



**Submission to the Select Committee on Mental Health  
Eating Disorders – Core Business for Mental Health  
[Focus on service needs for New South Wales]  
NSW Centre for Eating & Dieting Disorders (CEDD)  
October 2005**

As requested by Senator Allison on behalf of Senate Select Committee on Mental Health: -

**COST of SERVICE PROVISION for EATING DISORDERS in NSW**

Addressing the treatment needs of persons with eating disorders in NSW, along with the equally important public health issues of dangerous dieting and disordered eating, requires a multi-faceted and multi-disciplined approach.

Below is a brief outline of the minimum services required to address these important mental health and public health issues and an estimated costing. As NSW is at the very beginning of the journey to address these mental illnesses and the associated public health issues, we have identified here priority areas for **urgent funding**.

Citations are provided in the Full Submission to the Senate Select Committee.

**Areas of Need in Order of Priority: -**

- 1. The **Eating Disorder Service Development Officer** for NSW: this is the coordination point for the treatment and prevention of eating disorders across NSW. Currently this is the only funded eating disorder position in NSW, albeit on a short-term grant till February 2006. This position needs to receive recurrent funding as a matter of priority.
- 2. The Centre for Mental Health NSW has a draft Statewide Service Plan for Eating Disorders which among other things, outlines the need for Eating Disorder Area Coordinators requiring funding for 3 years to begin the process of establishing services for the treatment and prevention of eating disorders within each AHS and further rolling out the comprehensive Service Plan. The draft plan must be approved by the NSWDOH and these **8 Area Coordinator positions** require funding as a matter of priority.
- 3. Referral and Support: currently NSW has an Eating Disorder Foundation (EDF Inc.) which acts as the only community referral source for eating disorders in the State and runs a crisis phone line as well as support groups for families and sufferers from a private home. It is run entirely by a small but dedicated group of volunteers and funded entirely by private donations – though its existence is continuously in jeopardy due to a lack of stable recurrent funding. This organisation requires two full-time and two part-time staff members. At least **1 full-time referral and support officer position** needs to be funded as a matter of priority.

- 4. Early Intervention, Prevention and Community Based Treatment of Eating Disorders. As eating disorders are typically first identified by general practitioners, school counsellors and other health and mental health professionals working within the community, education and training in the identification of these illnesses and pathways to care is urgently needed. Further, as eating disorders are currently treated largely in the community by general practitioners and mental health professionals in private practise, many of whom have no training in managing and treating these illnesses, education and training programs to access these professionals are also urgently required. As a matter of priority **funding for education and training** within the community is required.
- 5. Inpatient beds are required across the State, but most urgently for adults with eating disorders. The Royal College of Psychiatrists (2000) recommended 6 adult intensive treatment places for eating disorders per million population; for NSW this would translate to approximately 40 adult inpatient beds. Funding for **4 adult inpatient beds per area** (36 beds) is required as a matter of priority.
- 6. An estimate for child/adolescents beds required across the state is unavailable but given the age range affected by the illness it is thought to be in the same region as that for adults i.e. 40 intensive treatment places. However providing early intervention strategies are well established, child and adolescent cases can be easier to treat on an outpatient basis due to the shorter duration of illness therefore some of these places could be funded as intensive outpatient places. At minimum a further **4 child inpatient beds** are required as a matter of priority. It is recommended these beds be funded for location within Children's Hospital Westmead, with statewide responsibilities.
- 7. Outpatient facilities with Day Program capacity are needed to address the spectrum of the illness, as well as to treat child onset cases. Each Area Health Service requires an outpatient facility to accompany and augment its inpatient beds and to provide treatment for the spectrum of eating disorder presentations. Requiring funding as a matter of priority are outpatient services in each AHS; that is **8 Adult Outpatient Services** (with day program capacity) and **8 Child/Adolescent Outpatient Services** (with intensive outpatient capacity).

## Notes

### **5 and 6: Inpatient Services for Adults and Children/Adolescents**

#### **A. Inpatient Beds within the Area Health Service**

Eating Disorders exist on a spectrum of severity. Further with a land mass the size of France and Italy, NSW health services deliver services across large geographic regions, hence it is not appropriate that persons suffering eating disorders be removed as a matter of course from their Area and transported to Sydney for treatment, as is currently the case. While for the most severe and intractable cases a Specialist Facility located in a major teaching hospital is recommended and required, inpatient facilities are needed within each Area Health Service to provide acute re-feeding, medical stabilisation and to intervene when eating disorder behaviours cannot be treated on an outpatient basis, for the population of that Area. In accordance with the

Royal College of Psychiatrists Recommendations 4 adult inpatient beds are required per AHS.

### **B. High Intensity Medical Psychology Facility**

As anorexia nervosa is an illness with a long duration (average 5-7 years), a high level of mortality (20%) and medical morbidity (50%) with a proportion of persons who will become, and sometimes remain, critically ill, treatment within the community and/or on general medical wards is often insufficient if not negligent. Further, persons with the illness are difficult to contain and often refuse or flee from life saving procedures. Bulimia nervosa is also a long-term illness (average duration 8-12 years) with a smaller proportion that requires intensive containment to eliminate life threatening purging behaviours (the eating disorder behaviours most commonly associated with cardiac arrhythmias). For the treatment of the most severe cases a specialist medical facility with the ability to contain patients and refeed them until such a time as the life threatening medical complications and the acute effects of starvation are reversed, and cognitive capacity for decision making returns is needed.

Two separate specialist medical psychology facilities with a Statewide mandate are required, one for adults and one for children, each with a minimum of **8** inpatient beds. The framework exists within NSW for both a Child and Adult facility.

- **Adult**

*Sydney South West Area Health Service at Royal Prince Alfred Hospital*  
Currently there are 4 dedicated adult beds for eating disorders in this facility. These 4 beds service the entire adult population of NSW, being the only unit taking referrals from the State, with a waiting list for admission, meaning that by the time persons with an eating disorder gain access to a bed they have become critically low in weight and as a result have developed even more severe medical and psychiatric complications. Further, these beds are presently located on a shared ward that primarily treats people with acute psychotic disorders, rendering the environment often unsuitable for the treatment of primarily adolescent/young adult girls with anorexia nervosa and the containment thereof. However, its location in the same building as an Academic Department with expertise in Eating Disorders places it in a unique position to provide specialist care. **It is recommended that the 4 inpatient beds recommended above for funding for this AHS combine with those existing to allow for an intensive specialist adult inpatient facility** with a Statewide mandate, the location of which should be carefully considered by the NSW Centre for Mental Health.

- **Child**

*Children's Hospital at Westmead (funded as a separate Area Health Service in NSW although located geographically within Sydney West Area Health Service).*

Similarly there are currently 4 dedicated child beds for eating disorders in this facility. These 4 beds service the State of NSW, being the only 4 dedicated child beds accepting Statewide referrals, with a waiting list for admission. **It is recommended that the 4 additional child beds recommended above be funded to this Area and combine with those existing to provide a specialist child inpatient facility** with a Statewide mandate.

### **7: Intensive Outpatient Facilities with Day Program Capacity**

Research has demonstrated that if persons with eating disorders enter treatment within the first 6-12 months from onset, they can be successfully treated using intensive outpatient treatment (children and adolescents). With longer durations of illness (usually adults), where the presentation is not critical, day programs have been proven successful. Further these substantially cheaper treatments directly reduce the burden and consequently the cost of inpatient treatment. The figures quoted for inpatient beds above are insufficient to address the numbers of persons presenting with eating disorders and the spectrum of severity of presentations across NSW. Inpatient facilities need to be accompanied by outpatient/day program facilities in each AHS.

**Estimated Costing for Eating Disorder Services:**

<b>Service</b>	<b>Cost per Unit per annum</b>	<b>Cost per Area Health Service per annum</b>	<b>No. Required</b>	<b><u>Non-Recurrent</u> 3-year Funding</b>	<b><u>Recurrent</u> Funding per annum</b>
Service Development Officer	\$112,500 (\$90,000 + on costs)	_____	1	_____	\$112,500
Area Coordinators	\$75,000 (\$60,000 + on costs)	\$75,000	8	\$1,800,000 (\$600,000 per annum)	_____
Referral and Support Officer	\$75,000 (\$60,000 + on costs)	_____	1	_____	\$75,000
Education and Training	NA	NA	NA	\$240,000 (\$80,000 per annum)	_____
Adult Inpatient Beds	\$300,000	\$1,200,000	36 (4 per AHS)	_____	\$10,800,000
Child Inpatient Beds	\$300,000	\$1,200,000	4	_____	\$1,200,000
Adult Outpatient	\$700,000	\$700,000	8	_____	\$5,600,000
Child Outpatient	\$500,000	\$500,000	8	_____	\$4,000,000
			<b><u>TOTAL</u></b>	<b>\$2,040,000</b>	<b>\$21,787,500</b>

\*\* Note: Salaried positions will require appropriate indexation.