EDITORIAL
Changing Times

In 1963, the then 22-year-old Bob Dylan recorded a song called ‘The times they are a-changin’’. As many will know, this became a popular ballad with numerous cover versions along with animated dissection and analysis of its content, meaning and impact. Dylan, it appears, intended this to be a ‘big’ song – an anthem for the common man. His lyrics urge the listener to face up to and respond to changing times (Warner Bros, Inc. 1963). Dylan recommends swimming rather than sinking, being alert to and seising opportunities as they present themselves, moving forward in line with altered contexts rather than risk getting left behind. He also points out that the present will soon be the past. Wise indeed for one so young.

The times do seem to be changing in relation to mental health. Of course everything changes to some extent as time goes by, but over the past decade or so there have been an increasing number of initiatives that together represent a groundswell towards real transformation. Mental health problems seem slowly but surely to be being taken more seriously by policy-makers, health care strategists and purse holders.

In the UK, we have seen the ‘No health without mental health’ strategy, launched in 2011 and setting out the Government’s ‘ambition to mainstream mental health, and establish parity of esteem between services for people with mental and physical health problems.’ The stated intention was to work towards improving the mental health and well-being of the UK population and to ‘get better outcomes for people with mental health problems’. This was followed by NHS England introducing its ‘Parity of Esteem’ Programme which was intended to directly channel effort and, crucially, resources to improving clinical services and health outcomes in relation to mental health. Parity of esteem is unquestionably a valid aim, yet ultimately we need to continue to move forward to avoid the outdated split between mental and physical health. The two spheres are inextricably linked, with stresses and strains in one domain commonly affecting the other. Comprehensive, integrated, holistic health care is surely the ultimate goal. Nevertheless, such initiatives represent an important move from worthy rhetoric to measurable outputs as markers of impact. At the time of writing, an important milestone has just been passed: NHS England stated on its website

We have a national ambition by end March 2015 to increase access so that at least 15% of those with anxiety or depression have access to a clinically proven talking therapy services, and that those services will achieve 50% recovery rates. (www.england.nhs.uk/ourwork/qual-clin-lead/pe/)

Has this been achieved? If it has, that is a good achievement, but the target of 15% of the total number of people suffering from anxiety and depression receiving evidence-based interventions and the aim for 50% of this number to achieve remission clearly demonstrate we still have a very long way to go in the UK at least.

On a global scale too, the past decade has seen a growing awareness of mental health issues and a determination to improve the mental health and well-being of people around the world.

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Organisations such as the Movement for Global Mental Health (MGMH), founded in 2007, bear witness to unprecedented collaboration and commitment to tackle issues in a meaningful way. On its website, MGMH states that it is ‘a network of individuals and organisations that aim to improve services for people living with mental health problems and psychosocial disabilities worldwide, especially in low- and middle-income countries where effective services are often scarce’ (www.globalmentalhealth.org). Currently, the movement states that it has in the region of 200 organisational and 10,000 individual members, with its work guided by two core principles: scientific evidence and human rights.

From our own field, Dr Kathleen Pike, having established an excellent reputation as a leading eating disorders researcher and clinician, is now Executive Director and Scientific Co-Director of the Global Mental Health Program (GMHP) at Columbia University in the USA, established in 2011. The GMHP has a five pronged mission statement with its efforts targeted towards postgraduate education, training, research, increasing awareness and understanding, and engaging in human rights advocacy for those experiencing mental health problems (www.cugmhp.org). Similar to core principles espoused by the MGMH, there is a clear emphasis on promoting and disseminating what we know from research and working towards ensuring that evidence-based practice is accessible to as many people as possible.

Such initiatives are examples of a collective move towards addressing human distress and suffering related to mental disorder in a more determined, coordinated and consistent manner. Of course, this does not diminish recognition of the vital work of the myriad of longstanding mental health charities that continue to provide much-needed support to people with mental health problems on local, regional, national and international levels. Overall, however, positive change does seem to be in the air. Mental health has risen up the agenda. And in relation to eating disorders – are the times a-changin’? A couple of recent events illustrate that this does seem to be the case.

One was the welcome presence at the recent international eating disorders conference in London of Professor Gerald Russell. His 1979 paper was the first to recognise bulimia nervosa (Russell, 1979) and has been discussed further in the very first issue of Advances in Eating Disorders in an excellent paper by Ian Frampton (Frampton, 2013). Russell referred to bulimia nervosa as an ‘ominous variant’ of anorexia nervosa commenting that ‘prognosis [of bulimia nervosa] appears less favourable than in uncomplicated anorexia nervosa’ and that ‘in common with true anorexia nervosa, the patients were determined to keep their weight below a self-imposed threshold’ (Russell, 1979). At the time I was unaware of this paper, but on attending my first international eating disorders meeting, the 1984 ‘Conference on Anorexia Nervosa and Related Presentations’ in Swansea, it was clear that the field was already split into an ‘anorexia nervosa camp’ and a ‘bulimia nervosa camp’. During the 1980s and 1990s clinicians and researchers typically developed a special interest in one or the other, not always seeing eye to eye. However, it remained clear that these presentations shared certain fundamental features. In 2003, Chris Fairburn, Zafra Cooper and Roz Shafran published an important and in the subsequent 12 years to date much cited paper, introducing the now familiar ‘transdiagnostic’ approach, focussing on treatment aimed at dimensional aspects across the eating disorders rather than on differences imposed by categorical diagnostic groupings (Fairburn, Cooper, & Shafran, 2003). They proposed that ‘in the case of eating disorders, shared, but distinctive, clinical features tend to be maintained by similar psychopathological processes’ essentially arguing that AN and BN are variant expressions of shared underlying eating disorder psychopathology. Is this a case of full circle change back to a conceptualisation of AN and BN being ‘ominous variants’ of each other? Linear change in the direction of progress? Or perhaps just change?

The second example is the announcement by the UK Deputy Prime Minister Nick Clegg, in December 2014, that there is to be a £150 million investment to ‘transform treatment for eating
disorders’ specifically for those under the age of 18 years. This investment was heralded as ‘part of an ongoing campaign by the government to bring mental health services on a par with physical care’ and to ‘radically transform the treatment of children and young people with eating disorders’ (www.gov.uk/government/news/deputy-pm-announces-150m-investment-to-tranform-treatment-for-eating-disorders). Work is currently underway to ensure this money is directed in the most effective way. This example reflects the increased commitment to making meaningful change in relation to mental health problems, in this instance aiming to directly benefit those suffering from eating disorders.

Will such initiatives, collaborations and developments realise their respective visions and goals? Will the changes that we are witnessing transpire to be truly transformative for the better? Is it a case of human endeavour, progress and achievements being carried forward by younger generations building on the knowledge and skills of mentors, teachers and trainers in a time of increased social and political involvement with mental health issues? We shall have to wait and see. As the 21-year-old Dylan (1962) so aptly put it, one year before commenting on changing times: ‘the answer, my friend, is blowing in the wind’.

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