

ANOREXIA

Grievance

MR A.P. O’GORMAN (Joondalup) [10.09 am]: My grievance is to the Minister for Health, and I thank him for accepting it. I know that I am third on the list, but it is great that the minister has accepted it. My grievance involves a major disorder that principally affects women and young girls in our community, although it has been known to affect males as well. I do not normally use statistics, but I will refer to some from the Eating Disorders Foundation of Victoria. Eating disorders can be found in people as young as seven and as old as 70. It is affecting all aspects of our community. Approximately one in 100 adolescent girls develop anorexia; it is the third most common chronic illness for adolescent girls in Australia after obesity and asthma. It is a disorder that is a bit difficult to pick up. The onset of anorexia is typically during adolescence, and the long-term nature of the disorder means that many people carry the condition well into their adult lives. The average time that someone suffers from anorexia is about five years. Low self-esteem increases the chances of developing the disorder. More than half of anorexia sufferers have been sexually abused or have experienced some other major trauma. It is therefore quite fitting that we are dealing with this grievance on a day on which we are wearing white ribbons to protest against abuse of women.

Generally, the overall mortality rate for those with anorexia is five times greater than that for the same-aged population, with death from natural causes being four times greater due to cardiac arrhythmia, infections etc. It is the most fatal of all psychiatric illnesses. Mortality rates after 20 years are between 15 and 20 per cent. It is quite a serious illness that has probably been overlooked by many organisations over the years. The incidence of eating disorders in the athletic population, including ballet dancers, is 20 per cent greater than that in the average population. Research is also now suggesting that men are becoming increasingly concerned about the size, shape and overall appearance of their bodies. Fifty per cent of primary schoolchildren want to weigh less, according to a survey of pre-adolescent children in Sydney, and 25 per cent of seven to 10-year-olds have dieted to lose weight. These are pretty shocking statistics, and I wanted to use them to set up the background of what I am talking about this morning.

All members in this chamber would at some time have had people come into their offices to talk about this disorder. Over the years that I have been a member, a number of mothers have talked to me about it. In Western Australia, eating disorders affect more than 6 000 women. Treatment in Western Australia is primarily delivered through a private system in Hollywood Private Hospital. Patients need private health insurance to get into that program, and many of the mothers who have come to me are not in a position to take out that insurance. One mother in particular has mortgaged her house to put her daughter through the program. That is a concern to me in itself. As far as I know - I could stand corrected on this if the minister has information to the contrary - the only other program available in Western Australia is the Body Esteem program operated in the electorate of Joondalup by Women’s Healthworks. The Body Esteem program has been run as a pilot program over the past two years, funded by a grant from Lotterywest. This funding will run out early in 2007. The project has been hugely successful, and has assisted many women over the past two years through the provision of self-help groups. It is important to stress that these self-help groups are not treatment groups, but rather provide women with eating disorders with an environment in which they have access to strategies and support to help bring about a positive change. The benefits of the program are education; awareness and coping strategies; renegotiating identity by helping others; reduction of secrecy, shame and isolation, which are big issues in this disorder; and hope, inspiration and empowerment.

I will take some time to relay some comments from women who have been through the program. One woman said that it offered her a time to talk about certain issues in her life and to feel that she was not alone. One of the symptoms of the disorder is that women retreat into themselves and do not share with others. Another woman said that it gave her the opportunity to talk about things in a safe environment, and to know that she could be accepted and liked, even when the truth is known. That is also an indication of the mental state of some of these women. It is not just a physical health issue; it is a mental health issue as well. It is also a community issue, which is why the support group is so helpful because the community is getting behind these women. Another lady said the facilitators gave her good advice and a good strategy, with a support network to fall back on. That is the community support that helps these women deal with this particularly horrendous disease. Another woman said that the program helped her overcome her eating disorder.

The results of this program speak for themselves. For many of these women, treatment is about regaining self-esteem, and these groups help them to do that. There is currently a waiting list of 20 people who have enrolled in future programs but, if the money runs out early in 2007, those courses will not go ahead. Women’s Healthworks also told me that, following requests from the south west, the Body Esteem project has begun exploring the possibility of extending the service to non-metropolitan areas, such as Albany. This is a very

worthwhile program; it is helping women deal with their problems of body esteem. I urge the minister to consider the funding models available to Women's Healthworks to continue this program.

MR J.A. McGINTY (Fremantle - Minister for Health) [10.16 am]: I thank the member for Joondalup for raising this very important issue, particularly considering the presence in the public gallery today of so many young people. This is a disease that strikes particularly, although not exclusively, at young people. Anorexia nervosa is the third most common chronic illness in girls and young women in Western Australia, affecting one in 100 young women. One in 500 young men are also affected. This mental illness involves intense anxiety and preoccupation with body weight and shape, eating and weight control. Anorexia nervosa has the highest death rate - 20 per cent over 20 years - of all mental illnesses. That will come as a great surprise to most people. Death from physical causes is five times higher than would be expected in this age group, and death by suicide is 32 times higher.

The treatments for anorexia include supportive psychotherapy, psycho-education, cognitive behavioural therapy, interpersonal therapy, family therapy and motivational enhancement therapy. In Western Australia we are doing our best to come to grips with the provision of the necessary services to deal with this mental health condition. In October 2005 - just over a year ago - the Statewide Eating Disorders Clinic was opened in Northbridge. The program run through this clinic is a specialist, community-based psychological service for individuals aged 16 years and over with eating disorders such as anorexia nervosa and bulimia. The service is staffed by 3.1 full-time equivalent clinicians and provides assessment and diagnosis, face-to-face treatment, supervision, community and professional education, and partnership with other health services and non-government organisations. The service opened little over a year ago, and was almost immediately fully booked, with 72 people in treatment today. Referrals to the service continue to arrive at the rate of three or four a week, and there are 82 patients on the waiting list. This demonstrates the extent to which the old services were simply not meeting the needs of the community. As the government expands Western Australia's mental health services generally, this is one area on which I want to focus particular attention, because of the demonstrated current demand that is not being met, and the tragic consequences of not providing the necessary therapies to assist young people dealing with this condition.

In addition to the Northbridge Statewide Eating Disorders Clinic, services are also provided through Princess Margaret Hospital for Children. The hospital runs a statewide eating disorders program for children and adolescents aged between eight and 16 years. It provides specialist triage, assessment and treatment by a multidisciplinary team. Between 60 and 80 new patients are assessed at PMH each year. An average of 5.5 patients are on the medical wards at any one time, and between 30 and 50 patients attend the outpatient clinics each week. When the number of people being treated through the children's hospital is added to the number using the adolescent and adult service operated through the Northbridge clinic, it gives an idea of the extent of the problem. Princess Margaret Hospital for Children is leading the field in the treatment of eating disorders in children and adolescents and is regularly asked to attend national and international meetings to talk about its experiences and what it is doing for the young people of Western Australia. In addition, the WA Eating Disorders Alliance has been formed to raise awareness of and provide support for people with eating disorders and their carers and families. The alliance consists of parents of children with eating disorders and representative from non-government organisations that receive funding from the Western Australian Department of Health, such as the Association of Relatives and Friends of the Mentally Ill, Carers WA and the Western Australian Association for Mental Health.

I turn to the issue that was raised by the member for Joondalup and to the organisation that he is advocating for; namely, the Women's Healthworks and its Body Esteem project. Women's Healthworks is a non-profit community organisation that provides a range of education, information and support services to women, including self-help groups for people experiencing an eating disorder. The Body Esteem project is a structured self-help group for people affected by eating disorders. The project runs over 30 weeks. The organisation secured funding from Lotterywest for a two-year pilot of the program. Funding will come to an end in early 2007, and that is the reason that the member for Joondalup has raised this matter today. Women's Healthworks has approached the Department of Health for recurrent funding, which the department is actively and sympathetically considering. The non-government contracting area of the mental health division is assessing the funding application along with all government bids from mental health. When that stage is completed, it will become part of the broader budget submission process. An outcome is expected late this financial year. The government wants to do more in this area. As all members are aware, the issue of mental health has been significantly under-resourced and neglected by both sides of politics for a long time. Under former Premier Geoff Gallop, the government injected an additional \$173 million into new mental health services to provide, at the acute stage, extra mental health teams and beds in emergency departments and an additional 108 secure and open inpatient beds. That is approximately a 13 per cent increase in the number of mental health beds provided through the public hospital system. In addition, there are 400 community-based, non-government organisation and community supported residential units that provide accommodation for people with mental illnesses. There

is also the recruitment of more staff and more community-based services to meet that need. We already have the highest commitment to mental health per capita of any state or territory in Australia. We want to build on that to ensure that we are doing more. The issue of eating disorders is a major problem that must be addressed from a mental health perspective.