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# **University Challenge:**

**Integrating Care for Eating Disorders  
at Home and at University**



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### **This report has been produced by Student Minds**

Student Minds is the UK's student mental health charity. We believe that peer interventions can change the state of student mental health. We deliver research – driven training and support to equip students to bring about positive change on their campuses through campaigning and facilitating peer support programs.

Our vision is for students to be at the centre of all interventions to improve student mental health. We want students to take action to foster an environment where everyone has the confidence to talk and listen to each other, the skills to support one another and the knowledge to look after their own mental health.

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## Executive Summary

Is the NHS meeting its own values and expectations? The white paper 'Putting People First'<sup>1</sup> states that the NHS has a duty to provide effective, integrated and personalised services. This report investigates whether the NHS is meeting the duty of care for university students with eating disorders. The report highlights the lack of integration, personalisation and effective care provided for university students with eating disorders.

The transition to university is a difficult time for many<sup>2</sup>. Students are moving away from their support networks. Students receiving specialist support for mental health problems may be leaving established therapeutic relationships with clinicians. In the process of this transition, students are commonly discharged from the specialist service that has been supporting them at home. Registering with a new GP, in a new city, commonly leaves gaps in the treatment and support that these students receive. This transition is a crucial time for the delivery of support to students with eating disorders and yet there are few mental health services providing targeted support for their needs<sup>2</sup>.

Students live transient lifestyles, living at home during the holidays and at university during term-time. This can mean spending over 25 weeks of the year at home, many miles away from the GP surgery where they are registered. If students need medical attention during the university holidays, they usually register with their home GP as a temporary patient. For many, this is a complicated and unsatisfactory process. There is paperwork involved and poor access to patient records results in students having to explain their mental health history to yet another GP. This is traumatic. As temporary patients students report having limited access

to specialist services ranging from blood tests to psychological support.

Further problems arise in maintaining continuity in specialist care. Due to the high demand for psychological therapies, it can take months to progress up a waiting list to receive care. It is not uncommon for students to reach the top of the waiting list in their university locality when they are back at home during the holidays or when they are about to sit university exams. If patients cannot attend the sessions assigned to them, they are usually dropped off the waiting list and required to go through the referral process again. Accessing treatment for eating disorders is further complicated by the tendency for acutely ill individuals to deny that they need help. This commonly results in poor attendance and engagement with treatment. The transitions between home and university disrupt the development of therapeutic relationships and the ability to monitor individuals who are reluctant to engage in treatment. Effective management of student transitions between services requires clear communication between professionals. Professionals have raised concerns about communication between different teams and the difficulties of passing on information securely<sup>3</sup>.

The Handbook to The NHS Constitution for England<sup>4</sup> states that providing effectively integrated care to achieve better outcomes for service users in a cost effective way is a key priority for the NHS. The challenges that students face in accessing suitable outpatient care in a timely manner can lead to dramatic deterioration in health. The financial burden of delayed intervention is substantive. The total average annual cost of inpatient treatment for eating disorders is £50 million. That is over 10 times more than that spent

per year treating individuals as outpatients<sup>5</sup>. As well as the economic benefits of early intervention, early intervention produces significantly better long term health outcomes<sup>6</sup>.

### Key messages:

#### **Students need access to healthcare services at home and at university.**

Our research found that students find it difficult to access care when they are registered with a GP as temporary residents. Under the current NHS guidance, this should not be the case; students should have access to appropriate healthcare services at university and at home. The 'Who Pays guidance' states<sup>7</sup>:

"Where a patient is registered\* on the list of NHS patients of a GP practice, the responsible commissioner will be the CCG of which the GP practice is a member; Where a patient is not registered with a GP practice, the responsible commissioner will be the CCG in whose geographic area the patient is usually resident..."

\* "This applies to patients permanently registered as well as those registered as a temporary patient – if a person is registered with a GP who is a member of CCG A and then becomes registered as a temporary patient with a GP who is a member of CCG B under the regulations the patient ceases to be the responsibility of CCG A under s3 for the period of that temporary registration."

This guidance stipulates that primary care services cannot refuse temporary residents healthcare support.

#### **Shared access to notes.**

Ensuring that the services supporting the student, both home and university, have access to the same information and discuss the individuals care plan, should reduce the risk of students 'falling through the gap'. Sharing information will enable healthcare professionals to be better informed, allowing appropriate monitoring and support for the student at university and home. Comprehensive notes ensure that referrals to specialist services can be made when necessary. Shared access to notes reduces duplication of work, saving the NHS time and money as well as sparing the student the distress of providing a full history of their mental health on multiple occasions.

Involving the student and, if appropriate, their families/carers in decision making processes and providing them with documentation to take with them will allow easy transfer of notes to ensure all support networks are informed of the student's care plan.

#### **Appropriate support should be put in place before students arrive at university.**

Eating disorders generally develop in adolescence and early adulthood<sup>8</sup>. A proportion of students arrive at university with eating disorders. Moving away from home, and their specialist service, can result in these students receiving no support or follow up monitoring when they first arrive at university.

In order to receive any specialist support for eating disorders students are required to register with a local GP. There may be several barriers to this including avoidance of support, denial of needing support, the distraction of university life or a lack of knowledge of how to access support.

When students take pro-active steps to seek support for their eating disorder, by registering with their GP and asking for further support, it can take months for the referral to an eating disorder service to be processed. As such, even young adults who have been recently discharged from specialist inpatient or day-patient services may spend their first months at university with no access to specialist support.

This situation often arises despite the best efforts of the professionals who provided the young person with support at home. The current structure of the NHS makes it difficult for professionals from one area of the country to request or arrange comparable support to be provided in another area of the country.

Designing a national register with useful contacts such as GPs, specialist services, university mental health advisors and support groups may alleviate the difficulties faced when trying to work out who to refer to or who to pass information onto.

“I have had to take 5 years in total out of university due to my eating disorder ... I have experienced great difficulties in transferring my care and getting enough support which I am certain severely impacted my mental health... my home specialist services did all they could to transfer care smoothly and ahead of time but were constantly told nothing could be set up until I had arrived at university and registered with a new GP, and then despite my history and letter from my specialist consultant urging a rapid referral to specialist services, I still had to go through the referral process from GP to CMHT to specialist services which takes months and then you are on a waiting list to get treatment too.... I am now fighting to stay as an outpatient and continue my degree... It frustrates my family and I so much that despite the best efforts of some very supportive professionals, the rules regarding referrals from out of area and waiting lists can have such a devastating impact on those with eating disorders. And also, if I had received help earlier I am sure I would not have cost the NHS anywhere near as much as 5 years inpatient treatment no doubt has done and I would maybe be further into recovery and enjoying a better quality of life. I really think this is a vital report and if its suggestions are implemented it would greatly improve the experience of university and recovery of students with eating disorders.”

## Research Methodology

### Student surveys

Students with experience of eating disorders were invited to take part in a series of surveys between May 2012 and March 2013. Thirty three students with eating disorders provided detailed accounts of their experiences accessing support at university.

### Mental health professionals surveys

A qualitative study of GPs was conducted with practices in Brighton and Hove. Based on responses from the GP study, the 'Transitions Questionnaire' was developed and has been rolled out to healthcare professionals nationwide.

The questionnaire was distributed through the University Mental Health Advisory Network, Berkshire NHS Foundation Trust (including Child and Adolescent Mental Health Service, Berkshire Eating Disorder Service and Adult Mental Health Service) and the Berkshire, Buckinghamshire and Oxfordshire Special Interest Group for Psychologists working with Children and Young People. Student Minds advertised the questionnaire on their website, newsletter and social media.

There were 24 respondents to the

Transitions Questionnaire. The sample was made up of twelve staff from University Mental Health Services, three from GP services, two from NHS CAMHS and seven from NHS Adult Mental Health Services.

### Consultation

A consultation period was held from June to December 2013, during which time this report was widely circulated to student groups, university support staff, psychologists and psychiatrists.

### Background papers

An extensive review of the literature on treatment for eating disorders and mental health provision for students in general was conducted.

"As a parent and teacher I have seen many 16- 18 year olds suffer because they are the wrong side of an age threshold to access the correct services. Having got on a course of treatment which appears to be working the transition to University throws everything out of kilter. It is essential that health professionals work together for the benefit of the patient. With computerised records it should be possible to have continuity of care regardless of where the young person is, at home or at University. In the past 5 years I have known 6 able, motivated and highly driven students drop out of their studies because of the gap in care between the two locations where they spend an almost equal amount of time in these crucial 4 years."



## Introduction

University students with eating disorders are being let down by the NHS. Students need to be provided with integrated, joined-up care.

Today, 49% of young people (17 to 30) are in higher education<sup>9</sup>. 80% of students live away from home for the duration of their studies<sup>10</sup>. On average, there are 1.3 million students who spend part of the year at home and part of the year at college<sup>3</sup>.

In the UK, 1.6 million people are affected by an eating disorder<sup>11</sup>. Eating disorders generally develop in adolescence and early adulthood<sup>8</sup> which is around the time that students move to higher or further education. Students at university develop eating disorders at a greater rate than the general population<sup>12</sup>. The mortality rate of eating disorders is around 20% and this increased risk of premature death exists for all types of eating disorders<sup>13</sup>.

## Eating Disorders

Eating disorders are psychological problems associated with low self-esteem, shame, secrecy and denial<sup>14</sup>. The behaviour associated with eating disorders is characterised by abnormal and restrictive eating habits<sup>15</sup>. Anorexia Nervosa, one type of eating disorder, is characterised by self-induced weight loss. The weight loss associated with Anorexia Nervosa causes serious physical problems including loss of muscle strength (which also affects heart muscle) and loss of bone density<sup>11,16</sup>. Anorexia Nervosa has the highest mortality rate of any psychiatric disorder<sup>17</sup>.

Bulimia Nervosa, another type of eating disorder is characterised by an irresistible

craving for food, usually prompted by highly restrictive eating habits. Individuals with Bulimia Nervosa may consume large amounts of food in a short period of time and use purging behaviours (such as self-induced vomiting, excessive exercise or starvation). The psychopathology includes a morbid dread of fatness and the patient sets herself or himself a sharply defined weight threshold<sup>16</sup>.

## Effective Support for Recovery

Full recovery from an eating disorder is possible<sup>18</sup> and going to university can be a positive factor in recovery<sup>19</sup>. However, early treatment remains an important factor in enabling people to make a full recovery<sup>11</sup>. Safe treatment for eating disorders addresses all of the aspects of the illness: physical, behavioural and psychological factors and the need to provide collaborative care on an ongoing basis<sup>20</sup>. Following discharge or transition between services, coordination and collaboration are particularly important<sup>20</sup>. Smooth transitioning and handover between treatment teams has been identified as imperative to ensure the sustainability of treatment outcomes<sup>20</sup>.

Although recovery is possible, at present, fewer than 50% of adults suffering from Anorexia Nervosa recover<sup>20</sup>. Eating disorders are a complex and enduring mental health problem with substantive associated physical health risks. This means that continuity of care is of fundamental importance. Moreover, young people with eating disorders are reluctant to seek help and engage in treatment and so successful treatment may be dependent on healthcare professionals adopting a pro-active approach in getting young people into treatment and motivating them to persevere.

The chronic course of eating disorders makes continuity and integration of care a necessity, but the transient and time-limited nature of student life can make continuity of care highly problematic without special consideration<sup>21</sup>. The psychological nature of eating disorders means that they are most effectively treated with psychological interventions involving mental health professionals such as clinical or counselling psychologists and family therapists. These treatment methods rely on establishing a therapeutic relationship between therapist and patient, which is built on trust and continuity.

“My daughter is in her first semester of her first year at University...our experience is a disjointed, complicated, stressful and timely one, with my observation that I have provided the role of case worker to help join up the dots, communicate and facilitate her best use of the help that's out there. I can see how a sufferer can very easily slip through the net without this support and motivation. Any change to address this would be helpful.”

## Moving to University

The move from home to university is not only a stressful time for students, but also places considerable strain upon efforts to deliver continuity of care (Quotation 1).

Despite the high prevalence of eating disorders amongst the student population, current efforts by the NHS to support these individuals are limited. When students move from home to university they need to register with a new GP. Even if a student was receiving care from a specialist service at home, before they moved to university, they will need to be assessed by the new GP. The new GP may then refer the student to a specialist service. There is almost always a waiting time to access specialist services. Thus, in the process of moving from home to university a substantive gap in care provision is created. All too often, a student's health will deteriorate during this gap in care provision. The result being, that by the time they see the new specialist service, their eating disorder is more severe and harder to treat.

The Royal College of Psychiatrists (2011) recommend that the 'home' mental health team of a young person receiving support should make every effort to ascertain the service or services that would be appropriate for the patient and should then make the necessary referrals before the student starts at university<sup>2</sup>. This is in line with The Handbook to The NHS Constitution (2012), which states that providing effectively integrated care and achieving better outcomes for service users in a cost-effective way is a key priority for the NHS.

Unfortunately, University Mental Health Advisors note that many students with eating disorders arrive at university without a care

"Transitions between home and university were also the most difficult times for me, when I was most likely to relapse irrespective of the difficulties in transitioning between treatment teams - so it seems like a really important point to address."

### Quotation 1

plan in place. This failing is not necessarily the result of a lack of effort on the part of the home mental health team. Mental health teams face a number of barriers, including uncertainty about who to approach at the student's university and a lack of knowledge about the support that may be available in the city the student is moving to<sup>3</sup>. It can be incredibly difficult for professionals to know where to refer students in their own area, let alone out of area.

During the transition to university, students are also often transitioning between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS). This transition is problematic and even dangerous<sup>13,22</sup>. Without clear communication and care plans it is far too easy for students to 'fall between the gaps' of care<sup>22</sup>. With an estimated one quarter of patients in specialist adult eating disorder services being students it is a key concern that the services are able to support continuity of care over transitions<sup>13</sup>.

It is vital that clear notes are transferred between services and that a pro-active approach is adopted in supporting students known to have a history of eating disorders. Students with eating disorders are often reluctant to talk to their GP and ask for help (Quotation 2). Of the students we surveyed, over 70% of those who had spoken to their GP

“I have had to go home for urgent appointments and taken time out of lectures a couple of times. It would have also made it much easier to manage my medication, my mum had to bring my medication from home every month.”

### Quotation 3

about their eating disorder reported having been concerned about going to see their GP. These students reported having concerns about whether their GP would understand them and take their problems seriously, and whether confidentiality would be respected. Case coordination often falls to the family or the individual themselves<sup>20</sup>. This places increased stress on the person and their family<sup>20</sup> and creates a substantial gap in care for a young adult to navigate.

NHS healthcare professionals, staff from University Counselling Services and GPs recognise that there are serious problems with the current systems in place to support students with eating disorders when they move to university. Of the professionals surveyed, 96% felt that students do not get specialist care as quickly as they would like.

Students are often very aware of the problems that may arise if they register with a new GP at university and decide not to register with their university GP. A quarter of the students we surveyed stated that they had never registered with their university GP. Students who have not registered with their university GP might not have their physical and mental health monitored for 27 weeks of the year. Lack of monitoring can mean that early warning signs are missed, which may result in students only being seen when they are in crisis. If students are not accessing any

support during this time, they may feel there is no one to turn to if they need support. Some students choose to travel between home and university to visit their GP or specialist service (Quotation 3). This may result in missing lectures and university events, resulting in poorer grades, impaired future job prospects and additional stress. For many however, financial constraints mean this is not an option, even if it would result in more consistent care.

### From the research in this section we recommend the following:

#### Appropriate support is put in place at university before the student arrives.

If a young person has recently been discharged from a specialist service or has been discharged from that service because they are moving to a different part of the country, comparable levels of care or follow up monitoring need to be provided at that university.

Careful and regular monitoring of the physical and psychological health of students with eating disorders over the months after they move to university should be standard practice to avoid a sudden deterioration of health during this uncertain and stressful period of time.

“My uni GPs didn't seem aware of the ED even though I'd put it on my new registration form. It took me a full year to pluck up the courage to make an appointment...”

### Quotation 2

University support services are usually involved in supporting a student with mental health problems. All universities should publish the contact details of appropriate support staff to enable external health care professionals to contact them and arrange support for students prior to their arrival at university and to allow liaison work.

**Create a national register identifying GP surgeries, eating disorder specialist services, mental health advisors, support groups and other useful resources in each area.**

This will help healthcare professionals and students identify the support available to them in each area. It will allow healthcare professionals to communicate with professionals in different areas more easily as well as putting support in place for students at an earlier stage.

**Clear, well-managed plans, good record-keeping and clear communication between all those involved in the student's care is essential to support the student through this transition.**

Support for a university student with an eating disorder may span across organisations, with the involvement of university support services and professionals in the National Health Service both at the student's university and at home. It is vital that all parties be kept informed of care plans.

Communication between all those involved in supporting a student ensures the student is being monitored and provided with consistent care at both home and university. Effective communication will prevent students from falling 'between

the gaps' and facilitates students getting the support they need.

Sharing, with patient consent, clear and detailed notes about a patient's relevant medical history and current state of health can reduce the burden placed the student to re-tell their full mental health history to a range of new services.

**A case coordinator to be nominated well in advance of the student moving to university as someone who will meet with and build a trusting relationship with the student.**

By allowing the student to develop a trusting relationship with their case coordinator, they are more likely to disclose important information and seek support before crisis.

"I spent a year on the waiting list..., I had one appointment during the summer holidays but as I'd have to travel from home to my university town for appointments I was ... put back on the waiting list ... I contacted the ED service in November as things were rapidly spiralling out of control. I was admitted to the inpatient and day patient ward in December where I've been ever since and have had to suspend my studies as a result. My university GP was supposed to monitor my weight ... but they never did and as a result no-one noticed I was crashing until my BMI became life threateningly low."

**Quotation 4**

## Accessing Support at University and at Home

The NHS is not adapted to the transient nature of student life<sup>2</sup>. Waiting lists for mental health services are long. A quarter of the students we surveyed about their experience of an eating disorder waited more than six months for an appointment with a specialist service. On average the students waited 20 weeks for an appointment with a specialist service. Waiting periods are especially problematic for patients with eating disorders as damaging behaviors become more entrenched and physical health declines (Quotation 6 & Quotation 4). Waiting periods can leave patients doubting whether they need treatment and can reinforce the eating disorder mentality of denial (Quotation 5 & Quotation 7).

Waiting periods are particularly problematic for the transient life of university students. One or two university terms may pass by before a student reaches the top of a waiting list. By this time the student may be occupied with university exams or away from their university towns for the holidays<sup>2</sup>.

“I just got worse because I had no support and felt like I didn’t deserve any.”

Quotation 7

“[The waiting period] reinforced my belief that I wasn’t sick enough to need help [and] made me feel like I wouldn’t ever be taken seriously so there was no point in bothering.”

Quotation 5

### Additional Challenges for Early Intervention

The Royal College of Psychiatrists acknowledges that over recent years mental health services have been encouraged to focus on the needs of patients with ‘more severe’ mental health problems<sup>2</sup>. This has contributed to a sense that it is increasingly difficult for students with ‘less severe’ problems to gain access to NHS services.

There has been a move to try and increase support for those with less severe mental health problems. For example the IAPT (Improving Access to Psychological Therapies) programme in England and Doing Well by People with Depression in Scotland are two services provided by the NHS. However these services are not designed to support patients with mental health problems such as eating disorders<sup>23</sup>.

“On a waiting list with no support for months... my ED completely took over and I’m now facing needing much more intensive treatment than I did at original referral”

Quotation 6

Of the professionals we surveyed, 55% did not find it easy to refer students to specialist services. We received feedback describing the difficulties some GPs experienced in referring to specialist services, such as knowing where to refer, knowing what the criteria were, completing a referral form and completing the necessary physical tests (blood tests and ECG monitoring).

Only 13% of the professionals we surveyed felt that they could support the *physical* health of a student with an eating disorder within their local health trust. Only 26% felt they could effectively support the *mental* health of a student with an eating disorder within their local health trust. There are a number of reasons why this could be, including not enough knowledge of eating disorders and poor communication and collaboration between services to provide all-round care for the student. Lack of service provision may be another factor. GP practices supporting student populations are disadvantaged in the current 'payment by results' system which provides payments for treatment of specific diseases<sup>2</sup>.

"On one occasion I had to fill out a registration form three times because each time I came back they still didn't have my name on their system. Because of the fact that I've registered, un-registered and re-registered with my home GP so many times, I've never consistently seen the same GP ... each time you have to explain your situation all over again - which is both stressful and frustrating."

Quotation 8

"The main issue was trying to have blood tests during the holidays (to comply with my university doctor's treatment requirements), which I was told are not covered as a temporary patient...my only option was to re-register with them every holiday, or to go back to my university town for the tests (3 hours each way)... I ended up going back to my university town for all my treatment."

Quotation 9

### The Challenge of Transitions

University students usually spent up to half of the year at home, many miles from the GP surgery with which they are registered. Regular moves from home to university and back again disrupt the delivery of ongoing and lengthy therapies, which are common with treatments for eating disorders and make create additional challenges for monitoring of physical and psychological health<sup>2</sup>. From our research it appears that the systems are not in place to enable students to receive consistent monitoring and support when moving between two localities (Quotation 8 & Quotation 9). Of the students we surveyed, just under half stated that they had needed to access support from their home GP while registered with their university GP. The large majority of these students (83%) reported that they had problems accessing support from their home GP.

Healthcare professionals supporting students with eating disorders recognise that there are serious problems as they

move between home and university. The professionals we surveyed were overwhelmingly in support of students going to university, however 92% felt that a student's treatment is negatively affected by moving between home and university. Professionals face barriers in supporting students as they move between home and university. These include restrictions around the transfer of confidential information between services<sup>2</sup>.

Although it may not be possible for students to receive face-to-face specialist therapeutic care at both home and university as a result of waiting times and the importance of developing a therapeutic relationship, other methods of support should be possible. For example monitoring of weight, mood and bloods is possible in both localities and is of upmost importance to identify early warning signs of deterioration of health. Online therapeutic tools may also provide continued and regular support. Possible tools for achieving this will be discussed below.

There will inevitably be students with eating disorders whose health deteriorates to the point where inpatient admission is necessary. Currently students are likely to be admitted to hospital in their university town, leaving them at a distance from their family, loved ones and established networks of support. This leads to social isolation, compounding the mental health problem (Quotation 11). A more joined-up approach between home and

"In this time my problems got vastly worse because I had no support at all in the meantime and I had left my friends behind."

**Quotation 11**

"There always seems to be a lag in transferring records between GPs and my records have been misplaced more than once"

**Quotation 10**

university GPs is necessary for decisions regarding inpatient admission to be made that consider the whole environment, including proximity to family and friends, necessary to facilitate a successful recovery.

**From the research in this section we recommend the following:**

**Students need access to healthcare services at home and university.**

Students need to be able to have access to services that can support their mental and physical health both at home and university. Ensuring students are receiving support regardless of where they are residing means communication between services in the two localities is essential. This in turn will reduce the risk that students fall between the gaps.

**Adherence to NHS guidelines on funding care for transient populations.**

There has historically been confusion about who funds care for students, with some students being refused care as temporary residents. However the 'Who Pays' guidance makes it clear that as a permanent or temporary resident, patients should expect the same level of care and whichever CCG provides the care for the student will pay for that care<sup>7</sup>.



**Improve the means to safely share patient information between services, especially between different trusts.**

Improving the ability to share information will reduce the risk of important information being missed. Improved information sharing will mean that clinicians are in a better place to support the student and could also ensure that students do not have to go through repeated assessment procedures before receiving care.

**Further investigate the barriers experienced by professionals in supporting students with eating disorders and whether more provision of care is necessary.**

This would give us a more detailed understanding of what prevents best practice being put in place for students with eating disorders. By understanding the barriers it will be possible to identify areas that need changing in order to best support professionals who provide care for students with eating disorders.

**Ensuring the student and, if appropriate, their family/carers are involved in the decision process and copied into all documentation to allow the student to take their records between services.**

This will ensure that the student feels empowered in the treatment process and could also allow easy transfer of information.

## The Cost

The inadequate provision of care for students does not only impact the individuals concerned, but impacts those supporting them. On top of the disruption to relationships and the stress imposed on all those involved, eating disorders also have financial implications. Unsurprisingly, the financial cost is significantly lower if people receive treatment for eating disorders quickly, than if that support is delayed.

If a student's eating disorder becomes so severe that they require inpatient care, the cost of this is on average £510 per bed-day and the average episode in hospital lasts 38 days<sup>5</sup>. The total average cost of treating patients with eating disorders is about £50 million per year in England<sup>5</sup>.

The cost of outpatient treatment, conversely, is on average £170 per attendance at 2011/2012 prices<sup>5</sup>. NHS Hospital Episodes Statistics indicate that there were about 18,000 outpatient appointments for eating disorders in England in 2010. Therefore the total cost for outpatient appointments would be about £3 million for England<sup>5</sup>. The total average annual cost of inpatient treatment for eating disorders is £50 million<sup>5</sup>.

As well as the obvious financial benefits of early intervention compared to inpatient treatment, evidence shows that early interventions are more effective. If given an effective treatment such as family therapy within three years of illness onset randomised controlled studies have showed that 90% of patients had a good outcome at five years<sup>6</sup>. In contrast, only 20% of cases show a good outcome when treatment is given after three years of untreated illness<sup>22</sup>.

If students have to drop out of university, society as a whole faces a cost. Mental health

problems can have a significant negative effect on academic performance; they can decrease both emotional and behavioural skills and increase social isolation<sup>24</sup>. "Mental disorders create a substantial economic burden on our society... Drop-out from education will lead to diminished earning capacity and an increased risk of dependence on state benefits"<sup>2</sup>.

## Good Practice

Although there are obvious and definite issues with the current support for university students with eating disorders, there is some exemplary work happening within the NHS. Described here are two innovative uses of technology which aim to support recovery in individuals with eating disorders. As well as the use of technology, there are support groups such as those run by Student Minds specifically for students with eating disorders. There are also a number of safe self-help books and online resources. Online resources may be particularly relevant for students, with 68% of 922 university students aged between 18 and 24 years indicating that they would use the internet for mental health support<sup>25</sup>.

The first innovative use of online technology is Support, Hope and Recovery On-Line (SHaRON). SHaRON is an online system that provides peer and clinical support. Moderators, including volunteer recovered individuals and clinicians, monitor the social aspect of the site where a supportive and recovery focussed atmosphere is paramount. This system allows patients to access support 24/7 around the globe. SHaRON enables patients and clinicians to book appointments and have online consultations. This system has been used effectively to support university students. In recognition of this success, SHaRON has become an EHI 2013 finalist. It is support like SHaRON that is designed with young people and a transient population in mind which could be rolled out

in other trusts to provide better support for their young service users.

The second innovation to be discussed here is the app Recovery Record. The app aims to offer anonymous 24/7 support for people with Bulimia Nervosa and Anorexia Nervosa. The app allows patients to connect with other users and clinicians for support. It is designed to complement therapy, offering a simple, discreet way to diarise feelings and log food consumption. The app is free to download and rewards use of the app with iTunes songs.

### **From the research in this section we recommend the following:**

#### **New technologies to be used in all NHS trusts to maintain support with students whilst they are not in the area.**

By using new technologies such as SHaRON and the Recovery Record, students will be able to have support throughout the year no matter where they are living. This will provide continuity and improve self-monitoring and self-help in students as well as providing easy ways to seek extra support.

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