

Highlights of this issue

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Redressing the balance – spotlight on eating disorder research

Eating disorders account for approximately 9% of all mental health disorders in the UK, but eating disorder research is awarded just 1% of the UK's already limited mental health research funding.¹ Three research papers focusing on eating disorders in the *BJPsych* this month are a welcome and timely attempt to redress this balance.

Using data from the electronic health records of over 5 million people – mostly based in the USA – Taquet et al (pp. 262–264) found that eating disorder diagnoses increased during the pandemic period, with an increase in associated risk of suicidal ideation or attempted suicide compared with previous years. A Danish population-based cohort study (pp. 279–286) with over 2 million participants demonstrates that a diagnosis of any type of eating disorder increases the relative risk of a number of different medical conditions – and the reverse was also true.

Despite such clear evidence of the physical and psychological harms associated with eating disorders, Guy et al (pp. 272–278) highlight that ‘compared with other mental illnesses ... eating disorders are more commonly viewed as less severe, self-inflicted and under an individual's control’. Their research paper investigating stigmatising beliefs towards people with eating disorders between 1998 and 2008 found that respondents felt that people with eating disorders were to be blamed for their condition more than people with depression but less than those with alcohol dependence, and that it was easier to recover from an eating disorder than from either of these other two conditions. Importantly, stigmatising beliefs towards eating disorders did reduce over the course of this decade, more so than those for depression or alcohol dependence, suggesting an increasing awareness amongst the general public about the debilitating nature of these conditions.

Differential impact of COVID

Two research articles this month explore the differential impact of the pandemic on different populations. A large amount of research and media attention was paid to the health and well-being of health-care keyworkers during the pandemic, with less focus on other keyworkers. Feifei Bu and colleagues (pp. 287–294) found that it was in fact keyworkers in essential service sectors (e.g. food chain, utility, transport, and public security or safety) who showed consistently higher depressive and anxiety symptoms over the first year of the pandemic in the UK compared with non-keyworkers.

Van der Velden et al (pp. 265–271) examined the pandemic-related impact on people who became victims of traumatic events after the outbreak. They found worse mental health outcomes and

lower coping self-efficacy than those victimised pre-pandemic, despite similar levels of support and acknowledgement. The authors postulate a specific role of pandemic-related stressors (such as lockdowns, infection, health risks and unemployment risk) in the development of post-trauma mental health difficulties.

State of mental health research – present, future and past

A number of articles in this month's issue give pause for reflection on the current state of mental health research and attempt to chart a path forwards through the fragmented and disrupted healthcare service and research landscape. An editorial written by a group of researchers from the Academic Faculty of the Royal College of Psychiatrists (pp. 254–256) impresses upon us the urgency of the situation – ‘Mental health research has long been underfunded, but since the start of the pandemic, calls have been cancelled and funds have been withdrawn’. This not only has an impact on research studies and outputs, they argue, but has profound effects on psychiatry training, careers and clinical services.

Looking to the future of clinical practice and research – technological solutions are often proposed with the hope of progress through innovation or efficiency. Rezaii et al (pp. 251–253) discuss how natural language processing (NLP) methods could potentially add a more objective, automated tool to our clinical diagnostic repertoire. Yet even machines are not immune to the stigma that surrounds mental health – the authors accept that NLP models are trained on texts generated by humans, which means they can acquire some of the ‘toxic stereotypes, biases and beliefs’ already lurking in the language.

Greenhalgh and Wherton (pp. 257–261) propose a future for telepsychiatry – in the wake of the sudden and large-scale pandemic-related adoption of video consultations in mental health settings. They signpost evidence-based guidance and give practical examples of where remote consultation may or may not be appropriate going forwards, highlighting how grey these areas can be when balancing clinical urgency, patient characteristics and risk. The ‘digital divide’ remains a serious concern in mental healthcare, and the authors recommend going beyond a ‘binary perspective’ of digital inclusion to consider factors such as bandwidth, IT literacy and power and ownership of household devices.

Finally, though, let us not forget that the past archives of historical mental health research and theory can continue to bear fruit in modern research. Wise et al (pp. 295–301) use hospital in-patient bed and prison population data from 1960 to 2019 to propose that the 80-year-old Penrose hypothesis (that psychiatric bed closures are associated with increases in prison population) holds true to the present day.

Reference

- 1 All-Party Parliamentary Group on Eating Disorders. *Breaking The Cycle: An Inquiry into Eating Disorder Research Funding in the UK*. APPG, 2021.