

## Legislative Council

Friday, 29 July 2011, Page 3701

### WEIGHT DISORDER UNIT

**The Hon. A. BRESSINGTON (15:55):**

I move to amend the motion, to leave out paragraphs 3 and 4 and insert new paragraphs, as follows:

3. Welcomes the Minister for Health's 2011 reassessment of the original decision on the proposed move of Ward 4G to the Margaret Tobin Centre and the Boylan Ward at the Women's and Children 's Hospital;
4. Welcomes the minister's review of eating disorders services, the plan for statewide services proposed by it and the allocation of additional funding;
5. Notes the concern of consumers and clinicians at the proposed model's transition from acute care to community care, in particular, the lack of a dedicated tertiary hospital bed-based unit to support recovery to a medically stable condition;
6. Urges the minister to retain a dedicated hospital inpatient unit without placing sufferers of eating disorders on a general medical ward for the duration of their hospital treatment and to ensure that consumers receive comparable care within the community residential treatment facility, with sufficient safeguards to monitor deterioration in their condition; and
7. Calls on the government to develop an implementation plan which—
  - (a) rolls out the range of proposed community services;
  - (b) further reviews the structure and function of the current tertiary hospital bed-based unit as clear data relating to the impact of the new services becomes available; and
  - (c) engages state and national expert review panels to oversee implementation of the proposed statewide plan outlined in the report in both the immediate and longer terms.

I rise to support the motion of the Hon. Tammy Franks in relation to eating disorders services in South Australia and providing accessible and effective treatments to sufferers. At the outset, I wish to congratulate the honourable member, health professionals and the public for raising awareness of consequential health concerns of shifting the Ward 4G Weight Disorder Unit to the Margaret Tobin Centre, a general psychiatric facility at Flinders Medical Centre, as was originally proposed by the Minister for Health.

It is their protest that led to Ward 4G maintaining a valuable service for at least another year whilst decisions on where another inpatient facility will be placed. It is abundantly clear that due to the nature of eating disorders placing vulnerable young women and sometimes men on a general psychiatric ward with, at times, aggressive and psychotic individuals was blatantly ill thought out, unethical and potentially dangerous.

South Australia for too long has suffered from inadequate facilities for the treatment of eating disorders, with only one non-government organisation providing support—Anxiety Compulsive and Eating Disorder Association (ACEDA)—Ward 4G and the Women's and

Children's Hospital, which provides a very limited service for children with eating disorders. I will mention each of the services briefly, what they do and some of the issues that accompany them.

ACEDA is a non-government organisation located on South Road at Everard Park which provides information, counselling and weekly support groups for people with eating disorders and a friend and carers group once a month. This service requests gold coin donations from its attendees in addition to receiving funding from the state government. They often host guest speakers and has group activities for members. ACEDA is a great organisation and takes a positive approach to helping those with eating disorders by offering these services. Correctly, it does not focus on individual stories which can harbour eating disorder traits, and attendees of the support groups are discouraged from exchanging information on how they lose weight or other unhelpful commentary.

The Women's and Children's Hospital offers services to sufferers of eating disorders on the adolescent ward, a general medical facility for teenagers, and does not have a specific program for children who suffer from eating disorders. Being on a general medical ward, sufferers of eating disorders share the ward with children enduring other diseases and disorders. The emphasis on the Women's and Children's Hospital towards eating disorders has been to medically restabilise a patient and then discharge them as quickly as possible. In some cases, a psychiatric appointment is given; however, sufferers experience lengthy waiting times between appointments.

Boylan Ward, the psychiatric facility for teenagers, tends not to admit children for eating disorders unless there is a co-morbid condition which requires mental health attention or if a child continually presents for admission with an eating disorder and requires more intensive and specialist care. I find it hard to understand why they would delay psychiatric care and, instead, hope that they do not return with an eating disorder before addressing mental health concerns.

As usual, we tend to do things back to front. It is well understood that eating disorders are both physical and psychiatric conditions—not one or the other—as sufferers engage in disordered eating for multiple reasons, whether it is a body image issue, a problem in the home or a co-morbid disorder such as depression or other psychiatric condition.

Ward 4G opened in 1977 and was initially a general psychiatric ward which specialised in the treatment of eating disorders. Due to the establishment of the Margaret Tobin Centre and the subsequent relocation of general psychiatric patients, the ward now facilitates six eating disorder specific beds with two of these allocated to the six-week program and the remaining for the two-week program. Sorry, I have to have a drink.

The Hon. T.J. Stephens: Me too!

The Hon. A. BRESSINGTON: Not your kind of drink. There are another four beds which are allocated for specific disorders such as gambling, anxiety and sometimes personality disorders. It is my understanding that all patients who occupy these beds are screened for compliance and behavioural issues and, if it is felt by the health professionals that an admission would be disruptive to the ward environment, then an alternative placement will be found. Additionally, several years ago, the surgical unit was established on the other half of the ward, which hosts patients in hospital for day surgery.

Since the introduction of surgical patients onto the ward it is my understanding that health professionals have felt the need to continually justify the Weight Disorder Unit's existence, fearing that SA Health was intent on eventually closing the ward and just needed a good reason to do so. This fear was borne out by continual funding cuts. Consequently, the services

offered to patients and patient experiences with the ward have been affected. The experiences of patients are not due to these issues but rather to the limited services, such as inpatient programs which fell victim to budget cuts.

I will not suggest Ward 4G is perfect; the reality is that it is a psychiatric facility, not a holiday camp. It is prone to the same problems as the general mental health field and, for those who are severely ill, it is not a pleasant place and not a pleasant experience. It is not desirable to be confined to a bed, to have exercise and walking restricted and to have limited access to visitors. However, this government has cut these services, waited for the resulting complaints and, having created their reason, sought to justify moving the service in reliance on patients' negative experiences: problem, reaction, solution.

What the government did not count on was the huge community backlash to the announcement of moving Ward 4G from its current location to the Margaret Tobin Centre, a general psychiatric facility. A planned rally was held on the steps of Parliament House on 9 February 2011 which was successful despite the health minister announcing strategically a week prior, on 1 February 2011, that he would be conducting a statewide review into eating disorder services.

I believe the Minister for Health felt intimidated by the amount of coverage this specific mental health disorder had received which, as one health professional stated to my office, was the largest coverage for a specific mental health issue they had ever seen in their career. It is truly inspiring to see the public engage in full force against a reckless decision to close South Australia's only primary hospital treatment facility for eating disorders. It took guts and bravery for those people to stand on the steps and talk about their experiences living with an eating disorder and the fact that Ward 4G provided them with a lifesaving service.

The review announced by the minister resulted in a model of care report, which was originally scheduled to be released in April but was not released finally until 22 June 2011. Given that Ward 4G was originally slated to be closed on 1 July 2011, the delay in releasing the report caused extreme anxiety to those suffering from eating disorders, especially those on a waiting list for treatment in Ward 4G.

Understandably, the delay in the release of the report led to concerns that the closure might be proceeding regardless. Thankfully, this was not the case. I believe this report contains some extremely good ideas; namely, more information for general practitioners, education, promotion and prevention, on top of a dedicated community residential facility, which will offer sufferers a 24-hour, monitored, six to 10-week program and a three to five day program. I am also supportive of the recommendation that a psychiatrist take primary responsibility for eating disorder patients at the Women's and Children's Hospital. However, it must be said that little detail accompanies these great ideas.

Additionally, the proposed model of care does not address a very important issue regarding the gap between acute and subacute patients in the community. The Minister for Health has assured the community that Ward 4G will not go to the Margaret Tobin Centre, but he has not indicated where these people will be treated when they require hospitalisation. Are they going to be re-fed on a general medical ward and then placed in a community facility? For those who do require hospitalisation, placing them in a general medical ward would create the same complications the government was complaining about in the first place, such as mixed wards and hostility towards sufferers. There is also an undeniable risk of disease and bacteria in this setting.

Also glaringly absent in the report is what is to become of Ward 4G. How the report could fail to provide clarity on the future of 4G is astounding, given that it was the issue that

sparked the protests by the community and health professionals and led to the commission of the report.

I note that the mover of the motion was hopeful that the Blackwood Hospital site could be utilised as a treatment centre. However, as we have since learnt, this is unlikely due to its sale to a buyer that specialises in musculoskeletal disorders. The report itself suggests no other locations. I believe 4G should remain as the acute inpatient facility, on top of the additional services that have been proposed in the report.

As I have discussed, attempting to integrate eating disorder patients on to general medical wards addresses none of the issues for which 4G was going to be relocated in the first place. South Australia needs to retain a dedicated facility for the treatment of eating disorders, whether in hospital, in the community or as an outpatient. To close 4G to these patients would only create a need for another such facility—and let's not forget the debate we had before about funding and services for people with disabilities. For God's sake, let's make sure that what we do actually hits the mark and produces a positive outcome for the sufferers of eating disorders.

In recognition of the need to retain a dedicated hospital inpatient facility and also recognising that events have progressed since the introduction of the report, most notably the decision by the minister not to move 4G to the Margaret Tobin Centre and the Boylan Ward at the Women's and Children's Hospital, I had drafted amendments I intended moving to the motion. However, on approaching the mover, I learnt that I was not alone in having this plan, with both the Hon. Stephen Wade and the Hon. Tammy Franks also proposing to move amendments to the motion text. In consultation with these members, mutually agreed amendments have been decided upon, which I have already moved. In essence, the amendments commend the minister, but I am not going to go into that because I have already done it. I have done this back to front—a lot like the government.

As I previously said, I think some of the ideas contained within this report are fantastic and a real step forward for consumers and carers in South Australia. However, it is yet to be seen whether these recommendations will be implemented as envisaged and what is to happen to 4G. It is my hope that the concerns I have raised about the hospital services can be addressed sooner rather than later so that we can avoid further public and professional anxiety about the future of eating disorder services in South Australia. I commend the motion to the house.

Debate adjourned on motion of Hon. J.M. Gazzola.