



(Kids helpline, 2021)

The Affect that Eating Disorder's have on Young People's mental health.

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22nd February 2021



(Sheffield students union, 2020)

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1. Summary

An eating disorder can stem off many branches which can mean many things, not just the typical stigma painted about eating disorders such as someone being “too skinny”, being a fussy eater or starving themselves, an eating disorder is when someone has a negative relationship with food taking over their whole life which can lead to them being very unwell. There are a few eating disorders that many people may experience this will be explored during this report. Anyone can struggle with their eating behaviours and develop an eating disorder, however, it is stated by the NHS “Men and women of any age can get an eating disorder, but they most commonly affect young women aged 13 to 17 years old.” (NHS 2018). This report will explore how eating disorders especially binge eating and bulimia affect young adults female and male, it will explore the current issues surrounding this disorder for young people and look into the rates of how many young people suffer from an eating disorder in 2020 compared to 2009.

Eating disorders have been proven to have a low success of people recovering compared to other mental health disorders and has been stated by Trepal that “Eating disorders are complex and are often difficult to treat”. (Trepal, Boie and Kress, 2012). This report will identify the best support available for these individuals who are experiencing difficulties with their relationship with food, exploring what options are best for them and exploring the types of support and counselling that best supports young people with an eating disorder, it has been shown that group work has been quite effective.

2. Introduction

This report will explore eating disorders in young adults, the causes of this disorder and identifying what treatment is available for young adults who may be suffering from this disorder, it has been stated by Trepal “Approximately half of all clients with anorexia and bulimia recover” (Trepal, Boie and Kress, 2012), this is quite a low recovery rate, even though it says “recovered” it doesn’t mean fully recovered, this will be looked at to why it is such a low recovery rate compared to other mental health disorders. In particular, this report will look mostly into binge eating disorder and bulimia Nervosa in young adults. Moving forward as well as addressing the recovery rate it will be addressing the types of therapy and support available for these young people, becoming more aware of the historical view, cultural and social views on eating disorders and reflecting on the impact that social media now has on young peoples body image, in drawing things to a close it will look into the ethical considerations to what may affect young peoples relationship with food and the view of themselves.

3. Background of eating disorders

To begin to look at the different branches spurring from what an eating disorder is, an eating disorder is when someone has an unhealthy relationship with food either eating too much, not enough, skipping meals, showing controlling behaviour over their food and becoming obsessed with their body image, there are a few different types of eating disorders, below will include the most common ones people experience, which include:

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder

- OSFED (Other specified feeding or eating disorder)

From these four main eating disorders, this report is going to look closely at bulimia and binge eating disorder by researching how they are affecting young people, these two disorders are quite similar in their symptoms but still very different. To understand what these two disorder entails are listed below:

- Bulimia is when someone will eat a lot of food in one sitting which is known as bingeing which then leads to them to want to get rid of all the food they intake in unhealthy ways such as making themselves sick, obsessive exercise, using laxatives or using diet tablets to ensure the person does not gain weight after the binge.
- Binge eating disorder is when someone regularly intakes a large amount of food until they feel uncomfortably full with this usually happening in secret, after they feel uncomfortably full they will then start to feel guilty or upset, this is about the person losing control over their eating.

These two disorders as shown above both include eating large amounts of food in one sitting where one will then start to use unhealthy techniques to remove all the food and the other will feel more emotionally affected from it. Eating disorders as well as affecting the person emotionally and mentally it can also affect the body physically if the person is chronically under-nourished this can affect all the major organ systems, the cardiovascular system, have decreased heart rate and blood pressure, affecting the brain, the lining of the stomach if the person is making them sick after meals often, affecting the throat from self-induced sickness, decreased bone mineral density and leading the person to be weak and for the muscles to start to weaken. As explained here it is clear to see that having an eating disorder isn't just damaging to the mental health of the person but also their physical body it can have drastic effects which can lead to long term health issues.

4. Statistics of young people suffering from eating disorders

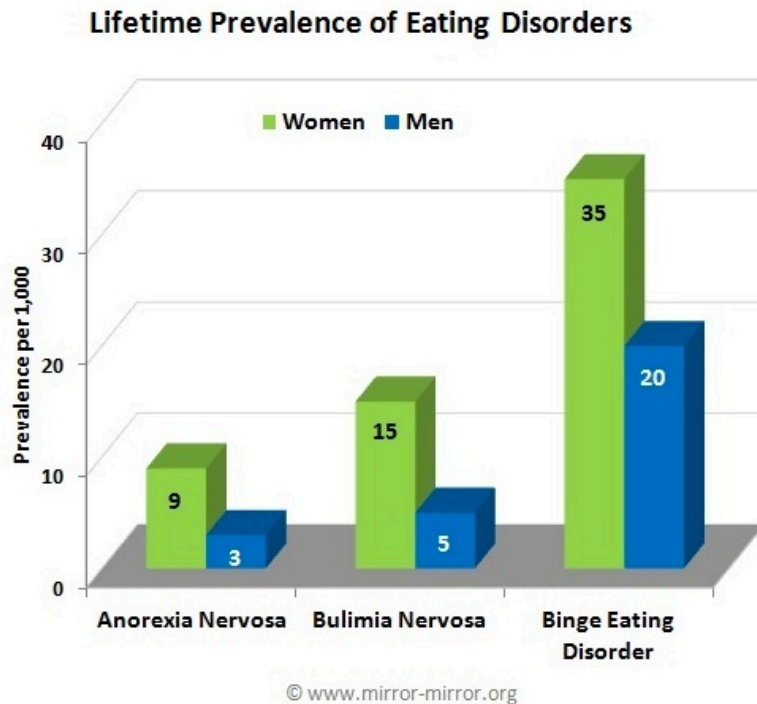
With eating disorders being quite a dangerous mental health disorder and being more common in adolescent girls it is a worry when the death rates are quite high for this disorder as research by Bould

“Patients with AN, rates of death are 5.9 times higher than would be expected in an age and sex-matched population, and in patients with BN and other eating disorders, rates are 1.9 times higher”

(Bould et al., 2017)

From this research, it is shown that young adults who are suffering from bulimia nervosa and other eating disorder sadly are not recovering, which goes to show just how dangerous this mental health disorder is if it is not treated or taken seriously by the person or their family. As stated by most researchers the ages that young people tend to first develop eating disorder behaviours start around the age of 16-17 with it then becoming more apparent in ages 19 onwards in both boys and girls. However it is identified by Anorexia and Bulimia care (ABC) (2019) that 8% of women will experience having Bulimia at some point in their life and it tends to effects women between the ages of 16-40 years old, with most diagnosis starting around the age of 18- 19 years old. Most research has addressed that around these ages is where an eating disorder may begin as stated by a

medical guidance NHS “Men and women of any age can get an eating disorder, but they most commonly affect young women aged 13- 17 years old.” (NHS, 2018) Having said that about young women it has been reported by ABC “That up to 25% of Britons struggling with eating disorders may be male.” (ABC, 2019) Following the statics of how many males experience an eating disorder, this just goes to show how many people male or female that this disorder can affect.



Carrier, E (2015)

As seen from the table above Bulimia Nervosa and Binge eating disorders are the two most harmful Eating Disorders with Bulimia Nervosa and Anorexia Nervosa having fewer deaths than Binge Eating Disorder, nevertheless it is still a lot of people losing their lives to these eating disorders. Binge Eating tends to be high as it can affect the person who is suffering physically leaving the body shut down whereas with Bulimia and Anorexia the deaths are more related to suicide from the disorder.

Reflecting on the research regarding this disorder by Micali suggests that in 2009 “The incidence in this age group suggests that ED may be the most common new-onset mental health disorder in adolescent girls after depression” (Micali, Hagberg, Petersen and Treasure, 2013), it was also suggested by the same researcher that around 2 in 1000 girls were to be diagnosed with an eating disorder. It follows that moving on 3 years to 2012 some more research around this disorder is in progress highlighted by Trepal that in 2012 “It is estimated that, at any given time, the number of girls and women reporting eating disorder symptoms may reach approximately 10% of the total population” (Trepal, Boie and Kress, 2012). On the contrary, reflecting on the number of people now in the UK suffering from this eating disorder in 2020 has risen to 1.25 million people, notice the number of people being diagnosed and in distress with an eating disorder increasing year by year returning to what Micali suggested with “ED may be the most common new-onset

mental health disorder in adolescent girls after depression” (Micali, Hagberg, Petersen and Treasure, 2013). Reflecting on these numbers it is spine chilling that so many young girls and boys are suffering from this mental health disorder, it questions why are there so many more people developing this disorder year after year.

5. Causes of an eating disorder

It was suggested by Trepal et al. (2012) that people who were diagnosed with an eating disorder regularly had other mental health issues such as:

- Anxiety
- Self- harm
- Substance abuse
- Suicidal thoughts
- PTSD
- Sexual trauma
- Depression (this is always seen as a big link for someone suffering from an eating disorder.)

In contrast, looking at one of the main causes for young people developing an eating disorder in 2019 is social media, social media over the last 10 years has become very popular with young people, especially the use of an app called Instagram, where people upload their best-edited photo of themselves waiting for the likes and comments as reassurance that they look good, if the photo doesn't get the number of likes that the person wants then they will then delete that photo. As seen Instagram is a toxic place for young girls to view themselves. As stated by Marks “Individuals can now compare themselves to people far outside of their immediate network, which may potentially set even higher standards of comparison.” (Marks, De Foe and Collett, 2020). Young people being able to access this comparison right at their fingertips can be dangerous as most images they see of influencers pictures are edited and they have a full team behind them to make them look the way they do. A study by Fitzsimmons-Craft reported that

“All participants (96%) reported seeing their peers post on social media about eating/weight/body image emphasising that being thin is important or attractive in the past month”

(Fitzsimmons-Craft et al., 2019)

Just from this statement here, it is being brought to the attention that weight/body image and eating is constantly being addressed, spoken about, advertised or shown through pictures on Instagram, for someone who may already have an eating disorder its unimaginable the effect this could have on someone who is recovering. It is addressed by Mind (2021) for people who are suffering to be mindful that everything they see on social media people commonly use:

- Apps that allow them to alter parts of their face or body
- Filters that can make them appear to have flawless skin
- Camera angles, lighting and photo editing tools to improve their overall appearance.

For young people accessing social media every day is part of their daily routines, however, it is becoming apparent that a lot of young people using Instagram is constantly reminding people about their body image by seeing other people post unrealistic perfect photos of themselves. From young people having a negative view of their body image, this can be a slippery slope for the start of an eating disorder, comparing themselves to perfect photos all day every day is a very unhealthy trait.

6. Theoretical approaches and interventions

This report is focusing on two of the main eating disorders Bulimia nervosa and Binge eating disorder, the way that the two disorders are treated and worked with are quite different but may still have some similarities in certain approaches. Mind (2021) which is a mental health charity, on their website they give some clear guidelines and advice for young people who may be expecting an eating disorder, they have a page which is dedicated to 'Treatment and support for eating problems' Here they suggest talking to their doctor, talking treatments for eating problems, online self-help programmes, family therapy and CBT. Mind is a very popular and trusted mental health charity and from their website, there is a lot of information surrounding these eating disorders which is very beneficial and young people in 2021 who spend most of their life online so for them to access this information so easily is very beneficial and important.

Any eating disorder as it is so physical as well as mentally it can have a massive impact on someone's physical health and mental health, as addressed by Bould et al. (2017) the effects that an eating disorder can have on someone's mental health include

- Low mood
- Irritability
- Suicidal thoughts
- Increased anxiety
- Low self-esteem
- social withdrawal
- Rigidity of thinking

These are only a few symptoms that are caused by an eating disorder and having a young person go through all these emotions and thoughts on top of their disorder, imaginably can be an awful lot for them which is where therapy and extra support comes in for them.

7. Therapeutic approaches used for Bulimia Nervosa

The psychological treatment that NICE guidelines offer for a young person who is suffering from Bulimia nervosa can include a self-help programme this all depends on how severe their disorder is, for some people this can be all the support they needed, however, if not then NICE (2017) suggest offering the young person Bulimia-nervosa-focused family therapy (FT-BN) this type of therapy will include 18-20 sessions which would last over 6 months with regards to this therapy it is there to support both young person and family, from doing so this could be seen to have a positive impact on the progress of the young person by helping the family understand what the young person is going through. When a counsellor in delivering this type of therapy it is important that they don't blame the family or carers rather they support and encourage the family to help the young person recover, ensure there is a meeting of one on one with the counsellor and client throughout the treatment, this is so important as the person will feel supported and listened to and may

want to say things which they may feel uncomfortable saying in front of their family. The approaches that the counsellor will use include:

- Providing information about dieting
- Providing information about the effects of laxatives, self-induced vomiting or other compulsive behaviours
- Establish regular eating patterns with both young person and family
- Self- monitoring of bulimic behaviours and to discuss with family
- Focus on a plan for the future

However, although this sounds like a good treatment for some young people this may not work for various reasons so this is when eating-disorder-focused cognitive behavioural therapy (CBT-ED) is introduced with regards to this treatment it will last roughly the same amount of time as FT-BN with 18 sessions over 6 months however 4 of the sessions will include family members or carers, within these sessions it will be used to inform both client and family/carers about Bulimia and discuss what support the family can give to the young person. As highlighted by NICE (2017) Within the 18 sessions they will aim to:

- Encourage the young person to gradually establish regular eating habits
- Psycho-educate them about eating disorders and how symptoms are maintained
- Teach them to monitor their thoughts, behaviours and behaviours
- Set goals
- Encourage the person to address problematic thoughts, beliefs and behaviours with problem-solving.

As seen with the two main treatments for Bulimia they both include family members or carers this is important to pick up on as the people who are around the young person most days are their biggest support at home, encouraging and supporting them with their eating.

8. Therapeutic approaches used for Binge Eating Disorder

Next to Binge eating disorder with regards to treatment with this disorder, there is not a different treatment to treat young people compared to adults, with this it is the same approach. Firstly the client will be offered a binge-eating-disorder-focused guided self-help programme this will include as addressed by NICE (2017)

- Cognitive self-help materials
- Focus on adherence to self-help materials
- Focus on helping the client to follow the programme
- Support the programme with brief supportive sessions which would be 4-9 sessions for 20 mins over 16 weeks.

Alternately If this treatment was not to be successful CBT-ED would be used here this approach would last 16 weekly sessions lasting 90 minutes and this is over 4 months, within these sessions it will explore

- Daily food intake plans and identifying binge eating triggers
- Focus on psycho-education
- Self-monitoring eating behaviours
- Helping the client identify their problems and goals

- Body exposure training
- Identifying and changing negative views about their body

Though if the client declines or feels as though this approach is not for them then individual CBT-ED is offered this will consist of 16-20 sessions, this is quite similar to the group approach however it explores the client's psychological issues to identify which emotional and dietary factors come up to their binge eating, share weight record with the client and to observe binge eating behaviours, weight and dietary intake.

In contrast following NICE guidelines they suggest mostly CBT in groups or individually would be the best approach for both Bulimia and Binge eating disorder, however in recent studies, it has been suggested that DBT can be used and is just as effective or even more for people suffering from Binge eating, DBT stands for Dialectical Behaviour Therapy this approach was first used for people suffering from a borderline personality disorder, the way that this approach would be used as suggested by Robinson (2011) the client would have 20 sessions, with 2 of the 20 addressing what DBT is and 16 of the sessions facilitating adaptive emotion regulation skills and this would be done over three modules these are distress tolerance, mindfulness and emotion regulation with the last two sessions reviewing the work done and preventing relapse.

In contrast, it has been addressed by Safer that "After completing cognitive behaviour therapy, approximately 50% of patients continue to binge eat and purge." (Safer, Telch and Agras, 2001)

From this statement alone with only 50% of the recovery rate for people who are suffering from Bulimia Nervosa is very low and questions is CBT the best treatment used for this disorder. Research has shown that DBT could be the best treatment for someone who is suffering from Bulimia Nervosa and has seen to have a better success rate than CBT has, research that was done by Safer states "The results show that participants rates of binge eating and purging significantly decrease after treatment aimed at teaching adaptive emotion regulation skills." (Safer, Telch and Agras, 2001). Even though both CBT and DBT both work on the behaviours it is the way that they both address the behaviours that seem to work better than the other for these eating disorders.

Following on with these treatments whether it is CBT, family therapy or even DBT the main focus for all should be the client and the therapeutic relationship, having a good therapeutic relationship with all clients for any type of issues should be the main priority, however with a client who is suffering from an eating disorder the therapeutic relationship should be paramount as stated by Zaitsoff "To effectively engage and treat individuals with eating disorders, a clear understanding of the therapeutic alliance in eating disorder treatment outcomes is of paramount importance." (Zaitsoff, Pullmer, Cyr and Aime, 2014). Any client who is suffering from an eating disorder, as imaginable it can be very difficult for that individual to come forward and ask for help as with binge eating and Bulimia is mostly done in secret so to break the silence and ask for help is a massive step for the young person, which backs up why a good therapeutic relationship is key, the young person will want to put all their trust in the counsellor to help them and to ensure they are not judged as many young people with an eating disorder do feel judged whether that is linked to their eating disorder or even down to being a young person with social media as addressed in this report.

For young people who are suffering from an eating disorder it shows how important it is for them to get treated as quickly as possible to get them the help and support they need before it affects their physical health as well as mental. The NHS 2015 published a

commissioning guide surrounding waiting times for children and young people with an eating disorder, NHS (2015) here aimed for

The Access and Waiting Time Standard for Children and Young People with Eating Disorders stated that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from the first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.

As seen by these figures it is promising that these young people don't have to wait so long for the help that they need.

9. Impact of Covid-19 on eating disorders

In 2020 a massive shift came to the world that we know with it changing dramatically due to a pandemic, Covid-19 came into force from march 23rd 2020, the UK went into a full lockdown leaving people having to stay at home, people could only leave the house for daily exercise and the weekly shop which lead to people having to isolate themselves away from their family and friends. The world came to a halt affecting everything 'normal' in peoples lives, this meant that all face to face therapies, family therapy, group therapy and any health care distribution was stopped. This meant that anyone who was suffering from an eating disorder such as Binge eating or Bulimia all their treatment they were having whether that was any face to face help or support from friends and family it all had to stop which meant these individuals were left on their own and not only isolated from the rest of the world but also their support networks.

The pandemic had a massive impact on peoples mental health and for a young person who is experiencing an eating disorder as seen by research done by Richardson

The proportion of affected individuals who reported dieting/restriction, over-exercising, perfectionism, purging, anxiety, and depression was also significantly higher in the pandemic year than both 2018 and 2019.

(Richardson, Patton, Phillips and Paslakis, (2020)

The increase in eating disordered symptoms that the pandemic had caused people were higher than in any other years, leading people to feel unsupported and alone more than ever. It was highlighted by Richardson (2020) from chat transcripts it expressed the main theme that the pandemic had on people suffering from an eating disorder were the themes highlighting the need for support, symptoms increasing drastically, absence of access to treatment and having no control, it was shown that out of these four main themes the most common theme was the symptoms increasing drastically. From these four main themes it carries a theme in its self that these people who are suffering from an eating disorder and wanting help and finally reaching out for this help however no one is taking their hand and helping them, it so devastating to see that these are the themes for these people suffering and being more alone than ever to deal with their issues on their own.

Table 2 Participants' reported overall impact of the pandemic on their ED symptoms (N= 129)

From: [Exploring the impact of the COVID-19 pandemic and UK lockdown on individuals with experience of eating disorders](#)

	N	%
Symptoms much worse	38	30.9
Moderately worse	48	37.2
Slightly worse	24	18.6
No change	11	8.5
Slightly better	2	1.6
Moderately better	0	0
Symptoms much better	0	0
Missing	6	4.7

Branley-bell, Talbot (2020)

As seen from the table above Covid-19 had an impact on peoples eating disorder symptoms drastically with 30% of participants saying their symptoms were much worse and overall of 86.7% said that their symptoms had got worse due to the pandemic. To see this increase of people who are suffering already to then be made to suffer even more with no support and access to face to face support is incredibly worrying and saddening.

As time went on during the pandemic the way that therapy was delivered was very different and did not suit all, especially for young people who are suffering from an eating disorder, therapists starting working virtually either on a video call or telephone counselling sessions, video calls sounds like it would be very beneficial for these clients as they could see the counsellor and connect face to face however through a screen but it has some downfalls with people suffering from an eating disorder, as addressed by Fernandez-Aranda (2020) video calling for therapy sounds like a positive experience however it is mostly negative for these clients, as it increased awareness of their body image which then lead to negative thoughts and criticisms about their body which is damaging to their recovery, therapy is there to support these clients but if it is making them feel worse after a session then that is harmful and other solutions should be looked at such as telephone counselling.

Having said that whether it is telephone or video call counselling several factors could affect the client feeling safe and having a confidential space to talk about how they are feeling with regards to their eating disorder, as previously addressed a lot of people who are suffering from an eating disorder such as Bulimia and Binge eating its done in secret a lot of the time so for someone to be having support and counselling from home where everyone will be home due to the pandemic can also harm the road to recovery. Although it was outlined by Vuillier (2021) that clients who had a previous experience of counselling and a therapeutic relationship already conformed these clients found some benefits from the online counselling and maintained some sort of therapeutic support and contact. But despite online treatment being a negative experience for some, some clients found that with it being online there were some positives such as addressed by Vuillier Some participants felt that this form of therapy demanded a "lower commitment and was less anxiety-provoking." (Vuillier, et al., 2021).

10. Future recommendations and implications

With the world still struggling through the pandemic almost a year later, it is hard to say how therapy will go back to 'normal' and face to face, online working may be the new normal and for some clients who have experienced counselling for the first time as online support going back to face to face may then be a challenge as they are already used to the way of working online. That said Fernandez-Aranda explored that online working has highlighted that people need connection rather than online connection and some symptoms can be forgotten especially for people who are suffering from an eating disorder, this can lead to them delaying help-seeking and their disorder may worsen from not having the support needed as its a lot more difficult to reach out for online therapy than face to face.

On the contrary when face to face working is allowed the flexibility that it gives both client and counsellor can be beneficial making it easier some clients may not have the time to travel and access therapy in their day to day life but an hour online may be more beneficial for them and safer during these difficult circumstances.

11. Conclusion

To conclude it is evident that the amount of young people developing an eating disorder is alarming and is continuing to increase, it has been addressed in this report that young adults between the age of sixteen to seventeen are the prime age for a young person to start to develop eating disorder symptoms and as stated previously most young people will be diagnosed with an eating disorder around the age of eighteen to nineteen years old. From these figures alone it causes a worry that these young people are suffering from this disorder and it is alarming that only 50% of people recover from an eating disorder. From identifying the causes of young people developing eating disorders there is one main culprit that has harmed young people with regards to eating disorders and their mental health, is social media, it has been shown that social media especially the app Instagram has been harming young girls view of themselves, indicting young boys and girls having a negative view of their body image from comparing themselves to influencers, other girls or boys who have perfect, edited images posted for comparison.

As addressed social media has a massive impact on these young peoples view of themselves and their body image and without intervention, social media is going to continue to spiral and continue to make young people compare themselves to unrealistic images of others, this is going to lead to the number of young people developing eating disorders increase and damage these young peoples view on themselves and self-confidence. As well as social media having a negative effect some ethical considerations during the year 2020 had an impact on eating disorders which no one could have expected to happen with the pandemic of Covid-19, when this came along it brought the whole world to a standstill leading face to face therapy and any support to come to a stop, leaving people lost and unsupported with just online access and therapy as their only lifeline, Covid-19 increased peoples eating disorder symptoms and made it very challenging for people to have a safe space for therapy.

However as seen there is a lot of support offered and available for young people who are experiencing Bulimia Nervosa or Binge eating disorder with FT-BN, CBT-ED and CBT these are the main treatments used for young people suffering from an eating disorder however research had shown that DBT has been proven to have a positive effect on helping people suffering from an eating disorder but is not used in treatment. This report

highlighted that more research needs to be done on DBT and used during therapy's as the success rate was quite high in using this approach, future recommendations would be for DBT to be considered as one of the go-to approaches such as CBT as this could have a higher recovery rate than the 50% it has now.

References:

- Anorexia and bulimia care (2019) *Statistics*. Available at: <https://www.anorexiabulimiare.org.uk/about/statistics> (Accessed: 18th February 2021).
- BEAT Eating Disorders (2021) *How Many People Have an Eating Disorder in the UK*. Available at: <https://www.beateatingdisorders.org.uk/how-many-people-eating-disorder-uk> (Accessed: 18th February 2021).
- Branley-Bell, D. and Talbot, C.V. (2020) Exploring the impact of the COVID-19 pandemic and UK lockdown on individuals with experience of eating disorders. *Journal of eating disorders*, 8(1), pp.1-12. Available at: <https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-020-00319-y> (Accessed: 20th February 2021).
- Bould, H., Newbehin, C., Stewart, A., Stein, A., and Fazel, M., (2017) *Eating disorders in children and young people*, pp. 1-17. Available at: https://ora.ox.ac.uk/objects/uuid:96cc2bd3-f548-4a57-9299-3c9fb2d5b7d6/download_file?safe_filename=Helen%2BBould%2Bet%2Bal%252C%2BClinical%2Bupdate%2B-%2BEating%2Bdisorders%2Bin%2Bchildren%2Band%2Byoung%2Bpeople.pdf&file_for_mat=application%2Fpdf&type_of_work=Journal+article (Accessed: 18th February 2021).
- Carrier, E. (2015) *Graphs on Eating Disorder*. Charleston: Mirror-Mirror, p 5, Graph.
- Fernández-Aranda, F., Casas, M., Claes, L., Bryan, D.C., Favaro, A., Granero, R., Gudiol, C., Jiménez-Murcia, S., Karwautz, A., Le Grange, D. and Menchón, J.M. (2020) COVID-19 and implications for eating disorders. *European Eating Disorders Review*, 28(3), p.239. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7267370/> (Accessed: 20th February 2021).
- Fitzsimmons-Craft, E.E., Krauss, M.J., Costello, S.J., Floyd, G.M., Wilfley, D.E. and Cavazos-Rehg, P.A. (2020) 'Adolescents and young adults engaged with pro-eating disorder social media: eating disorder and comorbid psychopathology, health care utilization, treatment barriers, and opinions on harnessing technology for treatment', *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, 25(6), pp.1681-1692. Available at: <https://link-springer-com.ezproxy.uwtsd.ac.uk/article/10.1007/s40519-019-00808-3> (Accessed: 18th February 2021).
- Marks, R., De Foe, A. and Collett, J. (2020) 'The pursuit of wellness: Social media, body image and eating disorders'. *Children and Youth Services Review*, 119, pp.1-9. Available at: <https://www.sciencedirect-com.ezproxy.uwtsd.ac.uk/science/article/pii/S019074092032082X> (Accessed: 18 February 2021).
- Micali, N., Hagberg, K.W., Petersen, I. and Treasure, J.L. (2013) 'The incidence of eating disorders in the UK in 2000–2009: findings from the General Practice Research Database'. *BMJ open*, 3(5). Available at: <https://bmjopen.bmj.com/content/bmjopen/3/5/e002646.full.pdf> (Accessed: 18th February 2021).
- Mind (2021) *Eating Problems*. Available at: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/eating-problems/treatment-support/> (Accessed: 18th February 2021).

- National Health Service (2021) *Eating Disorders*. Available at: <https://www.nhs.uk/conditions/eating-disorders/> (Accessed: 18th February 2021).
- NICE (2015) *Access and Waiting Time Standard for Children and Young People with an Eating disorder*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf> (Accessed: 20th February 2021).
- NICE (2020) *Eating disorders: recognition and treatment*. Available at: <https://www.nice.org.uk/guidance/ng69/ifp/chapter/What-is-an-eating-disorder> (Accessed: 18th February 2021).
- Nice.org.uk (2021) *Eating disorders: recognition and treatment, Guidance*. Available at: <https://www.nice.org.uk/guidance/ng69/chapter/Recommendations#treating-bulimia-nervosa> (Accessed 23 February 2021).
- Richardson, C., Patton, M., Phillips, S. and Paslakis, G. (2020) The impact of the COVID-19 pandemic on help-seeking behaviors in individuals suffering from eating disorders and their caregivers. *General hospital psychiatry*, 67, pp.136-140. Available at: <https://www.sciencedirect-com.ezproxy.uwtsd.ac.uk/science/article/pii/S0163834320301456> (Accessed: 20th February 2021).
- Robinson, A.H. and Safer, D.L. (2012) Moderators of dialectical behavior therapy for binge eating disorder: results from a randomized controlled trial. *International Journal of Eating Disorders*, 45(4), pp.597-602. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1002/eat.20932> (Accessed 20th February 2021).
- Safer, D.L., Telch, C.F. and Agras, W.S. (2001) Dialectical behavior therapy for bulimia nervosa. *American Journal of Psychiatry*, 158(4), pp.632-634. Available at: <https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.158.4.632> (Accessed 20th February 2021).
- Trepal, H., Boie, I. and Kress, V. (2012) 'A Relational Cultural Approach to Working with Clients With Eating Disorders', *Journal of counselling & Development*, 90(3), pp346-356. DOI: 10.1002/j.1556-6676.2012.00043.x.
- Vuillier, L., May, L., Greville-Harris, M., Surman, R. and Moseley, R.L. (2021) The impact of the COVID-19 pandemic on individuals with eating disorders: the role of emotion regulation and exploration of online treatment experiences. *Journal of eating disorders*, 9(1), pp.1-18. Available at: <https://link.springer.com/article/10.1186/s40337-020-00362-9> (Accessed: 20th February 2021).
- Zaitsoff, S., Pullmer, R., Cyr, M. and Aime, H. (2015) The role of the therapeutic alliance in eating disorder treatment outcomes: a systematic review. *Eating disorders*, 23(2), pp.99-114. Available at: <https://www.tandfonline.com/doi/abs/10.1080/10640266.2014.964623> (Accessed: 20th February 2021).