



NIMH National Advisory Mental Health Council
Open Policy Session — September 19, 2019

Chase Bannister, MDiv, MSW, LCSW, CEDS
President, Board of Directors,
Eating Disorders Coalition for Research, Policy & Action

Good afternoon colleagues and friends. My name is Chase Bannister, and I am privileged to serve as President of the Board of Directors of the Eating Disorders Coalition for Research, Policy & Action. The EDC is a Washington, DC-based, federal advocacy organization comprised of non-profit organizations, academicians, treatment providers, as well as persons with eating disorders and their steadfast families, friends, and networks of care. The mission of the Eating Disorders Coalition is to advance the recognition of eating disorders as a public health priority throughout the United States.

As the Council may be aware, eating disorders affect more than 30 million people nationwide. Eating Disorders—including anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant/restrictive food intake disorder, and other specified feeding or eating disorders—are severe and complex mental illnesses affecting all genders, races, ethnicities, sexual orientations, and body types. They are devastating, biologically influenced mental illnesses, and cruelly chip away at the most basic elements of common life—of bodies, minds, hopes & relationships.

And they are lethal. Eating disorders have the 2nd highest mortality of any psychiatric illness—second only to the opioid crisis. Every 62 minutes an American dies as a direct result from an eating disorder. This mortality rate underscores the severity of this illness, as it is common for individuals with eating disorders to have co-occurring medical and behavioral health conditions, increasing the complexities of proper intervention and treatment.

And these disorders seem to be on the rise, both here and around the world. A study published just this summer revealed that point prevalence of eating disorders has more than doubled worldwide in recent years—from 3.5% in 2000-2006 to 7.8% in 2013-2018. Telling is the summative—and perhaps understated—assertion offered by the study authors: “This highlights a real challenge for public health and healthcare providers.” Indeed.

Proper intervention and treatment for any condition requires an investment in research. Over the last decade, NIMH research funding for eating disorders has remained level, despite the passage of appropriations report language encouraging investment in eating disorders applied research vis-à-vis prevention, early identification and innovative treatment. In their 2017 *World Psychiatry* journal article, Murray and colleagues put to ink a most painful truth—“Amongst all psychiatric conditions,” they said, “funding for eating disorder research remains among the most discrepant from the burden of illness they represent.”

Of course, I remain riddled with hope, for time and again I have seen the responsible provision of evidence-based care by families and providers return light to lives dimmed by eating disorder illnesses. One might say I have an *evidence-based* hope. Yet for the advancements we’ve made in the understanding and treatment of eating disorders, they are yet dwarfed by the enormity of the problem. While I’m humbled to have spent the sum total of my clinical career laboring in this vineyard, I have eulogized too many people—and certainly too many children—victimized by these illnesses.

To foster more evidence-based hope, we must have more evidence-based help. Meaningful progress in eating disorders treatment and intervention will only be realized to the extent we meaningfully invest in its science. On behalf of our 56 member organizations and the millions of Americans we serve, I urge the Council to advise NIMH to increase research funding for eating disorders.

Thank you for the generosity of your time and wisdom, offered for the benefit of so many.

Works Consulted

- Fichter, M. M. & Quadflieg, N. (2016). Mortality in eating disorders – Results of a large prospective clinical longitudinal study. *International Journal of Eating Disorders*, 49(4), 391-401.
- Galmiche, M., Déchelotte, P., Lambert, G., Tavolacci, M.P. (2019). Prevalence of eating disorders over the 2000–2018 period: a systematic literature review. *The American Journal of Clinical Nutrition*, 109(5), 1402–1413.
- Hudson, J.I., Hiripi, E., Pope, H.G., & Kessler, R.C. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*, 61(3), 348–358.
- Le Grange, D., Swanson, S.A., Crow, S.J., & Merikangas, K.R. (2012). Eating disorder not otherwise specified presentation in the US population. *International Journal of Eating Disorders*, 45(5), 711-718.
- Murray, S. B., Pila, E., Griffiths, S., & Le Grange, D. (2017). When illness severity and research dollars do not align: are we overlooking eating disorders?. *World Psychiatry : official journal of the World Psychiatric Association (WPA)*, 16(3), 321.
- Schaumberg, M. (*et al*), (2017). The Science Behind the Academy for Eating Disorders' Nine Truths About Eating Disorders. *Eur Eat Disord* 25(6): 432-450.
- Smink, F.E., van Hoeken, D., & Hoek, H.W. (2012). Epidemiology of eating disorders: Incidence, prevalence and mortality rates. *Current Psychiatry Reports*, 14(4), 406-414.