

Full equalities impact assessment – Eating Disorder

Directorate: Strategy

Service: PBC

Piece of work being assessed: Eating Disorder, West PBC

Name of lead person: Robert Carter, PBC Manager

Other partners/stakeholders involved: Liz Sedgwick, Business Manager, West PBC and various West members

Date of assessment: 16/02/09

Single Equality Scheme strand	Baseline data and research –	Is there likely to be a differential impact?
Gender	Using information published by beat ¹ it shows that as a female you are ten times more likely to have an eating disorder than males. According to Male Health ² males make up about 1 in ten of the patients to present with an eating disorder, this may not sound a lot but in real numbers this is between 6-9,000 people national.	Yes. Gender has a great impact on the service. We can expect to see only 1 in ten patients to be male.
Race	Information published in the International Journal of Eating Disorders ⁴ concludes that the psychological impact of racial teasing may be a potent but neglected source of eating and body disturbance among minority women.	Unknown
Disability	No information found	Unknown
Sexual orientation	According to Male Health ² it states that about 20% of men with eating disorders are gay; double the estimated proportion of gay men in the population. In a recent survey ⁷ , 10% of lesbian and bisexual women say that they have had bulimia compared with 2% of the general population and 7% say that they have anorexia now or in the past compared with 1% of the general population.	Yes
Age	According to NHS Choices ³ it states that people most likely to be affected by eating disorders tend to be young women, particularly between the ages of 15 and 25.	Yes. Age has a great impact On the service
Religion/belief	⁵ Cultural beliefs and attitudes have been identified as significant contributing	Unknown

	<p>factors in the development of eating disorders. Rates of these disorders appear to vary among different racial/ethnic and national groups, and they also change across time as cultures evolve. Eating disorders are, in fact, more prevalent within various cultural groups than previously recognised.</p>	
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1 beat – Better Eating Disorders

2 Male Health

3NHS Choices

4 International Journal of Eating Disorders, July 2003, vol. /is. 34/1(142-147), 0276-3478

5 MN **Miller**, AJ Pumariega - Psychiatry: Interpersonal & Biological Processes, 2001 - Guilford Publications

6 Journal of Homosexuality, July 2003, vol./is.51/1 (33-57), 0091-8369; 1540-3602

7 Prescription for change: lesbian and bisexual women's health check 2008. Stonewall

Equalities Impact Assessment Action Plan – Eating Disorder

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
Gender	Women are 10x more likely than men to suffer an eating disorder	Monitor gender of patients referred and ensure data reflects the prevalence of eating disorders	By monitoring referrals to identify whether both females and males are accessing the service.	Aug 2009 and Feb 2010	
Race	No data available	Monitor race of patients referred	By monitoring referrals to identify whether the service specification provides an appropriate service to this client group.	Aug 2009 and Feb 2010	
Disability	No data available	Ensure that the service specification reflects the needs of people with disabilities	By monitoring referrals to identify whether the service specification provides an appropriate service to this client group.	Aug 2009 and Feb 2010	
Sexual orientation	Lesbians, bisexual women and gay men are more likely to suffer from eating disorders	Monitor sexual orientation of patients	By monitoring referrals to identify whether the service specification provides an appropriate service to this client group.	Aug 2009 and Feb 2010	
Age	Service needs to accommodate all age groups, especially teenagers and young adults	Ensure that the service specification reflects the needs of different age groups	By monitoring referrals to identify whether the service specification provides appropriate services to different age groups	Aug 2009 and Feb 2010	
Religion/ belief	Service needs to accommodate all religion groups as literature shows that no group is immune to eating disorders	Monitor religion and belief of patients	By monitoring referrals to identify whether the service specification provides appropriate services to different age groups	Aug 2009 and Feb 2010	

