

Beat

Eating disorders

**SUPPORTING
SOMEONE WITH
AN EATING
DISORDER:**

A guide for friends and family

beateatingdisorders.org.uk

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INTRODUCTION

This guide is for anyone supporting someone with an eating disorder. This might be a family member, a friend, a partner, or a colleague. It covers types of eating disorder, possible causes, how you can help, and treatment. It also gives guidance on taking care of yourself.

This guide is an overview, but we hope it will help you understand more about eating disorders and provide you with information that will help you care for your loved one. You can find out more on beateatingdisorders.org.uk and through the resources listed in the Next steps section.

Eating disorders can take over not only a sufferer's life but the lives of those around them. If you're supporting someone with an eating disorder, whether full-time or through occasional support, it can be difficult to know how to help, or even to persuade them they need and deserve help in the first place.

But with the right support and treatment, recovery is possible. Encouraging a person to seek treatment as soon as their symptoms appear is important; finding treatment early will give them the best chance of fully recovering from their eating disorder.

In this guide, we have included space for you to write notes to help you think about how you can support your loved one.

WHAT IS AN EATING DISORDER?

Eating disorders are serious mental illnesses that involve disordered eating thoughts and behaviour. This might mean restricting food intake, eating very large quantities of food at once, countering food eaten through purging, (which can include excessive exercise, vomiting, or taking laxatives) or a combination of these behaviours. It is important to remember that eating disorders are not all about food. There may be different factors involved, and the eating behaviour might be a coping mechanism or a way for the sufferer to feel in control.

WHY DO PEOPLE GET EATING DISORDERS?

Anyone can develop an eating disorder, regardless of age, gender, or background. Research is still being carried out to learn why people develop eating disorders, but evidence suggests it's a combination of a biological predisposition towards the illness, environmental factors, and social factors.

Some people may experience a "trigger", which can be something life-changing, or something that to an outsider seems small – this does not invalidate the person's illness. Stress, traumatic events, bereavement, difficulties in an important relationship and cultural pressures are just some of the things that might play a role in someone developing an eating disorder.

People with eating disorders do not choose to have them and can't help being ill. It's easy to look for someone to blame, whether it's the person with the eating disorder, someone else, or even yourself. It's often impossible to say for sure what caused someone's eating disorder, but there are things you can do to help them get better.

STAGES OF CHANGE

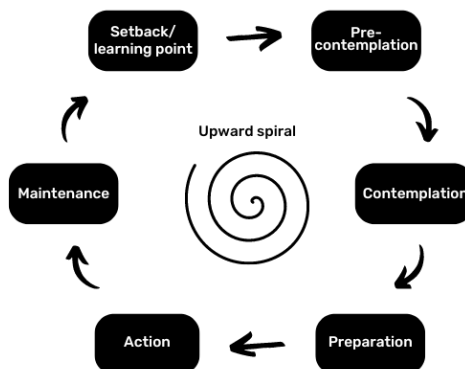
It often takes time for people with eating disorders to seek and engage in treatment. It's important to manage your expectations when your loved one enters treatment. The 'stages of change' cycle can be helpful to understand more about where your loved one is in terms of thoughts around behaviour change, and what to expect. It highlights that although recovery is possible, it's not straightforward, but involves ups and downs.

Setbacks can be used as learning opportunities, and can help your loved one to keep moving in an upward spiral towards recovery.

The cycle can also be helpful when thinking about where you are in terms of your own views about change. Often carers report being in 'action' stage from the beginning of treatment, while their loved one is at the 'pre-contemplation' stage.

This can cause conflict, so it is important to try to be compassionate in understanding where your loved one is at.

Although the 'stages of change' cycle is one way of thinking about recovery and behaviour change, it's important that the person is both encouraged and supported to make changes early on in treatment.



TYPES OF EATING DISORDER

It's common to believe you can "see" an eating disorder. However, they are mental illnesses, and many people won't experience changes to their appearance. Changes in behaviour and mood are often the first thing that is noticeable.

Eating disorders vary from person to person – though there are some signs and traits associated with particular eating disorders, a person does not have to show all of them to be ill.

Some general signs that may be associated with eating disorders include:

- Preoccupation with and/or secretive behaviour around food
- Self-consciousness when eating in front of others
- Low self-esteem
- Irritability and mood swings
- Tiredness
- Social withdrawal
- Feelings of shame, guilt, and anxiety
- Worries about weight and shape

ANOREXIA NERVOSA

Anorexia usually involves severely restricting food intake. It can also include excessive exercise and binge/purge cycles.

Some other possible **signs of anorexia** include:

- Distorted perception of weight
- Preoccupation with and/or fear of gaining weight
- Obsessive behaviour such as counting calories
- Difficulty focusing
- Weight loss
- Wearing baggy clothes to hide weight loss

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

“Avoidant/restrictive food intake disorder” (ARFID) is a condition where someone avoids certain foods, restricts how much they eat, or both. Unlike anorexia, concern about weight and shape is not a factor; instead ARFID might be for reasons such as sensitivity to taste or texture, a response to a distressing experience with food, or a lack of interest in eating, or a combination of these factors.

These behaviours have a significant impact on someone’s life. A misconception is that it is ‘picky eating’, but ARFID is serious, and is sometimes described as an umbrella term because it includes a range of different types of difficulty.

Some possible **signs of ARFID** include:

- Eating a reasonable range of foods but overall having much less food than is needed to stay healthy
- Taking a long time over mealtimes/finding eating a ‘chore’
- Attempting to avoid social events where food would be present
- Anxiety at meal times, for example, chewing very carefully, or taking small sips and bites
- Developing nutritional deficiencies

If you’re supporting someone with ARFID, head to page 18 of this guide for more information.

BULIMIA NERVOSA

Bulimia involves cycles of bingeing and purging. This means the person will eat large amounts of food in one go and then engage in behaviour to compensate for the food eaten, referred to as purging, such as making themselves sick, fasting, taking laxatives, or excessively exercising.

Some other possible **signs of bulimia** include:

- Disappearing after meals
- A feeling of being out of control around food
- Sore skin on the backs of hands or fingers if used for purging
- Bad breath or tooth decay due to being sick
- Weight fluctuations

BINGE EATING DISORDER

Binge eating disorder involves bingeing, i.e. eating large amounts of food at once, but not engaging in compensatory behaviour associated with bingeing in bulimia or anorexia. People experience a loss of control, and often describe feelings of guilt or shame. Binges may be planned in advance or spontaneous and are usually carried out in secret.

Some possible **signs of binge eating disorder** include:

- Spending lots of money on food
- Feeling out of control around food
- Eating more rapidly than usual
- Eating when not hungry
- Weight gain

OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED)

If someone’s symptoms don’t fit all the criteria for another diagnosis, they might be diagnosed with “other specified feeding or eating disorder” (OSFED). Less commonly, you might hear the term “eating disorder not otherwise specified” (EDNOS). An OSFED or EDNOS diagnosis does not mean that the eating disorder is less serious. OSFED is also an umbrella term, and so people may also be diagnosed with a subtype of the condition.

Signs of OSFED might include any of those mentioned above.

For more information about specific types of eating disorder and what to look for if you’re worried about someone, visit beateatingdisorders.org.uk/types or scan the QR code below.



NOTES

HOW CAN I APPROACH SOMEONE I THINK HAS AN EATING DISORDER?

It can be difficult to raise the issue – you may worry you'll say the wrong thing, that it's none of your business, or that you're insulting the person. Remember eating disorders are serious mental illnesses and are not the sufferer's fault. Often people with eating disorders deny or don't realise there's a problem, but that doesn't mean they're not ill.

Eating disorders thrive on secrecy, and countless people who are in recovery agree that breaking the silence is the right thing to do, even if they didn't feel that way at the time. The sooner someone can get treatment, the greater their chance of a full and sustained recovery.

Here are some things you can do when talking to someone you're worried about:

- Think about what you want to say and make sure you feel informed. Reading this guide is a good start. You could also look at the information on our website.
- Choose a place where you both feel safe and won't be disturbed. If you're one of several people who have felt concerned, don't talk to the person together as they may feel you're ambushing them. Decide who they are most likely to open up to.
- Choose a time when neither of you feels angry or upset. Avoid any time just before or after meals, as this can be difficult.
- Have some information with you that you can refer to if you're able to. You could share it with them, or leave it with them to look at by themselves.
- Try not to centre the conversation around food and/or weight. While it may be necessary to bring this up to explain why you're worried, these may be things they're particularly sensitive about. At their root, eating disorders are about what the person is feeling rather than how they're treating food.

- Mention things that have concerned you, but try to avoid listing too many things as they may feel like they have been “watched”.
- Try not to back them into a corner or use language that could feel accusatory. “I wondered if you’d like to talk about how you’re feeling” is a gentler approach than “You need to get help”, for example.
- They may be angry and defensive. Try to avoid getting angry in response, and don’t be disheartened or put off. Reassure them that you’ll be there when they’re ready, and that your concern is their wellbeing.
- Don’t wait too long before approaching them again. It might feel even harder than the first conversation, especially if they didn’t react well, but if you’re still worried, keeping quiet about it won’t help. Remember, eating disorders thrive on secrecy.

If they acknowledge that they need help, encourage them to seek it as quickly as possible. Offer to go with them to the GP if they would find that helpful. We have a leaflet on our website that can help with this appointment – head to beateatingdisorders.org.uk/gp-leaflet.

If they tell you there’s nothing wrong, even if they seem convincing, keep an eye on them and keep in mind that they may be ill even if they don’t realise it. Denial that there’s a problem is common, and can be a symptom of the illness. You were worried for a reason, so trust your judgment.

If you need some support or have unanswered questions, call our Helpline on **0808 801 0677**. More information is available at beateatingdisorders.org.uk/supporting-someone. You can also scan the QR code below.



TREATMENT FOR EATING DISORDERS

While eating disorders are serious illnesses, full recovery is possible. Research shows that the earlier in the course of their eating disorder someone is able to access treatment, the better their chance of fully recovering – whether they are beginning to develop an eating disorder, have had one for some time, or are experiencing a relapse.

When we talk about early intervention, we don't mean that someone who has had an eating disorder for a long time cannot fully recover. As with any illness, we would always encourage someone to seek treatment sooner rather than later. This is also true if a person relapses.

There are many different treatment pathways. The right one for the person you support will depend on lots of different things, including level of physical and psychological risk, what eating disorder they are diagnosed with, their age, their support network, and other conditions they might have. Treatment for eating disorders should address the psychological aspects of the illness alongside any physical problems, helping the patient to develop healthy eating behaviours and attitudes. Alongside this, they should be learning healthy ways to cope with the thoughts and feelings that cause the behaviour.

The path to recovery will likely begin with a visit to the GP. If they suspect an eating disorder, they should refer the person to an eating disorders specialist.

Our GP leaflet, available on our website at beateatingdisorders.org.uk/gp-leaflet, is designed for people to take along to the GP appointment. Scan the QR code to access this leaflet.



Some other things you can do to help get a positive outcome include:

- Bring as much information as possible. People in England, Wales, and Northern Ireland should consult the NICE (National Institute of Clinical Excellence) guidelines for treatment at nice.org.uk. These guidelines make evidence-based recommendations on managing eating disorders. People in Scotland should consult the SIGN Guidelines (Scottish Intercollegiate Guidelines Network) at sign.ac.uk.
- Offer to go with the person for support. You could stay in the waiting room, or go in with them so you can prompt them if they need it.
- Book a double appointment, as a single appointment may not be enough time to discuss everything.
- Talk with the person beforehand about how they're feeling and what they want to get out of the appointment. Suggest they write down their symptoms, behaviour, and any questions they have for the GP so they don't forget anything they want to say.
- Earlier treatment is always better, so it's important to support the person in pushing for referral to an eating disorders specialist.
- The person you're supporting can ask to see another doctor if the initial appointment doesn't lead to a referral.

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TREATMENT FOR EATING DISORDERS

Our HelpFinder (helpfinder.beateatingdisorders.org.uk) website can also help you find your local NHS service, Beat services, independent and private treatment centres and practitioners.

Specialist treatment may include appointments with a clinical psychologist, psychiatrist, counsellor, dietitian, or a combination. It may involve psychological therapies such as cognitive behavioural therapies, family-based treatments, or guided self-help. Some people may also be offered medication, but this should not be used as the sole treatment for eating disorders.

Most often, appointments will take place in outpatient clinics, and their frequency will depend on individual needs. Some people may need more support, and so it may be necessary for their treatment to take place in a day patient unit, where people will spend the day at the unit but go home for the night. For instances where there is a higher level of risk, someone may be admitted to an inpatient hospital, where they will stay overnight too.

In rare instances, someone might be very ill but not willing to enter treatment. In this case, compulsory treatment under the Mental Health Act may be necessary. You can read more information about the Mental Health Act on the NHS website.

Our website has more information about different types of treatment, visit beateatingdisorders.org.uk/treatment or scan the QR code below.



CONFIDENTIALITY

Confidentiality is an important part of maintaining trust between patients and healthcare professionals. By law, healthcare professionals keep detailed information confidential. Children under 16 are entitled to decide how information they provide in confidence is used, as long as they are deemed capable of making decisions about their treatment. People aged 16 and 17 are entitled to the same confidentiality as adults. The Department of Health requires a breach of confidentiality only if they refuse treatment for a life-threatening illness.

There are other instances where confidentiality has to be broken, including when someone's safety or someone else's safety is at risk. However, respect for patient confidentiality shouldn't mean healthcare providers don't listen to or communicate with you.

You should expect to be given enough information by healthcare providers to be able to provide effective support to your loved one. Anything you share with professionals as a carer should also be treated confidentially.

NOTES

SUPPORTING SOMEONE WITH AN EATING DISORDER WITH MEALTIMES

It's important to encourage the person into treatment as quickly as possible to ensure they get the right help. But beyond that, there's a lot you can do to support someone with an eating disorder, no matter what your relationship with them.

Remember that each person is different and will need different things, but this will give you some ideas about what you can do to help. Mealtimes are likely to be very hard for the person you're supporting.

Below are some ways you can help them out:

- If you live with them, plan to eat together. If this includes others too, you might want to arrange what time you'll be eating, what you'll be having, and portion sizes. This may include a range of foods, that takes into consideration different dietary needs.
- Make sure you have everything necessary for the planned meal. Last-minute changes can cause people to panic, and means people may then limit their food intake.
- If your loved one struggles to food shop due to anxiety about things such as nutritional labels, it might help to do this for them or to offer to go with them. For people who struggle with bingeing, writing a list and shopping together can also be helpful.
- Keep conversation neutral, avoiding discussion of food or weight.
- You could have the television or radio on to help distract them and to draw attention away while eating.
- Be aware that people with restrictive eating disorders may need to physically adjust to eating more, as well as mentally adjusting. Start slowly and be wary of pressuring them.

- You may need to offer encouragement to help them start eating, and further encouragement throughout the meal. Be firm but acknowledge that this is a big effort for them.
- Some people find it helpful to externalise their eating disorder, so if they're struggling, it might help to ask your loved one about the eating disorder thoughts they're experiencing in the moment. You might want to explore whether this approach is useful with your loved one and their treatment team.
- People with eating disorders may experience difficult feelings such as guilt at mealtimes. After a meal, suggest doing something together, like watching a film, to take their mind off possible compensatory behaviours such as purging or exercising, or off the idea of bingeing.

Outside of mealtimes, there are lots of ways to support someone and show them you value them. You may find that their eating disorder causes them to withdraw, but keep inviting them to join in with group and family activities. Offer compliments that don't relate to their physical appearance, and try to find things to do with them that don't involve food. Don't be too critical of yourself if you do make a mistake – you can't always account for things the person you're supporting might feel sensitive about, and you'll be aware for the future.

Whether you live with the person you're supporting or not, just being there for them and showing them you understand this is not their fault and that you believe they are worthy of support will make a big difference. And once they're in recovery, make sure that they feel able to approach you again if they need to in the future – full recovery is completely possible, but relapses are not uncommon.

HOW TO HELP SOMEONE WITH ARFID

There are ways to support people with **avoidant/restrictive food intake disorder**, commonly referred to as **ARFID**. It might feel overwhelming sometimes, but we're here to help.

If you're worried about a loved one, it can be hard to know where to start. You might be worried that by talking about it you'll make it worse, or that you'll say the wrong thing. But there are things you can do to help, such as:

- **Don't force them to try new foods.** It's important to remember that although you might feel frustrated, and it might not make sense to you, it's very real for them. Try to have open conversations about how your loved one is feeling and the difficulties they're experiencing to move forwards.
- **Let them know they can trust you.** Don't try and trick them into eating more, or different food. This might make them feel even more anxious and fearful around food, which means they'll find it harder to talk about their worries.
- **Try to be patient and gentle with them.** It can be really tough to support someone living with ARFID. Staying calm and kind can be a challenge. But for them, food is probably very scary.
- **Keep mealtimes stress-free.** Don't comment on their eating, or watch what they eat. Let them eat their preferred foods and consider ways of slowly incorporating less preferred foods. Some people with ARFID find it easier to eat if they have a distraction, or having conversations during meals not related to food.
- **Ask them what they think might help.** Encouraging your loved one to think about what might help them allows them to be curious about new foods they might try, or ways to make eating easier.
- **Remember that recovery is a process.** It can take time to get better from ARFID, but try to remember that it is possible.

LOOKING AFTER A CHILD

- Remember, it's important to address the thoughts and feelings associated with an eating disorder, not just the behaviour. There are different treatments available, and depending on how young they are, you may have a lot of say over their treatment, so remember that if your child isn't responding well to one form of treatment, they may respond better to another.
- If your child is being seen by a children's eating disorder service and turns 16 or 18 (depending on the service) they may need to move to a service for adults. Moving away from the team they and you know can be difficult, and planning ahead for this transition with your child's treatment team is important in ensuring it goes as smoothly as possible. There are also different guidelines on what this transition should look like (check the 'Treatment for eating disorders' section of this guide for more information).
- It can be helpful to consider how the eating disorder might be affecting other children, who may need their own emotional support. Our leaflet, "**Caring for Someone with an Eating Disorder (for under 18s)**" may be useful for siblings of the person with the eating disorder. It is available to download on our website, head to beateatingdisorders.org.uk/young-carers or scan the QR code below to access this guide.



LOOKING AFTER A PARTNER

- If you have children, try to involve them if possible – while you may wish to shield them, children are perceptive and may realise something is wrong. Explain the situation in age-appropriate terms, reassure them, and encourage them to ask questions. If they're old enough, you could also show them our leaflet “**Caring for Someone with an Eating Disorder (for under 18s)**”, available on our site.
- Remember eating disorders are isolating and secretive illnesses by nature, and often cause feelings of low self-esteem and a distorted perception of body size and shape. This may impact physical or emotional intimacy, and so it's important to communicate how you're both feeling about this.
- Try to keep doing things together as a couple and as a family.

LOOKING AFTER A HOUSEMATE

- If you don't feel comfortable speaking to them about your concerns, you could try talking to someone they're closer with, such as one of their friends or relatives.
- If you're both students, your university or college might be able to help. University halls often have resident tutors you could talk to. Many universities have an advice service, specific mental health service, and counselling team, as well as a medical centre.
- Your housemate may know they have, or be in treatment for, an eating disorder when you meet them. Moving, or having housemates they've come to rely on move out, can be a difficult transition, and anything you can do to help them adjust will be useful. They and the people they previously lived with may have come up with a plan for coping with mealtimes, so talk to them about whether there's a role you can take over.
- If they've moved away from their regular doctor, you could offer to go with them when they go to see their new one.

LOOKING AFTER A FRIEND

- Offer practical support such as going with your friend to appointments and helping with day-to-day tasks. You could coordinate this with other friends. If someone is supporting your friend with their eating disorder full-time, this could help them, too. You might want to have a conversation about other things you could do to help your friend.
- Involve them in the same things you would have done before they were ill – eating disorders can be isolating, and your friend may be worried about people pulling away from them. If they're in treatment, they may be keen to keep things as normal as possible elsewhere in their life.
- Try to find activities to do that don't centre around food.

LOOKING AFTER A COLLEAGUE

- If you're worried and you don't feel able to talk to a colleague yourself, speak to their line manager about your concerns. You can direct their line manager to this guide or our website if they don't know much about eating disorders.
- While you may not be close with a colleague, following the advice for how to approach someone with an eating disorder should still be helpful. Talk to them somewhere that you both feel comfortable, and reassure them that they aren't in trouble and that support is available.
- It may be that they are already aware of and in treatment for their eating disorder, in which case offering to help with their workload if they need to take time off to go for appointments could be a good way to support them.

You can find more resources on our website – go to beateatingdisorders.org.uk/workplace or scan the QR code for more information.



LOOKING AFTER YOURSELF

Taking care of someone with an eating disorder can be physically and emotionally exhausting. There's no shame in taking time out or seeking your own support network – it is important to look after yourself whilst supporting someone else. Below are some issues you might encounter and how to deal with them, and some ways to take care of your own wellbeing.

DEALING WITH DIFFICULT SITUATIONS

Eating disorders can make people behave in ways that seem out of character. They may become withdrawn, and you may need to go to more effort than usual to make them feel included and prevent them from becoming isolated.

While early treatment is always the best option, this can be upsetting and frightening, and they may try to resist it. Before and during treatment, emotional or aggressive outbursts and hurtful comments or responses to your attempts to help aren't uncommon, especially when the person feels challenged – remember this can be part of the eating disorder.

There are some things that you can keep in mind to make these times more manageable and avoid escalating the situation, such as:

- It might be best to walk away and talk once everyone involved has calmed down. Whilst it's reasonable to feel frustrated, try to resist any urge to respond to anger by getting angry yourself.
- Try not to feel too guilty if you do find yourself getting angry at them. Make time when things have calmed down to explain your emotions, and try to encourage them to do the same. Each of you clearly communicating your views and feelings might make it easier to avoid the situation in the future.

- Remember that, as much as the person you're supporting is ill, there are still boundaries. They don't have the right to hurt other people, even if they're finding things difficult. When things are calm, be clear with them about what is and isn't acceptable.
- Talk to other people involved about how to handle situations where emotions are running high. It's best to come up with a plan where you work together, as conflicting approaches to defusing a situation may make things worse.

TELLING OTHERS

Eating disorders and mental illnesses in general are surrounded by stigma and misconceptions. This may make telling people that someone close to you is suffering more difficult. Depending on your relationship to the person you're caring for, you might find it impacts your work, studies, or social life. Having solid and dependable relationships with people who can support you is important.

You may not need to explain the exact nature of the illness to people, especially if they're not going to come into contact with the person you are supporting. Where you do need to talk about the eating disorder specifically, the information in this guide may help the person you're talking to understand more about eating disorders. There is also information on our website at beateatingdisorders.org.uk/supporting-someone.

Once people are aware of the situation, you might find they have questions about your wellbeing and that of the person with the eating disorder. You could ask someone else to keep people updated if this becomes difficult for you. If there are people who want to help but whose close involvement is not appropriate, you could ask for their help with day-to-day tasks. If you're receiving unwanted questions or offers of help in dealing with the eating disorder, explain that what you need from them is their understanding and their continued friendship and support.

HELP AND SUPPORT GROUPS

You're not alone in supporting a loved one with an eating disorder.

Support is available for those caring for someone with an eating disorder. Beat offer support programmes for carers across the UK. Visit helpfinder.beateatingdisorders.org.uk and enter your postcode and the age of the person you're supporting to see what's available in your area.

Peer support and online development (POD) is a space designed for people who are supporting a loved one with an eating disorder. POD is an e-learning platform and community for carers that provides you with online modules, resources and spaces to talk with peers to help you better support your loved one.

With POD, you can connect with others who have the same experiences and worries as you. Through our peer support forums, you'll be able to discuss what you're learning, and share information, resources and ideas with others caring for someone with an eating disorder.



Head to beateatingdisorders.org.uk/pod or scan the QR code for more information.

TAKING TIME OUT

If you're caring for someone full-time, it's vital to set aside time for yourself. This may be somewhere that friends and family can help. If you're sharing primary care responsibilities with someone else, you could take it in turns to have some time off. If there's no one around to take over your role, a carers' organisation such as the Carers Trust might be able to help. You can see their details in the 'Other Organisations' section on page 28 of this guide.

NEXT STEPS

We hope that you've found this guide helpful, but we know that you'll have a lot more questions and may need other resources. Our Helplines are here for you, give us a call or email us on:

England:

0808 801 0677

help@beateatingdisorders.org.uk

Northern Ireland:

0808 801 0434

NIhelp@beateatingdisorders.org.uk

Scotland:

0808 801 0432

Scotlandhelp@beateatingdisorders.org.uk

Wales:

0808 801 0433

Waleshelp@beateatingdisorders.org.uk

We also run online support groups, visit beateatingdisorders.org.uk/online-support-groups for more information. You can also DM us on social media for support and advice.

Search helpfinder.beateatingdisorders.org.uk for services in your area or scan the QR code below.



OTHER ORGANISATIONS

ARFID Awareness UK Offers support and resources to carers of people with ARFID. arfidawarenessuk.org.

British Association for Counsellors and Psychotherapists
Search for therapists in your area. Visit bacp.co.uk.

Carers Direct An NHS service for carers. Visit nhs.uk/conditions/social-care-and-support-guide.

Carers Trust A charity offering support to carers.
Visit carers.org.

Carers UK A charity supporting carers. Visit carersuk.org or call their helpline on 0808 808 7777.

Childline A charity offering support to children and young people, including young carers. Visit childline.org.uk or call their helpline on 0800 1111.

Citizens Advice Bureau For enquiries about legal rights and responsibilities, benefits for carers, and financial advice. Visit citizensadvice.org.uk.

GOV.UK Contains information about support services, both your rights and those of the person you're supporting, and more on the laws that may be relevant to you. Visit gov.uk.

Mind Information and support for anyone affected by mental health issues. Visit mind.org.uk or call 0300 123 3393.

National Institute for Health and Care Excellence The NICE guidelines on the treatment the person you're caring for is entitled to. Visit nice.org.uk.

NHS Information on eating disorders and other mental and physical health issues, different treatment options, and local services. Visit nhs.uk.

FIND OUT MORE

Learn more about what we do at
beateatingdisorders.org.uk.

General enquiries:

0300 123 3355

info@beateatingdisorders.org.uk

Use helpfinder.beateatingdisorders.org.uk
to find services in your area.



SCAN ME FOR
MORE INFO

NEED HELP NOW?

Our Helplines are here for you.

England:

0808 801 0677

help@beateatingdisorders.org.uk

Northern Ireland:

0808 801 0434

NIhelp@beateatingdisorders.org.uk

Scotland:

0808 801 0432

Scotlandhelp@beateatingdisorders.org.uk

Wales:

0808 801 0433

Waleshelp@beateatingdisorders.org.uk

Follow us on social media:

 [@beatedsupport](https://www.instagram.com/beatedsupport)

 [/beat.eating.disorders](https://www.facebook.com/beat.eating.disorders)

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As a charity, we rely heavily on fundraising and charitable donations to fund our vital support services, including our print and downloadable resources which we supply free of charge. To find more about how you can support us please visit www.beateatingdisorders.org.uk/support-our-work/ or call 01603 753308

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