Submission to the Government's 2011-12 Budget changes relating to mental health services in Australia

Term of Reference 1.
The Government's 2011-12 Budget changes relating to mental health.
There is a well established need and public demand for increased Government expenditure on mental health, and urgent attention to the inadequacy of mental health services. I note that in the 2011-12 financial year only $47 million has been allocated for mental health; furthermore the Government is cutting $580.5 million from the GP mental health services and allied health treatments sessions from the Better Access Initiative. This will further reduce the availability of affordable mental health treatment.

Term of Reference 2d.
The impact of changes to the number of allied mental health treatment services
Any reduction of the already inadequate number of allied health treatment services eligible for Medicare rebates should not be allowed. Typically a person with even a mild or moderate mental illness seeking counselling from a psychologist would need to visit on a weekly basis for some months to receive adequate care. The capping of rebates for only 10 visits in 12 months is woefully inadequate and makes this type of treatment only available to those with higher levels of assets or income and as such is very discriminatory, even more so because many people with mental illness face difficulties in sustaining employment and especially higher paying jobs.

Term of Reference 4.
Services available for people with severe mental illness and the coordination of those services
I refer specifically to the treatment of people with eating disorders and common co-morbidities.

I quote from the Statistics page of the Butterfly Foundation's website, *"Eating disorders are highly complex and serious mental and physical illnesses that occur most frequently in adolescents (although they can occur at any age) and in most instances present with a co-morbidity such as anxiety, depression, obsessive-compulsive traits, self harm and sociality."*.

That eating disorders constitute a severe mental illness is borne out by the following quote from the same source, *"The mortality rate for chronic anorexia is 15-20% and the suicide rate for anorexia is 32 times higher than average."*

The average duration of an eating disorder is seven years and the majority of sufferers do not make a full recovery.

In seeking care for my adolescent daughter who developed an eating disorder I have found the care provided in the public health system in NSW very inadequate. During the two years leading up to her developing this disorder she presented to numerous health professionals with symptoms of chronic headaches and disordered sleeping patterns; the system was unable to diagnose a mental health condition and offered little more than platitudes centred around female menstruation.

There are very few eating disorder programs or inpatient units throughout Australia. In response to a recent enquiry I made to the Director of Child and Adolescent Psychiatry at Royal North Shore Hospital I received a reply from the Northern Sydney Local Health District stating that RNSH does not have an adolescent mental health ward or an in-patient programme for re-feeding young people with anorexia. The only advice they offered was for me to contact The Centre for Eating & Dieting Disorders (CEDD) – a resource I was already very aware of – or if my daughter was at acute medical risk I should take her to my local emergency department.

To my knowledge in NSW there are only two public adolescent units for eating disorders, both at Westmead. The eating disorder program at Westmead Children's Hospital almost exclusively admits to their program pre- or early adolescent patients with extremely low weights. When my daughter was an inpatient at Westmead Children's Hospital I was told she was ineligible for their program because she was both too old (15 years) and not sufficiently underweight (although she was diagnosed as anorexic). Towards the end her treatment at Westmead they did treat her as an eating disorder patient but not within their official program. I gained the sense of a research project that tailored its subjects to suit its research aims rather than a program that tailored its service to suit the needs of adolescents with eating disorders.

The other facility is the Adolescent Unit at Westmead Hospital. This 8 bed unit treats adolescents aged 16-18 years who have an eating disorder. I have recently communicated with the Director and one of the doctors of this Unit who both advised me that they were unable to care for patients with psychiatric co-morbidities. This is perplexing given the quoted fact above that most eating disorders present with co-morbidities. Clearly this unit can only cater for a small number of the *minority* of adolescents who have no other co-morbidities.

My experience and observations above lead me to conclude that any positive research results produced by either of these programs/ research projects are only based on their treating very small and homogeneous groups of adolescent patients.

Given both the severity and increasing incidence of eating disorders among adolescents there is a clear and alarming lack of treatment facilities.

Term of Reference 9.
Any other related matters
(this may also be considered under Term of Reference 6. which refers to disadvantaged groups)
My daughter was a vegetarian prior to the onset of her eating disorder. Well before the onset of her mental illness she expressed a desire to be a vegetarian because of a love and concern for animals. During the course of her eating disorder, when she started to realise all the hidden animal products in even vegetarian foods, she became a vegan, a member of the Vegan Society of NSW and PETA, and a passionate supported of animal welfare and protection. She neither eats nor wears anything which includes animal products, including leather or wool.

Neither of the public eating disorder clinics will cater for a patient who is vegan. My daughter's ethical beliefs are dismissed without consideration as part of the eating disorder; and it is stated without reference to facts that a vegan diet is inadequate for

physical recovery. I believe this position taken by public health facilities is both incorrect and discriminatory.

The majority of patients in eating disorder units are not vegetarian. Many people without any psychiatric illness choose a vegetarian or vegan diet for ethical reasons, and are healthy, functioning human beings. Traditional nutritional organisations say it is possible to be very healthy on a vegan diet. I refer you to the American Dietetic Association's Position Paper on Vegetarian and Vegan Diets (http://www.eatright.org/about/content.aspx?id=8357) in which they state, *"It is the position of the American Dietetic Association that appropriately planned vegetarian diets, including total vegetarian or vegan diets, are healthful, nutritionally adequate, and may provide health benefits in the prevention and treatment of certain diseases. Well-planned vegetarian diets are appropriate for individuals during all stages of the life cycle, including pregnancy, lactation, infancy, childhood, and adolescence, and for athletes."*

I think that the failure of the public health system to cater for a mentally ill patient with specific dietary requirements is doubly discriminatory since it leaves no avenue of treatment for those who cannot afford private health insurance.

I think that it is time for more discussion about catering for vegetarian and vegan diets within the NSW Public Health System, and a review into its inadequacy with respect to only being able or willing to treat a minority of adolescents with an eating disorder.