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The Honourable Mark Butler  
The Minister for Mental Health  
Suite MG48  
Parliament House  
CANBERRA ACT 2600

via email: [ministerbutler@health.gov.au](mailto:ministerbutler@health.gov.au)

30<sup>th</sup> May, 2011

Dear Minister Butler,

I am writing to you as the President of the Australia and New Zealand Academy of Eating Disorders (ANZAED). ANZAED represents health professionals from all disciplines that are involved in the treatment of patients suffering from the eating disorders.

I am specifically writing to you to raise ANZAED's concerns regarding the changes to Medicare rebates for mental health practitioners under the Better Access Scheme.

By way of context, the eating disorders are amongst the most serious psychiatric disorders. Eating Disorders effect up to 10% of Australian women. Anorexia Nervosa is the third most common chronic illness effecting adolescent women. It has the highest mortality rate of ANY psychiatric illness, with 20% of patients dying from the illness after a prolonged history. Matched for age patients with anorexia nervosa have a death rate five times higher than the general population. Death from suicide is relatively common, being 32 times higher than expected than in the general population (for comparison, patients diagnosed with major depression are 20 times more likely to die from suicide).

The Eating Disorders are often chronic and debilitating illness. On average, patients with Anorexia Nervosa have a similar level of disability to those suffering from Schizophrenia and Borderline Personality Disorder. In a systematic review of the literature eating disorders are shown to have one of the highest impacts on health related quality of life of all psychiatric disorders. Cost of treatment per year for Anorexia Nervosa is as expensive as that required for schizophrenia. Data from the private hospital system indicates patients with eating disorders are the most expensive patients to treat in a hospital setting. This is due to the complex psychiatric and physical comorbidity, the protracted length of treatment, and the requirement of specialist care.

Access to treatment for eating disorders is already alarmingly low, with only 22% of sufferers receiving psychiatric treatment in a given year.

ANZAED would like to draw the government's attention to the unintended deleterious consequences of the recent changes to the Better Access funding arrangements on access to effective treatment for patients suffering from the eating disorders.

We know that patients who have access to the empirically supported evidence based approaches have a significantly improved outcome. This is particularly so for those who are able to access these treatments early in the course of their illness.

There are two well validated outpatient treatments for patients with the eating disorders, Family Based Therapy for Anorexia Nervosa, and Cognitive Behaviour Therapy for Bulimia Nervosa.

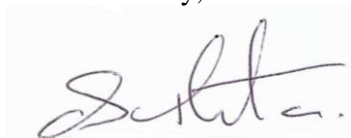
The treatment of the eating disorders is complex and often protracted. The treatment manuals for both FBT and CBT indicate that the number of sessions recommended is 20 treatment session over a 6 - 12 month period.

ANZAED feels that the previous allocation of a maximum of 18 sessions for subsidised treatments were already inadequate for patients suffering from the eating disorders. The government's recent reduction of this figure to 10 sessions is woefully inadequate for our patients needs. The reduction will result in fewer patients accessing appropriate treatment within an adequate time frame. Outcomes from the eating disorders will deteriorate and the personal, social and economic burden from the eating disorders will increase. If access to treatment is reduced, ANZAED fears that this may result in an increase in the mortality rate from the Eating Disorders.

The Australia and New Zealand Academy of Eating Disorders recommends that access to the 18 sessions (available under the exceptional circumstances provision) be urgently reinstated as a minimum for patients meeting diagnosis of an Eating Disorder as this is more in line with the length of treatment required under empirically validated treatment protocols

ANZAED would be happy to meet with you to discuss the above recommendations.

Yours sincerely,



Chris Thornton  
Clinical Psychologist  
President  
Australia and New Zealand Academy of Eating Disorders

cc (via email):

The Honourable Nicola Roxon  
Senator Bob Brown  
Senator Nick Xenophon  
Senator Fielding  
The Honourable Peter Dutton  
The Honourable Robert Oakshot  
The Honourable Tony Windsor