

This is broadly- (I adlibbed a bit) the text of the presentation I gave to the ADHB board meeting on behalf of Eating Disorder Association of NZ.

First a few important facts.... EDs are the most potentially fatal of all mental illnesses. It is an illness requiring both medical and psychiatric treatment. For that reason it doesn't fit the traditional medical model. Without treatment there is a 20% mortality rate- with treatment this drops to 2-3%. Treatment early on increases the chances of recovery. Average duration of an ED is quoted as 5-7yrs and an Australian study suggested the average cost to the health system of person with a chronic ED is \$820k. Not treating EDs will lead to increased numbers of chronic sufferers who will be a real burden and cost to the health system.

I have 3 points to make in relation to the Eating Disorder paper you received at your last board meeting on May 9. My comments below elaborate on the written submission you received from EDANZ 10 days ago.

1. The MOH Future Directions for ED states that all DHBs must have a plan for treating EDs by June 30 08 and it is expected that Auckland would offer inpatient services for the top half of the NI. Wgtn and ChCh offer these services but there is nothing in Auckland! The DHB current proposal addresses ED for the under 16

year age group- but there is nothing more planned for those over that age, other than what presently exists.

Given global research states the average age of an ED onset is 15- 17yrs, we are very concerned the board doesn't have any plan in place for an Auckland inpatient service for older adolescents and adults. 50% of your patients are not being catered for in the current DHB plan. The current practice of sending patients to Sydney is expensive for the DHB, extremely difficult for many families, and as numbers rise we wonder if it will remain a viable option. What happens when the Sydney clinic says sorry no room? The Future Directions document contemplates that treatment should be available for all ED patients. The current DHB proposal does not address this requirement

To reiterate point no. 1- We strongly believe you need to be offering a NZ inpatient service for all ages suffering from EDs, not just for young adolescents.

2. The present proposal is for the under 16 years age group to be offered in-patient treatment at Starship. EDANZ supports this as a first step, but has significant concerns about the appropriateness of Starship as the location for in-patient treatment. As a board you need to be aware that to be successful inpatient stays are generally more than 1 month and can be up to 6 months.

This length of stay anticipates a rehabilitation component which we doubt can be offered in the proposed location. As stated above- EDs combine medical and psychiatric elements and the latter aren't cured quickly. After initial weight gain these patients need counselling and support to change behaviours and

attitudes. At this stage they are often not physically compromised and so need much more than a hospital bed. They need a lounge, dining room, school and outdoor recreation areas. They also need staff skilled in dealing with ED sufferers. Ultimately we question whether a traditional hospital setting is appropriate and believe the board must be asking for a plan for a dedicated facility that can offer this service.

Unfortunately the nature of the illness is such that just getting the weight up and vital signs back to normal is not enough and all you will get is readmissions and any money spent on a half measure will be wasted.

To reiterate point no 2.- At best we believe the Starship initiative is only a partial, and interim step to a best practice solution. Young ED sufferers, ill enough for a hospital admission will need ongoing inpatient treatment for several months and we don't believe the Starship environment will be conducive to longterm recovery.

3. For inpatient treatment to succeed it needs to be followed by an intensive daycare program. This is an essential component of the rehabilitative program.

Without follow-up support, the benefits of money and time spent on sending patients to Sydney, or treating them in the proposed Starship facility, are at risk. So far already 1 of the patients treated in Sydney last year has had to return and several others are struggling with the illness- which we believe is a direct reflection of the follow-up services on offer in Auckland.

The board needs to be aware that without a full day program which helps further rehabilitate patients back

into normal routines the chances of relapse are very high in our opinion.

We strongly urge the board to be asking why a day program is not being planned.

To reiterate point no 3. A full outpatient day program is essential in ensuring the progress made through inpatient treatment is not wasted.

In summarising- EDs are lethal, they involve medical and psychiatric elements, they don't go away once weight is regained and they are increasing. As a board we believe you are obligated to provide inpatient facilities in Auckland for all ages and that must be combined with an intensive day program - otherwise you will be wasting money and running the risk of growing numbers of chronic sufferers. We support the move to begin offering inpatient services in Auckland but we see Starship as only a partial, interim move as we have major concerns about the ability to cater for ED patients as I have detailed.

We want to see a plan, with a timeline, for a dedicated inpatient facility and a full day care program that covers all age groups.

Thankyou

Richard Leggat