

Can We Get Men into Eating Disorder Wards?

A Service Evaluation of Mixed Gender Accommodation in Eating Disorder Wards

Background

In 2010, the Department of Health (DoH) set guidelines¹ for all hospitals to eliminate mixed gender wards to preserve privacy and dignity for patients. This was thought to have come from acute general wards where patients may be wearing hospital gowns and pressure came from patients as well as the media. In specialist eating disorder (ED) services, an all-male ward does not exist due to the relatively low prevalence compared to females. This leads to the paradoxical situation where men cannot be accommodated under these DoH guidelines. Anecdotally both patients and professionals have voiced positive feedback on having men on the ward, however no study looking into ED units has been published before^{2,3}.



Aim

To find out:

- 1) If mixed gender accommodation in ED units are helpful or unhelpful for recovery.
- 2) If men are being discriminated against due to single sex accommodation guidelines.

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Method

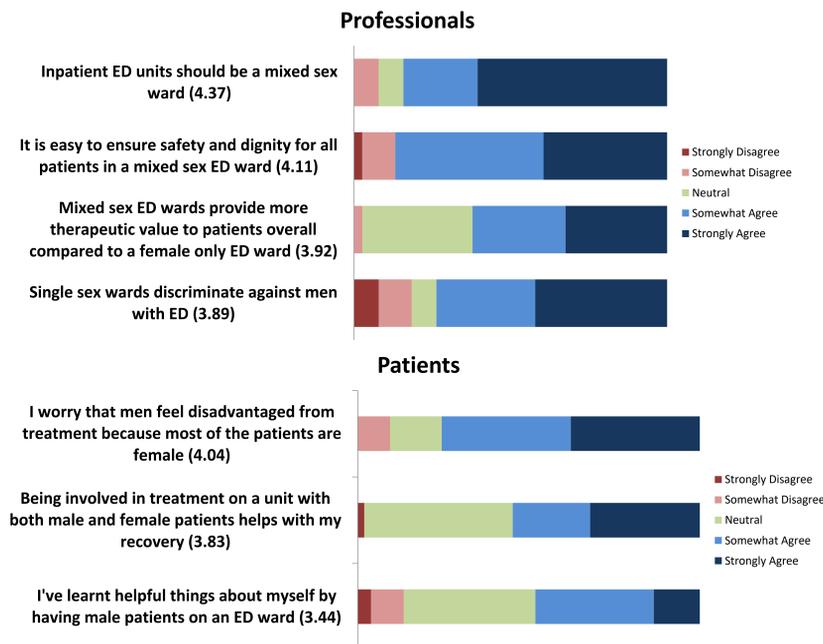
All 32 specialist eating disorder inpatient units accredited on the Quality Network for Eating Disorders in the UK were contacted via email with an electronic survey. We asked consultants and senior nurses to complete an online survey consisting mixed positively/negatively framed questions regarding mixed gender units.

Ratings were conducted using a 5 point likert scale and a free comment box for further discussion. They were also asked to comment if CQC/Trust had stopped male admissions on the ward in the past due to regulations.

We then asked the units to distribute the questionnaires to patients for their feedback on experience on their ward regarding single or mixed sex accommodation and whether they thought it was helpful for their recovery.

Results

We received 38 responses from professionals (consultants and senior nurses) from 26 units and 53 responses from patients (46 female, 7 male) from 7 units. 4 units had closed admissions to male patients due to DoH guidelines. Majority of responders felt having mixed gender wards were better for recovery (3.8/5 patient and 4.3/5 professional agreement rate).



Professional's Views

84% of professionals thought that ED units should be a mixed gender ward and 87% thought that it was easy to ensure safety between the sexes. Only 1 professional thought that men have a bad experience if he is the only male on the ward. 74% thought that the single sex ward rule would discriminate against men with ED.

Consultant Psychiatrist A

"All the men I have treated in the past on mixed inpatient units have found the experience supportive as have the women"

"Given the gender difference in prevalence of anorexia nervosa, having the same expectations of ED wards as for general wards is not appropriate"

Consultant Psychiatrist B

Male Patient's Views

From the small sample of male views, most were also in favour of a mixed sex unit. There was one patient who had experienced 2 previous admissions where he was the only male on the ward (including staff). He had commented that this may have negatively influenced his experience.

	As a man I feel accepted on a mixed sex ED ward	I would rather be treated on an all male ward, even if that means it is a long way from home	I don't mind if I'm the only male patient on an ED ward
Agreement Rate (1-5)	4.14	1.71	4.42

Patient's Views

55% of the patients thought that being on a mixed gender unit helped with recovery, 43% said that it did not have a negative impact. 68% of the respondents actively endorsed a mixed gender unit. Many female patients commented that they welcomed men to reduce competitiveness and promote "normal life". Some commented that it would not make a difference to their treatment and acknowledged that men need to be treated equally, therefore welcomed a mixed sex unit.

"Stops bitching, refreshing, healthy dynamics" ♀

"Being on a mixed ward was hugely beneficial, possibly crucial, to my recovery" ♂

"More friendly, less cliquey, less judgey" ♀

Recommendations

The majority of patients and professionals felt that mixing genders have been helpful for recovery and no significant safety or dignity issues were raised. From these results and with agreement from the QED, a new set of guidelines for mixed sex accommodation in ED units have been proposed and accepted by the CQC:

An assessment has been carried out to ensure that the male patient does not pose any risk.

There is an agreement in place with NHS England on the admission of the male patient.

Arrangements have been put in place to ensure that female patients do not feel unsafe or compromised in terms of privacy.

A women-only day room is available.

Male patients are accommodated in single bedrooms with en-suite facilities, if possible.

If this is not possible, male patients occupy a single room with use of male-only bathroom and toilet facilities.

Patients do not have to walk through a sleeping area or a bathroom occupied by another sex. Where a sleeping area is a bedroom or a bay of beds.

This evaluation has been published in the BJPsych Bulletin⁴ and reported on BBC Breakfast in August 2018. A follow up audit is currently underway to see if more units have now opened up admissions for men with eating disorders following this evaluation.