

FOOD INSECURITY

A GUIDE FOR PEOPLE WITH EATING DISORDERS





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ABOUT THIS GUIDE

This guide will provide you with information about food insecurity, how it might affect your experience of an eating disorder or disordered eating, how to start a conversation around food insecurity with your healthcare professional and where to look for help.

Throughout the guide you will find quotes from an online survey of 337 adults in the UK who have experienced both food insecurity and eating disorders. The survey was part of a research study conducted by *EDIFY (Eating Disorders: Delineating illness and recovery trajectories to inform personalised prevention and early intervention in young people)* [1].

Survey participants have given us permission to share their experiences to help others.

Please note that this resource contains potentially sensitive information around eating disorders and lived experience and details given in these quotes may be distressing to some.

This resource is for anyone affected by eating disorders, disordered eating, and food insecurity, whether or not you have a formal diagnosis, are currently receiving treatment, considering seeking help, or managing things on your own.

WHAT IS FOOD INSECURITY?

Food insecurity can mean different things to different people. For many it means not always having the money to access enough, good quality food to meet their needs.

This can look like struggling to buy enough food, worrying about the energy costs of cooking food, or having to change how they are planning meals because of not being able to afford the food in it.

“When I go to the food bank, I feel a sense of shame because I think to myself ‘what am I doing here? I usually have money to eat! The food bank is only for people who are dirt poor and I’m on maximum disability benefit!’”

PARTICIPANT, AGE 30, FEMALE, MIXED RACE





WHAT FOOD INSECURITY HAS TO DO WITH EATING DISORDERS

Research shows that living in food insecurity can make someone more likely to develop an eating disorder. It can also impact their treatment and recovery [2].

Eating disorders and disordered eating can take many forms such as but not limited to, binge eating, patterns of restrictive eating, and avoidance of certain foods.

If you are affected by an eating disorder and are living in food insecurity right now, or have experienced this in the past, you are not alone.

“Food insecurity was definitely something my family experienced when I was a young child and when my parents were growing up. I feel like this contributed to, at times, an unhealthy attitude to food and having to finish eating even when I was full as a child. It warped the way I viewed food and eating and probably had an effect when I started to develop an eating disorder.”

PARTICIPANT, AGE 29, FEMALE, WHITE

HOW COMMON IS FOOD INSECURITY AND WHO IS AFFECTED?

Food insecurity is very common in the UK. Research by the Food Foundation found that in June 2025 just under 6 million adults in the UK (over 1 in 10 households) experienced food insecurity [3].

Food insecurity can potentially affect almost anybody at some stage but some people are more likely to face food insecurity. This includes people from some cultural and ethnic minorities, those on lower incomes or those who are out of work, students, and families with young children.

“Previously I have had to skip meals due to lack of money and would instead have a nap at meal times instead of [eating] food. I was at university at the time and struggling to get by on my student loan and rising cost-of-living. This definitely affected my ability to concentrate and focus on my work.”

PARTICIPANT, AGE 23, FEMALE, WHITE



THE SPECTRUM OF FOOD INSECURITY

Food insecurity can range from mild to severe. Importantly, even milder forms of food insecurity can impact your eating disorder symptoms, treatment, and recovery.

The Food Insecurity Experience Scale (FIES) [4] shows the different ways that difficulty accessing enough food can affect a person's daily life.

If you are affected, you might find that where you are on this spectrum fluctuates over time. For example, food insecurity can often begin or become more severe during major life transitions, such as starting university or college.



THE FOOD INSECURITY EXPERIENCE SCALE (FIES)

FOOD INSECURITY BASED ON THE FIES: WHAT DOES IT MEAN?

Adequate access to food but may be uncertain about future access

FOOD SECURITY OR MILD FOOD INSECURITY



People who are food secure have adequate access to food in both quantity and quality. They become mildly food insecure when facing uncertainty about continued ability to obtain adequate food.

Compromising on food quality and variety

MODERATE FOOD INSECURITY



People experiencing moderate food insecurity have been forced to decrease the quality and/or quantity of the food they consume.

Reducing food quantity, skipping meals

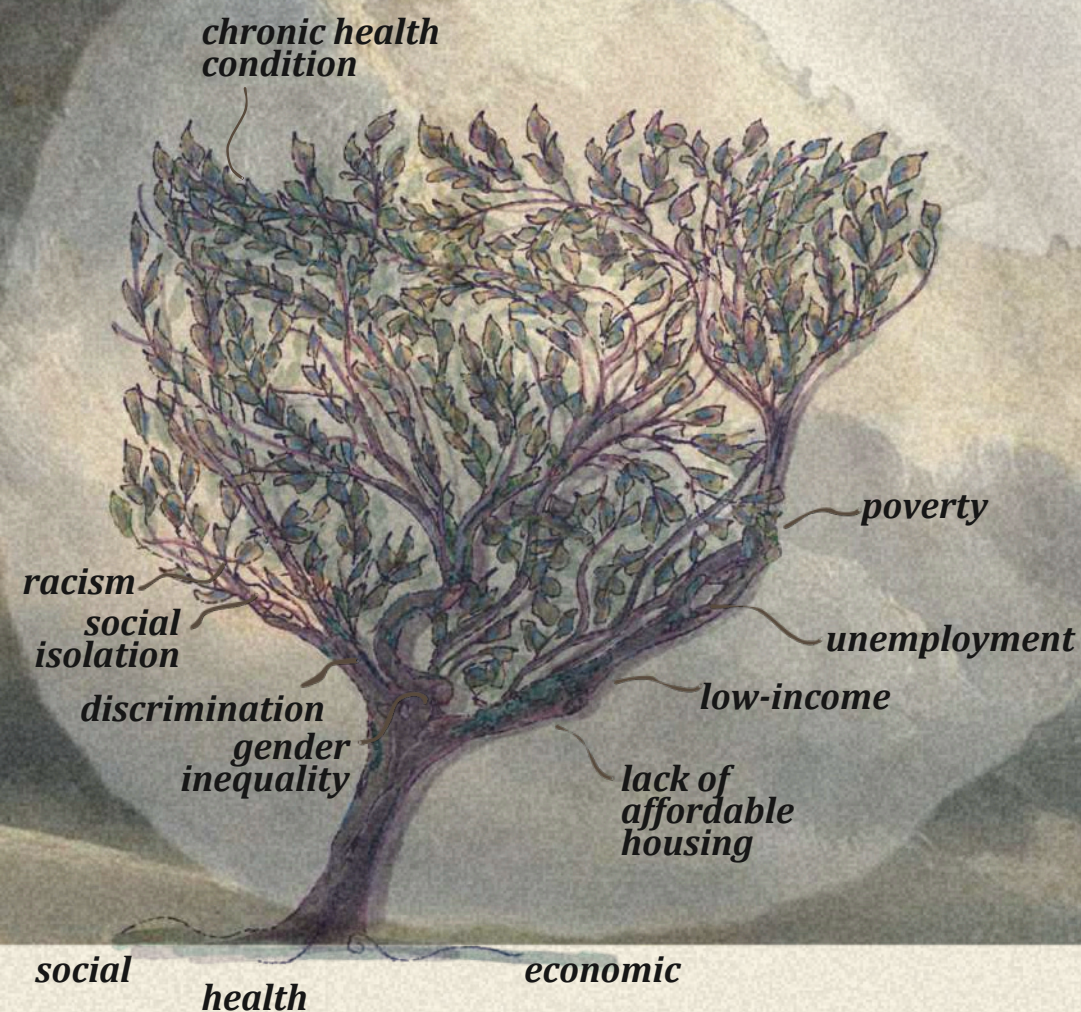
SEVERE FOOD INSECURITY

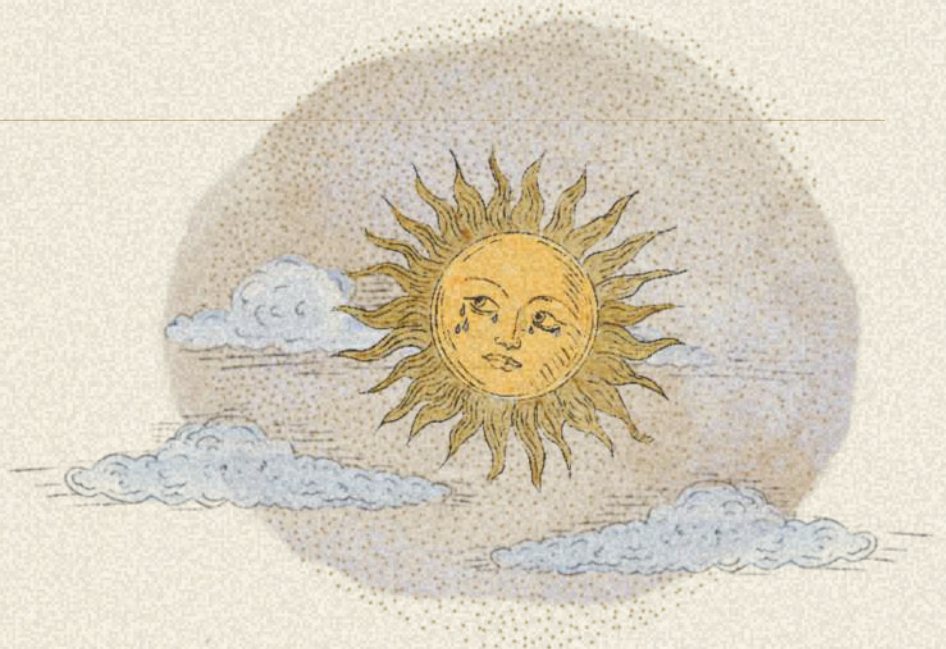


People experiencing severe food insecurity have typically run out of food and, at worst, gone a day (or days) without eating.

No food for a day or more

WHAT CAUSES FOOD INSECURITY?





Food insecurity is influenced by many factors, such as rising living costs, work and income changes, health problems, and gaps in support systems. It is not a personal failing and there is no shame or embarrassment in reaching out for help.

One of the main factors contributing to food insecurity in recent years has been the rising cost of living, including rising energy and transport costs, and increased reliance on zero/low hour work contracts putting pressure on people's budgets [3].

In April 2026, nearly 80% of adults in Great Britain reported that their cost of living had increased compared with the previous month. Among those who experienced higher living costs, over 90% said this was due to rising food prices. For example, the cost of a typical shopping basket is still around 33% higher than it was in April 2022 [5]

HEALTH-RELATED

- Chronic health conditions

SOCIAL

- Structural racism and discrimination
- Gender inequality
- Social isolation

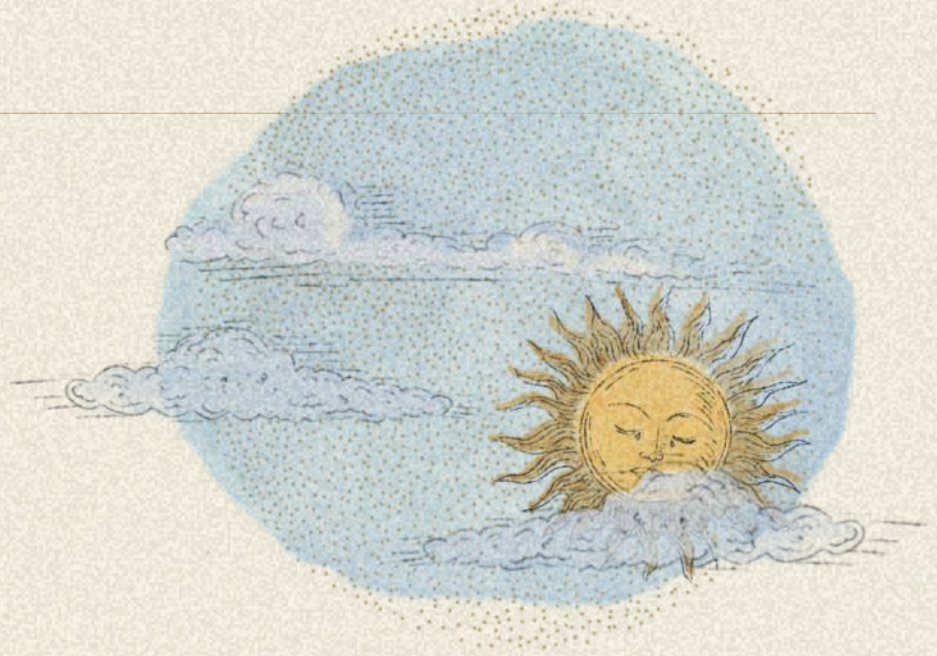
ECONOMIC

- Poverty and low-income, leading to difficult choices around heating or eating
- Unemployment
- Lack of affordable housing
- Inadequate social safety nets

“[The] current cost-of-living crisis has caused me to relapse after 3 years in recovery as it's more economical to eat less, which in turn has triggered my guilt around food.”

PARTICIPANT, AGE 26, NON-BINARY, WHITE

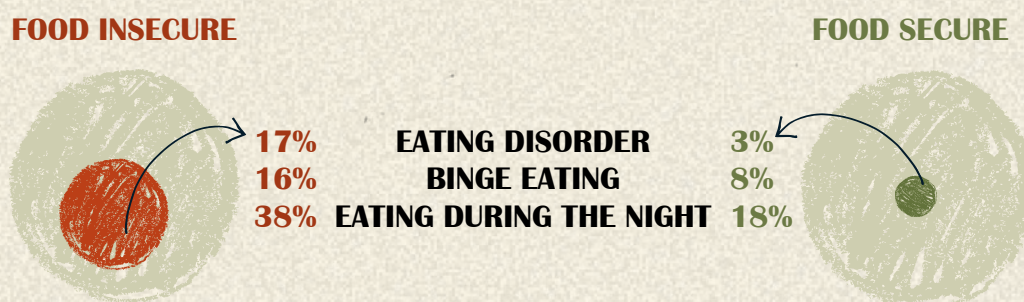




HOW COMMON ARE EATING DISORDERS IN PEOPLE WITH FOOD INSECURITY?

One study conducted in America looked at over 500 people using food pantries (community organisations where people can buy reduced-cost food) and compared eating behaviours between those who were food secure and those experiencing different levels of food insecurity [6].

The group experiencing the most severe food insecurity included households where both adults and children did not always have enough food. The study found that people experiencing the most severe food insecurity were more likely to report symptoms of an eating disorder. In the group experiencing the most severe food insecurity...



The food insecurity group also reported more behaviours aimed at trying to control their weight, such as:

- making themselves sick after eating
- exercising harder than usual after eating too much

Overall, the findings suggest that people who do not have reliable access to food are at higher risk of developing eating disorders and disordered eating.

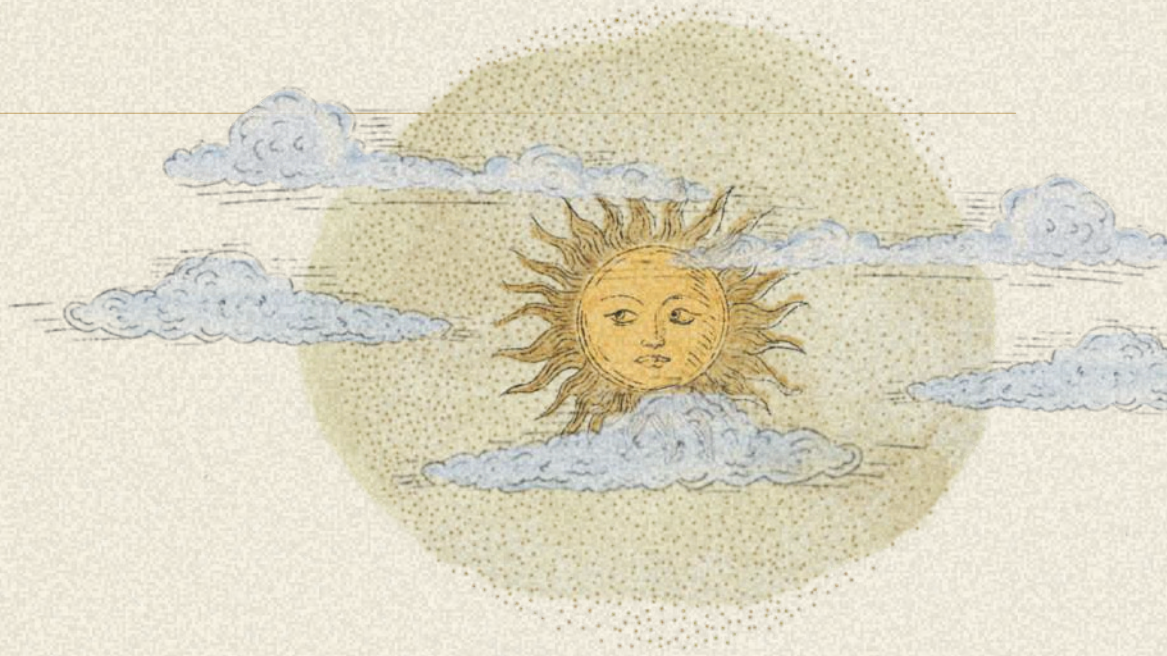
HOW DOES FOOD INSECURITY AFFECT EATING DISORDERS?

There are many different ways that food insecurity can affect eating disorders and disordered eating.

In particular, we know that food insecurity increases the likelihood that someone develops binge eating (eating unusually large amounts of food in one sitting with a sense of loss of control), which is a key symptom of bulimia nervosa and binge eating disorder.

Some of the most well-researched links between eating disorders and food insecurity are the so-called feast-or-famine cycle, stress, and feelings of guilt and shame. These factors are described in more depth below, and although presented separately can have interlinking effects.

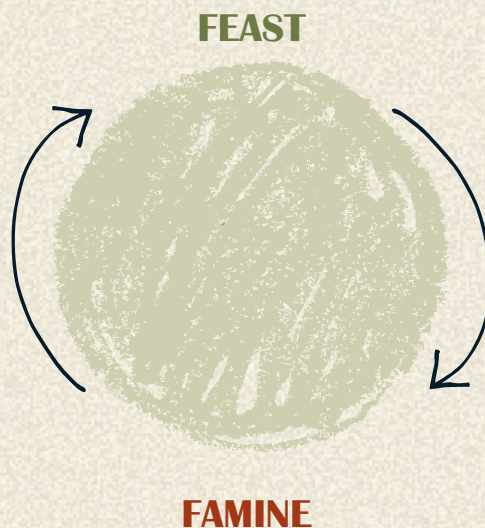




THE “FEAST-OR-FAMINE” CYCLE

If you have an eating disorder and are living in food insecurity [7], you may recognise elements of this in the “feast-or-famine” cycle below.

Not everything may apply to you, but some points may help you to understand how food insecurity can impact binge eating and restrictive eating.



“Because I have to restrict spending and eating at end of each month, I then ‘treat’ myself with more binges on sugary and fatty food after payday so it’s an unhealthy cycle from one end of month to the next”

PARTICIPANT, AGE 47, FEMALE, WHITE

THE FAMINE

During times when a person is struggling to access food (for example, towards the end of a paycheck), they may find themselves eating less to try and make food last longer. This is known as the “famine” part of the feast-or-famine cycle.

However, going for long periods of time without enough food can impact how we feel and think. It can make thoughts about food feel more intense or constant, and make feelings stronger or harder to manage.

“[referring to food insecurity] It has made my ED stronger at times, as if I am not able to get hold of any of my safe foods, I will end up skipping [a meal] or just having something that is not going to benefit me physically or mentally – so my ED gets almost excited when I can’t get hold of any of my safe foods but then when I have to opt for something different, it’s like an internal war.”

PARTICIPANT, AGE 27, FEMALE, WHITE



THE FEAST

When food becomes more available again (such as after payday or receiving benefits), someone living in food insecurity might feel relief, excitement, or a sense of urgency to eat.

This is known as the “feast” part of the feast-or-famine cycle. This sudden improvement in food availability may cause them to eat more than usual in a short time, or have episodes where it feels hard to control how much they eat. They may also want to buy foods that are particularly tasty or filling.

“Not knowing where your next meal is coming from means you naturally eat more now. Now is the only thing you can control.”

PARTICIPANT, AGE 31, FEMALE, WHITE



Going through cycles of “feast” and “famine” can mean that eating disorder symptoms show up in different ways at different times. For a person living in food insecurity, noticing this pattern in their own eating can be an important step and reaching out for support can help them find safer, more balanced ways of managing their eating.

Research shows that growing up without reliable access to food can have long-term effects on a person’s thoughts, feelings, and behaviours around eating in lasting ways. People who experience food insecurity in childhood, whether for a short time or over many years, are more likely to develop difficulties with eating during their teenage years and into adulthood [8].

One reason for this may be that early experiences of not having enough food can shape how someone responds to changes in food availability later in life, such as during periods of “feast” or “famine”.





STRESS

Food insecurity can understandably cause daily stress for a person [9], whether due to financial strain, not knowing when food will next be available, or from trying to make food last. In addition, there may be difficult choices, for example about spending money on heating or eating. In periods of stress a person may turn to eating disorder behaviours as a means of coping. Chronic stress can also impact appetite, meaning that we are more likely to crave high-salt/-fat/-sugar foods. Often these are foods that can trigger binge eating behaviours. As a result, people living in food insecurity may be more susceptible to binge eating.

“When I do spend money on food, it makes me feel really anxious. I’m constantly worrying about whether I ‘deserve’ to buy food.”

PARTICIPANT, AGE 18, FEMALE, ASIAN

GUILT AND SHAME

Experiencing food insecurity can create shame and guilt and prevent people from seeking support. Someone living in food insecurity may also feel like they don’t deserve the food that they can access or that they are ‘wasting’ food. This can make recovery from an eating disorder harder.

“Rising food prices make me feel even less deserving of food. Spending more money on my usual shop causes more guilt and fear.”

PARTICIPANT, AGE 45, FEMALE, WHITE





PICKY EATING AND ARFID

Picky eating is very common in children, particularly between the ages of one and six. During this time, children may be hesitant to try new foods, and it often takes repeatedly trying new foods before they become comfortable eating a wider variety.

For families experiencing food insecurity, offering children a range of different foods can be hard. Parents and caregivers may not be able to buy a variety of foods regularly, or they may avoid buying certain foods if there is a risk their child will not eat them and the food will go to waste.

Some research suggests that severe picky eating can sometimes be an early or milder form of Avoidant/Restrictive Food Intake Disorder (ARFID), an eating disorder where a person avoids certain foods and/or restricts their food intake [10].

This may be due to sensitivities to the texture, taste, smell, or appearance of certain foods, fear related to eating, or a low interest in food. A specialist might diagnose ARFID when a person experiences significant difficulties as a result of their limited food intake, such as poor nutrition, unwanted weight loss, difficulties with growth, or major impacts on daily life.

Importantly, many children who have limited access to a variety of foods or who are picky eaters do not go on to develop ARFID or long-term eating difficulties.

Experiences with food are shaped by many different factors, and each person's relationship with food develops differently over time.



HOW TO START A CONVERSATION AROUND FOOD INSECURITY AND EATING DISORDERS WITH YOUR HEALTHCARE PROFESSIONAL

If you're struggling with food insecurity, it can feel difficult to know how to talk about it to others or find the right words to explain what you're going through. If you are currently seeking help for an eating disorder or receiving treatment for this, it is important that your healthcare team understands whether you are able to access enough food. This is so they can help you to access support from food banks, pantries and other local resources, and also can make reasonable adjustments to your care. This is especially important as eating disorder treatment typically involves working on changes to your eating and food intake.

“I know that I need to spend more money on food so that I am able to follow my meal plan, but I can't really afford to nor do I want to because it feels like a waste of money to spend what little I have on food”

PARTICIPANT, AGE 22, FEMALE, MIXED BACKGROUND

“Petrol costs make it incredibly difficult for travelling to my inpatient unit (170 miles away).”

PARTICIPANT, AGE 16, FEMALE, WHITE

The questions below are part of a tool known as the Hunger Vital Sign [11]. They are used in research and by healthcare professionals to help identify whether someone may be experiencing food insecurity. These questions focus on worry about food running out and whether food lasts until you can afford more.



Even if your situation feels complicated or doesn't fit neatly into a category, your answers can still help start a conversation about food insecurity.

You could:

- Reflect on your answers privately
- Bring this page to your next appointment with your healthcare professional, as this may help to start a conversation about food insecurity and eating disorders.

THE HUNGER VITAL SIGN

For each statement, consider if it was often true, sometimes true, or never true.

1. Within the past 12 months, I was worried whether my food would run out before I got money to buy more.

☐

often true

☐

sometimes true

☐

never true

2. Within the past 12 months, the food I bought just didn't last and I didn't have money to get more.

☐

often true

☐

sometimes true

☐

never true

Or: If you are part of a family or are caring for dependent family members you may want to reflect on this version of the question:

1. Within the past 12 months, we were worried whether our food would run out before we got money to buy more.

often true

☐

sometimes true

☐

never true

2. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

☐

often true

☐

sometimes true

☐

never true

If you have answered "often true" or "sometimes true" to either of these statements, you may be living in food insecurity and you might benefit from support.

WHAT SUPPORT IS AVAILABLE TO ME?

Accessing enough food is an important step in protecting your health and reducing immediate stress, and will be discussed in the following section of this guide. However, eating disorders are complex mental health conditions, and recovery usually requires specialist care alongside practical help with accessing food.

If you are unsure where to start, speaking to your GP or another healthcare professional can help you explore both types of support.

“My GP is amazing and made me feel less embarrassed. I got free food at school which was good. It was discreet and also packaged so I could take it home for my sister/mum and brother.”

PARTICIPANT, AGE 20, FEMALE, WHITE

“Today at my induction with a major supermarket. I wasn't able to afford a meal deal for lunch as I had unplanned expenses, but their staff canteen had free pot noodles/pasta mug shots and other breakfast and lunch-type foods for staff to utilise in times of food insecurity. I didn't say anything and took a pot noodle from the canteen and ate that for lunch with two pieces of bread.”

PARTICIPANT, AGE 26, NON-BINARY, WHITE

The support listed below includes practical resources to help you access food, including food banks, food pantries, community food schemes and money advice services.

SUPPORT WITH ACCESSING FOOD

Food Banks

Food banks are non-profit organisations which can provide emergency supplies of food to people facing difficulties with money. Some food banks allow you to turn up directly without a referral, others do not.

For food banks which require a referral, a partnering organisation will typically provide you with a voucher which you can take to a food bank to exchange for supplies. In most cases, you will be given a minimum of three days of emergency food.

Most food banks will try to offer suitable options for everyone, but what's available can vary depending on the donations they receive at a given time. If you have specific dietary, medical, cultural, or ethical needs around food, for example, if you're living with an eating disorder and rely on certain "safe" foods, you might wish to share these requirements with the person who referred you to the food bank, or with a volunteer when you arrive.

How can I get a referral to a food bank?

There are several different ways you can get a referral to a food bank:

- Some eating disorder services are registered partners with food banks, and those that aren't may still be able to make referrals through contacting a food bank directly or provide you with a letter of support.
- Your GP, nurse, social worker and health visitor.
- Your local council and local Citizens Advice office.
- In some cases, you may need to contact the food bank directly.

As the processes to accessing food banks vary depending on where you live, you might find it easiest to search for the specific support in your local area.

The UK charity - the Trussell Trust - has a helpful tool for finding local food banks and referral agencies in your area.

FIND YOUR LOCAL FOOD BANK

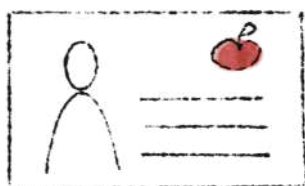


SUPPORT WITH ACCESSING FOOD

Food Pantries

Food pantries are community organisations that provide low-cost food. Typically, you'll pay a small weekly or monthly "membership" fee to shop at the pantry at a significantly reduced cost. You don't usually need a referral to a food pantry.

You can search for food pantries in your local area by visiting the link below:

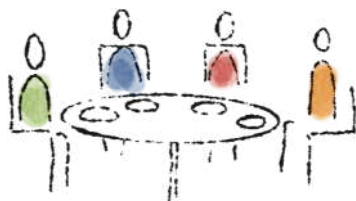


JOIN YOUR LOCAL PANTRY

Community Meals

Community meals aim to support people experiencing food insecurity and reduce loneliness by bringing people together over a shared meal. Many local organisations run weekly community meals where anyone can attend, enjoy a free meal, and socialise with others in a welcoming environment. These meals often use surplus food that would otherwise go to waste.

You can use the search tool on the FoodCycle website to find a local community meal near you:



FIND A COMMUNITY MEAL NEAR YOU

Meals on Wheels

Meals on Wheels is a welfare support service that delivers nutritious, ready-to-eat meals directly to people's homes across the UK. It supports people who may be unable to leave their home, shop for food, or prepare meals independently.

You can visit the Meals on Wheels website to find local providers and services available in your area:



MEALS ON WHEELS

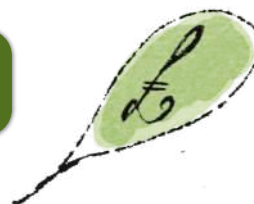
SUPPORT WITH ACCESSING FOOD

Financial worries

If you're worried about money, the Food Aid Network have created a tool for finding financial support and advice in your local area, ranging from not having enough money, your money not stretching far enough, or worries about debt.

You can use the Food Aid Network tool here:

FIND FINANCIAL SUPPORT & ADVICE



NHS Healthy Start/Best Start Programme

If you're more than 10 weeks pregnant or if you have children under 4 years old, you might be entitled to free healthy food and milk as part of the NHS Healthy Start Programme (NHS Best Start Programme in Scotland):

You can find more about the programmes here:

HEALTHY START

BEST START



Free School Meals

If you have a child, they may be eligible for free school meals, and you may also be able to receive support for the cost of living through the Household Support Fund.

You can visit the GOV.UK website to check your eligibility:

CHECK IF YOU ARE ELIGIBLE



WANT TO LEARN MORE ABOUT FOOD INSECURITY AND EATING DISORDERS?

We have created a short animated video about eating disorders and food insecurity, developed with people who have lived experience of both. Hearing people share their experiences in their own words may help you better understand the challenges involved.



[Click to watch the film](#)

CREDITS

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REFERENCES

1. Bryson, C., Wilkins, J., Ince, B., Hemmings, A., Kuehne, C., Douglas, D., Phillips, M., Sharpe, H., & Schmidt, U. (2026). Food insecurity in individuals with eating disorders: A UK-wide survey of impact, help-seeking, and suggestions for guidance. *Nutrients*, 18(5), Article 852. <https://doi.org/10.3390/nu18050852>
2. Hazzard, V. M., Loth, K. A., Hooper, L., & Becker, C. B. (2020). Food insecurity and eating disorders: A review of emerging evidence. *Current Psychiatry Reports*, 22(12), Article 74. <https://doi.org/10.1007/s11920-020-01200-0>
3. The Food Foundation. (2025, October 22). Roadmap to reducing food insecurity in the UK. <https://foodfoundation.org.uk/publication/roadmap-reducing-food-insecurity-uk>
4. Ballard, T. J., Kepple, A. W., & Cafiero, C. (2013). The Food Insecurity Experience Scale: Development of a global standard for monitoring hunger worldwide (Version 1.1). Food and Agriculture Organization of the United Nations. https://www.fao.org/fileadmin/templates/ess/voh/FIES_Technical_Paper_v1.1.pdf
5. The Food Foundation. (2026, March 18). Rising food insecurity levels lead to calls for a “Good Food Bill” to protect citizens from next cost of living crisis. <https://foodfoundation.org.uk/press-release/rising-food-insecurity-levels-lead-calls-good-food-bill-protect-citizens-next-cost>
6. Becker, C. B., Middlemass, K., Taylor, B., Johnson, C., & Gomez, F. (2017). Food insecurity and eating disorder pathology. *International Journal of Eating Disorders*, 50(9), 1031–1040. <https://doi.org/10.1002/eat.22735>
7. Hazzard, V. M., Loth, K. A., Crosby, R. D., Wonderlich, S. A., Engel, S. G., Larson, N., & Neumark-Sztainer, D. (2023). Relative food abundance predicts greater binge-eating symptoms in subsequent hours among young adults experiencing food insecurity: Support for the “feast-or-famine” cycle hypothesis from an ecological momentary assessment study. *Appetite*, 180, Article 106316. <https://doi.org/10.1016/j.appet.2022.106316>
8. Trompeter, N., Opitz, M.-C., Rabelo-da-Ponte, F. D., Sharpe, H., Desrivieres, S., Schmidt, U., & Micali, N. (2026). Childhood food insecurity trajectories and adolescent eating disorder symptoms: A UK cohort study. *Social Psychiatry and Psychiatric Epidemiology*, 61, 2013–2021. <https://doi.org/10.1007/s00127-025-03022-y>
9. Kosmas, J. A., Wildes, J. E., Graham, A. K., & O'Connor, S. M. (2023). The role of stress in the association among food insecurity, eating disorder pathology, and binge eating-related appetitive traits. *Eating Behaviors*, 49, Article 101709. <https://doi.org/10.1016/j.eatbeh.2023.101709>
10. Ban, K. F., Hazzard, V. M., Zickgraf, H. F., & O'Connor, S. M. (2024). Examining measurement invariance of appetitive trait and ARFID symptom measures by food security status. *Appetite*, 197, Article 107304. <https://doi.org/10.1016/j.appet.2024.107304>
11. Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. A., Casey, P. H., Chilton, M., Cutts, D. B., Meyers, A. F., & Frank, D. A. (2010). Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 126(1), e26–e32. <https://doi.org/10.1542/peds.2009-3146>

