Appendix A - Eating Disorders & Body Dysmorphia

Introduction:

This report is a response to a request by the Health Overview and Scrutiny Committee for additional information following the report on Eating Disorders in Children 16th May 2016. The report also covers committee members questions on:

- Update on engagement with schools and GP practices regarding Eating Disorders in Children
- An overview of Body Dysmorphia as clinical condition;
- The context for Body Dysmorphia in the wider Child and Adolescent Mental Health Agenda;
- An overview of the Barnet context for Body Dysmorphia with local and national data where available;
- An overview of current commissioning arrangements, provision and development works for the local CAMHS Transformation Programme in respect of Body Dysmorphia.

Context:

In March 2015 NHS England (NHSE) and The Department of Health (DoH) published 'Future in Mind' , promoting, protecting and improving our children's emotional health and wellbeing**.** The report sets out national transformation of child adolescent mental health services (CAMHS) over a five year period.

The Barnet CAMHS Transformation Plan has been developed in response to the letter from Sir Bruce Keogh and Richard Barker in May 2015 which calls for "…a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in Future in Mind…."

Barnet Transformation Plan identifies five areas for priority development across all services including Eating Disorders

- Improving access to effective support
- Care for the most vulnerable
- Promoting resilience, prevention and early intervention
- Accountability and transparency
- Developing the workforce

Update on engagement with schools and GP practices regarding Eating Disorders

The Royal Free Hospital Eating Disorder Service is providing a series of engagement and training seminars to school staff and GP practices beginning on 18th November 2016. The training for schools provided by expert clinical staff is tailored for school nurses, SENCO staff, Education Psychologists and other educational staff. It covers advice on prevention, early identification, managing risk, making referrals and working together with CAMHS.

In addition a training session for GP's and practice nurses will offer an overview of Eating Disorders, classification, causes, complications, incidence and prognosis. The Eating Disorders clinicians will also advise primary care staff on screening, assessment, referral processes, community management and specialist treatment. These sessions will be open to all North Central London localities as the eating Disorder Service is jointly commissioned. At the time of writing 8 schools staff and 8 GP staff are confirmed attendee's but further publicity is being undertaken to increase these numbers.

The specialist Eating Disorder service continues to develop strong links with Barnet schools and a review of referrals suggests that Barnet has better systems than most areas for early identification and referral. The number of referrals in the first six months of 2016.17 continues to be significantly higher than surrounding CCG's. RFL clinicians believe this is a reflection of good awareness and willingness to make referrals by local professionals in Barnet, although as previously highlighted other factors may also contribute.

An overview of Body Dysmorphia as clinical condition

Body Dysmorphic Disorder (BDD) is an anxiety disorder that causes a person to have a distorted view of how they look and to spend a lot of time worrying about their appearance. For example, they may be convinced that a barely visible scar is a major flaw that everyone is staring at, or that their nose looks abnormal. For someone with BDD, the thoughts are very distressing, do not go away and have a significant impact on daily life.

The person believes they are ugly or defective and that other people perceive them in this way, despite reassurances from others about their appearance. It's estimated that up to one in every 100 people in the UK may have BDD, although this may be an underestimate as people with the condition often hide it from others. BDD has been found to affect similar numbers of males and females.

The condition can affect all age groups, but usually starts when a person is a teenager or a young adult. It's more common in people with a history of depression or social phobia. It often occurs alongside obsessive compulsive disorder (OCD) or generalised anxiety disorder, and may also exist alongside an eating disorder, such as anorexia or bulimia.

BDD can seriously affect daily life, often affecting work, social life and relationships. A person with BDD may:

- constantly compare their looks to other people's
- spend a long time in front of a mirror, but at other times avoid mirrors altogether
- spend a long time concealing what they believe is a defect
- become distressed by a particular area of their body (most
- commonly their face)
- feel anxious when around other people and avoid social situations
- be very secretive and reluctant to seek help, because they believe others will see them as vain or self-obsessed seek medical treatment for the perceived defect

They may have cosmetic surgery, which is unlikely to relieve their distress, excessively diet and exercise. Although BDD is not the same as OCD, there are some similarities. For instance, the person may have to repeat certain acts, such as combing their hair, applying make-up etc

No one knows exactly what causes BDD. However research suggests that there are a number of different risk factors that could mean that an individual is more likely to experience BDD (NHS Choices), risk factors include:

- abuse or bullying
- low self-esteem
- fear of being alone or isolated
- perfectionism or competing with others
- genetics
- depression or anxiety

The context for Body Dysmorphia in the wider Child and Adolescent Mental Health Agenda;

BDD and eating disorders share similar symptoms, such as:

- having poor body image
- worrying excessively about your physical appearance
- developing compulsive behaviours to try to deal with these worries

However, BDD and eating disorders are not the same. When a person is experiencing an eating problem, such as anorexia nervosa, they are mainly concerned about their weight and shape. Someone experiencing BDD is likely to experience other concerns around body image – for example, they may also have concerns about a particular facial feature.

Some people with BDD experience an eating disorder but not all people with eating disorders have BDD.

There are also a range of symptoms in common with Obsessive Compulsive Disorders (OCD). Common compulsive behaviours include:

- obsessively checking your appearance in mirrors or avoiding them completely
- using heavy make-up to try to hide the area you're concerned about
- changing your posture or wearing heavy clothes to disguise your shape
- exercising excessively, often targeted at the area you're concerned about
- frequent body checking with your fingers
- picking your skin to make it smooth
- excessive use of tanning products
- frequent weighing
- brushing or styling your hair obsessively
- constantly comparing yourself with models in magazines or people in the street

BDD has a high rate of co-morbidity, which means that people diagnosed with the disorder are highly likely to have been diagnosed with another psychiatric disorder; most commonly associated disorders are major depression, social phobia, or obsessive compulsive disorder (OCD), alcohol/substance misuse or eating disorders. According to the NICE guidelines, co-morbidity also includes people with mild disfigurements or blemishes attending dermatology clinics or seeking cosmetic surgery.

Other conditions that frequently exist in combination with BDD or are confused with BDD include Anorexia Nervosa: This is a disorder where individuals are more preoccupied by self-control of weight and shape but still have anxiety regarding their image.

An overview of the Barnet context for Body Dysmorphia with local and national data where available;

We have contacted clinicians within the Barnet CAMHS system including RFL Eating Disorder Service. There is no specific consultant expertise dedicated to BDD within the CAMHS system. The view among clinicians is that BDD is such a wide ranging condition that unlike Eating Disorders, it would entail a substantial programme of deep dive work to provide a more detailed description of needs in Barnet. Such a programme of work would not add significant value to CAMHS Transformation at this stage. As described above this disorder manifests itself in a diverse number of ways. In addition patients often present initially with other symptoms or concurrent conditions. The majority of patients showing signs of BDD would be treated for anxiety or depression with community CAMHS. Those with concurrent Anorexia Nervosa or Bulimia are treated with the Eating Disorder Services.

According to the NICE guidelines, it is estimated that approximately 0.5-0.7% of the UK population have BDD. Clinical samples tend to have an equal proportion of men and women across all age groups. In children and young people, body dysmorphic disorder usually has an early-adolescence onset at about age 13.

Although symptoms can be found in children as young as 5, it is rare for children under 12 to be diagnosed with BDD. While the causes remain unconfirmed some

risk factors mentioned above such as bullying are more likely to occur in young people during adolescence. This may precipitate the onset of BDD and may exacerbate low self-esteem. There may be a significant time lag between a trigger event and when an individual seeks help.

Some people with BDD have high aesthetic standards and an impossible ideal. There seems to be certain environmental triggers which contribute to the disorder and an individual's personal psychology. Alternatively researchers have argued that there is a genetic link and possibly genes which predispose someone to BDD, hence the large number of individuals who have family members also suffering the same disorder or a related one.

Barnet CAMHS does not specifically collect data on the number of BDD referrals as the symptoms often occur simultaneously with other conditions. We believe that the prevalence rate is similar to national levels. Local clinicians have been consulted and do not report any evidence of levels of need being higher in the locality.

An overview of current commissioning arrangements, provision and development works for the local CAMHS Transformation Programme in respect of Body Dysmorphia.

Children and Young People experiencing Body Dysmorphic disorder are usually treated within the general CAMHS services or the specialist Eating Disorder Service. BDD as discussed above, often presents as an aspect of a broader set of symptoms within Obsessive Compulsive Disorders (OCD) or one or other of the spectrum of Eating Disorders, although BDD can take a very wide range of forms.

Barnet CCG CAMHS leads have made contact with leading specialists for BDD in children and have arranged to meet and discuss how the current re-modelling of CAMHS can be shaped to meet the needs of this cohort. As is noted above Cognitive Behavioural Therapy has a strong evidence based for this condition and our current services do offer this type of therapy. We will be considering how to expand access to CBT to a greater proportion of the local population including via webinars and e-counselling in order to make support more accessible and less stigmatising.

A focus for CAMHS transformation over the next year includes programmes for resilience building in schools and this should have a positive impact on levels of anxiety associated with higher risks of onset of BDD.