

BULIMIA AND ANOREXIA NERVOSA, TREATMENT AND BUDGET ALLOCATION

2669. Hon. M.G. House to the Minister for Health

- (1) Does the Minister accept that Bulimia and Anorexia Nervosa are mental disorders?
- (2) How many West Australians have presented to public hospitals for treatment for Bulimia and Anorexia Nervosa in the years 2001, 2002 and 2003?
- (3) What is the Health Budget allocation in the Western Australian 2003/04 State Budget for Mental Disorders?
- (4) What is the specific Health Budget allocation in the Western Australian 2003/04 State Budget for Bulimia and Anorexia Nervosa?
- (5) Will the Minister provide the specific details of the Government's policy for the treatment of sufferers of Bulimia and Anorexia Nervosa?
- (6) Will the Minister give a detailed answer as to how successful the current treatment programs for Bulimia and Anorexia Nervosa have been and the criterion used to measure the success or otherwise of such treatment programs?
- (7) With regard to public awareness about Bulimia and Anorexia Nervosa, will the Minister advise details of -
  - (a) what programs the Government has in place to raise community awareness; and
  - (b) the specific Budget allocation in the Western Australian 2003/04 State Budget for the above?

Mr J.A. McGINTY replied:

- (1) Yes.
- (2) The following is a summary of the separations from public hospitals with a principal diagnosis of the eating disorders, anorexia nervosa and bulimia nervosa for the financial years of 2000-01, 2001-02, 2002-03 and from July 2003 to January 2004.

2000-01  
Anorexia nervosa - 47 separations resulting in 1432 beddays  
Bulimia nervosa - 115 separations resulting in 175 beddays

2001-02  
Anorexia nervosa - 57 separations resulting in 1160 beddays  
Bulimia nervosa - 81 separations resulting in 87 beddays

2002-03  
Anorexia nervosa - 27 separations resulting in 422 beddays  
Bulimia nervosa - 9 separations resulting in 100 beddays

July 2003 - January 2004  
Anorexia nervosa - 29 separations resulting in 699 beddays  
Bulimia nervosa - 4 separations resulting in 30 beddays
- (3) The budget allocation in the Western Australian 2003/04 State Budget for mental health is \$235,085,366.
- (4) There is no specific Health Budget allocation in the Western Australian 2003/04 State Budget for sufferers of Bulimia and Anorexia Nervosa. The Department of Health (DoH) funds government and non-government organisations to provide psychiatric, psychosocial and counselling support services to people with a range of mental health issues including eating disorders. The Eating Disorders Unit at Princess Margaret Hospital is the only specialised eating disorders unit in the public sector. The budget is \$288,000.
- (5) The Office of Mental Health is considering the establishment of a specialist Eating Disorder Service. This service would include:
  - An integrated eating disorder assessment and treatment service for adults of all ages.
  - Support/advice to regional mental health services and other relevant service providers.
  - A transitional service between child and adolescent mental health services and the adult mental health services.
  - An inreach program into the community.

A range of individual, couple, family and group therapy programs.

Partnerships and collaborative care arrangements with community-based services such as non-government organisations, local mental health services and General Practitioners.

Education, resources and training for secondary mental health services and other health service providers.

Research and service evaluation functions.

An eating disorders network will also need to be established to work with services to develop partnerships. This will include working with General Practitioners and providing psycho-education and guided self-help manuals.

- (6) The overall recovery figure for people with anorexia nervosa in all age groups is around 50-60%. In adolescent patients it is 75-80%. Western Australia recovery rates are comparable to these international figures. One third of the remaining cohort will continue to have chronic problems. The criteria used are maintenance of normal weight, return of menstruation and elimination of disordered eating systems. The mortality rate is around 6%. Those suffering the disease longer are most at risk.

The recovery rate for people with bulimia are better with patients being more responsive to treatment but they are likely to have other mental health problems.

- (7) (a)-(b) It is generally thought that the focus of any public awareness campaigns should be on the promotion of good mental health with the maintenance of a healthy, balanced lifestyle, rather than focussing specifically on the dangers of eating disorders.