

understanding



eating problems

Understanding eating problems

This booklet is for anyone who is worried about an eating problem. It describes common eating disorders and what might cause them. It also provides information on how you can help yourself and what support is available.

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What is an eating problem?

Food plays an important part in our lives, and most of us will spend time thinking about what we eat. Our relationship with food often changes – sometimes we may try to eat more healthily, have cravings, eat too much or lose our appetite. We may find it hard to eat if we're feeling stressed, or eat comfort food if we feel unhappy. Changing your eating habits every now and again like this is normal, and doesn't need to worry you.

However, if you aren't eating a regular balanced diet over a longer period of time, it could start to become a problem for you. Having an eating problem can be very hard to cope with but it's important to understand that eating problems aren't just about food. They can be about difficult things in your life and painful feelings, which you may be finding hard to express, face or resolve. Focusing on food can be a way of disguising these problems, even from yourself.

What's the difference between an eating problem and an eating disorder?

- An eating problem is any kind of relationship with food that you are finding difficult.
- An eating problem may be considered to be an eating disorder if your behaviour meets the medical criteria for a diagnosis. A doctor will look at your eating patterns to make a diagnosis. They may also measure your weight or body mass index (BMI), or take blood tests.

👉👉 *I had issues with my eating when my parents split up. It was the only part of my life I felt like I could control, and I craved that control as everything else spiralled.* 👉👉

Because eating problems can noticeably affect your body, you may feel that people around you focus mainly on your actions, or on the physical impact they have. But you may feel that your problem is more complicated than the people around you realise. This diagram might help you to visualise the complexity of an eating problem:



What types of eating disorders are there?

This section describes the most common kinds of eating disorders:

- bulimia nervosa
- anorexia nervosa
- binge eating disorder
- eating disorder not otherwise specified (EDNOS).

You may not have – or want – a medical diagnosis of any of these disorders. But it may still be helpful to look at this section to identify some of the harmful behaviours you have and think about ways that you can move away from them.

Bulimia nervosa

Bulimia is one of the most common eating problems. If you experience bulimia, you may find that you eat large amounts of food all in one go, often because you are feeling upset or worried. This is called bingeing. You may then feel guilty or ashamed after bingeing, and want to get rid of the food you have eaten. This is called purging.

These are some of the feelings and behaviours you might experience, and some of the physical effects you might notice in your body:

How you might feel:

- ashamed and guilty
- that you hate your body, or that you are fat
- scared of being found out by family and friends
- depressed or anxious
- lonely, especially if no one else knows about your eating problems
- very low and upset
- like your mood changes quickly or suddenly
- like you're stuck in a cycle of feeling out of control and trying to get control back
- numb, or like feelings are blocked out by bingeing or purging.

What you might do:

- eat lots of food in one go (binge)
- try to get rid of food you've eaten by making yourself sick, or using laxatives (purge)
- starve yourself in between binges
- eat in secret
- crave certain types of food
- eat foods you think are bad for you when you binge
- exercise lots to try to make up for bingeing.

What might happen to your body:

- staying roughly the same weight, or going from being overweight to underweight quite often
- being dehydrated, which can cause bad skin
- if you are a woman, your periods might become irregular or stop altogether
- if you make yourself sick, your stomach acid can harm your teeth and you can get a sore throat
- if you use laxatives, you could develop irritable bowel syndrome (IBS), stretched colon, constipation and heart disease.

Because your weight will usually stay roughly the same, people are less likely to notice the illness or offer help without you asking. This can make it harder to get support even when you feel ready to try to get better.

👉👉 *When I was at the worst phases of bulimia, and realised that it was so damaging to me, I tried to reach out, but no one responded to me in the way that I needed. I tried and tried to tell people that this was not OK, but all they saw was a diet gone wrong [and that]...I'd sort it out by myself.* 👉👉

Anorexia nervosa

Anorexia means you don't allow yourself to eat enough food to get the energy and nutrition you need to stay physically healthy. Sometimes people assume that anorexia is about slimming and dieting, but it is often connected to very low self-esteem, negative self-image and feelings of intense distress.

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These are some of the feelings and behaviours you might experience, and some of the physical effects you might notice in your body:

How you might feel:

- like you can't think about anything other than food
- like you want to disappear
- like you have to be perfect
- lonely, especially if no one knows about your eating problems
- like eating is the same as losing control
- like you are hiding things from your family and friends
- anxious
- like you are fat and your weight loss isn't enough, even if other people think you are underweight
- frightened of putting on weight
- angry if someone challenges you
- tired and disinterested in things
- depressed or suicidal
- a high or sense of achievement from denying yourself food or over-exercising.

What you might do:

- reduce your food intake or stop eating altogether
- count calories obsessively
- hide food or secretly throw it away
- avoid foods that you feel are dangerous, like food with high amounts of calories or fat
- use drugs that reduce your appetite or speed up your digestion
- be obsessed with losing weight
- make yourself sick or use laxatives
- exercise compulsively
- wear baggy clothes to cover up weight loss and keep warm
- compete to eat less than other people
- make rules about food, like listing 'good' and 'bad' foods or only eating things that are a certain colour.

What might happen to your body:

- weighing much less than you should (at least 15% below a healthy weight for your age and height)
- being physically underdeveloped (this can happen if your problem starts before puberty)
- feeling weak and moving slowly
- feeling very cold
- you may find it very hard to concentrate
- hair thinning or falling out
- fine, fuzzy hair on your arms and face (this is called 'lanugo')
- losing interest in sex, or not being able to have – or enjoy – sex
- you could have bone density problems like osteoporosis, making your bones fragile
- if you are a woman, your periods might become irregular or stop altogether.

👩👩 *Mine started when I started starving myself as a means of control. Everything else had been taken out of my control, but no one could force me to eat. I'd enjoy and crave the feeling of my stomach being so empty I had cramps, felt sick and became so weak I couldn't sit up.* 👩👩

Binge eating disorder

Binge eating disorder means you might feel like you can't stop yourself from eating, even if you want to. This is sometimes described as having a food addiction or compulsive eating. If you experience binge eating disorder, you may have come to rely on food for emotional support, or be using food to mask difficult feelings.

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These are some of the feelings and behaviours you might experience, and some of the physical effects you might notice on your body:

How you might feel:

- out of control
- embarrassed or ashamed
- lonely and empty
- very low, even worthless
- unhappy about your body, especially if you are gaining weight
- stressed or anxious.

What you might do:

- pick at food all day, or eat large amounts at once (bingeing)
- eat without really thinking about it, such as by regularly eating large amounts of snack foods while watching the TV or reading
- hide how much you're eating
- regularly eat unhealthy food, for example things that are high in sugar, fat or salt
- eat until you feel uncomfortably full or sick
- try to diet, but find it hard to stick to it
- eat for comfort when you feel stressed, upset or unhappy.

What might happen to your body:

- putting on weight
- health problems associated with being overweight, such as diabetes, high blood pressure or joint and muscle pain
- feeling sick
- experiencing sugar highs and crashes (having bursts of energy followed by feeling very tired)
- breathlessness.

●● *I was badly depressed and found myself becoming a chocaholic. I just couldn't go a day without it [...] I have now cut down my addiction, but it's the worst thing ever not being in control.* ●●

Eating disorder not otherwise specified (EDNOS)

Eating disorder not otherwise specified (EDNOS) is a diagnosis that is becoming more common. If your doctor diagnoses you with EDNOS, it means you meet some but not all of the criteria for an eating disorder like bulimia or anorexia. For example, you may be starving yourself but be close to what is considered a healthy weight for your age and height. Or you may binge and purge every month, but not regularly enough for a diagnosis of bulimia.

EDNOS can be a confusing diagnosis. It can seem like you are being told your problems are not as serious as other eating disorders, but this is not true. Any eating problem can be difficult to deal with, and the impact on your life can feel really overwhelming.

👩👩 *I was assessed by my local [eating disorder] service, was given a diagnosis of EDNOS. I then managed to get my eating back on track, and have done since then. I continue to work on the feelings with the help of my therapist, and am very much in recovery.* 👩👩

What causes eating problems?

There is no single cause of eating problems, and sometimes it can be hard to understand why it has become an issue for you. The reasons for your eating problem may be very complex and confusing. You may have had certain experiences or have personality traits that help you understand where your eating problem came from, but this is often very personal.

Who can be affected by an eating problem?

While you may feel that a problem you have with eating is unusual or shameful, you are not alone. Eating disorder charity beat has estimated that about 1.6 million people in the UK are affected.

Eating problems can affect anyone, regardless of background. Anorexia and bulimia are more common in women, but many men have eating problems too. Because eating problems are often associated with young women, it can be harder for men and older people to seek help. Specialist organisations, like Men Get Eating Disorders Too and beat's adult helpline, can provide support (see 'Useful contacts' on pp.25–26).

Difficult life experiences

Often, the beginning of eating problems can be linked to a stressful event or trauma. This can mean physical, emotional or sexual abuse, the death of someone very close to you, or serious family problems such as your parents getting divorced. Or it could be particular pressures at school or work, such as facing exams or being bullied.

Eating problems often develop at the same time as you are going through major life changes such as puberty, going to a new school, working out your sexuality, or leaving home for the first time. Other people may not understand this, even if they are close friends or family members, and to them the eating problem may seem to have appeared suddenly, without any obvious cause.

●● *My eating problem began when I was younger and was bullied a lot. I lost my appetite through stress and felt like people would like me more if I was thinner and seemed more in control. I associated eating with feeling like I was losing control.* ●●

Family issues

Your problem with eating can often be caused or made worse by childhood experiences. For example, if your parents were particularly strict, you may have begun to use food as a way of gaining more control over your life. Other people in your family may be dieting, over-eating or experiencing an eating problem, and this can have an impact on you too.

You may find that your family may have difficulty understanding your eating problems. This may place additional pressure on you and in some cases make the problem worse. If you are able to, you might want to show them the 'How can friends and family help?' section of this booklet on pp.23–24.

Personality traits

There is no specific type of person who can develop an eating problem, but if you have some of the following characteristics you may be more vulnerable:

- perfectionism – wanting everything you do to be perfect and rarely being satisfied with what you have done
- being very critical of yourself
- being very competitive
- obsessive or compulsive behaviour
- a lack of confidence in expressing yourself.

Physical and mental health problems

If you have physical or mental health problems, you may also develop eating problems. Having a physical health problem can make you feel powerless, so you may be using eating or exercise as a way of feeling in control.

Eating problems can begin because you experience a mental health problem like depression, anxiety, bipolar disorder or body dysmorphic disorder. It can be linked to feelings of low self-esteem, worthlessness or powerlessness. Having an eating problem can also cause you to experience these kinds of mental health problems. (See Mind's booklets

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Understanding depression, Understanding anxiety and panic attacks, Understanding bipolar disorder and Understanding body dysmorphic disorder for more information.)

Eating problems are also sometimes linked to self-harm. You may see your eating problem as a form of self-harm, and you may hurt yourself in other ways too. (See Mind's booklet *Understanding self-harm* for more information.)

If you are losing a lot of weight or are becoming physically unwell because of your eating problem, you may have thoughts about death or suicidal feelings. You may feel that you want to die, or that it is the only way to escape your eating problem. This can be very frightening and make you feel alone. (See Mind's booklet *How to cope with suicidal feelings* for more support if you're feeling like this.)

Social pressure

Most of us are affected by social and cultural pressure, even if we're not always aware of it. This includes messages about our bodies and how we should look. Images in films and magazines, things we read online, adverts and peer pressure often tell us that women should be thin and men should be muscular and strong.

These kinds of idealised body shapes are not actually achievable by most people, and often these images have been deliberately manipulated to have a particular effect on us (for example to make us want to buy a product, watch a film or click a link).

Being constantly exposed to this kind of social pressure can make you feel that you are not good enough, and can have an impact on your own body image and self-esteem.

If you develop an eating problem, it's likely that social pressure isn't the only cause. But because there is so much cultural importance placed on appearance, you may find that your weight or how you look becomes the focus of bad feelings. You may associate being thin with positive qualities, like health, willpower or success. If you are overweight, this pressure can make you feel even worse about your own body and add to emotional problems.

How can I help myself?

Eating problems can be overcome. Many people find that, once they have found support and help, they begin to learn how to tackle their problems, cope with the causes and improve their relationship with food.

Talk to people you trust

While people around you may find eating problems difficult to understand, they will usually want to help you however they can. You may find it useful, when you feel able, to discuss with them things that they can do to help, and things that they should try to avoid doing. They may want to look at the 'How can family and friends help?' section of this booklet on p.23–24.

●● *Be open with the people closest to you; they may not completely understand, but they can help.* ●●

Peer support

If you experience eating problems, you may feel extremely ashamed. You may feel no one really understands what you're going through. You may also be very used to hiding your behaviour, and this can be very isolating.

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There are great benefits from talking to others with the same problem. You may be able to find a peer support group or drop-in that you can go to by contacting Overeaters Anonymous, looking at beat's website, or phoning the Mind Infoline to find out what's available in your area (see 'Useful contacts' on pp.25–26).

Online peer support

If you find it hard to open up about your eating problem, you could use an online forum, for example, beat's online community or Elefriends (see 'Useful contacts' on pp.25–26).

It's important to make sure that you stay safe online. There are lots of websites and forums which promote eating problems, and getting involved with them may make it harder for you to get better. If you're worried that you may find these websites distressing, or that they may make your eating problems worse, you should start by contacting an organisation like beat or Anorexia and Bulimia Care (see 'Useful contacts' on p.25).

You could also ask a friend or family member to help if you're concerned about what you might find on the web. Mind's booklet *How to stay safe online* also gives guidance on how to look after yourself while finding support online.

Practise mindfulness or relaxation techniques

Mindfulness is a therapeutic technique that involves paying attention in a deliberate way. This can mean taking the time to notice the things around you, your feelings and how your body feels. When you slow down and observe, you can catch sight of things, and you can become better at understanding your own reactions and moods.

●● *I use mindfulness when I eat. It helps me to realise that I deserve food, and to eat it in the right way.* ●●

(See Be Mindful in 'Useful contacts' on p.25 for more information about mindfulness and details of groups in your area.)

You may also want to try relaxation techniques like meditation or yoga. These can help you feel more at peace with your thoughts, and help you think about your body in a different way. You can search online for a yoga or guided meditation class in your area. If you can't go to a class, you can find videos and websites with instructions online by using an internet search engine or a website like YouTube.

Learn to be kind to yourself

Eating problems can be a really big part of your life, and changing how you feel and behave can take time. You may need to make slow changes. Your first changes may not even be about eating – you might want to do things that help you feel good about your body, like having a massage, or boost your confidence, like asking friends to write down their favourite things about you.

Sometimes you may feel that you have taken steps backwards, or relapsed, and this can be discouraging. It's important to accept this as part of the process, and it's worth finding a way to focus on what you have achieved.

Being kind to yourself can be hard if you feel bad about yourself or feel worthless. Mind's booklet *How to increase your self-esteem* has information that can help you change these feelings.

Take practical steps to change unhealthy routines

Your routines around eating and food can be hard to break, especially if you're experiencing eating problems. You might find that putting some small, practical solutions in place can help you avoid eating patterns that you find problematic. This might mean buying smaller amounts of food if you're overeating, or making sure you do something fun after meals if you're worried about purging. If you are focusing on your weight, calories or food-related goals, you might find it helpful to think of positive goals that aren't about eating.

👉👉 *I do better with buying food in single servings so I only have around what I'm intending to eat there and then.* 👉👉

👉👉 *Distractions after a meal are key for me! Going online, watching a movie, reading, working, etc.* 👉👉

What treatment and support is available?

The help and support of friends, family and professionals can help you identify and resolve the underlying causes of your eating problems. Without this, breaking free from a negative relationship with food can be extremely difficult. Receiving help early on, from people who are experienced in treating eating problems, is very important.

👉👉 *Ultimately, my psychologist, occupational therapist and dietician saved my life.* 👉👉

Contact a medical professional

You can contact your GP if you're worried you may have an eating problem. They will need to check that any symptoms, such as weight loss or gain, are not due to another underlying physical illness.

Although they may not have the experience to offer you in-depth support, they should be able to refer you to more specialist services. This could include counselling or psychotherapy, group counselling or specialist support services. They may also be able to refer you to a dietician, who can give you advice about getting the right nutrients and reaching a healthy weight. The different people who give you support are known as your care team.

Talking treatments

Working with a therapist (sometimes referred to as a counsellor) can help you face – and cope with – the underlying issues which may be causing your eating problem.

Therapists use a range of different techniques. Some types of therapy may focus on the past and your general experience of life. Others will focus on your relationships with your family and other important people in your life.

Group and family therapy may also be an option, and can be a great way to help your family understand your eating problems. It can allow you and your family to look at ways of supporting and being open with each other. (See Mind's booklet *Making sense of talking treatments* for more information.)

Common talking therapies for eating problems include:

- cognitive behaviour therapy (see p.20)
- interpersonal therapy, which helps you look at the connection between relationships in your life and how you feel
- dialectical behaviour therapy (DBT), which can help you feel more aware of your emotions and accepting of yourself. (See Mind's booklet *Making sense of dialectical behaviour therapy* for more information).

You can access talking treatments through the NHS. Your GP should be able to make a referral. There can be long waiting lists on the NHS, so you may also want to consider seeing a therapist privately – but be aware that private therapists usually charge for appointments. You can find a private therapist through the British Association for Counselling and Psychotherapy (BACP) (see 'Useful contacts' on p.25).

If you are at school, college or university you may be able to access free counselling and support through student services. You could contact your student advice centre to find out.

Cognitive behaviour therapy (CBT)

Cognitive behaviour therapy (CBT) is a kind of talking treatment. It helps you to understand the way your thoughts and feelings affect your behaviour and actions, and to make changes. CBT may help you understand the emotions behind the way that you use restricting food or bingeing, and how you can change this pattern.

Many people find it helpful to work through CBT techniques with a trained therapist. You can use a CBT computer program like MoodGYM (see 'Useful contacts' on p.26) or Beating the Blues, which you access through your GP. (See Mind's booklet *Making sense of cognitive behaviour therapy* for more information.)

●● *Cognitive behaviour therapy really helped me to change the distorted thoughts flying around my head and move on from my eating disorder.* ●●

Medication

The NICE guidelines on eating disorders say that talking treatments should be the first kind of treatment people are offered (see 'Useful contacts' on p.26). You may also be offered medication. There are no drugs specifically for eating disorders, but you may be offered antidepressants or other mental health drugs to treat underlying causes of the problems.

The most common drug prescribed to people experiencing bulimia or binge eating disorders is an SSRI antidepressant. Your doctor may also offer you other types of antidepressants. (See Mind's booklet *Making sense of antidepressants* for more information on SSRIs and other types of antidepressants.)

If you have anorexia, you may be offered an antidepressant or a drug called olanzapine. Olanzapine is an antipsychotic drug, but can also be

used to treat anxiety about food and weight. (See Mind's booklet *Making sense of antipsychotics* for more information on olanzapine.)

Being underweight can mean that drugs are absorbed more quickly into your bloodstream, which could make medication harmful or not as effective as it should be. Your doctor will decide whether to offer you medication, and you can decide whether you want to take it.

Admission to a clinic

If your eating problem is very serious you may need to go into hospital or to a clinic. This can happen if your doctor or care team feel you are very unwell or underweight, if other kinds of treatment haven't worked, or if your home environment is making it hard for you to stay well.

If you are an outpatient or day patient, you will go home most evenings and weekends. If you are an inpatient, you will stay in the hospital or clinic for most of your treatment. How long you are admitted for will depend on how much help you need to recover.

You will normally receive a range of support as an inpatient. The staff at the hospital or clinic could include:

- doctors
- dieticians
- psychotherapists
- occupational therapists
- social workers
- family and relationship therapists
- specialist nurses.

Treatment can include:

- talking therapies
- working in groups with other people experiencing eating problems
- medication (see p.20)
- refeeding (see p.22).

Your weight and general health will normally be monitored. There may be guidance on buying, preparing and serving food, how to cope with stress and anxiety, how to be more assertive, and how to manage anger and communicate well.

What is 'refeeding'?

Refeeding means being given food with the aim of increasing weight. Specific foods may be chosen because they have certain nutritional values or are particularly good at helping people gain weight.

How this works varies from one clinic to another. Some doctors may do this over a longer period of time, allowing you to gradually increase your weight, whereas others will want to help you back to a healthy weight as soon as possible.

This can be a distressing process, especially if you do not want to gain weight, and may be something you want to talk about with your doctor in more detail.

There are only a few NHS eating disorder clinics, so you may not always be able to access treatment close to where you live. This may mean going to a clinic further away, or it could mean going to a general mental health hospital. You can ask your GP or care team if you'd like to know more about specialist clinics.

There are also private treatment centres. Some may offer similar treatment to NHS clinics, while others will have a wider range of complementary and art therapies. Beat has a directory of services that you can look at to see what's available (see 'Useful contacts' on p.25).

Before treatment can be really effective, you have to want to get better and accept that life will be different. This can take time. Good treatment, which helps you focus on recovery and on addressing the causes of your eating problem, can help reduce the risk of you relapsing.

Could I be forced to go to a clinic?

If a group of medical professionals agree that you are at risk of harming yourself or anyone else then they could force you to go to hospital against your wishes under the Mental Health Act. This is sometimes called being sectioned. This could happen if your eating problem is having a significant impact on your physical health, and medical staff are concerned that you won't be able to recover without support.

If you are worried about being sectioned, you could look at *The Mind guide to the Mental Health Act 1983* to learn about your rights. For more advice you can contact the Mind Legal advice service (see 'Useful contacts' on p.25), or your local law centre or solicitor.

How can family and friends help?

This section is for family and friends who want to support someone with an eating problem.

You may feel very worried if you think that someone you care about has an eating problem. It may feel difficult to know how to talk to them about it. You might have already tried to offer support, but found that the person you're worried about is unwilling or unable to accept help. This can make you feel powerless.

In fact there are lots of helpful things you can do:

- One of the most important things you can do is let the person you're worried about know that you're there, you're listening and that you can help them find support. Let the person know they can talk to you when they are ready.

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- Try not to make assumptions. People sometimes think that eating problems happen for certain reasons, like having been abused, or trying to stop the body developing during puberty or reasons to do with body image. But if you interpret someone's eating problems in a particular way – without really listening to the person themselves – it could add to their feeling of being out of control. It could make them less able to share their emotions.
- Understand that the person you're worried about might not see their eating as a problem. They may actually view it as a solution to coping with feelings of rage, loss, powerlessness, self-hatred and guilt.
- Don't try to persuade the person to change their behaviour. This could make them feel under threat, and may make them hide their eating problem. For example, trying to persuade someone to gain weight may make them feel afraid that they will be forced to eat. This could make them withdraw from you or try to convince you they are eating even if they are not.
- Encourage them to seek professional help, such as counselling or their GP. If they are worried about doing this, you could offer to go along with them.
- Help the person find good information – this could include looking for online support while helping the person avoid websites or forums that could promote unsafe eating and exercise habits.
- Include the person in social activities. If the person you are worried about finds it difficult to eat, organise activities which don't include food.

If the person you are worried about is a member of your family, you may want to consider family therapy. This means working through issues as a family with the support of a therapist. This may help you work out how to communicate with and support someone in your family who has an eating problem. You can find a family therapist by asking your GP for a referral, or looking for a therapist through the Association for Family Therapy and Systemic Practice website (see 'Useful contacts' on p.25).

Useful contacts

Mind

Mind Infoline: 0300 123 3393
 (Monday to Friday, 9am to 6pm)
 email: info@mind.org.uk
 web: mind.org.uk
 The Mind Infoline can help you find support and information. They can look for your local Mind, and give details of other local support.

Mind Legal advice service

tel: 0300 466 6463
 (Monday to Friday, 9am to 6pm)
 email: legal@mind.org.uk
 Open from 9am to 5pm,
 Monday to Friday.
 For information on any aspect of mental health law.

Anorexia and Bulimia Care (ABC)

tel: 03000 11 12 13
 parent helpline: Option 1
 sufferer helpline: Option 2
 self-harm helpline: Option 3
 web: anorexiabulimiare.org.uk
 Provides advice and support to anyone affected by an eating problem.

Association for Family Therapy and Systemic Practice

web: aft.org.uk
 Describes what family therapy is, and has a search facility to find a therapist in your area.

Be Mindful

web: bemindful.co.uk
 Provides information about what mindfulness is, how to practise it, and details of groups in your area.

beat

adult helpline: 0845 634 1414
 youthline: 0845 634 7650
 web: b-eat.co.uk
 Offers information on eating disorders and runs a supportive online community. Also provides a directory of support services at helpfinder.b-eat.co.uk

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel. 0161 705 4304
 web: babcp.com
 Provides details of accredited therapists.

British Association for Counselling and Psychotherapy (BACP)

tel. 01455 883 300

web: bacp.co.uk

Information about counselling and therapy. See sister website, itsgoodtotalk.org.uk, for details of local practitioners.

Elefriends

web: elefriends.org.uk

Elefriends is a supportive online community.

Men Get Eating Disorders Too

web: mengetedstoo.co.uk

Information and support for men with eating problems.

MoodGYM

web: moodgym.anu.edu.au

A website where you can learn CBT and get help to learn how to deal with depression. It is free to use.

National Institute for Health and Care Excellence (NICE)

web: nice.org.uk

Produces clinical guidelines for the treatment and management of eating disorders.

Overeaters Anonymous Great Britain

tel. 07000 784 985

web: oagb.org.uk

Runs local groups throughout the country.

YoungMinds

parent helpline: 0808 802 5544

web: youngminds.org.uk

Information for both parents and young people.

Further information

Mind offers a range of mental health information on:

- diagnoses
- treatments
- practical help for wellbeing
- mental health legislation
- where to get help

To read or print Mind's information booklets for free, visit mind.org.uk or contact Mind Infoline on 0300 123 3393 or at info@mind.org.uk

To buy copies of Mind's information booklets, visit mind.org.uk/shop or phone 0844 448 4448 or email publications@mind.org.uk

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email: dons@mind.org.uk

web: mind.org.uk/donate

This information was written by Rachel Boyd

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Mind

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