

Submission No. 5  
(Inq into better support for carers)  
A.O.C. 28/5/08

Sent: Monday, 19 May 2008  
To: Committee, FCHY (REPS)

Subject: MH Carers Submission

RE: Social & Economic barriers for Carers and Practical Support Measures

Dear committee,

This submission relates to Carers in rural areas dealing with a family member that has been diagnosed with an Eating Disorder. Below are some key factors experienced by families:

1. Conventional treatment often isolates the family and provides limited back up support once the patient returns home.
2. Considerable financial burden. Often parents terminate employment to assume the task of principal carer.
3. Limited support services for families/carers with relief from 24/7 care.
4. The older the patient the more difficult it is to seek appropriate treatment. When severely starved the patient is cognitively impaired and cannot make rational decisions. Carers are often refused information due to "confidentiality" issues.
5. Limited hospital public beds for adults with an ED. (4 in NSW).
6. Stigma attached to the illness, early detection.

Items 1 - 3:

These issues could be addressed by allowing families and patients to stay in their home town. Evidence based research indicates Family Based Therapy (FBT) is the most successful form of treatment. Hospitals/outpatient facilities need to be geared toward families assuming the carer status by educating, providing support groups, in house care (similar to oncology patients/carers) ongoing support and mentoring.

FBT is not widely practiced in rural hospitals due to limited finances and trained physicians.

Meal support programs, delivered by Eating Disorder Resource Centers, could be one way of allowing parents to have a break from the task of re-feeding their child.

Items 4:

Recommendation that if a person has been diagnosed with an ED the patients confidentiality is transferred to the parents responsibility. Appropriate treatment options are discussed openly with families/carers.

Items 5:

Recommendation that the no. of available beds are increased.

Items 6:

This could be addressed in school education, PDhPE. Funding to allow an experienced carer or patient to address schools, PDhPE programs to raise awareness of early intervention/detection.

Thank you for listening