

**WHO ARE WE?** A voice, a listening ear, a support for those affected by eating disorders and their families.

**WHAT DO WE DO?** Provide support, raise awareness, challenge discrimination and stigma, champion that people access the care that they need and deserve as quickly as possible.

**WHAT DO WE WANT TO ACHIEVE?** Our aim is that those affected with an eating disorder and their families know that they are not alone and that they will have their needs met through early access to the appropriate specialised treatment services that they need and deserve.

**WE ARE** A beacon of hope for recovery and freedom from eating disorders.

#### OUR SERVICES

- Drop-in Service
- Early Intervention/Prevention Programmes for Schools
- Email Support Service
- 24 Hour Helpline Support
- Monthly Face to Face Support Groups (for those living with an eating disorder and for their family and friends)
- Online Support Groups
- 1-1 Support

#### Eating Disorders Association (N.I.)

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# CALL FOR ACTION

## Eating Disorders Do Not Wait



Eating Disorders Association  
2020 Manifesto

# We call on the N.I. Assembly to urgently put in place the following crucial demands:

## Our Government should:

### 1. Ensure early identification and intervention for eating disorders.

Early and appropriate intervention was one of the key recommendations of the Regulation & Quality Improvement Authority (RQIA 2015). This recommendation has never been implemented. These delays incur significant costs to the health service and ultimately immense harm to the patient.

**The Government must provide sufficient and consistent funding to the specialist eating disorder teams to ensure that these specialist services are available to all who need them. Commissioners must include this as a requirement in care pathways.**

### 2. Allow for the provision of intensive treatment programmes.

When a person is not responding to traditional out-patient treatment, adequate and more intense support must be put in place to alleviate the person's distress and difficulties and to avoid a hospital admission. Research has illustrated that intense day-patient programmes which include meal support, can be just as effective as in-patient care. This intense day-patient care has also been proven to be much more cost effective. If the patient is not responding to intensive outpatient care then appropriate in-patient care with trained clinicians should be available in each of our five health trusts.

**The Government must recognise that the present capacity of our four specialist teams is completely inadequate to deal with the growing demand (there has been a 90% increase in incidence rates of eating disorders in the past seven years). Funding must be urgently made available to enable the enhancement of each of the specialist teams and hospitals.**

### 3. Provide adequate peer and family support service provision.

The benefits of peer support are well evidenced in research. It is recognised that those with direct lived experience can play a valuable role in supporting those who are struggling. This was recognised in the RQIA (2015) review of eating disorder services.

**The Government must provide the necessary funding to the community and voluntary sector to enable adequate peer and family support.**

### 4. Ensure eating disorders are a mandatory element for medical students.

According to recent research by BEAT, trainee doctors receive an average of 1.8 hours training on eating disorders. With eating disorders now recognised as the fastest growing mental health issue amongst young people, and as our G.P.s are the gatekeepers to specialist services, this lack of training cannot be allowed to continue.

**The Government must ensure that all trainee doctors leave medical school with at least the basic knowledge and skills in the identification and safe management of eating disorder patients. Appropriate referrals of patients with eating disorders is essential.**

### 5. Promote awareness and understanding that eating disorders affects males, females and all genders.

Eating disorders do not discriminate along any lines. The misconception that eating disorders only affect young females increases stigma and creates a further barrier to men reaching out for help.

**The Government must seek to raise awareness and understanding of eating disorders through their public health campaigns.**

### 6. Ensure educational curricula from the age of 9 years to address promoting positive body image and building positive self-esteem.

It is recognised that younger children are developing eating disorders. Eating Disorders Association currently provide early intervention, prevention and awareness workshops to secondary school age children from age eleven onwards. These workshops concentrate on improving self-esteem and creating a positive body image.

**The Government must provide adequate funding to allow for the extension and development of an age appropriate programme for primary seven children.**

