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Mr Phil Hope
Department of Health
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Dear Mr Hope,

Thank you for your letter you sent to me via local MP Celia Barlow dated Wednesday 18th November 2009. This reply was most interesting and useful.

Following my original letter I sent to you around that time, I am pleased to say our petition to encourage better service provision for men with eating disorders closed early January with a total of 439 signatures. I was delighted that so many people are supporting this cause and agree that there needs to be an increased awareness of the issue.

For your reference the petition read: 'We the undersigned petition the Prime Minister to ensure men with eating disorders are given the same opportunities for treatment and care as female sufferers and are by no means discriminated against by their doctor / other health practitioner because they are male.'

The government recently responded to the petition. To read their response go to <http://www.number10.gov.uk/Page22364> It is remarkably similar to the letter you sent me in November, although less detailed, so I can only but assume you had some involvement in writing this response? Also, I believe you are the person responsible for such issues in relation to the area of eating disorders hence why I am writing to you.

Following the government's response I have received much feedback from professionals in the field as well men themselves with eating disorders, ex male sufferers and others who are supporters of the campaign who have expressed deep unhappiness and disappointment with this response. This reaction is largely down to the government's misinterpretation of what we are asking.

Firstly, the statistics you quote in your letter I feel is an under-estimation of the real number of men with eating disorders. In 2000 the Eating Disorders Association (now B-eat) carried out a study into men's eating disorders and service provision, which found that 6,000 – 9,000 men at any one time will have an eating disorder in the country. The study stated that approximately 10 per cent of diagnosed cases were male. This begs the question if this is the number of diagnosed cases, how many undiagnosed cases are there? So many men find it difficult getting help from their GPs and I have spoken to scores of men online and face to face who have never

been to their doctors at all. It is for this reason why I feel these statistics are inaccurate. Moreover, the NHS Information Centre published statistics from a snapshot survey in January last year suggesting that 2.7 million people in the country showed some signs of an eating disorder and men made up a quarter. This could represent a growing trend. However, with so little research in this area is anyone's guess whether this is a rise or not, though I suspect a quarter of diagnosed and undiagnosed cases is probably a more realistic figure.

The government says in their response they appreciate the cultural expectations make it harder for men to recognise the symptoms in themselves and seek help – I wonder whether this explains why the average number of diagnosed cases appears to be a low percentage? They say that in a district of 500,000 approximately four new cases of anorexia and six cases of bulimia will be male each year, with approximately one man each year requiring hospital admission. Surely this is only the tip of the iceberg as we know that there are many more men than this that are not engaged in services.

What surprised me the most in the response was that the numbers of men in any one area would be insufficient to set up a gender based service. This is not something we are striving for nor do we think necessary. In the petition we are asking for 'better service provision for men with eating disorders' in services that already exist. I appreciate the petition may be ambiguous in what it is asking but to elaborate we mean to recognise that men DO have unique needs and it is IMPERTIVE that this is reflected in provision and practice. It is often assumed that men experience eating disorders for the same as women, which is not the case. Nor would it be true to say that eating disorders are caused entirely due to insecurities around weight and size. Most of the men I talk to say their illness developed as a means to cope with pressure.

It is great that the government is taking a more proactive and pragmatic approach to supporting the needs of people with mental health problems, including eating disorders. Whilst the government is attempting to address the general needs with strategies like 'New Horizons' this is not specific to the needs of men with eating disorders – what we are campaigning for. The only way this can be achieved is through awareness and education.

Our goal is to get the government, commissioners and service providers to recognise that eating disorders is a gender inclusive issue and is not just a women's issue; it is this assumption that marginalises men making it far more difficult for them to get support being stigmatised as having a 'female' illness.

It is the stigma associated that is risking the health and lives of men with eating disorders and the government MUST take direct action.

Thanks for taking the time to read this letter and I hope to hear from you in due course.

Best wishes,

Sam Thomas
(Project Leader – 'Men Get Eating Disorders Too')