Talking Changes Lives

Student Eating Disorder Fact Sheet

Eating disorders are psychological problems that have a substantial impact upon quality of life.

"Emotional disturbance is common, chiefly comprising anxiety and mood symptoms. With time, emotional difficulties usually increase along with a range of physical and social difficulties, including becoming unable to care for oneself adequately, reducing or stopping leisure activities, interrupting educational goals and losing personal autonomy. These affect a person's quality of life and increase the reliance on and the importance of the eating disorder." [1]

Prevalence of eating disorders

* One in ten people in the UK will experience partial or full symptoms of Anorexia Nervosa, Bulimia Nervosa or Binge Eating Disorder at some point in their lifetime [2].

* EDNOS (Eating Disorder not otherwise specified) is the most common form of eating disorder encountered by health care professionals in routine clinical practice [3], and is a particularly common diagnosis when treating adolescents who often do not report one or more of the clinical features of BN or AN [4].

* Incidence rates for anorexia nervosa are highest for females in the 15 – 19 age group. This age group constitutes approximately 40% of all identified cases. [5] Incidence rates represent the situation at the moment of detection, as such a high incident rate among the 15 – 19 age group implies that a considerable proportion of individuals with anorexia nervosa will be in their late teens and early twenties.

* The incident rate for Bulimia Nervosa is highest for 20 to 24 year olds [6, 7].

* Eating Disorders tend to have a chronic course with less than 50% of individuals making a full recovery. This makes it vital to intervene and provide support as early as possible [8].

Student Issues

"Over the past decade, the demographics of the student population have undergone many changes that are of relevance to the provision of mental healthcare. The numbers of young people in higher education have expanded and they have become more socially and culturally diverse. There have been increasing numbers of students drawn from backgrounds with historically low rates of participation in higher education and growing numbers of international students. Social changes such as the withdrawal of financial support, higher rates of family breakdown and, more recently, economic recession are all having an impact on the well-being of students and other young people."

The Royal College of Psychiatrists

Young adults between the ages of 18 and 25 are at high risk of developing serious mental illnesses. Mental health problems occur along a continuum, and the symptoms of serious mental health problems (including worry, high stress, low self-esteem and disrupted sleep) are aspects of poor mental health that any student may experience. If tackled early, for instance, when low self-esteem is simply low self-esteem, and not a symptom of a schizophrenic episode, there is an opportunity to preventing the development of more severe mental health problems.

- Around one quarter of all students are experiencing worrying levels of psychological distress [9-14].

- A study looking at students in their second year of university, found that those experiencing depression in the middle of the academic year, did significantly worse in their exams at the end of the second year than students without mental health problems. On average students without mental health problems achieved a low 2:1, while students with experience of depression achieved a 2:2. [15]

- Mental health problems are also associated with increased risk of acute infections illness [16], increased self-harming behaviours [17], suicidal ideation [18], suicide [19], and withdrawal from college [20].

Providing support for students

- Student service managers, counsellors and mental health advisors report increasing numbers of clients and an increase in the severity of the problems that trouble them [21].

- Students often experience difficulty accessing NHS services. Primary health care services are sometimes not organised to meet the mental health needs of students. "There may be a lack of coordination between home and college GPs with failures of communication compounding the student's difficulties." [22]

- Access to the secondary mental health services, acknowledged usually to be necessary in the treatment of AN [1], can be even more difficult. [22] In some cases, the student's psychiatric disorder might not be perceived as severe enough to achieve the prescribed threshold for access to the local mental health service. This is an enormous setback for a population ambivalent about acknowledging their problems or requesting help.

- Once a referral is accepted there is often a further delay; long waiting periods for access to specialised NHS psychological treatment services are a particular problem. [22]
  - The NICE (2004) guidelines acknowledge that, "The time-lag between raising the issue, getting a diagnosis and accessing treatment can leave the person with an eating disorder feeling 'let-down' or rejected and compound feelings of unworthiness after having found the courage to speak out. Any delay also provides the opportunity for 'ambivalence' to creep back in again – the person may then ask: 'Do I really want this treatment anyway?'" [1]

- There are concerns that, due to problems accessing specialist services, University Counselling services are under pressure to provide students with support that would normally be expected to be provided by the NHS [23]. NHS provision is very limited and services are not usually adapted to the timescale of student life [23-25].

- Studies from the USA and Australia suggest that less than 25% of students experiencing psychological distress receive counselling [26, 27].

- A recent report published by NUS Scotland revealed that less than 20% of students would consider approaching university counselling services when they suffered from stress [28].

- Barriers preventing students from seeking support from formal services include lack of time, privacy concerns and being unaware of service [29-31].

National Issues

"Whereas eating disorders are rare in the general population, they are relatively common among adolescent girls and young women. Unfortunately, only a minority of the people who meet stringent diagnostic criteria for eating disorders receive mental health care. This means that the majority of persons with a severe eating disorder lack adequate treatment." [5]

- Eating disorders are estimated to cost the NHS £1.26bn a year in England alone [32].

- One if five services on average take over 2 months to arrange an initial assessment for specialist eating disorder support [2].

- One in ten services have an average waiting time of over two months between initial assessment and treatment for eating disorders [2].

- Only 15% of respondents to the 2008 Eating Disorders Association "Choice or Chance" survey felt that their GP understood eating disorders and how to help.

- 42% felt that early intervention by GP's for eating disorders is unsatisfactory (2005, Eating Disorders Association Survey, "Getting Better").

- GPs are routinely failing to provide patients with an eating disorder with information about their illness [33].

Benefits of Structured Peer Support for Eating disorders

The NICE (2004) guidelines suggest that "Informal supportive social relationships outside the treatment setting... have been identified as important in recovery." The social toll of eating disorders is indicated to be as "disruptive to healthy psychological development as the biological toll is to physical development." [34]

- Positive social adjustment and close social relationships are identified to increase the likelihood of recovery. [35]

- We know that when facing mental health problems, students are most likely to turn to their peers for support [36, 37].

- Friends are already acknowledged as having a vital role to play in supporting students with mental health problems [23].

Most of the service providers interviewed as part of a study into a City-Wide Approach to working with students with mental health needs, identified that individuals experiencing mental distress were affected by social issues and needs which could not be met within treatment services [23]. The study recommended that the establishment of services promoting informal social and peer support could be beneficial to students experiencing a wide range of mental distress.

- Surveys of self-help groups suggest that they are regarded by the majority of attendees as helpful, being positively associated with social involvement and supportive sharing [1]:
  - "Given that self-help groups do quite well on very or fairly helpful ratings, the fact that self-help group users tend to use other professional services, and the finding that supportive social relationships outside formal treatment settings are associated with recovery, it seems more could be possible in terms of integrated working between statutory and voluntary services / agencies."

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