

Thankyou for the opportunity to speak to you on the issue of Eating Disorder Services in the Auckland region.

The Eating Disorder Association of NZ (EDANZ) was formed approx a year ago by a group of parents with children suffering from an ED. We were dismayed with the lack of information and support available to families with a member suffering from an ED and we found the services on offer for the sufferer totally inadequate. Our aims are to provide support and information for families with a member suffering from an ED and to advocate and participate in the provision of better services, especially in the Auckland region.

In our brief existence we have set up what we consider is a very worthwhile website and have a help line through which. we are getting a steady stream of families looking for support and advice..

We have initiated a number of media articles to increase awareness of the illness and the lack of services, particularly the lack of an inpatient facility in Auckland. A member of our committee is on the National Technical Taskforce looking at EDs and as a group we are in regular communication with the Greenlane based Eating Disorder Service senior management and have presented to the board of the ADHB.

In other words we have attained a fair degree of credibility within the area of EDs.

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.

Eating disorders is not an insignificant group. The major 2006 NZ Mental Health Survey put the Life time prevalence and Life time risk of a person getting a DSM4 eating disorder at 1.7% of the population. This is 2-3 time higher than the number of people likely to suffer from schizophrenia and a little less than half the number of people likely to suffer from a bipolar disorder.

Not treating EDs will lead to increased numbers of chronic sufferers who will be a real burden and cost to the health system. AND...numbers are rising. Despite the EDS service at Greenlane increasing its FTE's the waiting list for the intensive service is still over 3mths for some referrals.

I have two areas I would like address in relation to the issue of Eating Disorders in the Auckland region. I believe you as a board can positively influence both areas. .

The first relates to inpatient services with an attached day program, the second to the resources allocated to the EDS outpatient facility located at Greenlane hospital.

While the area of primary care- or lack of it- is an issue in EDs I would like to concentrate on the other two areas.

1. The MOH Future Directions for ED required all DHBs to provide a plan for ED services. It states that Auckland is the obvious city in which to offer inpatient services for the top half of the NI. Wgtn and ChCh offer these services but there is nothing in Auckland! The current practice of sending patients to Sydney is expensive for the DHBs, extremely difficult for many families, and means that many sufferers don't get to inpatient care as early as they should. Also, as numbers rise we wonder if it will remain a viable option. What happens when the Sydney clinic says sorry no room?

We are aware an Auckland regional plan has been produced that addresses the issues raised in the Future Directions document. The ADHB has publicly committed to the opening of an inpatient facility but it does need your support. (and Counties Manakau) We know that organizing a regional service is difficult but an eating disorder inpatient facility with an attached day program is not high tech and will not cost a fortune. I know, I have seen the Wesley clinic in Sydney.

I would also make the observation that an inpatient facility needs hospital access but should not be housed in a hospital. ED patients may need inpatient care for several months and after initial refeeding are generally not medically compromised. The facility needs to be a welcoming, warm and friendly place where patients will willingly spend weeks, if not months.

So my first plea is that you support the establishment of

an inpatient ED facility in Auckland with an intensive day program attached. As a board you have the ability to commit funds to this badly needed project, which will make life so much better for families with an ED sufferer and in the long term will save the public health sector considerable money by reducing the incidence of chronic ED sufferers.

My second area of concern is the resources allocated to the Eating Disorder Service at Greenlane.

The 1998 blueprint document recommended there be 32 FTEs in the EDS in Auckland. Staff numbers have been increasing but currently we believe there are still less than 20 FTEs. The EDS has two programs , a Shared Care for mild to moderate ED cases and an intensive program for severe cases. The waiting list for the intensive programs shows no signs of diminishing with the service unable to tell families when they will get 'into the service' because they continue to get VERY sick young girls who need to jump the queue! One family with a 16yr old daughter who is not well enough to attend school believe they may have to wait 3-6 mths before being seen.

So my second plea is for you as a board to commit to supporting the funding of additional FTEs at the EDS service at Greenlane.

As Rev Stevens said, their daughter nearly died because she wasn't seen early enough and when she got to

hospital they really didn't know how to treat her. That is not good enough and would not happen if there was a fully staffed EDS at Greenlane and a specialist inpatient facility in Auckland.

Thankyou

Richard Leggat