



‘Hit and Miss’: Experiences with Healthcare Professionals

Beat conducted a survey from 16th September 2021 - 11th October 2021 on experiences of people with an eating disorder of seeking help from healthcare professionals.

What did we find in 2017?

A 2017 review of medical training relating to eating disorders 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.

The following is a summary of the results we found from participants in Scotland.

In Scotland

When we asked survey participants to focus on the **first time they had sought help** from a GP, 96 participants reported that their GP was located in Scotland. Of these participants:

- 46% felt that their GP did not understand eating disorders
- 67% felt their GP did not know how to help them with their eating disorder
- 92% felt that their GP would benefit from more eating disorder training
- 57% felt their quality of care was ‘poor’



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.

The survey results showed a broad range of patient experiences, ranging from very positive to very negative :

- *‘My GP was 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.’*
- *‘They had an extremely basic grasp of my [eating disorder] and situation and they didn’t really take it seriously because I wasn’t dangerously underweight.’*
- *‘The GP was helpful but not fully knowledgeable about eating disorders’*
- *‘I was told to go and eat more food and [it was] possibly a phase I was going through.’*
- *‘He listened without judgement and made an immediate referral to a specialist service’*

Help seeking can be incredibly difficult for someone with an eating disorder. Those who had sought help from a GP in Scotland told us that they didn’t seek help sooner because *‘I was worried I wouldn’t be believed’* or *‘I wanted to [seek help] for a while but didn’t have the confidence, [and] thought health care professionals had more important patients.’*

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

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- (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/>
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- (5) Horstead, Sean. (2021, March). *Report to Prevent Future Deaths*. <https://www.judiciary.uk/wp-content/uploads/2021/03/Averil-Hart-2021-0058-Redacted.pdf>