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The Honourable Mark Butler
The Minister for Mental Health
Suite MG48
Parliament House
CANBERRA ACT 2600

via email:

ministerbutler@health.gov.au, community.affairs.sen@aph.gov.au

RE: Inquiry into Commonwealth Funding and Administration of Mental Health Services

28th July, 2011

Dear Minister Butler,

We are writing to the Inquiry into Commonwealth Funding and Administration of Mental Health Services to make a submission as the Eating Disorders Association Inc. (EDA). We want to make you and your office aware of the concerns of our 300 members in Queensland in relation to the proposed cuts to the number of subsidized sessions for mental health practitioners under the Better Access Scheme. The EDA provides information, support and referrals for people with eating disorders, their families/cares and health professionals for the state of Queensland.

The EDA has great concerns regarding the changes to Medicare rebates for mental health practitioners under the Better Access Scheme. Eating disorders are highly complex and serious mental and physical illnesses and in most instances present with a co-morbidity such as anxiety, depression, obsessive-compulsive traits, self harm and social phobias. Other issues such as drug and alcohol abuse, body image bullying, sexual abuse and domestic violence are also often present. Eating disorders have highest mortality rate of ANY psychiatric illness, with 20% of patients dying from the illness. Eating Disorders effect up to 10% of Australian women and 1% of men. Anorexia Nervosa is the third most common chronic illness effecting adolescent women.

Eating Disorders are often chronic and debilitating illnesses, having one of the highest impacts on health related quality of life than any other psychiatric disorders. People who suffer with eating disorders may need hospital care, a variety of specialist care and lengthy treatment. A long term treatment facility in Melbourne, said their successful multidisciplinary treatment ranged from 18 months to 5 years for those with a prolonged history of the illness.

Cost of treatment per year for Anorexia Nervosa is as expensive as that required for schizophrenia. Data from the private hospital system indicates patients with eating disorders are the most expensive patients to treat in a hospital setting. Access to treatment for eating disorders is already alarmingly low, with only 22% of sufferers receiving psychiatric treatment in a given year.

On behalf of EDA members across Queensland we would like to draw the senate's attention to the unintended consequences of the recent changes to the Better Access funding arrangements of limiting access to effective treatment for patients suffering from eating disorders.

We know that patients who have access to the empirically supported evidence based approaches have a significantly improved outcome. This is particularly so for those who are able to access these treatments early in the course of their illness. There are two well validated outpatient treatments for patients with the eating disorders, Family Based Therapy for Anorexia Nervosa, and Cognitive Behaviour Therapy for Bulimia Nervosa. The treatment manuals for both FBT and CBT indicate that the number of sessions recommended is 20 treatment session over a 6 - 12 month period.

The EDA contends that the previous allocation of a maximum of 18 sessions for subsidised treatments were already inadequate for patients suffering from the eating disorders. The government's recent reduction of this figure to 10 sessions is woefully inadequate for our members' needs. People with eating disorders often have to see a variety of health professionals to meet their treatment needs and the cost of accessing doctors, dietitians, dentists and other specialists, as well as the need for medication, can be very costly.

Reducing the already inadequate subsidised sessions may result in fewer people accessing appropriate treatment and deteriorating recovery efforts. There is already a chronic cycle of being admitted into inpatient units due to the lack of adequate subsidised treatments in the community and the reduction of these treatments could make an already over stretched and under resourced situation worse. The EDA also fears there maybe an increase in the mortality rate from eating disorders if the reduction was to go ahead.

The EDA recommends that access to the 18 sessions (available under the exceptional circumstances provision) be urgently reinstated as a minimum for patients meeting diagnosis of an Eating Disorder, as this is more in line with the length of treatment required under empirically validated treatment protocols. In fact we would like to see the number of subsidized sessions for patient with eating disorders increase!

Kind Regards,

Desi Achilleos
Coordinator
The Eating Disorders Association Queensland