Civil Service Eating Disorders Workplace Toolkit

csedn
CIVIL SERVICE EATING DISORDERS NETWORK

Beat
Eating disorders

Contents

Foreword

Eating disorders are serious mental health conditions with potentially life-threatening impacts. They can affect anyone – regardless of gender, age, race, ethnicity, sexual orientation, disability, or socioeconomic background. They're difficult to treat but support and understanding in the workplace can play a significant role.

My teenage daughter has anorexia and as a family we have come to learn a lot about this illness which is not always at the forefront of mental health discussions. Happily, with treatment and care she is now making good progress towards recovery.

I am pleased to champion the Civil Service Eating Disorders Network's efforts to raise awareness of the prevalence and impact of eating disorders and empower colleagues to support one another. By breaking the stigma through open conversations, we can make the Civil Service a more inclusive workplace for those experiencing any issues directly or indirectly, prevent serious problems from arising, and foster an environment that allows colleagues to reach their potential.

A 2019 survey conducted at the Department for Business, Energy and Industrial Strategy (BEIS) on body image, food, exercise and eating disorders, found that 26% of respondents have previously suffered or are currently suffering from an eating disorder, with 12% unsure whether they have done or not. The survey also found that over 54% of respondents would not know how to access help if they were struggling or supporting someone with an eating disorder.

To help tackle these issues, we have worked with the UK's leading eating disorders charity, *Beat*, to develop this toolkit. It aims to shed light on the misperceptions related to eating disorders, provide guidance on how difficult conversations about eating disorders can be raised with colleagues more easily, and resources for support for those impacted directly or indirectly. I encourage all of you to make use of this toolkit, particularly if you are a line-manager or a Mental Health First Aider.

Cabinet Office Chief Operating Officer &
Champion for the Civil Service Eating Disorders Network,
Sarah Harrison

Who is this toolkit for?

This toolkit is designed for:

- **Mental Health First Aiders;**
- **Line managers and colleagues supporting anyone who may be suffering from or developing an eating disorder;**
- **Line managers and colleagues supporting anyone who is caring for someone that has an eating disorder;**
- **Colleagues who may be suffering from or developing an eating disorder or colleagues who are caring for someone that is; and**
- **Anyone who would like to develop their understanding of eating disorders.**

This toolkit aims to shed light on misperceptions related to eating disorders and provide support, resources and guidance on how this topic can be raised with line managers and colleagues.

In addition, we want to ensure that line managers are aware of their responsibilities if they are managing a member of staff who may be experiencing eating-related problems, and specifically how they can support them.

For suggestions, comments and more information, you can contact the Civil Service Eating Disorders Network at CSEDN@homeoffice.gov.uk

Section 1: What are eating disorders?

Eating disorders are a type of mental illness characterised by disordered eating behaviours such as restricting the amount of food that is eaten, eating large amounts of food with a lack of control around this, use of compensatory behaviours such as excessive exercise, purging, laxative use, or a combination of these behaviours.

They can often manifest in disordered thinking patterns or behaviour towards food, diet, weight, body image, and exercise. **These behaviours are not a choice or a lifestyle**; they are symptoms of a serious mental illness.

Eating disorders are rarely about food itself. Eating disorders often serve a function, for example helping to numb emotions, serving as a coping mechanism, helping the person to feel safe, or providing a form of communication. This means that the individual often feels there are positive aspects of their eating disorder, so this can make treatment for an eating disorder more difficult.

Facts about eating disorders[1]

How common are eating disorders?

- **Eating disorders directly affect an estimated 1.25-3.4 million people in the UK, with 4-5 million indirectly affected through caring and supporting.** They are serious and potentially fatal mental health conditions, with **anorexia nervosa having the highest mortality rate of any psychiatric illness.** There is no single cause for eating disorders and instead there are multiple risk factors, which include biological, psychological, and socio-cultural factors. Eating disorders often co-occur with other mental health conditions like depression, anxiety, and obsessive-compulsive disorder (OCD).

- **The exact prevalence rates of eating disorders are difficult to know.** However, a 2015 study found that the category of other specified feeding and eating disorder (OSFED) was the most commonly diagnosed eating disorder at 47%, binge eating disorder at 22%, bulimia nervosa at 19%, anorexia nervosa at 8% and avoidant/ restrictive food intake disorder (ARFID) at 5%. More information on these diagnoses can be found on pages 7-11.

Who do eating disorders affect?

- **Anyone can develop an eating disorder** – they are not limited to certain parts of the population. Although there is a stereotype that eating disorders predominantly affect young, white females, and that someone must be underweight to have an eating disorder, this is not true. Eating disorders do not discriminate and can affect anyone irrespective of age, gender, race, disability, socioeconomic status, ethnicity, weight or sexual orientation.

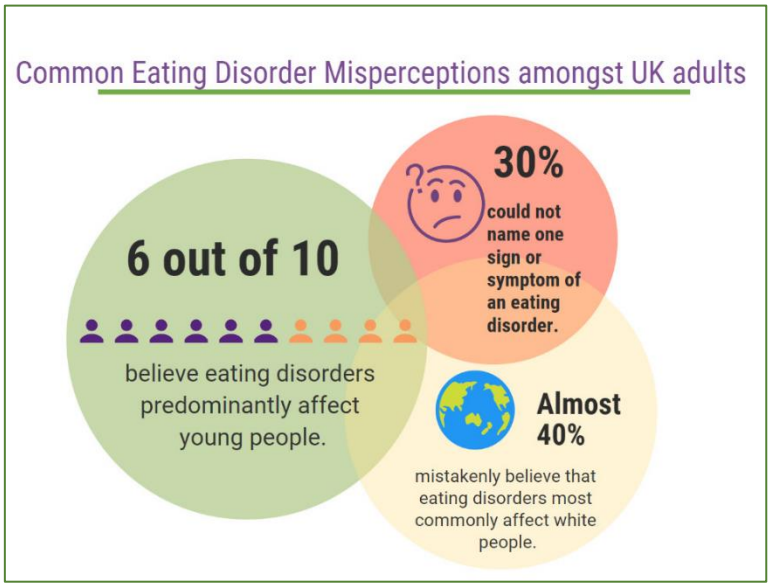
[1] These UK statistics are derived from data published by the National Institute for Health and Care Excellence (NICE), Beat, and Anorexia and Bulimia Care.

- **Around 25% of those affected by an eating disorder are men.** However, it is thought that the high levels of shame and the false perception of eating disorders being 'only a female illness' mean that a high number do not seek help or are not referred to specialist services, therefore more men are undiagnosed. According to NHS Digital (2017), the number of adult men admitted to hospital with an eating disorder increased by 70% during the past six years.

- **You cannot tell whether someone has an eating disorder by looking at them** – people can be any weight and have an eating disorder, with a lot of individuals being a 'healthy weight' or 'overweight'. Although weight loss is a symptom of some types of eating disorder, even if the person has restored their weight, this is not an indication that mentally they are 'well'. **Physical appearance alone does not illustrate the extent of eating disorders**. For many in recovery who may physically 'look better', the lack of understanding around the underlying mental aspects of eating disorders can be distressing. Other people may comment on their appearance, or assume they are indeed doing better, even though they may continue to be suffering mentally. Assumptions of this nature can be very distressing. Comments such as *"you look better"* or *"you look well"* can therefore be difficult and actually very damaging to the person suffering from an eating disorder.

What impact do they have?

- **Many people are not aware of eating disorders, or misunderstand what they are.** This is because eating disorders are often side-lined in conversations around mental health. The below image contains statistics from a 2018 YouGov survey commissioned by eating disorder charity Beat.



- **Eating disorders do not just affect the person diagnosed, but also their loved ones.** Supporting someone with an eating disorder often has a detrimental impact on the physical and mental wellbeing of the carer and the affected individual's friends and family, so it is important that they are also supported.

- Eating disorders can also have huge impacts in the workplace. The below image contains statistics from a 2016 survey conducted by Beat.

Understanding different types of eating disorders

The following pages examine various eating disorders to develop colleagues' understanding of how each condition differs. **These summaries should not be used as tools to diagnose a mental health condition – this should only be done by a doctor or mental health professional.** And, while the summaries may be useful to help recognise signs in yourself or in others, **it is important to bear in mind that every person's experience of an eating disorder is different.**

Many of those affected and some clinicians prefer to visualise eating disorders as a spectrum, rather than specific diagnoses. Some people may have some symptoms of one disorder, but none of another, or a complete mixture of both. Some may also move between these different diagnoses multiple times, or not at all. Please also see the information regarding

Anorexia nervosa

Anorexia nervosa is a condition where the person tries to keep their weight as low as possible and has an intense fear of being 'fat' or gaining weight. The person may restrict their food intake and/or engage in other behaviours to try to lose weight, such as excessive exercise. Some people with anorexia nervosa may also experience cycles of binge eating and purging. People who suffer with this condition often have a distorted view of their body, believing that they are overweight even if this is not the case.

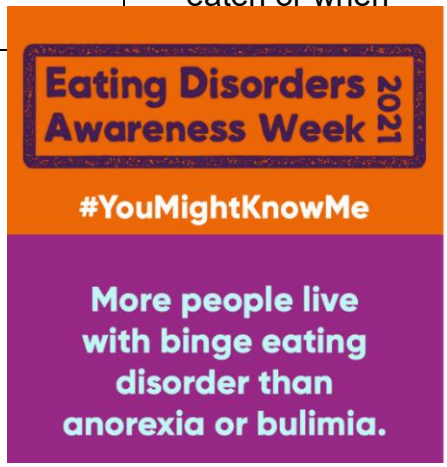
Physical symptoms	Behavioural symptoms	Psychological symptoms
• Weight loss/low weight • Feeling lightheaded • Feeling cold • Tiredness • Hair loss • Digestive problems including constipation • Lack of concentration • Physical weakness	• Missing meals, eating very little, restricting their diet to certain foods, including diet or low-calorie foods. The person may also have 'rules' around what foods they can and can't eat, or timings of when they 'should' eat • Withdrawal from social activities and isolating themselves – especially avoiding work events where food may be present • Hiding food • Saying they have eaten previously or will eat later, rather than eating with others • Trying to hide the amount of weight lost, e.g. through wearing baggy clothes • In some cases, people may eat a lot ('binge') and then do some compensatory activity ('purging')	• Distorted perception of their body - such as a belief that they are overweight when this is not the case • Change in mood, including irritability and/or depression • Preoccupation with food, weight, appearance and dieting. May be self-conscious about eating around others • Difficulties concentrating and decreased productivity • Perfectionism and high standards – constructive feedback may be perceived as criticism or the person may believe they have 'failed' or 'are not good enough' • Anxiety about eating in front of others

Binge eating disorder (BED)

People with binge eating disorder will eat a large amount of food over a short period of time and feel out of control during this. These episodes may include eating more quickly than they would usually, eating when they are not hungry, or eating beyond feeling full. Binge eating episodes tend to take place when the person is alone. During a binge, people may find it difficult to stop and many people report feeling disconnected from the experience or in a 'trance'.

The difference between binge eating disorder and bulimia nervosa is that when someone has BED, episodes of bingeing are not followed by episodes of compensatory behaviour. People with binge eating disorder may still restrict their food intake throughout the day or have rules about what they feel they can or cannot eat. This can drive the binge eating episodes as the person may be physically hungry or feel deprived.

Physical symptoms	Behavioural symptoms	Psychological symptoms
• Weight gain • Tiredness • Digestive problems including bloating or constipation • Stomach pain	• Eating a lot of food in a short period of time and feeling out of control with this (a 'binge') • Hoarding food • Withdrawal from social activities and isolating themselves – especially avoiding work events where food may be present • Restricting food intake outside of binge episodes or having dietary rules around what food can be eaten or when	• Distorted perception of body • Feelings of guilt after bingeing • Change in mood, including irritability and/or depression • Preoccupation with food, weight, appearance, and dieting. May be self-conscious about eating around others • Difficulties concentrating and decreased productivity • High levels of shame around the binge eating



Bulimia nervosa

Bulimia nervosa is a condition where the person experiences recurrent binge eating episodes. A binge involves eating a lot of food in a short period of time and feeling out of control when doing so. This is followed by 'purging', where individuals engage in compensatory activities such as vomiting, taking laxatives or excessive exercise to stop them from gaining weight. This may be coupled with restrictive behaviour, similar to anorexia nervosa.

The signs of bulimia nervosa may be hard to notice, as people will often hide this behaviour from others.

Physical symptoms	Behavioural symptoms	Psychological symptoms
• Vomiting • Feeling lightheaded • Feeling cold • Poor condition of teeth or skin • Tiredness • Hair loss • Digestive problems including bloating or constipation • Calluses on the backs of their hands if they are using their fingers to vomit	• Bingeing - eating a lot of food in a short period of time and feeling out of control with this • Purging - compensating for eating this food, usually through vomiting, using laxatives/diuretics or compulsively exercising • Disappearing soon after a meal • Hoarding food • Withdrawal from social activities and isolating themselves – especially avoiding work events where food may be present	• Distorted perception of body - such as a belief that they are overweight when this is not the case • Feelings of guilt after bingeing and purging • Change in mood, including irritability and/or depression • Preoccupation with food, weight, appearance, and dieting. May be self-conscious about eating around others • Difficulties concentrating and decreased productivity

Other Specified Feeding or Eating Disorder (OSFED)

Sometimes a person's symptoms and behaviour do not match the diagnostic criteria of anorexia nervosa, bulimia nervosa or binge eating disorder. In this case, they may be diagnosed with OSFED. **OSFED is the mostly commonly diagnosed type of eating disorder, accounting for almost 50% of all cases of eating disorders.**

This does not mean that their disorder is less serious or worthy of help – it just means that their symptoms and behaviour are manifesting in a different way. Just like any other eating disorder, it is often a coping mechanism for underlying thoughts and feelings and may be a way for the person to feel in control.

Some examples of OSFED include:

- **Orthorexia** - although not classified as an official medical diagnosis, it is increasingly being used as a term to describe having an unhealthy obsession with 'pure' food and 'clean eating' and the quality of their diet.

- **Body dysmorphic disorder (BDD)** – a body image disorder characterized by obsessive thoughts related to body size, shape or weight, which may cause severe emotional distress, problems with daily functioning (e.g. refusing to go out) and extreme efforts to fix the perceived flaws (e.g. camouflaging with clothes, makeup, plastic surgery, exercise).

- **Pica** - a feeding disorder in which someone eats non-food substances that have no nutritional value, such as paper, soap, paint, chalk, or ice. For a diagnosis of pica, the behaviour must be present for at least one month, not part of a cultural practice, and developmentally inappropriate. Generally, it's not diagnosed in children under the age of two, as it is common for babies to "mouth" objects, which can lead to them accidentally eating substances that aren't meant to be eaten. Often, pica is not revealed until medical consequences occur, such as metal toxicity, cracked teeth, or infections.

- **Rumination disorder** - an illness that involves repetitive, habitual bringing up of food that might be partly digested. It often occurs effortlessly and painlessly and is not associated with nausea or disgust. Rumination disorder can affect anyone at any age. Vomiting in rumination disorder is different to the kind of sickness you might get with a stomach bug, for example – the person won't appear to feel sick or experience involuntary retching. The person may re-chew and re-swallow the food or just spit it out. People with rumination disorder often do not feel in control of their disorder.

- **Night eating syndrome** – where someone repeatedly eats at night, either after waking up from sleep, or by eating a lot of food after their evening meal.

- **Over-exercise/compulsive exercise** – when individuals focus a significant amount of time into physical activity that is obligatory in nature, undertaken despite illness, injury, or poor/dangerous weather conditions, at the expense of other activities such as work, school, and social life, and at risk of causing serious health problems.

Common signs and symptoms

Due to the nature of OSFED, it is hard to state general symptoms someone may have. But any of the previously highlighted signs and symptoms may indicate that an individual is suffering from disordered behaviour and thinking.

Avoidant Restrictive Food Intake Disorder (ARFID)

Avoidant restrictive food intake disorder, more commonly known as ARFID, is a condition characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both.

Someone might be avoiding and/or restricting their intake for a number of different reasons, and they can have one or more of these reasons. This means that ARFID might look different for each person. The most reasons common are the following:

- Sensory-based avoidance or restriction of intake - sensitivity to the taste, texture, smell, or appearance of certain types of food, or only able to eat foods at a certain temperature.
- Concern about the consequences of eating - past distressing experience with food, such as choking, vomiting or pain, leading to fear and anxiety around food or eating, and avoiding certain foods or textures. General worries about the consequences of eating and restricting their intake to what they regard as 'safe' foods.
- Low interest in eating - may not recognise that they are hungry in the way that others would, or they may generally have a poor appetite. Eating might seem a chore and not something that is enjoyed, resulting in them struggling to eat enough.

Physical symptoms	Behavioural symptoms	Psychological symptoms
• Sensitivity to aspects of some foods e.g. the texture, smell, or temperature • Nutritional deficiencies, such as anaemia through not having enough iron in the diet • Weight loss (or in children, not gaining weight as expected)	• Avoiding social events where food is present • Always having the same meals • Only eating food of a similar colour • Feeling full after only a few mouthfuls and struggling to eat more • Appearing to be a 'picky eater'	• Being very anxious at mealtimes • Feeling full after only a few mouthfuls and struggling to eat more • Finding it difficult to recognise when hungry

Disordered eating[2]

Disordered eating is used to describe a range of irregular eating behaviours that may or may not warrant a diagnosis of a specific eating disorder.

The eating disorders described above are diagnosed according to specific clinical criteria, usually by a qualified medical or mental health professional. Whilst not having a clinical 'eating disorder', many people suffer from 'disordered eating'. The note on diet culture below illustrates some ways in which disordered eating can manifest.

The most significant difference between an eating disorder and disordered eating is that the term "disordered eating" is a descriptive phrase, not a diagnosis. While many people who have disordered eating patterns may fit the criteria for OSFED or one of the other eating disorders above, it also is possible to have disordered eating patterns that do not fit within the current confines of an eating disorder diagnosis.
Like other mental illnesses, eating disorders lie on a spectrum from mentally healthy to severe illness. Another way that can distinguish disordered eating from eating disorders is the extent of emotional distress and impact on an individual's daily life. For example, it can affect:

- Concentration and ability to focus – the person is so preoccupied with thinking about food and exercise it becomes hard to think about anything else;
- Social life – potentially due to anxieties about eating out or prioritisation of exercise; and
- Coping mechanisms – food and exercise is associated with difficult emotions such as shame and guilt, and the individual uses these to deal with challenges in life.

Disordered eating is a serious health concern that may be difficult to detect since a person with disordered eating patterns may not display any of the 'classic' symptoms typically identified with eating disorders.

Any eating concerns that do not result in a clinical diagnosis deserve attention and treatment, as they may turn into more problematic eating disorders and put individuals at risk of serious health problems. It's important to remember that even a person exhibiting disordered eating habits and behaviours also may be experiencing significant physical, emotional, and mental stress.

Much of the information contained in this toolkit about how eating disorders can manifest in the workplace and how to support people is also equally applicable to those who are experiencing disordered eating. Lack of a formal diagnosis should not be a barrier to people experiencing support.

[2] https://www.eatright.org/health/diseases-and-conditions/eating-disorders/what-is-disordered-eating

The impact of diet culture – a note

Every person's relationship with food, exercise and their body is unique. But in many cases, these relationships can be influenced by outside messaging, particularly in our culture, about what our bodies should look like. Where this messaging is centred on the idea that 'gaining weight is bad, losing weight is good' and the point of food and exercise is to manipulate our body size, this is called **'diet culture'.**

Particularly in the UK and other Western societies, there has been a proliferation of diets centred on restricting food intake – such as the Atkins diet, clean eating, Whole30, juice cleanses, paleo and intermittent fasting. There is nothing inherently wrong with these approaches if an individual finds them to be sustainable, satisfying and they provide all the nutritional variety that is needed for our bodies and minds to stay healthy. However, people can find that these approaches encourage a view of certain foods as 'good' or 'bad', 'allowed' or 'forbidden', which can be overly restrictive and lead to denying cravings, bingeing, or shame when the rules of the diet are broken. This is not a sustainable and healthy relationship with food in the long-term.

Similarly, in the past few years on social media platforms like Instagram, there has been a proliferation of 'fitspo' posts celebrating and encouraging the attainment of thin and/or muscular bodies. The implicit message, especially when combined with diets like the above, can be that movement is only a tool for the prevention of gaining weight, rather than for fun or fulfilling personal goals. They often promote the belief that obtaining these bodies is only a matter of self-control and discipline, rather than genetics, luck or certain privileges (such as time and money).

Consequently, it's important that we do not draw a firm line between 'those with eating disorders' and 'those without eating disorders', as many of us may have influences in our lives that may lead us towards disordered eating patterns or beliefs. This is why it is so important that we understand eating disorders can affect everyone, and their signs and symptoms – so we can recognise when they are starting to develop in ourselves and others at the earliest possible point and seek support.

If you think your relationship with food, exercise or your body could be improved, consider seeking support, even if you do not yet consider it an 'eating disorder'.

How might an eating disorder affect someone in the workplace?

Eating disorders are often rooted in shame and low self-esteem, so **people will often make a real effort to conceal their issue**. There may in fact be no noticeable signs that they have a problem, and they may still be performing effectively in their role.

Employees affected by an eating disorder may need to take time off to attend medical appointments and/or may need reasonable adjustments whilst they are recovering.

There are generally three ways that an eating disorder may be brought to your attention:

1. Colleagues may spot signs and symptoms (such as preoccupation with food, increased irritability, weight changes – see Beat poster below for a summary and pages 7-11 for details on specific conditions) and inform their employer;

2. Line managers may be able to recognise some signs, behaviours and symptoms and raise this with the person; or

3. The person will personally inform their line manager.

A person with an eating disorder that is affected in the workplace may:

- Have a **change in mood** than what is normal for them;
- Become very **lethargic**, tired, depressed or more anxious than usual;
- Feel stressed more easily or be less able to cope with their workload;
- Have **difficulty concentrating**, experience 'brain fog' or find it hard to get themselves out of bed to come to work in the morning;
- Experience restless behaviour, or sudden bursts of energy (this is reported as being more common in those who restrict their food intake, due to the body's biological instinct to go and 'catch/hunt' for food); and
- Be underconfident and have a low sense of self-worth, which can impact how they feel they are performing at work, or when interacting with others or receiving feedback.

Regarding food specifically, they may:

- Be **hyper-aware of food** and have an **increased preoccupation** with their own food intake, and of others;
- Be **inquisitive about what others are eating**;
- **Talk about food excessively**;
- **Avoid social situations** where food is involved;
- Eat food away from other people;
- Display anxiety in situations where food is present;
- Hoard food;
- Describe feeling guilty for eating certain foods or indicate dietary rules such as *"I shouldn't eat that";* and
- Cook or bake more for others – this can be part of people's preoccupation with food or an obsession with feeding others.

"When I had bulimia, I would restrict my food intake heavily during the week, then binge and purge on the weekends. At work, I would constantly be asking about what others were eating for lunch and what they would have for dinner that night. I became vegan and became obsessed with vegan baking, bringing in cakes and other foods and really pushing others to eat it – despite not eating hardly any myself. I constantly spoke about the gym, would peruse recipes and watch lots of cooking shows. Others would say I was a 'foodie' – but now I'm in recovery and a much better place, I don't really have an interest in baking and would never think to watch a cooking show."

Section 2: Accessing support

The impact of the COVID-19 pandemic and new hybrid working arrangements

The spread of COVID-19 has led to a vast change in the working environment of many people across the civil service. Many civil servants have worked from home during the lockdowns, and it is likely that our work patterns will be changing for the foreseeable future with the introduction of hybrid working. For many, these changes have been accompanied by concerns about their health and the health of their loved ones, new job roles and new routines, and balancing new stressors at home. All of these things can result in negative impacts to wellbeing.

In the coming weeks and months, we're likely to experience change again as we start to return to our offices and get back to life as it was before March 2020, as well as the 'new norm' of hybrid working. After spending over a year with mass uncertainty, the return to 'normal' life may feel unsettling and unnerving.

This section looks at how the pandemic and subsequent hybrid working arrangements may affect those with eating disorders and provides some tips on how to help.

How COVID impacts those with eating disorders

- **A loss of control and disturbance of regular routine** – most people have had to adapt to a changed routine since March 2020, but those with eating disorders can find it particularly hard to be flexible. Some people have rigid rules about what they can eat and when, and restrictions about where in the outside world we are allowed to go to may be particularly anxiety-inducing if they do not fit the rules and routine of those who struggle with compulsive exercise. Working remotely every day and being around those we live with, or even being on our own for longer periods of time than usual, is also a big change. Similarly, returning back to offices after several months is another big change.

- **An increased focus on food** – in some places, panic did and continues to lead people to stockpile food. Having lots of food in the house can trigger anxieties about binge-eating for those who are dealing with binge-eating disorder or bulimia symptoms. On the other hand, shortages of food that people feel comfortable eating ('safe foods') and the pressure to eat food that the individual is not comfortable with ('fear foods') can all cause panic too.

- **Restricted access to support and coping mechanisms** – due to the shame and stigma that still exists around eating disorders, they are often already socially isolating conditions. Being physically distanced from therapists, family and friends may exacerbate people's distress. The closure of gyms and other spaces that may have functioned as coping mechanisms to deal with negative emotions can also make it worse.

- **Heightened anxiety, stress and uncertainty among the general population** – even for colleagues without eating disorders, the experience of this crisis may be a trigger to resort to old, unhealthy coping mechanisms around food, or develop new ones.

This situation can place particular demands on carers who might be supporting someone with the above factors, and are therefore more distressed than they may usually be. Carers may also struggle to access their normal support mechanisms or get any 'alone time' due to lockdown or more time spent at home, with a subsequent impact on their own wellbeing.

In our jobs, the new working environment may present practical difficulties for identifying where issues are developing with colleagues, as we do not have the same level of formal and informal interactions. Not only can this make it harder for a person with an eating disorder to open up to a colleague and seek support, but it can also make it harder for the colleague to be able to provide the support.

In addition to the tips we've included in other parts of this toolkit, below are a few coronavirus-relevant additions that you may find helpful for both during and post lockdown.

- **Excess information -** you'll continue to see a lot of information, some of which will be 'fake news', circulating on social media/WhatsApp about coronavirus and you may find it triggering. You could:

    - Unfollow, mute or file away pages or conversations if they make you feel more anxious. **The Government's page** and **the World Health Organisation's page** on coronavirus are examples of sites that we're all encouraged to stick to, particularly on getting medically-approved advice on maintaining hygiene and staying healthy. You should also read through your Department's coronavirus specific advice to stay up-to-date.

    - Ask someone to stop sharing information with you if you think it's having a negative impact on how you think and feel. **It's okay to say that you do not want to see/read Covid-related information or other news that upsets you.**

    - Think about the impact you may have on others if you share information with them, be it through a device or verbally in the office. For instance, false or exaggerated information on hygiene can be particularly triggering for those experiencing anxiety, which can then have a knock-on impact on their eating disorder as they find a way to feel 'in control'.

- **Treating ourselves with compassion –** the whole environment around us has completely shifted in the last couple of years. Whether we struggle with eating-related problems or not, the temptation may be to try and 'soldier on' as usual and

ignore negative emotions. Try not to do this, but instead find ways to acknowledge and deal with the change, both during and after lockdown. In time, consider new routines that suit you and bolster your wellbeing, but be conscious of the need to acknowledge and deal with negative emotions, and to flex your routines to life going on around you. Your wellbeing comes first.

- **Treating <u>others</u> with compassion by consciously choosing our words –** as people attempt to find humour and lightness in what can feel like dark times, there has been a rise in the number of posts which talk about gaining weight over the lockdown period or describing themselves as being a 'couch potato' during lockdown, which can be really triggering for people who are suffering with the issues laid out in this toolkit. Humour is more important than ever right now but try and connect with others in a more kind and compassionate way, and be mindful of words, phrases and topics that some may find triggering.

  Similarly, if you're seeing a colleague in person for the first time in several months, avoid making comments on their appearance or weight, or the difference between before and after lockdown.

- **Actively consider how you can maintain your own wellbeing and support your colleagues' wellbeing during this time.** The change in our workplace environment for the large majority of us may mean that we have to be more creative with how we provide support to our colleagues and their wellbeing. Consider scheduling five minute daily check-ins with those in your team to check in on each other's wellbeing, as well as social activities that might help maintain a sense of camaraderie and team spirit during these difficult times, such as team quizzes or Netflix-discussion sessions.

  Checking in on colleagues' wellbeing is just as important when returning back to offices, as it may feel de-stabilising for many people.

- **Encourage but don't pressurise.** There's a lot of pressure to come out of the lockdown with new skills and talents to show how 'productively' we've used our extra time at home. If you, your loved one or your colleague prefer to stick to the hobbies you picked up before the pandemic, that's perfectly fine and you should continue doing the activities that you enjoy! If, however, you, your loved one or your colleague do want to try new activities, try not to put pressure on yourself or on them to pick it up quickly or be the best at it straight away. Focus on the fact that you or they are learning something new, that in itself is an achievement and any small steps in progress. Remind yourself that whilst self-care and relaxing may not seem 'obviously' productive compared to taking up new hobbies, it's vital to recharge your mind and body to allow us to handle whatever tasks, responsibilities and challenges that may come our way.

Hybrid working

Many departments are introducing new guidelines for how we now split working hours between home and work locations since COVID restrictions are being lifted across the UK.

It is important to note that whilst many people will welcome the lifting of restrictions and returning to the office, many will face the same anxieties as mentioned above in regarding to returning to the office. It is important to continue being mindful that your colleagues may have heightened anxiety upon returning to work and in the case of eating disorders, they may engage in unhelpful coping mechanisms as a way to cope. Here are some things to keep in mind when considering the return to work and how this impact on others around you.

- **Consider how to keep your team connected –** there may be some who are in the office more than other members of your team. Be aware of how to ensure everyone in your team feels included and valued, regardless of where they might be physically located. Making an effort to check up on those who you may not physically see every day, or as often as others in your team, will go a long way to ensuring that those who work from home do not feel excluded. Consider team activities that can be conducted in a hybrid fashion – such as a virtual quiz or coffee which doesn't necessarily require someone to be in the office to join in (for example, a spider phone could be used in an office meeting room).

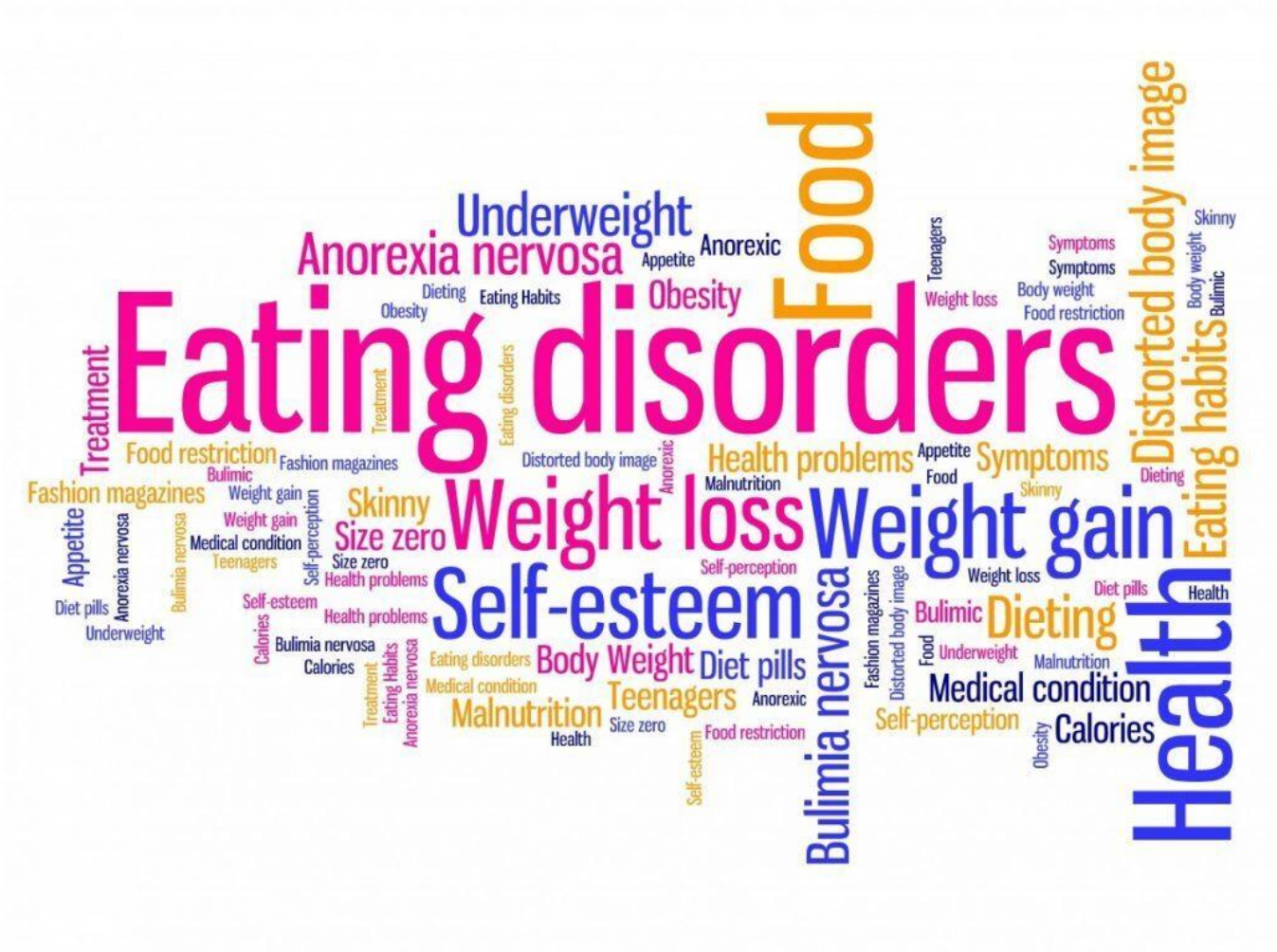
- **Be accommodating –** people with eating disorders or related issues may be likely to be more self-conscious than the average person. **For instance, you may find that they are reluctant to turn their cameras on for video calls**. Many people may feel more self-conscious about how they look on camera than in person. Pressuring them to turn their camera on, or simply raising the subject in the presence of others, may cause them to feel anxious, uncomfortable and unable to contribute fully in meetings. Making clear that having cameras on is optional depending on personal preference (and internet bandwidth) can help address this issue. Remember, the access we have to mental health support is currently different due to the restrictions on meeting people in person – so, someone with an eating disorder may be struggling more than usual.

- **Additionally, do not make comments on someone's weight, regardless of how well-intentioned this may be**. For people with eating disorders, this can be extremely triggering and even suggestions of 'you look well' can (for example) be perceived by those with an eating disorder as having put on weight, and can lead to engaging in further behaviours.

- **Celebrating the return to offices –** workplaces often have a culture of food, particularly in office-settings. The return to offices and seeing colleagues in-person for the first time in months, may prompt people to bring in treats such as, cakes, or organise team meals. Our advice on how to do these things in a considerate way, can be found on page 24-25 under *'Encourage a more inclusive food culture'.*

- **Signpost and access existing and new support mechanisms, sharing these with affected colleagues –** in different environments to what we're used to, it's easy to forget that the support mechanisms we used pre-pandemic still exist, even if we'll need to use them in different ways. Support mechanisms you can access within your Department could include your Employee Assistance Programme and Mental Health First Aiders. Externally, *Beat*, the UK's national eating disorder charity, has set up a new online community called The Sanctuary to provide support during the coronavirus pandemic, including support for those who are carers. It also has relevant pages on supporting someone with an eating disorder during this time and common questions on eating disorders and coronavirus. If you are struggling, or supporting a loved one or colleague who is dealing with these issues, consider whether it might be appropriate to access or share these resources.

- **Ask others what they want –** some colleagues may appreciate extra support and want to be checked up on when they are at home. Others may feel stifled and prefer alone time. Make sure that when considering how to manage this new way of working that what works for one person may be completely unhelpful to someone else. Asking a colleague 'what can I do/what do you need from me to make this work as well as possible?' can be really helpful in determining what approach your colleagues would prefer from you.



Approaching someone you are concerned about and responding when someone with an eating disorder approaches you for help

We want to ensure that line managers are aware of their responsibilities if managing a member of staff who may be experiencing eating-related problems and how to support them.

Please remember that as a line manager, Mental Health First Aider or colleague, your role in these situations is to provide support and make adjustments in the workplace when necessary and appropriate (just as you would for physical health adjustments) – unless you are a mental health professional with the responsibility to safeguard someone, you should not attempt to diagnose them or provide medical advice.

Equality Act 2010

It's important to remember that **eating disorders are classed as a mental disability which is a Protected Characteristic under the Equality Act 2010**. Therefore, an employer must not directly or indirectly discriminate against, harass or victimise a person due to their eating disorder, for example by:

- Not offering the candidate employment during recruitment;
- Not providing access and/or opportunities for promotion, transfer or training, or for receiving any other benefit, facility or service;
- Dismissing them; or
- Subjecting them to any other detriment as a result of their disability.

Professional Support

While line managers, Mental Health First Aiders and other colleagues can and should provide support to those with eating disorders or to those providing care, **that support is not a substitute for the professional help the person may need.** Eating disorders are complex issues and trained professionals are best placed to provide long-term support. When having a conversation with someone you are concerned about, there are several options you can suggest for them to receive professional help.

The NHS pages on eating disorders has a guide on treatment for eating disorders. It **recommends anyone to see a GP as soon as you can, even if they're not sure** and they can be referred to specialist support if appropriate. It can be helpful to bring a copy of the **NICE guidelines on eating disorders** or a copy of the **Beat GP leaflet** to any appointments, which includes a tips on handling any conversations with GPs.

You can contact your Department's independent Employee Assistance Programme, who should be able to put you in contact with support services such as counselling or legal advice on a confidential basis.

You can also seek advice from your Department's independent Occupational Health Service, which is delivered by a team of health professionals specialised in occupational medicine and covers both mental and physical health.

Please see a full list of support in the *'Support within the Civil Service'* section on page 30.

What you can do and say

Approaching someone that you're concerned about can feel quite daunting. It's completely normal to feel unsure of what to say and worry about saying the wrong thing.

You should always carefully judge a situation where you feel you might need to intervene. This may be the first time that someone has approached your colleague about their possible eating problems, and it will probably be a difficult conversation.

Your colleague has a right to their privacy, and if they do not wish to share their medical situation with you, you must respect their reasons for doing so. You can instead, concentrate on practical help you can provide, or adjustments you can make to ensure work is a more comfortable environment for them. If they don't want to talk about the issue at all, simply remind them that you will be there to support them should they change their mind.

People from underrepresented groups may face additional difficulties in opening up about their mental health issues. Not only is mental health a taboo subject in many communities, but common misperceptions that eating disorders are only experienced by young, white, heterosexual women, makes those from other identities and backgrounds feel more anxious about opening up. Similar to the above, if they do not wish to share their situation with you, you must respect their reasons.

In a different scenario, the colleague may choose to approach *you* as they want to confide in you and seek support, as you are their line-manager, team member, or Mental Health First Aider. The below tips can be used for either scenario.

What to say	What not to say
• Despite the symptoms and behaviours that you've noticed, your colleague may not actually have an eating disorder – they might be experiencing something else. So, **start by asking the person how they are**. **You may wish to raise that you are concerned about them due to a couple of reasons** but avoid going into a detailed list of things you have noticed, as this could make the person feel like they are being spied on.	• Stay away from any comments about their appearance, before, during and after recovery. Commenting on someone's weight, size or shape is not helpful, even if it's coming from a well-intentioned place. A comment such as, "*you look healthier/well"* can be interpreted negatively by the person, cause a lot of anxiety and make the problem worse. **Focus on how that person is feeling instead**. • **Do not use numbers when talking about weight and calories**, including, BMI, kgs, stones and lbs.

- **Reassure the person that they haven't done anything wrong**, and they're not in trouble.

- Talk in a **relaxed environment**, **where food is not involved**. Be mindful that some people may also find drinks (such as coffee) triggering, so suggesting going for a chat/catch-up is probably a better idea than going for a coffee.

- General **optimism** will go a long way. Many people can feel quite hopeless and lose motivation, so reminding them that recovery is possible is important.

Examples

- *"I've noticed a bit of change in your behaviour/mood lately (give an example) – I am concerned about you and want to check in with how you are."*

- *"Please know I am always here to listen and will never judge you."*

- *"I am here to work with you to make work as comfortable for you as possible and give you the help you need and deserve."*

The use of specific numbers can be triggering for people that are or have been preoccupied with their weight and calories. Instead, speak more generally by saying things such as, "*you mentioned that you wanted to increase your weight".*

- **Do not schedule meetings over lunch or approach the person when they are eating**.

- **Avoid making comparisons**, such as, "*I know someone who had anorexia, they did x".* Everyone has a different experience.

- **Do not use terms such as 'anorexic' or 'bulimic' to label**. Someone *has* an eating disorder; they *are not* their eating disorder.

- Avoid diet chat or talking in negative terms about food or weight/shape. Discussions about exercise may also be difficult for someone with an eating disorder, so try to steer away from these types of office chats.

Ask that person what kind of support *they* want

Everyone deals with mental health issues differently. Some people will want to receive professional help with minimal involvement from family, friends and colleagues, while others will prefer to receive regular support from those they are closest to.

Instead of assuming what kind and what level of support the person will want, ask them first. If they aren't sure, suggest the various options they may have and tell them they can talk through the options with a **trained advisor at Beat**. If the person is keen to seek help, recommend that they seek support through their GP, who can make a referral to a specialist eating disorder service for an assessment.

Reasonable adjustments

Eating disorders often result in or co-exist alongside other physical and mental health issues such as depression, anxiety, substance abuse, cardiovascular and neurological complications. Making the person aware of the workplace adjustments that can be made, is another way to offer support. This could include but is not limited to:

- Adjusting working hours
- Allowing enough time to work from home
- Allowing time to attend medical appointments during the working week if needed
- Re-distributing certain tasks amongst the team

Please contact your Department's HR team for further details on reasonable adjustments for mental and physical health. These may also be found on your Department's intranet pages.

Increase your understanding of eating disorders and mental health issues

Eating disorders often coincide with other mental health conditions so improving your awareness on this subject (for example, by reading this toolkit, support links and external resources) can help you understand what your colleague might be going through and what support is available.

Setting clear job expectations

Frequently, those with eating disorders, or with any other mental health illness, will hesitate to ask for workplace adjustments to manage their symptoms because they're worried colleagues might perceive them to be lazy and uncommitted, or that it will hinder their career progression. If you want to offer the person you are line-managing any adjustments, it's important to:

- Reassure them that the most important priority is their health and wellbeing.
- Reassure them that making adjustments may actually help them to concentrate and feel more comfortable while working, and you are happy to support them in this way.
- Provide clear guidelines on what is expected of their role and set objectives regularly, if any adjustments have been made.

Give feedback

It's quite common for those with eating disorders to also deal with low self-esteem and perfectionism. Providing them with constructive and positive feedback as and when possible, will be helpful and reassuring for them and will facilitate a generally supportive and encouraging atmosphere in the workplace.

Challenge any inappropriate language and behaviour

You can help break down the stigma and stereotypes associated with eating disorders by challenging any (often unintentional due to a lack of understanding) unhelpful language that you may hear in the office. One example could be if someone says, *'Oh*

I didn't know men could get eating disorders.' For the person affected, it is likely that they will find it very difficult to defend themselves in the moment. So, **being an ally** to them can be incredibly powerful.

If you see any incidences of bullying and harassment, please refer to your Department's guidance on bullying and harassment policy. **The Civil Service is committed to creating a work environment where everyone is treated with respect and dignity. Bullying and harassment of any kind will not be tolerated.** Neither will victimisation of an employee for making allegations of bullying or harassment in good faith or supporting someone to make such a complaint. All allegations of bullying and harassment will be addressed, either through informal or formal routes.

How to create an inclusive food culture

It's quite common for workplaces, particularly those in office settings, to have a culture of food. **A 2019 survey conducted at the Department of Business, Energy and Industrial Strategy (BEIS) found that 82% of respondents agreed there is a culture of food as a reward in BEIS.** While this can certainly create a friendly atmosphere, some found this culture tiresome or exclusive. Someone with an eating disorder can find this culture particularly triggering at work. Our tips to create a more inclusive food culture include:

- **Leave any food in one place in the office.** Having a designated area to leave food in one place can be helpful as it means that if someone finds it difficult to be around that food, they can avoid that area and will be aware that there is likely to be food there. Not having a designated area can increase the uncertainty around where food is likely to be, and those who suffer from an eating disorder may become preoccupied worrying where they may be caught 'off guard' if food appears.

- **When organising team meals and social events, share menus in advance, and be mindful that the requirement for restaurants to publish calorie information on menus may be triggering.** Whilst we recognise the benefits food-based social events can bring, we would always advise to try and stay away from always doing this and considering a broader range of social event ideas. If arranging a team meal or something where food may be involved, sharing the relevant menus with the team in advance (try to find a version without calorie information on their if possible) will ensure everyone knows what to expect and people with eating problems will feel more prepared.

- **Be careful with your language – avoid commenting on someone's food and exercise choices.** The below speech bubbles provides some good examples of language to avoid.

You might think that you're just making harmless conversation, but you have no idea how difficult someone might have found putting their meal together or their take on a particular type of exercise. Be mindful of your language that involve your own beliefs around food, such as:

- ***"Is that all you're having?"***
- ***"That's a really hearty portion just for you!"***
- ***"I'm so naughty having this."***
- ***"I really shouldn't eat this."***
- ***"I'm being good today."***

Talking about certain types of diet culture reinforces the notion to evaluate everything you do and compare appearances to others, and that only a certain type of body shape is acceptable is society.

Acknowledge that healthy means different things for different people and labelling things in black and white terms such as good, bad, naughty, healthy, unhealthy, can reinforce the sense of treats and punishments, guilt and fear, which can be very distressing.

Support for carers: how to support a carer and where carers resources are available

Eating disorders can indirectly affect a lot of people and be draining and distressing in many ways for families, friends and loved ones. Caring for someone with an eating disorder can often be a full-time job, especially during the most intensive stages of their treatment. It can be easy to forget the role of carers when focussing on support and recovery for the person with the eating disorder.

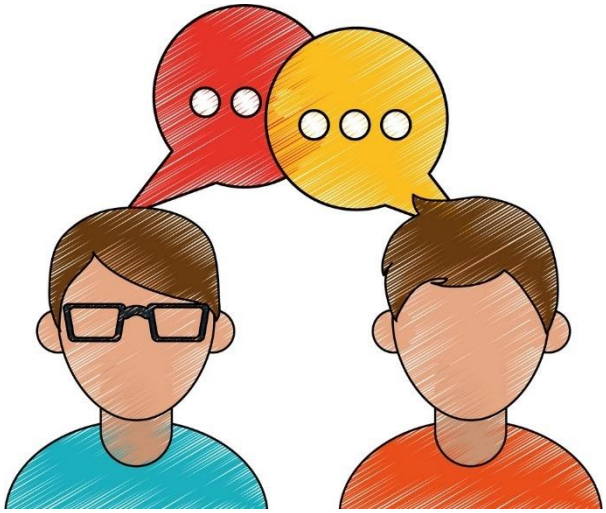
"On aeroplanes, safety instructions emphasise putting on your own oxygen mask first before helping others. Supporting others can be thought of in the same way."

The tips below may help if you if you are supporting a colleague that is caring for someone with an eating disorder, or if you yourself are a carer.

If you have an eating disorder – how to raise the subject in the workplace

Looking after yourself if you are caring for someone with an eating disorder	Supporting a colleague that is caring for someone with an eating disorder
• Although natural to be concerned about and dedicate time to someone you are caring for, *make sure you are looking after yourself – your health is equally as important.* Only by looking after yourself will you be able to provide the best care for your loved one. • Ask your line-manager for workplace adjustments, such as to your working hours, working from home, and redistributing tasks. • Find peer support groups with other carers and access services like the Employee Assistant Programme. • Find support through books, podcasts etc. on eating disorders. Educating yourself can help you find new solutions and feel like you are doing something.	• As well as asking your colleague how the person they are caring for is, **don't forget to ask them how *they* are too.** If appropriate, check-in with them every now and then. • Find support through books, podcasts etc. on eating disorders. Educating yourself in this way can help you find new solutions and feel like you are doing something. *Beat's* family empowerment **report** has a list of resources at the end. • Try to raise your awareness of what support might be available for them such as peer support groups and online for forums (the **Beat website has a specific section on support for carers**).

It's completely normal to feel scared by the idea of telling someone about your eating disorder, particularly your line-manager. However, many people feel that on reflection, talking to someone made them feel a great sense of a relief and helped them find further support**. Remember that you are not alone and that there is plenty of support available**.



If you would like to raise with your line-manager, Mental Health First Aider, or colleague that you are affected by an eating disorder, here are some suggestions of things you might want to try or consider:

- The channel of communication that you're most comfortable with - would you prefer to tell them in person, email or speak to someone on the phone?

- Points you may wish to cover could include:
    - The thoughts and feelings affecting your eating;
    - How long the eating difficulties have been going on for;
    - What the person you're talking to could do to support you to get appropriate help, and what you do and don't find helpful – e.g. *"I don't feel it's useful to talk about x, but I'd find it very helpful to talk about y with you";*
    - Any adjustments that could be helpful around work, such as time off for appointments or having work-from-home days; and
    - Resources on eating disorders (such as this toolkit) to help increase their understanding of what you're experiencing and what their responsibilities are as a line manager, Mental Health First Aider or colleague.

You can also speak to a **Mental Health First Aider** or call the ***Beat* Helpline** or **Employee Assistance Programme,** who can listen without judgement and help you think about who might be appropriate to approach next, and what you might want to say. More information on both resources can be found in the *'Support within the Civil Service'* and *'External resources'* section from page 30 onwards.

- **If you choose to email a colleague that has a shared-inbox, or has a PA that monitors their inbox, be mindful that more than one person may read your email. In this scenario you could:**

- Use the Sensitivity function in Outlook and mark the email as ‘OS-PERSONAL’;
- Include ‘OS-PERSONAL’ and/or ‘Confidential’ in the subject title; or
- Tell the colleague in advance that they should expect a personal email from you.

But what if it doesn't go well?

Having a negative reaction can make you feel very disappointed and reluctant to tell someone else. However, this doesn't mean that you were wrong to share, aren't actually ill or don't deserve treatment – how others react, what their understanding is (or potentially lack of) of what eating disorders are and how to support available, is outside of your control. The person may also feel scared or confused and may be willing to speak again after absorbing their initial response or may not even have realised that they said something to upset you.

If you're still struggling, you could try someone else. Remember that all Mental Health First Aiders, staff working at the *Beat* Helpline and Employee Assistance Programmes are trained and will listen non-judgementally. You can also speak to members of the Civil Service Eating Disorders Network either in a 1-2-1 chat, through an email, or at one of our peer (pro-recovery) support groups, who can provide a listening ear.

Below is an example of how a civil servant told their line-manager about their eating disorder and what the response was.

When I was first diagnosed and began weekly therapy, I sent my line-manager the following email to begin our conversation about my struggles:

"I wanted to send this email because this is really difficult for me to talk about in person and I have barely told anyone. However, I have been seeing my doctor and will now begin a course of Cognitive Behavioural Therapy for a mental health problem I have been suffering with for several years. I'm not sure on how much you would like to know, but if you would need detail in order for me to take the time out for therapy, please let me know and I will ask my doctor to write to you. I'm really worried because I don't want to tell [the person I was a Personal Assistant for at the time]. Maybe we can also go for a chat to talk about things a bit more?"

My line-manager responded by email (I planned this email on a day I was working from home) saying that it was entirely my choice on how much I wanted to tell her about what I was going through, and that she would support me in any way she could. I didn't need to explain myself or tell anyone else about my condition. We then went for a chat where she asked me how I was. On this occasion, I was comfortable enough to explain what my diagnosis was, and the conversation then went organically into how she could help and what time off work I would need to take. In hindsight, I was very glad I told her about my eating disorder, because immediately there was much less triggering conversation coming from her (e.g. commenting on my food), and I felt so much more comfortable in telling her when I had a bad day, and when I couldn't come into work. I have tried this technique with my other line-managers since and have found it really works for me.

Advice on eating out with calorie labelling

In April 2022, legislation was passed making it compulsory for restaurants, cafés and takeaways with more than 250 employees to print calorie labels on menus. This is likely to be particularly difficult for colleagues affected by eating disorders and make them feel very anxious. We have set out some tips and resources to support with this below.

For the individual

Before the meal

- Think about any particularly difficult emotions that may come up in advance and write down what you and people who you trust may say to reassure you to help you manage those difficult emotions at the time of the meal.
- If you feel comfortable, let colleagues who are organising the meals out know that the calorie information may make you feel uncomfortable. You could also let them know what may make it easier for you to manage the discomfort. For example, by sharing menus in advance and on the day without calorie information, and suggesting places that have been known to provide this service, such as:
    - Wagamama
    - Pho
    - Dishoom
    - Pizza Express
    - TGIF
    - Nandos
    - Bill's
    - Restaurants under the Mitchells & Butlers company including, Browns, Toby Carvery, Stonehouse Pizza & Carvery, Harvester, Miller & Carter, Vintage Inns, Ember Inns

The above restaurants may only provide menus without calorie information online.

- Consider looking at the menu and choosing your meal in advance so you have time to process any negative thoughts and feelings.

During the meal

- Remind yourself that this is just one meal, that food is so much more than just a number. Try to focus on the social benefits of eating out, such as being able to connect, celebrate and relax with your colleagues.
- Remember that you are in control – not your eating disorder. You are making the choice to choose recovery and all the benefits that it will bring that really matter to you.

- Take deep breaths.
- Remind yourself of any affirmations that you may find helpful to drown out eating disorder voices, for example:
    - I am worthy and deserving of recovery.
    - I am stronger and more powerful than my eating disorder.
    - I deserve compassion and kindness.
    - I am enough, I accept and embrace who I am.

- Remember that recovery will feel scary, but you are taking a positive step by challenging your eating disorder.
- Think of ways you can distract yourself temporarily or come up with a signal with a trusted person so they can offer you distractions.

<u>After the meal</u>

- Find someone to speak to at work to support your mental health – such as a Mental Health First Aider, member of the CSEDN or another colleague.
- Plan something nice afterwards to look forward to – such as tea or coffee with a colleague, walk around a park, etc.

For colleagues and teams

- Bear in mind that eating out may be more of a challenge for colleagues who may be experiencing eating disorders. You may not know who in your team may be suffering as they may not feel comfortable sharing this with you and it can be difficult to spot.
- Try to find a menu without calorie information if possible, and share these in advance (see list of restaurants on the previous page who offer this more easily).
- Try to avoid too many conversations about the calorie information, keeping in mind that everyone's body is different, and we have all varying needs.

For more tips, see this guide from eating disorder charity Beat.

Support within the Civil Service

Civil Service Eating Disorder Support Network (CSEDN)

- The CSEDN works to support colleagues that are being impacted directly or indirectly by eating disorders and related issues.

- The group runs **peer support sessions** on a monthly basis, providing a safe and open space for anyone in the Civil Service who wants to talk about anything on their mind that may be related to eating disorders – whether you think you may be developing an eating disorder, are caring for someone, are concerned about a colleague or just want to understand more about how to support others.

- Our support groups are currently run virtually via Microsoft Teams. There is no expectation to introduce yourself, have your camera on, speak or say anything, you can simply listen – or be as talkative as you like. Whilst not a form of formal counselling, our support groups are usually a mixture of people who want to talk about the current problems they might be facing (in the workplace or personally) and get advice and empathy from others facing similar issues.

- Our support group has some ground rules, which are read at the start of each session, to ensure that the space is safe for everyone. If you would like to see the rules ahead of joining a session, please get in touch via our inbox.

- As well as monthly support sessions that are open to everyone, you can also contact the committee members at edsg@dsit.gov.uk to have an individual conversation face-to-face or by phone or email.

Employee Assistance Programme (EAP)

- Many civil servants have access either to a Welfare Service or to an Employee Assistance Programme or Provider (EAP).

- Advice given can be on a range of topics, from buying a home, to having children, to dealing with bereavement or relationship difficulties. There are specialist trained advisers to support with issues related to eating disorders.

- You do not need to seek permission from your line manager to contact the EAP and they will not be informed if you contact them or if you require further assistance from the EAP. Any counselling services provided should be entirely confidential and usually the waiting time is much less than for NHS services.

Mental Health First Aiders

- Most Departments should have Mental Health First Aiders who have all completed a two-day training course that teaches participants how to spot the early signs of a mental health issue, listen, reassure and guide someone towards professional support.

- Conversations will be confidential, unless the colleague intends to harm themselves or someone else, at which point the duty of care requires escalation to line management and/or HR as appropriate.

Occupational Health (OH) services

- Your Department should provide an independent, confidential health service covering both mental and physical health, that is designed to support people to be well at work who may be experiencing health issues or return to work after experiencing ill health.

- The OH service is delivered by a team of health professionals specialised in occupational medicine. The service deals specifically with the relationship between your work and your health. A medical officer can help assess your situation and prepare a report which will be available to your manager.

- If you are on long-term sick leave, you may be asked to go for an OH assessment to determine whether you will be able to return to work in the foreseeable future. OH produce reports for your managers which may include information about whether suitable workplace changes could improve your ability to do your job.

OH guidance for line-managers:

- **If you have any concerns about the effects of work on an individual's health or the effects of a health problem on an individual's performance or attendance at work, referral to the Department's OH provider should be considered. A few examples might be:**

    - Where there may be an underlying health condition contributing to performance issue;
    - Where there is a concern a health problem is aggravated by work duties;
    - Advice on coping with a return to work after a lengthy period of absence; or
    - A member of staff develops a disability and advice is required regarding reasonable workplace adjustments, although initially you should refer to your Department's HR team;

- **A referral is strongly recommended where a member of staff has:**

    - Mental health or musculoskeletal issues;
    - Several episodes of short-term absence;

- Exceeded the short-term sickness absence trigger level; or
- Had a long-term or continuous absence (2- 3 weeks);

- **Make sure that you inform the colleague why you are making a referral and how the OH advice will be used.**

- **The OH Adviser referral will provide a clear opinion on:**

  - Fitness for work: whether the person has a health problem that may affect fitness for work or to undertake all duties;
  - Return to work: if the person is currently absent, when they are likely to be ready to return;
  - Rehabilitation advice: measures that may enable the person to return to work before full recovery; and
  - Future attendance: how much absence is likely in future due to health problems.

OH guidance for individuals:

- As an individual, you may be asked to give your consent to a referral to the Department's OH service. This could be for an assessment of your fitness for work or to help the Department consider reasonable adjustments to support you in the workplace. This guidance tells you about the medical referral process and what to expect.
- Referrals advise the Department on your health or disability and how these affect your fitness to carry out your work. The report back to your manager gives an objective, expert opinion on your fitness as well as suggestions for how to make it easier for you to carry out your duties.
- The referral will be carried out with either an occupational health adviser (OHA) or occupational health practitioner (OHP). Generally, OHAs (who tend to be nurses) will deal with single-issue or straightforward issues, while OHPs (generally doctors or GPs) will cover more complex, multiple-issue or longer-term cases.
- If the OHA / OHP asks to see you, it gives you the opportunity to talk over, in confidence if required, your health in relation to your work.

Access to Work (AtW)

- Access to Work is a publicly funded employment support programme that aims to help disabled people start or stay in work. It can provide practical and financial support if you have a disability or long term physical or mental health condition. This scheme recommends reasonable adjustments to ensure staff with a disability or long-term health concern are not substantially disadvantaged when carrying out their work duties.

- As part of this, there is a Workplace Mental Health Support Service (WMHSS), managed by Remploy. The WMHSS service is designed to provide support to individuals experiencing difficulties at work due to a mental health condition. Both schemes are independent to your Department and colleagues self-refer to the service. Details on support from your Department to cover the costs of

assessments if required should be found on your intranet pages or through contacting your HR team.

The Civil Service Charity

- The charity supports civil servants, past and present to offer practical, financial and emotional support.

- There is a section on eating disorders on their Wellbeing Hub. You can also use their interactive wellbeing guide, DogBot.

The Charity for Civil Servants for you by you

External resources

Beat is the UK's leading eating disorder charity that provides support, advice lines and a range of online resources for anyone impacted directly or indirectly. These include:

- **Helplines** (the adult number is 0808 801 and then add 0677 for England, 0432 for Scotland, 0433 for Wales and 0434 for Norther Ireland) which are open 365 days a year from 9am-midnight during the week and 4-midnight on weekends and bank holidays
- A one-to-one web chat service
- Support groups for affected individuals and carers
- Guides on treatment
- An online directory on specialist care in your area

You can also email Beat for support if you prefer – email addresses are available here.

Anorexia & Bulimia Care is an eating disorders charity that provides on-going care, support and practical guidance for anyone affected by eating disorders (including Binge eating and self-harm). This includes:

- The ABC National Helpline and Email Support
- Family and befriending services
- Nutritional support
- An online education platform

The NHS pages on eating disorders has a guide on treatment for eating disorders. It **recommends anyone to see a GP as soon as you can, even if they're not sure** and they can be referred to specialist support if appropriate. It can be helpful to bring a copy of the NICE guidelines on eating disorders or a copy of the Beat GP

leaflet to any appointments, which includes a tips on handling any conversations with GPs.

The **Mental Health Foundation has a section on Eating Disorders.**

National mental health charity **Mind also has section on Eating Disorders.**

Overview of therapy

A common theme that has come up through eating disorder and mental health discussions is therapy. For those who have never tried it, it can seem like quite daunting to know where to start, especially for more eating disorder specific support, so we've put together a short overview to try and help colleagues navigate the world of therapy, focusing on talking therapies.

What is (talking) therapy? Why can it help?

- Talking therapies involve talking to a trained professional about your thoughts, feelings and behaviours. These are aimed to help you understand where complex feelings may have come from, learn more about yourself and your thoughts, and depending on the type, help you change unhelpful thinking patterns.
- Some people can find they may need therapy to deal with challenging life events such as bereavement or relationship problems and sensitive topics that they may find it difficult to talk about.
- However, you don't have to wait for something terrible to happen or feel like you're at crisis stage – if you feel like you could benefit from talking to someone who is qualified to help you understand your mental health in a safe non-judgmental environment, then you could consider trying it.

How do I know what type could best suit me?

There are many different types of talking therapy – some people find different types helpful for different issues and/or at different stages of their lives.

Topics and focus of discussion can vary:

- Some types of therapy such as psychodynamic are based more on exploring how your childhood and unconscious mind influences your current thoughts.

- Others such as acceptance and commitment therapy are more focussed on allowing yourself to accept your emotions non-judgementally, using mindfulness-based techniques.
- Others such as cognitive behavioural therapy (CBT) are more focussed on structured practical exercises to change the way you think and behave.
- Some therapists also often a blended approach.

Timings and 'homework' can vary: CBT offered through the NHS typically involves 6-12 sessions and exercises (such as filling in a thought journal) for you to do in your time, whereas ones exploring more of your past and unconscious mind might be less time-dependent or last longer and usually do not involve as much specific work to do in your own time.

The National Institute for Clinical Excellence suggests certain types that can help treat different types of eating disorders.

This NHS page explains the main types of talking therapies that you can access through the NHS and other mental health conditions that it can help with.

Although there is overlap in training between counsellors and psychotherapists, more training is required for psychotherapists and the support offered is usually more in-depth.

There are also lots of types of non-talking therapies that can be used alongside talking therapies including art, nature, music, eye movement de-sensitisation and reprocessing (EMDR) – for a comprehensive list, see the British Association for Counselling and Psychotherapy A-Z guide.

Where can I find therapy? How much does it cost?

NHS

The NHS provides a range of types of talking therapy for free. You can access this by asking your GP in the UK, or if you live in England you may be able to refer yourself through the NHS talking therapies service finder. However, waiting times can be long (e.g. more than 6 months).

Private therapy

Private therapy is usually a quicker route but would involve costs. You can find private therapists on the British Association for Counselling and Psychotherapy (BACP) register and Counselling Directory. Costs vary from on average £50-200+ per session depending on if it's virtual or in-person, experience of the therapist, the type of condition (e.g. eating disorder specialists can cost more) and other factors.

Options to lower the cost of private therapy

- **Don't be afraid to negotiate** – some therapists are flexible on offering prices outside of their advertised rate if you explain your financial circumstances.
- You can ask if they offer a **free introductory session**.
- Eating disorders charity Beat has a central repository of local support such as private therapists, including with experienced students. Note you may have to agree for it to be recorded, although you don't have to have your face in the recording.
- The UK Counselling Network offers more affordable sessions from £25 per session, usually with experienced students or trainee counsellors.
- Local Mind centres similarly can offer discounted sessions student or trainee counsellors.
- Anxiety UK offers affordable reduced cost professional therapy access.
- Mental Health Matters (MHM) offers a telephone counselling service and talking therapies in some areas.

If initially you don't feel like you're 'clicking' with the therapist (NHS or private), don't hesitate to ask to switch or explain why you feel like their approach doesn't quite suit you. Therapists understand their style may not fit the individual's needs and won't be offended.

Although not necessarily specific to eating disorders (and worth asking if they do), some organisations provide counselling or therapy for specific communities or life circumstances such as:

- The Black, African and Asian Therapy Network (BAATN)
- South Asian Therapists.org
- Southeast and East Asian Centre
- Talking Elephants Counselling for Ethnic Minorities
- Pink Therapy (LGBTQ+)
- Disability Plus Counselling Services

- Local carer services sometimes offer **carer specific therapy**

- Sue Ryder and Cruse Bereavement Support provide free online **bereavement counselling**
- Relate offers **relationship counselling for couples** (£65 for an initial session, rate afterwards can be negotiated)
- Rape Crisis centres offer free counselling to survivors of sexual abuse, and sometimes to their families

Personal experiences of therapy from the network

My story

“My relationship with food has been challenging since my childhood. Without realising it, I had developed copying strategies to deal with these challenges, including having a routine. When I moved to the UK to study, I lost my routine and had to navigate life abroad while studying in my non-native language and trying to create friendships. Back then, I didn’t realise I had an eating disorder, nor did I ask for help from my social circle or a professional.

Finally, in 2017 when I moved to London, I decided to speak to my NHS GP which was very understanding and empathetic and referred me to an ED team. Unfortunately, I’m yet to hear back. I suspect that the change of address didn’t help, although my GP practice stayed the same. A few more years went by and whilst watching a documentary, I saw this American Psychologist talking about ED. I decided to Google her and found out she has her practice in London (Altum Health). I immediately contacted her and arranged 10 sessions. The cost was very high for me, but **I thought it was worth it – and it was!** My therapist helped me see my relationship with food in a different way and helped me establish some routine.

In 2022 I felt that I’d benefit from more sessions, and I found a Clinical Psychologist through my health insurance. She has a practice called Flow Clinical Psychology and she introduced me to different types of therapy and helped me develop various strategies.

Tips on finding a therapist

For full disclosure, my background is in Occupational Psychology so I can be quite specific when it comes to finding a professional therapist. The titles 'Psychologist', 'Therapist' and 'Psychotherapist' aren't protected in the UK. While the titles 'Clinical Psychologist' and 'Counselling Psychologist' are. Here's an HCPC page which has more information about regulation of psychologists: Understanding the regulation of psychologists. Personally, when looking for a therapist, I ensure that they're Chartered by the British Psychological Society and registered with the Health and Care Professions Council. Here's a list of other professional associations for counsellors/ therapists: UK Therapy Guide. Having chemistry in the therapeutic relationship is a determining factor, so I'd recommend finding a therapist that you trust and feel comfortable with. These are my criteria and yours can differ. I'm certain that there are so many great professionals not BPS Chartered or HCPC registered who've gone through years of training and are fantastic professionals.

If you're considering therapy, I highly encourage you to go for it! **It may feel like climbing mount Everest, but with the right therapist you’ll find the strategies that work for you**, and you’ll improve the quality of your life.” - Penelope

“Realising I needed to get help for my eating disorder was a huge step. For a long time, I was in denial that I had a problem, and it took for my loved ones to recognise that I was very poorly. My GP at the time was very supportive but at that stage, 25 years ago, I wasn’t ready for help – my illness had completely consumed me, and I had no ability to make positive decisions for myself. I struggled on for a while, but as time went on, it became apparent that I was unwell.

I was fortunate to experience the kindness of a considerate nurse at university who could see my struggle (not matter how I tried to hide it) and approached me. Her encouragement and warmth loosened the grip my eating disorder had on my mind, and for the first time, I felt that speaking to someone wasn’t as terrifying as I thought. She supported me to see a GP at the local surgery who had experience in mental health and eating disorders. Alongside my brother, who came for support, I went to this GP and, for the first time, suggested that there may be something wrong. The GP listened, and with practical and helpful advice of ways forward, took a huge weight of shame and fear off my shoulders – **she made me feel like it may be possible to have a life without the pain I was experiencing**.

Recovery is always a challenging road – I attended out-patient treatment at hospital for many months, and the journey since has not been always smooth. However, there is not one moment that I regret asking for help. I have accessed a wide range of types of therapy over the years including CBT, family therapy and transactional analysis. For me, I found a combination of medication and having a strong therapeutic relationship with a therapist I can trust has been crucial. Working through my issues in a safe space **helped me understand what my pain was, better admit the trauma I had faced and how it impacted my behaviours and develop ways I could adapt** to better protect my own mental health.

I have witnessed huge improvements in openness about mental health and eating disorders since I was first unwell and developments in therapeutic interventions. **If I could speak to my younger self, I would shout to ask for help sooner - don’t wait until things are really bad**. I’d also say that it’s ok to try different ways of support until you find what works for you. My eating disorder journey continues, and **I will always have therapy within my superhero toolkit – I access it when I need and use it within a range of protective tools, to fight my ED, to fight for me**. More than anything though, I would say that you deserve help.

So please, if you are struggling, reach out and get support – things can get better, and you deserve help.”

- Meredith

"I had been battling with an eating disorder for about 16 years before I felt like I was in a place where I was ready to tackle it. I reached out to my GP initially and they gave me some brochures that were of limited use. I went away and did some research of my own to see if there were any services offered locally. I ended up coming across a service called STEPS which was located in Southmead Hospital in Bristol. I saw online that the service was accessible by GP referral, so I went back to my GP and asked her if she could refer me. She did and apologised for not being aware of the service. I was on a waiting list for about nine months before I was contacted by STEPS. We had just gone into lockdown, so they told me that the 12 x 1 hour weekly therapy sessions would have to be held remotely. I initially resisted and said I would prefer to have the sessions in person, but they said they had no idea when they would be back to in-person work so I agreed to the remote sessions.

The experience was transformative for me, and I cannot believe how quickly I found my way into recovery. **The sessions explored the possible origins of my eating disorder** which was a really useful thing for me to understand. I was **also given tools that I could use when I felt like my eating disorder habits or intrusive thoughts were cropping back up** and I still use these to this day. From someone who used to think I didn't want anyone to take my eating disorder away from me, I cannot tell you how happy I am that I made the decision to ask for help. It really was the best decision I have ever made. I would definitely recommend doing the research before you see your GP so you can ask for a specific referral (if that is available for you). - Layla

"Accessing private therapy was not an easy decision given the cost but knowing that I'd be on the NHS waiting list for specialist support for a long time pushed me to explore my options so I could at the very least get support in the interim. I initially felt very overwhelmed by the number of options for private therapy I found through Google, but after having a few (free) exploratory phone calls with various therapists, I soon felt better informed about what might be best for me.

I learned that Cognitive Analytical Therapy would help me to understand the deep-rooted issues I had in more depth. The City of London Therapy Centre was particularly helpful in connecting me with someone who four years later is still my therapist. Although the original fee I was quoted was considerably higher than what I could afford, I explained my circumstances and I was able to negotiate a lower fee. As a result of the pandemic, **many therapists still offer virtual sessions as an option and that can often be cheaper and worth considering** if you're worried about being on a lengthy waiting list.

Therapy isn't just about talking to someone; **one of the most valuable things I've learned through therapy is how to express difficult thoughts and emotions in creative, more healthy ways**, for instance through painting. It has undoubtedly helped me on my recovery journey. – Reena

Glossary

More detailed explanations of the below terms can be found within the toolkit.

Anorexia nervosa: a condition where the person has a low weight because they are severely restricting their food intake and have an intense fear of being "fat" or gaining weight.

Avoidant restrictive food intake disorder (ARFID): a condition characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both.

Binge-eating disorder (BED): a condition where the person will eat a lot of food over a short period of time including when they are not hungry or eating beyond feeling full.

Body dysmorphic disorder (BDD): a condition where the person is consumed by obsessive thoughts related to body size, shape, or weight, which may then cause severe emotional distress and extreme efforts to fix the perceived flaws.

Body image: how we think and feel about our bodies. Everyone has body image, be it positive, negative, or in between. It's normal to feel different things about each body part, and normal to feel differently every day.

Bulimia nervosa: a condition where the person will binge eat, they eat a lot of food in a short period of time, followed by purging, where they compensate for instance by vomiting, taking laxatives or exercising excessively to prevent weight gain.

Disordered eating: disordered eating is a term used to describe a range of irregular eating behaviours that may or may not warrant a diagnosis of a specific eating disorder. Someone with disordered eating may eat when they are bored, eat out of stress, or eat to cover up their emotions, for instance.

Eating disorder: a mental health illness, characterised by disordered eating behaviours, such as restricting the amount of food that is eaten and eating large amounts of food in a short period of time.

Night eating syndrome: where someone repeatedly eats at night, either after waking up from sleep, or by eating a lot of food after their evening meal.

Orthorexia: where a person has an unhealthily obsession with 'clean eating' and the quality of their diet.

Other Specified Feeding or Eating Disorder (OSFED): if a person's symptoms and behaviour do not match the diagnostic criteria of anorexia nervosa, bulimia nervosa or binge eating disorder, they may be diagnosed with OSFED.

Over-exercise/ compulsive exercise: where a person focusses a significant amount of time into physical activity, despite illness, injury or poor/dangerous weather conditions, and at the expense of other activities such as, work and social live.

Pica: a feeding disorder in which someone eats non-food substances that have no nutritional value, such as paper, soap, paint, chalk, or ice.

Rumination disorder: an illness that involves repetitive, habitual bringing up of food that might be partly digested. It often occurs effortlessly and painlessly and is not associated with nausea or disgust.