**Clinicians’ views and experiences of delivering First Episode Rapid Early Intervention for Eating Disorder (FREED)**

**Why did we do these research studies?**

We have previously shown that FREED improves outcomes by reducing the length of time that young people are ill before accessing treatment and tailoring existing evidence-based treatments to young people in early-stage illness. To understand how FREED works in practice and what, if any, changes need to be made to allow it to work optimally, we investigated the views and experiences of clinicians delivering FREED.

**What did we do?**

We ran two integrated studies at different time points between 2019-2022, i.e. from early to later stages of the national rollout of FREED. These studies used questionnaires, individual interviews and focus groups.

**What did we find?**

Both studies found that clinicians were overwhelmingly enthusiastic of FREED and recognised its value for patients, largely because of the noticeably quicker improvements. FREED’s active engagement activities and rapid access to tailored treatments were seen as crucial for engaging young people and supporting early recovery. Features of the FREED model and associated implementation supports were seen as important for getting FREED started and embedded in services. However, there were concerns around increased workloads and the potential impact on patients not eligible for FREED. Clinicians wanted early intervention to be available to all patients but realised that this was not feasible with current resources. Funding and staffing issues were and continue to be critical challenges in delivering FREED, especially for providing treatment quickly. This led some services to limit their FREED-offer to specific areas, ages or presentations.

**What do these findings mean for practice and research?**

The two studies suggest that when delivered as intended, FREED is seen as valuable and working well for staff and patients. However, there are key barriers in effectively delivering FREED that need to be addressed:

* Greater investment and funding are needed to allow services to deliver FREED optimally.
* Additionally, solutions are needed to support services to deliver treatment quickly, such as brief focused interventions, group treatments and task-sharing (e.g. peer workers).
* We need to know what outreach work is effective at increasing suitable referrals and engaging young people in the community, especially under-served and underrepresented groups.
* There needs to be a thorough evaluation of the wider impacts of FREED, i.e., how cost savings from FREED are used within individual services and nationally.

**The full-text articles for the studies can be accessed at:**

1. 2019-2021 Richards et al. Paper: <https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-024-01000-4>
2. 2022 Hyam et al. Paper: <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2024.1327328/full>