disorder (BED). Few people have heard about BED, but it accounts for 22% of eating disorder cases in the UK (anorexia is 8% – though it has

the highest mortality rate of any psychiatric disease – while bulimia makes up 19% of cases). It's characterised by compulsive behaviour that often happens in secret; so little is known about it that even those in the midst of it label themselves as 'greedy' or 'lacking in control'. It's this condition that stole 10 years of Lucy Wellman's life.

Now 22, Lucy bounds up to my table in acid green and pink trainers, carrying an Adidas tote and thumbing a silver pendant that hangs from her neck. A beaded choker spells the word 'smile'. But Lucy was once a frequent voice behind one of the flashing red lights on a Beat adviser's screen. She can't put a precise number on how many times they gave her a listening ear during a dark night. 'Ten?' she guesses. She began bingeing at 11, usually on carbs, but, she says, it wasn't about eating foods she liked

but about finding a release from feelings of anxiety and distress.

During binges, she'd be in a frenzy, but afterwards, she'd struggle to remember it – until she looked down, saw all of the wrappers and was wracked by guilt. She describes bingeing as a form of self-harm and at her worst was doing it twice a day. 'It felt like my brain was split in two: on one side there was me, on the other the eating disorder,' she says. 'Slowly, it shut me down.'

Eventually, when she was 16, her parents discovered a pile of wrappers and took her to the doctor. Neither Lucy nor her parents knew she was living with an eating disorder, even though BED carries physical health risks – it increases the chance of heart issues and type 2 diabetes – as well as mental health risks. Thankfully, she was met by a sympathetic GP with knowledge of eating disorders (not always the case,

as I've heard from others) and referred to CAMHS (children and adolescent mental health services) where she was finally diagnosed with BED. There were some doctors, though, who told her to lose weight – something that should never be said but, as Beat tells me, is common. Her anxiety and depression worsened, and in 2019, she attempted suicide. Following that, she was put on a two-year waiting list for NHS therapy.

When lockdown first hit, she says, being 'physically boxed in, as well as boxed in by the eating disorder' was hard. A lack of privacy meant that she binged less, but she felt 'angry' and 'constantly on edge'. Beat was always at the other end of the phone, though. 'They were amazing,' Lucy says. 'I'd usually call after a binge, when I didn't know who else to turn to. The advisers didn't judge me, and made me feel safe.'

The real breakthrough came when her therapy referral finally came through in 2021. She'd tried cognitive behavioural therapy (CBT) – the leading outpatient treatment for eating disorders – before but found it to be too much for her. The new therapist tried a gentler approach called dialectical behavioural therapy. She journalled, wrote letters to herself. 'I called myself disgusting, ugly, fantasised about cutting my stomach off,' she says.

Later, the therapist made her read the letter back, and Lucy was horrified at how harsh she was to herself. 'She heard me, validated everything I felt. She changed my life.' Lucy has now been recovered for 18 months but says she's still 'livid' that the misunderstanding about BED and waiting list times meant she suffered for so long.

### The bigger picture

When Una Foye, 34, cooked dinner for her partner, she felt helpless. She didn't know how to get him to eat. Sometimes, the frustration would boil over and she'd end up shouting at him to 'just eat the fucking chips'. Dave Chawner\*, also 34, developed



\*DAVE CHAWNER IS THE FOUNDER OF COMEDY FOR COPING, WHICH TEACHES STAND-UP COMEDY TO PEOPLE WITH EXPERIENCE OF MENTAL HEALTH ISSUES (COMEDYFORCOPING.COM)

an eating disorder as a teen and noticed some of his old behaviours re-emerging during the pandemic. It was a 'perfect storm' – Dave's work dried up, his father died of Covid and food was everywhere. 'The kitchen and living room in our flat were one space,' he says, 'so food was inescapable.'

Dave fell back into counting calories and monitoring exercise and got stuck in a vicious cycle of restrictive eating. Though things didn't become as bad as they had in his teens – largely, as Una believes, because she was there – the impact on her was dramatic. 'I was trying to problem-solve, but I couldn't,' she says. 'My anxiety

was sky-high; we were always angry. I'd run a bath to get half an hour on my own, then feel bad because he was struggling. The stress meant we argued a lot. Mostly, I felt desperately sad, like a failure; I couldn't do anything to change it.' Luckily, they made it through. Both sitting before me on Zoom, they squeeze each other's hand when a particularly difficult memory arises.

Because here's the thing – eating disorders not only destroy the life of the sufferer, they hurt the people who love them, too. And the anxiety and guilt that this causes the sufferer means it soon becomes a vicious circle. Lucy says her mum spent many years feeling 'terrified'.

The impact on loved ones can be so horrendous that Beat runs a course specifically for family and friends, as well as POD, a resource for peer support and online development. If you think a loved one is suffering, it can be difficult to raise the subject for fear of saying the wrong thing and offending them, but Beat says that eating disorders thrive on secrecy. 'Countless people in recovery agree that breaking the silence is the right thing to do,' says Tom Quinn, Beat's director of external affairs. In fact, he advises choosing a time where neither of you is angry or upset and avoiding mealtimes, and even if they get defensive, try not to get agitated. 'Reassure them you'll be there when they're ready and if they acknowledge they need help, encourage them to seek it quickly. Offer to go with them to the GP if they would find that helpful,' Quinn says.

### The path forwards

Every doctor, psychologist, helpline adviser, safeguarding expert, CEO, campaigner and sufferer who I spoke to for this piece mentioned the impact of the pandemic, but most feel as though it exacerbated the steep rise in eating disorders, rather than caused it. 'We had a problem five,

10 years before the pandemic,' Sharon White, CEO of the School and Public Health Nurses Association (SAPHNA), says. There's no denying the pandemic had a terrible impact, but we can't turn back the clock.

Just as there is no single cause, there is no single solution to the eating disorder epidemic. But there's one issue that comes up repeatedly: funding. Every organisation expresses deep concern, but it's heartening to know there are developments taking place, and people are fighting to make a difference. Getting help to the people who need it is key, and, as White says, school nurses have a pivotal role to play. And to help them do just that, SAPHNA launched a toolkit last October, packed with the information and resources they may need to spot – and treat – young adults who suffer with eating disorders as soon as possible. Developed with the eating disorder campaigner Hope Virgo, who is herself in recovery from anorexia, the toolkit is already having an impact: one teenager was admitted to hospital as an inpatient for an eating disorder after his school nurse used it to secure potentially life-saving treatment. Had a nurse spotted the signs of BED when Lucy was at school, she could have taken action, giving Lucy an outlet for her distress and signposting her to find help sooner.

As I continue reporting, the importance of early intervention comes up time and time again. Karina Allen is the principal psychologist at Freed, which is an early intervention pathway for 16- to 25-year-olds who have had an eating disorder for up to three years. Established in 2014, it now operates across 42 eating disorder NHS services around England. 'Having an eating disorder at this stage can have long-term implications,' Dr Allen tells me. 'But evidence shows if we intervene early, we can reduce the duration of the eating



disorder, and increase the chances of full recovery,' she adds. On average, you can see that where Freed is introduced, the duration of the patient's untreated eating disorder is reduced by six months.

However, the care that Freed offers to patients doesn't replace existing treatments for eating disorders, such as CBT. Instead, it tends to additional elements especially relevant to young people: how family and friends can support them, how to manage transitions away from home and into work and university, and, yes, navigating social media. Although eating disorders are too complex to be attributed to just one thing – for example, genetics can play a role –

their prevalence has coincided with the rise of social media sites. 'The pressure it puts on young people played a massive role in my eating disorder,' Lucy tells me. 'My binge episodes were often triggered by scrolling and seeing a "What I Eat In A Day" video, which contained nowhere near enough food,' she adds. 'I followed people with tiny waists and big boobs, and seeing their pictures would send me into a binge frenzy.' Last December, the Center for Countering Digital Hate found that TikTok's 'For You' algorithm served posts on disordered eating material to a user within eight minutes of them expressing interest in related content.

These days, for their part, platforms are trying to tackle the rapid spread of harmful content. Type 'thinspo' on TikTok or Instagram, and rather than seeing a slew of related photos and videos pop up on your screen, you'll find a link to Beat's helpline and further advice. So I reach out to TikTok to learn more about its strategy. Ryn Linthicum, TikTok's global issue policy lead for mental health, offers this, 'Content depicting, promoting, normalising or glorifying disordered eating is not allowed on TikTok and will be removed if found to violate our community guidelines.' But part of the issue is that this area is incredibly nuanced: an amount of food on a plate might look like a 'normal' portion to one person but trigger someone else. Not to mention that users keep inventing new terms to evade the safeguards.

But terms explicitly referencing eating disorders are only a fraction of the problem. The truth is, social media has fuelled our appearance-obsessed culture, and there's no guideline in the world that can stop you comparing how you look with images of other people. 'People use alteration tools and filters, meaning we don't realise what we're comparing ourselves to isn't even

real,' says Lucy. That being said, social media can also be home to an incredibly supportive recovery community, a fact that both Lucy and Dr Allen acknowledge. 'Social media now helps me,' says Lucy, 'but I'm careful about who I follow and use it in a more conscious way.'

### A different approach

The room's exposed brick walls are painted in a calming cream. Pink flowers drape from a shelf, while piano music tinkles soothingly in the background. In the centre of this serene scene, sipping water from a Harry Styles mug, sits Cath Perry, a CBT therapist at Freed and its resident yoga teacher. She sports gold hoops, a red lip and seriously impressive winged eyeliner. 'Hey, it's lovely to see you!' she says, as more people join the class. We're not in a

"Is there a kinder way I can speak to myself in this moment?"

We continue like this, softly stretching towards the sky, sitting with our legs in front of us with zero pressure to touch our toes. It feels... freeing. At the end of the class, we wiggle our fingers and toes, becoming aware of our surroundings again. 'It's about developing awareness. Because when we have awareness to what is happening within us,' explains Cath, 'we develop our capacity to choose a different response.' Heart emojis fly across my laptop screen. 'I really needed something to help support me tonight, and this helped,' reads one participant's grateful comment.

Yoga doesn't appear in the official NICE (National Institute for Health and Care Excellence) guidelines for eating disorder treatment. But, Dr Allen says, it might be

## 'People use filters – we don't realise what we're comparing ourselves to isn't real'

hip yoga studio but are joining remotely via Instagram Live on the @freedfromed account – another example of how, when used well, social media *can* be a force for good. The class is called 'yoga to help with self-critical thoughts' and is designed to weave yogic practices with therapeutic techniques. As we sit, waiting for the class to begin, I can feel the energy of all the avatars around the country joining, too. It's certainly powerful stuff.

A few minutes in, Cath instructs us to sit in a cross-legged position and hinge ourselves forwards at the hips. 'Some of your foreheads might meet the ground,' she says. 'Mine is nowhere near, but if you felt a self-critical thought then, like, "Why doesn't my forehead touch the ground?", notice it.' She gestures pulling the critical thought from her mind with her fingertips and disposing of it in an invisible bin. 'Think,

one way of offering support while people are waiting for care. In fact, the results have been so heartening that Freed is about to embark on an evaluation of yoga being part of a package of treatment. Besides, as a complementary therapy, it's tame when compared with the psychedelic treatments that are currently being offered in private clinics across the US. Already used there to tackle a range of mental health issues including treatment-resistant depression, ketamine has been shown in studies to have powerful effects on patients who are suffering with eating disorders.

One such clinic is Numinus, where chief clinical officer Reid Robison administers it in controlled clinical settings, usually through intra-muscular injection, IV infusion or nasal spray. He describes the ability of the drug to 'create a brain state that is more amenable to receiving more

traditional therapeutic interventions' as helping patients get 'unstuck'. By way of example, he tells me about a patient who had lived with anorexia for years. During her first treatment at the clinic, she reported feeling reconnected with her body and in the days after, noticed hunger and fullness cues for the first time she could remember. Dr Robison feels it 'set her on the road to recovery'. Other psychedelics – including psilocybin (the active ingredient in magic mushrooms) and MDMA – are also being researched as effective eating disorder treatments and work in a similar way. But while Dr Robison feels in the US there's 'enough data to suggest [these could be] a promising new treatment tool', there haven't been large-scale controlled studies – here or there – on the use of either drug for eating disorders specifically. It's also

important to reiterate that these are medicinal substances, administered in controlled doses by doctors. In the UK, ketamine is used to treat depression at some private clinics but, outside of these scenarios, the street versions of these drugs are illegal and could have an unhelpful, or even dangerous, impact. These are Class A and Class B substances, carrying penalties such as potential fines and jail time.

**From my month spent speaking** to those at the forefront of this crisis, it's clear that there's no one, single approach that'll halt the terrifying numbers. Eating disorders are complex, individual and, often, nothing like you'd expect, and need to be treated as such. Newer developments may feel not nearly fast enough, and funding is dire, but no matter how difficult it feels, so many passionate and dedicated professionals are fighting to improve the statistics. And we can all take solace in knowing there's always someone at the end of a phone who cares, *who really cares*. ♦

IF YOU'RE IN NEED OF SUPPORT FOR AN EATING DISORDER, CONTACT YOUR GP OR THE BEAT HELPLINE (OPEN FROM 9AM-MIDNIGHT DURING THE WEEK AND FROM 4PM-MIDNIGHT ON WEEKENDS AND BANK HOLIDAYS, 365 DAYS A YEAR). IF YOUR LIFE IS AT IMMINENT RISK, PLEASE CALL 999. FOR MORE INFORMATION, VISIT BEATEATINGDISORDERS.ORG.UK