



**‘Hit and Miss’ Experiences
of people with eating
disorders seeking help from
Healthcare Professionals**



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Summary

The following report details the results of a survey conducted by Beat from 16th September 2021 - 11th October 2021 on experiences of people with an eating disorder of seeking help from healthcare professionals. Our survey results indicate that seeking help and accessing treatment for an eating disorder is far from simple and may be 'hit and miss'. While many of those who responded to our survey reported positive experiences with healthcare professionals, many GPs and healthcare professionals are still not equipped to support people with an eating disorder.

It can be incredibly difficult for someone with an eating disorder to seek help, and 27% of those who responded to our survey had not sought help from a GP. When we asked respondents to our survey to focus on the first time they had sought help from a GP for their eating disorder:

- **58%** felt that their GP did not understand eating disorders
- **69%** felt that their GP did not know how to help them with their eating disorder
- **92%** felt that their GP would benefit from more training about eating disorders
- **60%** felt their quality of care was 'poor'
- **42%** felt that their GP emphasised the importance of getting help and treatment as soon as possible
- **31%** reported that their GP referred them to a mental health service for treatment

The survey results also highlighted the many missed opportunities for early intervention: **67% of participants believed that there were opportunities for early identification and intervention in their eating disorder that were missed.**

Participants reported seeking help from a wide range of health professionals apart from GPs (from acupuncturists, to cardiologists, to gynaecologists) suggesting that health professionals in various disciplines would benefit from eating disorder training.

Our GPs want to provide the best quality care for people with eating disorders. Yet the average GP receives **less than two hours of training** on eating disorders in their entire medical degree (1). **A fifth of UK medical schools don't provide any training on eating disorders at all** (1). Lack of eating disorder training has delayed access to treatment for years, and leads to devastating, and even fatal, consequences (4,5).

We are calling for UK medical schools to offer proper training on eating disorders. Eating disorder training should build awareness and knowledge of eating disorders (e.g. knowledge of how to spot the signs of an eating disorder, common comorbidities and the importance of early intervention) and practical skills (e.g. risk assessment, examination and communications skills) to support people with eating disorders. We need our future GPs to be equipped with the knowledge and understanding they need to support their patients.

Introduction

Eating disorders are serious and complex mental illnesses that can have devastating long-term - or even fatal - consequences. They affect 1 in 50 people in the UK. GPs and other healthcare professionals play a crucial role in spotting the early signs and referring to specialist treatment. Getting that treatment early is key; through early intervention, patients often experience more positive outcomes and a greater chance of recovery (2).

What did we find in 2017?

A 2017 review of medical training relating to eating disorders in the UK found undergraduate and postgraduate eating disorder training to be minimal in the UK (1). Five years ago, we ran a survey of nearly 1,700 people, which sought to better understand the kinds of experiences that people with eating disorders have when seeking help from their GPs (3). The findings of this survey described support for an eating disorder from a GP as a 'lottery'. **Only 42% of people with an eating disorder felt their GP understood eating disorders**, and only 34% believed that their GP knew how to help them with their eating disorder.

Five years on, what has changed?

In 2021, ahead of Eating Disorder Awareness Week (EDAW) 2022, we ran a similar survey to understand the lived experiences of people who have had eating disorders in seeking help and accessing treatment. This time, however, we extended it to include experiences with all healthcare professionals (not just GPs) and included a section on whether people felt there were missed opportunities for early intervention. We also focused this survey on people with lived experiences of having had an eating disorder themselves, rather than families or carers.

Our GPs want to provide the best quality care for people with eating disorders, but they need proper training to help them. On average, medical students receive less than two hours of eating disorder specific training during their entire degree.

Methods

We devised a survey of 57 questions on experiences with healthcare professionals. Of the questions, 36 questions had the option of open ended (comment) responses. The questions included: 6 demographic questions, 32 questions on experiences with GPs, 10 questions on experiences with other healthcare professionals, and 6 questions on missed opportunities to intervene with their eating disorder (See Appendix for full list of questions, and for more information on the Methods).

The survey was created using Survey Monkey and promoted on Beat's social media (Instagram, Twitter and Facebook) and Website Homepage. The survey was open from 16th September 2021 - 11th October 2021. We had 1,902 responses within this time, of which 1,697 participants were eligible and answered the survey questions.

Help Seeking

Help seeking can be incredibly difficult for someone with an eating disorder, and **27% of participants had not sought help from a GP.**

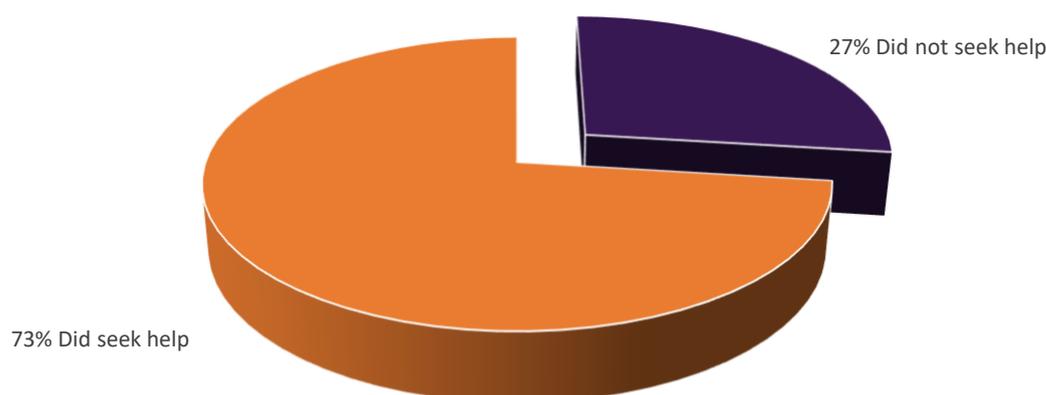


Figure 1. Percentage of participants seeking help from their GP.

What stopped people from seeking help?

Help seeking can be frightening for someone with an eating disorder. Participants discussed feeling ‘afraid’, ‘terrified’ or ‘too scared to seek help’. The word ‘scared’ was mentioned 41 times in the responses, ‘afraid’ was mentioned 12 times and ‘fear’ was mentioned 7 times. Many voiced their fears of being judged, feeling ‘ashamed’ or ‘embarrassed’, and expectations of other people’s perceptions of eating disorders were important (‘anxious about the response I will have’).

Many minimised their own experiences, writing that their eating disorder was not ‘bad enough’, ‘extreme enough’, ‘sick enough’, ‘severe enough to be classed as an illness’ or ‘serious enough to get help’, or that healthcare professionals might not ‘take it seriously’. Some felt that they might not be believed (‘I don’t think they’ll believe me’; ‘afraid of... not being believed’) or felt that they’d be accused of ‘attention seeking’. A few doubted their own symptoms (‘what if I’m faking it?’).

Concerns around weight presented a barrier to help-seeking (‘I’m scared they won’t believe me because ... I’m not underweight’, ‘I’m not thin enough to need it’, ‘my weight isn’t that extreme’, ‘no obvious weight loss / changes’, ‘scared of being told that I was not thin enough to access services’, ‘all they see is the fat

person', 'because I am overweight it is not seen as an issue', 'I always feel judged by GPs when it comes to [my] size. I often feel like they think all my issues will evaporate if I shrink myself down').

What could have encouraged participants to seek help?

When we asked participants to focus on what could have encouraged them to seek help from their GP, the single most common factor was **greater confidence that GPs or healthcare professionals could support them** with their eating disorder. This was reported by 52% of respondents. **Greater awareness about eating disorders** was reported by 42% respondents.

Of those who did seek help from a GP, **72% waited over 6 months** before seeking help, and **18% waited for more than 5 years**. Again, the most common factor reported that could have encouraged them to seek help sooner was greater confidence that GPs or healthcare professionals could support them with their eating disorder (reported by 54% of participants).

Participants commented that they would have felt more encouraged to seek help if there was 'less judgement', 'less stigma' and more 'kindness' both from GPs and the public. Others wrote that having the 'confidence that I would meet the criteria for an eating disorder', 'actually knowing that it was an eating disorder' or 'that I'd meet adult criteria for service' would have helped them to know that their eating disorder would be taken seriously. Many reported that they would have been encouraged to seek help if they'd had been reassured that their concerns were valid, or if 'people believed me that something was wrong'.

'If I knew it was okay to look for help then I would have.'

Participants called for 'less of a stigma about weight' and 'understanding that eating disorder presentation isn't always a low weight' and 'you don't have to be a certain weight... to receive treatment'. Reassurance that healthcare professionals would not 'focus on weight' was another factor.

Some participants wrote that they would have been encouraged to seek help if they had confidence that GPs had more knowledge and less stigma around specific eating disorders. One participant wrote that 'I had a fear tha[t] as I was bulimic and not anorexic they wouldn't take me seriously'. Others wrote 'binge eating disorder actually being taken seriously', or 'knowing about OSFED' would have encouraged them to seek help.

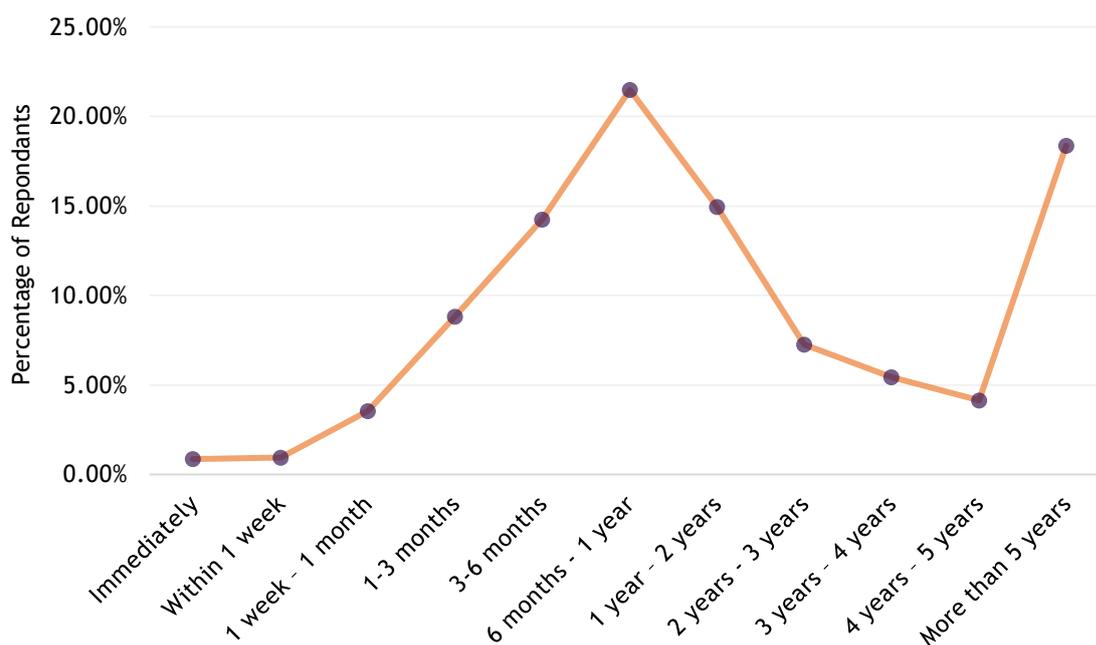


Figure 2. Time waited before seeking help from a GP. How participants responded when asked the question “How long (approximately) after you first recognised the symptoms of an eating disorder, did you seek help from a GP?”.

Experiences with GPs

A positive experience with a GP or healthcare professional can make a real difference. But many are not well equipped to support people with eating disorders. When participants did first seek help from a GP, many reported negative experiences and **60% (583) felt that their quality of care was poor**. The survey results showed a broad spectrum of patient experiences, ranging from very positive to very negative.

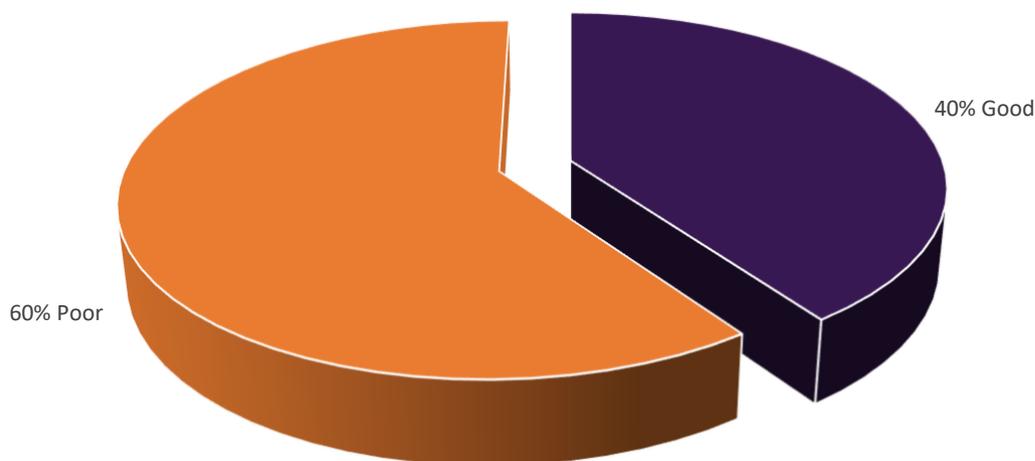


Figure 3. Quality of Care. How respondents rated the quality of care received from their GP in relation to their eating disorder.

These results were similar to those of the 2017 EDAW Survey on Experiences with GPs. The EDAW 2022 survey found, in their first experience of seeking help from a GP about their eating disorder:

Experiences with the first GP they sought help from	2021	2017
Felt that they did not understand eating disorders	58%	58%
Felt their quality of care was 'poor'	60%	52%
Felt that they did not know how to help them with their eating disorder	69%	66%
Felt that their GP emphasised the importance of getting help and treatment as soon as possible	42%	45%
Their GP referred them to a mental health service for treatment	31%	29%
Felt their GP would benefit from more training about eating disorders	92%	(n.a.) ¹

Understanding

Having a GP who understood, and listened to, the experience of people with eating disorders was crucial. One participant wrote: 'I feel [I] was quite lucky to have such an understanding doctor, as I have [been] incredibly nervous to talk to anyone about this'. Another described their GP as 'the first' who 'actually listened', reporting that they were 'very calm and understanding. She let me explain things in my own words, and was patient with me. She didn't rush me through anything and took everything I had to say on board.'

'My GP seems to be very understanding and empathetic... however other GPs at the practice haven't always had as much understanding. I believe if they had more training they would be more equipped to support people.'

'My GP encouraged me to eat more but didn't understand the barriers to doing this... I feel more needs to be understood about the anxiety and feelings around eating.'

¹ This question was not asked in 2017, therefore not applicable.

'The doctor's advice to me was to try and eat more. I explained that was the problem, I was having trouble eating... I came away knowing that I'd missed an opportunity to really explain.'

Sensitivity around Weight

Participants felt there was not enough sensitivity around weight, with many reporting that their GP had told them they were 'not underweight enough to get help.'

They 'had no understanding of eating disorders at all and believed due to my weight... that I could not have an eating disorder.'

Many participants wrote that their GPs suggested they go to 'Weight Watchers' or 'Slimming World', or that their GP 'told [me] I was fat.' Some felt that the act of weighing could be handled more sensitively, with one participant writing that their GP read their 'weight and BMI aloud' despite them 'asking him to blind weigh me.' Another participant wrote: 'I understand the requirement of weighing but discussing weight and BMI with an ED patient when they have first sought help is a trigger.'

Knowledge

There was a wide variation in the levels of knowledge of eating disorders that participants felt their GP had. While some participants felt that their GPs were 'very knowledgeable and understanding', others reported that, while 'empathetic' or 'really kind and supportive' they felt their GP 'didn't really know how he could help me' or 'openly admitted to not knowing very much about' eating disorders.

Some respondents voiced frustration that their GP 'didn't have a clue' or 'showed no awareness that my issues may be caused by an eating disorder'. One participant, for example, wrote that they '[felt] like my GP was just reading definitions from Google. I felt I had just the same knowledge as them, except they were the only ones able to refer me for help.'

Validation

The importance of being 'taken seriously' by GPs was a recurrent pattern. One participant wrote that they felt 'extremely lucky my GP took [my] bulimia so seriously. She immediately referred me to a specialist.' However, an overwhelming number of comments were written from participants who felt 'disregarded... as a phrase', 'totally dismissed', 'ignored/invalidated', 'like I wasn't sick enough.' 'It made me feel like my eating disorder wasn't bad enough to get help... this delayed me seeking help again as I was so discouraged.'

One participant, for example, wrote that they had been dismissed because ‘I didn’t look ill,’ another that ‘my size meant my issues couldn’t be “that serious”.’ Many participants stressed that it ‘took a lot of effort to admit my issues’ and that they’d been left feeling ‘ignored.’

Specific Eating Disorders

Many participants felt dismissed or stigmatised because of their eating disorder presentation. Many felt that their GP did not recognise, take seriously or have knowledge around binge eating disorder. One participant for example, reported being told by their GP that there ‘is no real help for binge eating disorder.’ Other participants felt that their GP ‘didn’t understand ARFID and kept asking about body image.’ Another felt that their care was delayed or dismissed ‘because I was bulimic and my weight was not a concern.’

Flippant or Unhelpful Comments

Many participants felt their GPs made comments which were unhelpful, patronising, or ‘flippant’. One participant, for example, wrote that their GP ‘told me I would be fine and gave me no other help or advice whatsoever.’ Often participants reported being ‘told several times to “just eat”.’ One wrote ‘my GP simply said, “it’s okay to eat a chocolate bar every now and then” which was not helpful in the slightest’ and four participants being recommended to ‘go home and eat a Mars Bar.’

Some felt that their GP normalised their concerns, or upheld gender and age stereotypes around eating disorders (e.g. ‘you girls have such a strange perception of yourselves’ or ‘fobbed off as “just being a teen”’ or “stereotyped as a fussy teenager”.’)

Variation in Experiences

The respondents' experiences with GPs varied widely. 65% of participants who had seen more than one GP reported that their quality of care varied significantly.

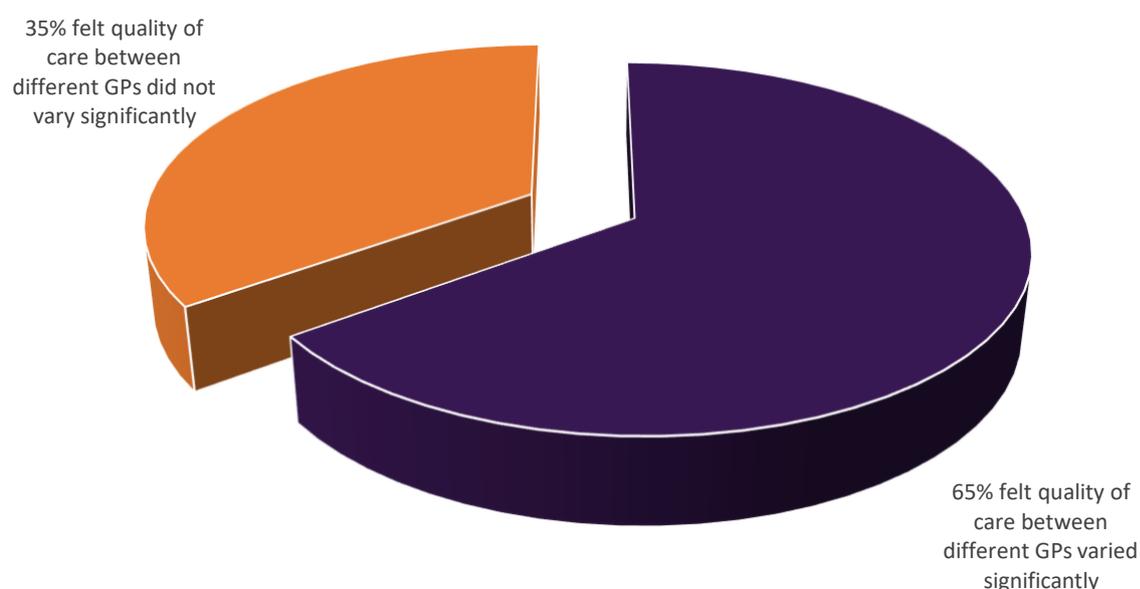


Figure 4. Variation in quality of care. How participants responded when asked the question “If you have received care from more than one GP since the start of your eating disorder, has the quality of care you have received from those GPs varied significantly?”.

Accessing healthcare support for an eating disorder was described by many participants as a matter of luck: a ‘pot luck’, ‘hit and miss’, ‘minefield’ or ‘lottery’.

As found in the 2017 survey, experiences with the second GP were generally reported to be slightly more positive than the first, with about a 50/50 split between those who rated the quality of care as ‘poor’ and ‘good’. This might have been expected, since some will likely have asked to see a GP who had some specialism in eating disorders or mental health. There was a similarly equal split between those who believed their second GP knew how to help them with their eating disorder, and 57% of participants felt their second GP understood eating disorders.

Experiences with healthcare professionals more broadly also had much more positive results. 68% felt that the quality of care of the ‘main’ healthcare professional they sought help from (other than a GP) was ‘good’. 75% felt that the ‘main’ healthcare professional they sought help from understood eating disorders.



However, considering that specialist eating disorder clinicians (24%) and mental health specialists (psychologists (11%), psychological CBT therapists (21%)) were the most commonly discussed health professionals, this is perhaps unsurprising.

Missed Opportunities

It's clear that there are many opportunities for intervention, even when people with eating disorders do not actively seek help, and many health professionals would benefit from eating disorder training.

The most common healthcare professionals who individuals sought help from, apart from GPs, were unsurprisingly dietitians, therapists and eating disorder specialists. More than half of participants reported that healthcare professionals they were seeing for unrelated reasons raised concerns about their eating disorder. What stood out was the sheer range of other non-specialist healthcare professionals who voiced concerns: from neurologists to asthma consultants to pharmacists, to spinal consultants.

67% of participants believed that there were opportunities for early intervention and identification with their eating disorder that were missed by healthcare professionals.

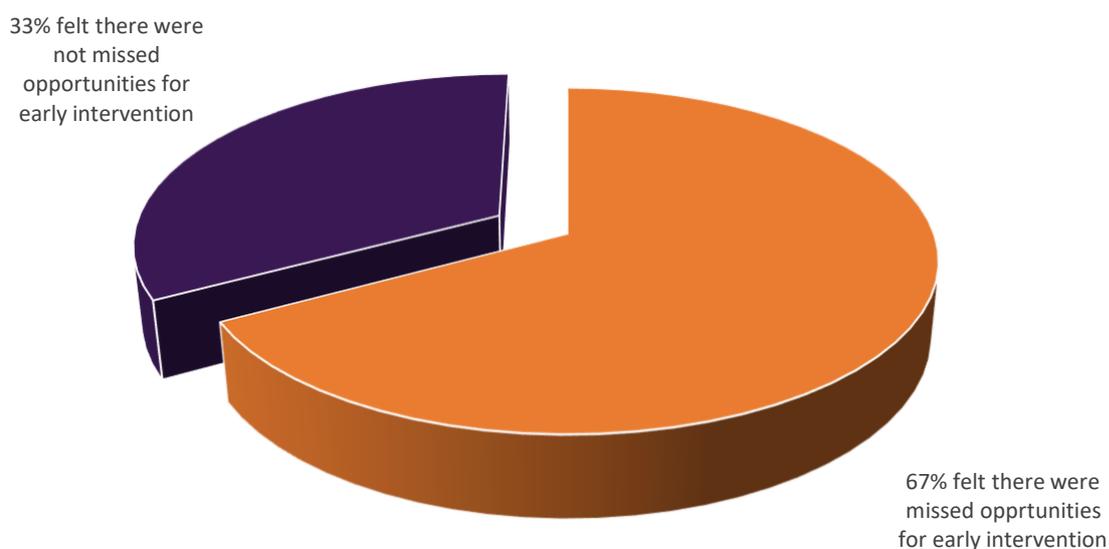


Figure 4. Missed Opportunities. How participants responded when asked the question “Do you believe there were any opportunities for early identification and intervention with your eating disorder that were missed by healthcare professionals?”.

These missed opportunities included physical concerns such as low heart rate, changes in weight or distress when weighing, amenorrhea (absence of menstruation), aching joints, throat problems, bowel problems, sleep issues, deterioration of teeth etc. Others reported indicators such as changed attitude

towards food, 'inability to look at my reflection' or depressed mood, fluctuations in mood, frequent panic attacks etc.

Many participants reported being dismissed or ignored after actively seeking help. One participant felt that having sought help for their eating disorder, their concerns might have been dismissed by health professionals because of the widespread view that 'eating disorders are secretive.'

'One of the worst things was to seek help and not be believed.'

Recommendations

Seeking help for an eating disorder is far from simple: it can be ‘hit and miss’, and many feel that the health professionals they sought help from were not well equipped to understand and identify eating disorders.

The results of this survey echo the results of the 2017 GPs survey, demonstrating the wide variations in experiences with GPs and the ‘lottery’ of seeking help for eating disorders. Further, they show that eating disorder specific training is also urgently needed for other healthcare professionals and that there are many missed opportunities for eating disorder identification among all healthcare professionals. Eating disorder specific training for all healthcare professionals is essential for early intervention, identification and treatment of eating disorders.

Our GPs want to provide the best quality care for people with eating disorders. Yet the average GP receives less than two hours of training on eating disorders in their entire medical degree (1). A fifth of UK medical schools don’t provide any training on eating disorders at all (1). Lack of eating disorder training has delayed access to treatment for years, and leads to devastating, and even fatal, consequences (4,5). We are calling for UK medical schools to offer proper training on eating disorders. Eating disorder training should build awareness and knowledge of eating disorders (e.g. knowledge of how to spot the signs of an eating disorder, common comorbidities and the importance of early intervention) and practical skills (e.g. risk assessment, examination and communications skills) to support people with eating disorders. We need our future GPs to be equipped with the knowledge and understanding they need to support their patients.

References

- (1) Ayton, A., & Ibrahim, A. (2018). Does UK medical education provide doctors with sufficient skills and knowledge to manage patients with eating disorders safely?. *Postgraduate medical journal*, 94(1113), 374-380. <https://doi.org/10.1136/postgradmedj-2018-135658>
- (2) Le Grange, D., & Loeb, K. L. (2007). Early identification and treatment of eating disorders: prodrome to syndrome. *Early intervention in psychiatry*, 1(1), 27-39. <https://doi.org/10.1111/j.1751-7893.2007.00007.x>
- (3) Beat. (2017). *Early Intervention on Eating Disorders: The Crucial Role of GPs*. <https://www.beateatingdisorders.org.uk/about-beat/policy-work/policy-and-best-practice-reports/early-intervention-on-eating-disorders-the-crucial-role-of-gps/>
- (4) Parliamentary and Health Service Ombudsman (2017, December). *Ignoring the alarms: how NHS eating disorder services are failing patients*. <https://www.ombudsman.org.uk/publications/ignoring-alarms-how-nhs-eating-disorder-services-are-failing-patients>
- (5) Horstead, S. (2021, March). *Report to Prevent Future Deaths*. <https://www.judiciary.uk/wp-content/uploads/2021/03/Averil-Hart-2021-0058-Redacted.pdf>

Appendix

Appendix A: Methods

We devised a survey of 57 questions on experiences with healthcare professionals. Of the questions, 36 questions had the option of open ended (comment) responses. The questions included: 6 demographic questions, 32 questions on experiences with GPs, 10 questions on experiences with other healthcare professionals, and 6 questions on missed opportunities to intervene with their eating disorder. The survey made use of advanced branching to ensure respondents were only asked relevant questions.

The survey was created using Survey Monkey and promoted on Beat's social media (Instagram, Twitter and Facebook) and Website Homepage. The survey was open from 16th September 2021 - 11th October 2021. We had 1,902 responses within this time, of which 1,697 participants were eligible and answered the survey questions.

Respondents were made aware of the uses of the data, reminded that they could ignore any questions they were not comfortable answering and directed to Beat's Privacy Notice. Respondents were asked for consent to use anonymised quotes without personal information and were given information about Beat's support services. At the end of the survey, there was also an option to sign up if they were happy to be contacted to provide a case study to form part of Beat's media coverage during Eating Disorder Awareness Week 2022. All respondents without lived experience of having personally had an eating disorder were directed towards a disqualification page.

Inclusion Criteria: All respondents who accessed the survey link through Beat's social media or webpage and agreed to conditions of survey. Respondents with lived experience of having an eating disorder, whether diagnosed or undiagnosed.

Exclusion Criteria: All respondents without lived experience of an eating disorder. Carers or family members without personal experience of having had an eating disorder. Respondents who did not read and/or agree with information about how the survey would be used. Respondents who did not give consent for use of direct quotations were included in the analysis but their quotations were excluded from the report.

Demographics:

- **Ages ranged from 13 - 79 years old with a mean age of 29.**
- **Diagnosis - of 1625 participants who responded to this question:** 45.42% (738) had anorexia nervosa; 28.55% (464) had not received a diagnosis; 17.35% (282) had bulimia nervosa; 10.51% (171) had binge eating disorder.

Anorexia nervosa	738	45.42%
Bulimia nervosa	282	17.35%
Binge eating disorder	171	10.52%
ARFID	36	2.22%
OSFED (other specified feeding and eating disorder) or EDNOS (eating disorder not otherwise specified)	150	9.23%
OSFED (atypical anorexia)	150	9.23%
OSFED (atypical bulimia)	26	1.60%
OSFED (atypical binge eating disorder)	6	0.37%
OSFED (night eating syndrome)	11	0.68%
OSFED (purging disorder)	21	1.29%
Pica	4	0.25%
Rumination disorder	3	0.18%
I have not received a diagnosis	464	28.55%
Other	36	2.22%

- **Gender** - of 1,641 participants who responded to this question: 90.43% (1,484) identified as female; 5.43% (88) identified as male; 2.93% (48) identified as non-binary; 0.25% (4) identified as gender fluid; and 0.25% (4) identified in another way.
- **Ethnic group** - of 1,641 participants who responded to this question:
 - 2.99% (49) Asian or Asian British
 - 1.16% (19) Black, African, Caribbean, or Black British
 - 0.92% (15) Other Ethnic Groups
 - 2.87% (47) Mixed or Multiple Ethnic Groups
 - 91.21% (1494) White
 - 0.85% (14) prefer not to say.
- **UK region** - participants reported that the first GP they sought help from was based in:
 - England:
 - 8.16% (83) were based in Yorkshire and the Humber
 - 6.78% (69) were based in East Midlands
 - 6.69% (68) were based in West Midlands

- 6.29% (64) were based in East of England
- 9.54% (94) were based in London
- 4.62% (47) were based in North East
- 8.46% (86) were based in North West
- 17.31% (180) were based in South East
- 11.9% (121) were based in South West
- o Scotland:
 - 9.44% (96) were based in Scotland
- o Wales
 - 6.69% (68) were based in Wales
- o Northern Ireland
 - 2.16% (22) were based in Northern Ireland
- o Other
 - 16 Other

Appendix B: Survey Questions

1. Before you start, please confirm that you understand why this data is being collected and how it might be used. If you are unsure, please read the information above.
2. Are you happy for Beat to use anonymised quotes from your response to this survey, which do not include any identifiable data?
3. Do you have present or past experience of an eating disorder, whether diagnosed or undiagnosed?
4. What is the nature of your present or past experience of an eating disorder?
5. Have you received a clinical diagnosis of an eating disorder? (A clinical diagnosis means a healthcare professional has identified you as having an eating disorder). Please select all that apply.
6. Gender: Which of the following best describes how you see yourself?
7. How old are you?
8. What is your ethnic group?
9. Have you sought help from a GP about an eating disorder?
10. Why do you think you didn't seek/haven't sought help from your GP about your eating disorder?
11. Do you think there is anything that could have encouraged you to seek help from your GP about your eating disorder? If so, please select all that apply:
12. How long (approximately) after you first recognised the symptoms of an eating disorder, did you seek help from a GP?
13. Do you think there is anything that could have encouraged you to seek help from your GP about your eating disorder sooner? If so, please select all that apply:
14. Which type of eating disorder were/are you experiencing? Please select all that apply:
15. Which part of the UK was the GP located in?
16. To what extent would you agree or disagree with the following statement: 'I think that my GP understood/understands eating disorders?'

17. To what extent would you agree or disagree with the following statement: 'I think my GP knew/knows how to help me with my eating disorder'?
18. To what extent would you agree or disagree with the following statement: 'My GP emphasised the importance of getting help and treatment as soon as possible'?
19. To what extent would you agree or disagree with the following statement: 'I think my GP would benefit from more training about eating disorders'?
20. How would you rate the quality of care you have received from your GP in relation to your eating disorder?
21. What kind of impact, if any, did the care you received from this GP have on your recovery and wellbeing?
22. Did/has this GP tell/told you about Beat and the support services we offer, or the support available from other charities?
23. Did your GP refer you to a mental health service for treatment?
24. If the GP didn't refer you to a mental health service, did they explain why they did not make this referral? If so, what was the reason given (if any)?
25. Was there a delay between the GP appointment when you first sought help for an eating disorder and the referral to a mental health service being made for you by that GP?
26. Have you sought help from more than one GP since your eating disorder began?
27. Why was this?
28. Which type of eating disorder were/are you experiencing? Please select all that apply:
29. Which part of the UK was the GP located in?
30. To what extent would you agree or disagree with the following statement: 'I think that my GP understood/understands eating disorders'?
31. To what extent would you agree or disagree with the following statement: 'I think my GP knew/knows how to help me with my eating disorder'?
32. To what extent would you agree or disagree with the following statement: 'My GP emphasised the importance of getting help and treatment as soon as possible'?
33. To what extent would you agree or disagree with the following statement: 'I think my GP would benefit from more training about eating disorders'?
34. How would you rate the quality of care you have received from your GP in relation to your eating disorder?
35. What kind of impact, if any, did the care you received from this GP have on your recovery and wellbeing?
36. Did/has this GP tell/told you about Beat and the support services we offer, or the support available from other charities?
37. Did your GP refer you to a mental health service for treatment?
38. If the GP didn't refer you to a mental health service, did they explain why they did not make this referral? If so, what was the reason given (if any)?
39. Was there a delay between the GP appointment when you first sought help for an eating disorder and the referral to a mental health service being made for you by that GP?

40. If you have received care from more than one GP since the start of your eating disorder, has the quality of care you have received from those GPs varied significantly?
41. Did you seek help for your eating disorder from any healthcare professional other than your GP?
42. Apart from your GP, which healthcare professionals have you sought help from about an eating disorder? Please select all that apply.
43. Which type of eating disorder were/are you experiencing? Please select all that apply:
44. Which type of healthcare professional did you seek help from?
45. To what extent would you agree or disagree with the following statement: 'I think that this healthcare professional understood/understands eating disorders'?
46. To what extent would you agree or disagree with the following statement: 'I think this healthcare professional knew/knows how to help me with my eating disorder'?
47. To what extent would you agree or disagree with the following statement: 'This healthcare professional emphasised the importance of getting help and treatment as soon as possible'?
48. To what extent would you agree or disagree with the following statement: 'I think this healthcare professional would benefit from more training about eating disorders'?
49. How would you rate the quality of care you have received from this healthcare professional in relation to your eating disorder?
50. What kind of impact, if any, did the care you received from this healthcare professional have on your recovery and wellbeing?
51. Were/have you been seeing any other healthcare professionals on a regular basis for other reasons not directly related to your eating disorder?
52. Did/have these other healthcare professionals raise(d) any concerns with you relating to your eating disorder?
53. If so, which of these healthcare professionals raise(d) any concerns with you relating to your eating disorder? Please select all that apply.
54. If you feel comfortable telling us more about the nature of these concerns, please do so here:
55. Do you believe there were any opportunities for early identification and intervention with your eating disorder that were missed by healthcare professionals?
56. Do you have any other comments on the experience of seeking help from healthcare professionals for an eating disorder?
57. OPTIONAL - If you are happy to be contacted to provide a case study which could form part of Beat's media coverage during EDAW 2022 please enter your first name, last name and email address in the box below:



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<https://www.beateatingdisorders.org.uk>