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Introducing Eva Eastman – Championing inclusive research in eating disorders

Eva Eastman, an occupational therapist with Sussex Eating Disorder Service and an ARC KSS Individual Development Award (IDA) awardee focuses her research around adapting eating disorder treatments for individuals with co-occurring ADHD. Motivated by a lack of clinical guidance in this area, Eva's project is grounded in lived experience and collaborative practice, aiming to bridge critical gaps in care. Her work is already influencing clinical practice and shaping future training for healthcare professionals. With support from SPIRED, ARC KSS, and a multidisciplinary team, Eva exemplifies how clinician-led research can drive meaningful change in mental health services.

How long have you been in this role? What does it involve?

I've been with the Sussex Eating Disorder Service (SEDS) for nearly three years in various capacities – initially in clinical roles including managing occupational therapy and general eating disorder caseloads, conducting eating disorder assessments, and developing an online group pathway. I'm currently working part time with my time at SEDS mainly focused on this project for the duration of the research.

What made you apply for an Individual Development Award (IDA)?

I developed a taste for research during my pre-registration Occupational Therapy MSc and was determined to continue research once qualified. When I joined SEDS, I was delighted to discover the Sussex Partnership Innovation and Research Eating Disorders (SPIRED) research clinic and quickly found ways to contribute to every project I could. Colleagues eventually suggested I apply for an Individual Development Award (IDA) to lead my own project - an opportunity I jumped at.

What really drove this application was a gap I was seeing in our daily practice. We regularly encounter clients with ADHD but there are no clinical guidelines for adapting treatment – unlike the Pathway for Eating disorders and Autism developed from Clinical Experience (PEACE) that exists for autistic clients. This means client experiences are inconsistent, often depending on individual clinicians' confidence and capacity rather than evidence-based guidance. The IDA offered the perfect opportunity to address this gap that was directly affecting the quality of care we could provide.

How easy did you find the process?

The application process was thorough and comprehensive – you need to think through every aspect of the project in detail, which was quite daunting as my first research funding application. I was definitely learning the ropes and it required significant time investment, including evenings and weekends to get it right.

However, having such strong guidance from the research team made a huge difference and the detailed planning we did for the application proved invaluable later – when we reached the ethics application stage, most of our groundwork was already complete because we had been forced to think everything through so carefully.

The interview was a new experience too. As someone without an academic background, I wasn't sure what to expect or whether I was giving the answers they were looking for. I had no real sense of how it had gone until I received the successful outcome notification.

Where did you find out about it?

I hadn't come across these awards before my colleagues at SPIRED mentioned them to me. It highlighted to me the importance of being connected with colleagues who are active in research. There are opportunities out there for allied health professionals (AHP)s, but they're not always easy for us to find because no one seems to expect us to be interested in research in the same way as – for example – psychologists or medics.

What has this IDA enabled you to do?

Having this IDA has been a dream. It allows me to spend a day a week working with a brilliant multidisciplinary team, focusing on an area that's hugely important to me while developing crucial leadership skills – managing a project team rather than working as a sole researcher.

The IDA has enabled me to begin developing a network of like-minded researchers and clinicians and has confirmed that clinical research is definitely the career path I want to pursue.

Perhaps most importantly, it has allowed us to be creative in our approaches and truly embed lived experience at the heart of the project. We've been able to offer two lived experience researchers' fair compensation as core team members, involved at every stage – from design through analysis to dissemination. This wouldn't have been possible without dedicated funding that recognises the value of their expertise.

Do you think this has made an impact in your work? Who is at the receiving end of this research?

This research has already had a huge impact on my practice. Even before the analysis stage, I'm already finding myself integrating thoughts and ideas from our participants, growing my confidence in making adaptations for this neurodivergent and strengthening my clinical reasoning through constant reflection.

The people at the receiving end of this research are ultimately individuals with co-occurring ADHD and eating disorders – a population that's been consistently under-served by services not designed with their needs in mind. But this research is also for the clinicians working with them, who currently lack evidence-based guidance and, despite caring deeply about the outcomes, often feel uncertain about how to adapt their approaches. The research aims to bridge that gap, giving both groups the tools and confidence they need.

What have been the highlights of the project?

We're still in the data collection phase so many anticipated highlights lie ahead, but seeing our survey responses coming in and conducting our first interviews has been incredibly rewarding. I get a buzz of excitement whenever I check our survey responses and see the numbers ticking upwards.

I have been touched by the enthusiasm and generosity of people who've contributed – whether through surveys, interviews, or reaching out by email or on social media. The richness of what people are sharing shows how deeply clinicians care about making change for a client group that is being let down by systems not designed for them. We're receiving short essays in optional text boxes that we worried no one would fill in – it motivates me to try to live up to the trust people are placing in us. There's a real sense that we're addressing something that's been overlooked for too long.

What have been the challenges?

We've encountered a few challenges so far and I'm sure we'll find more along the way. Initially, I had to take a pause due to family circumstances, which delayed our start.

We also chose university ethics approval over NHS ethics to save time in our tight timeline. While this was the right decision for our schedule, it means we can't recruit through NHS channels, making outreach more challenging – particularly for finding people with lived experience to interview and for our clinician survey that we would have otherwise been able to share through service mailing lists.

But – for me – the biggest learning curve has been navigating academic research language and processes. Coming from an arts background before retraining as an occupational therapist, I found myself looking up terminology, acronyms, and even familiar words used in unfamiliar ways throughout my application. It's a very different world from clinical practice or even reading academic literature. I would never have got through either the IDA application or the ethics application without the support of people who have been through it many times before.

What kind of support did you get?

The assistance has been constant and enthusiastic from multiple directions. SPIRED and SEDS provide ongoing research support, co-funding and additional team members. Our multidisciplinary research team includes occupational therapists, researcher, psychologists, a psychiatrist and two researchers with lived experience of ADHD and eating disorders. They're all a joy to work with and I always look forward to our weekly project meetings.

The ARC KSS team have also been brilliant throughout. When I needed to pause for family reasons, they were immediately understanding and granted a funding extension. Charlotte from the communications team also provided invaluable help with our recruitment strategy – advising on online presence, social media, and website development since we couldn't use NHS channels, and we were given access to a Canva subscription for creating professional recruitment materials.

Having SPIRED, SEDS and ARC KSS backing has made this possible in a way that wouldn't have been feasible as an isolated clinician outside of the academic world.

What happens next?

It's still early days, but we have plenty of exciting plans brewing to build on the foundations of this project. I'm committed to continuing a research career in this area – there's so much more to explore around neurodivergence and eating disorders.

Accessibility is crucial to me, so I plan to develop training packages and additional resources that work for busy, overworked clinicians. Everything we create needs to be practical and immediately usable in real-world practice.

Beyond my own development, we're hoping this work contributes to broader change. We're already in conversations with other eating disorder services and there's potential for this and other research in this area to influence national guidance and training.

This work has already begun influencing my clinical practice and ongoing guest lectures for occupational therapy courses, and I'm beginning to design and deliver autism and ADHD training for clinicians.

What advice would you give someone looking to take part in research who has never done research before?

Do it. Definitely go for it.

Your ideas matter and our evidence-base needs input from everyone – a wide range of backgrounds, viewpoints and experiences – not just those who have traditionally been involved in research. Clinical perspectives are particularly valuable because you understand the real-world problems that need solving.

If you're coming fresh to the academic world, be prepared for imposter syndrome as you encounter new language and processes. It might not come up for you, but if it does, quiet it down by reminding yourself that you have as much right as everyone else to be here. Your clinical experience and fresh perspective are assets, not disadvantages.

Finally, if you're interested in research but don't know where to start, reach out to anyone you can find who's connected with the research world. Look for research-active colleagues in your organisation, look for research staff networks, attend research presentations, or contact researchers whose work interests you. Everyone I've had the pleasure of meeting has been incredibly welcoming and generous. No one has ever been anything but excited about my interest in research, and everyone has shared their time, experience and advice freely.

What qualities do you think you need to be a good researcher?

I think a good researcher needs to be ready to embrace the enormity of what we don't yet know, and prepared to dive into the unknown with curiosity, open-mindedness and plenty of critical thinking and reflection on their own position in it all.

Empathy and the ability to hold multiple viewpoints simultaneously are crucial. In this research, I need to understand the lived experience of people with ADHD, the pressures facing clinicians, and the systemic barriers we're all working within.

Clinical experience transfers beautifully to research – you're constantly gathering information, identifying patterns, and developing hypotheses. The skills we use in assessment and formulation are fundamentally research skills. I think clinicians often underestimate how well-equipped they already are.

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