**The Current State of Eating Disorder Services in Australia**

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The health system in Australia does not provide adequate or appropriate long-stay treatment options for those suffering from eating disorders, particularly chronic cases. Apart from expensive private psychiatric consultation and limited access to psychologists, hospital is virtually the only available option. All of these treatment modalities have yielded extremely poor outcomes in terms of long-term recovery outcomes for people with eating disorders, and prevalence rates continue to increase. Those who are newly diagnosed with a serious eating disorder turn to these treatment modalities as the only available options, only to find themselves trapped in an ineffective system years down the track. Hospital beds allocated to eating disorder patients are extremely limited and thus, waiting lists are unacceptably long. Within the public system patients must be extremely underweight before they are accepted for inpatient treatment. Thus, many are turned away, prompting them to make themselves even "sicker" in order to be accepted for help. Many sufferers die while waiting for help. Sadly, many hospitals and psychiatrists within the private system simply refuse to treat people with anorexia because they are deemed "too difficult" and considering anorexia has the highest death rate of all mental illness many doctors and hospitals consider them too risky.

**Our philosophy** includes the belief that hospitalisation is not in the best interest of sufferers of eating disorders, except in cases where there is an imminent threat to life. Hospitals are a clinical setting designed for the very sickest of people - a place where lives are to be saved - not an environment which nurtures long-term healing and recovery. RED HOUSE aims first and foremost to prevent the need for hospitalisation by providing a community-based support system that encourages and cultivates both physical and mental wellbeing. However, we do acknowledge that it is categorically necessary for many to be treated in hospital for the serious medical risks and complications, particularly associated with anorexia. Further, while we advocate for better standards of care we do not dispute the role that hospital mental health units play for cases of self-harm and suicidal ideation, which are sadly common amongst people with eating disorders. In acknowledging their role we emphasise that both medical and psychiatric admissions should be brief. The problem lies in the treatment that follows medical and psychiatric stability. The long-standing evidence base highlights the inefficacy of extended hospital-based care for enforced rapid weight restoration, and arbitrary prescription of psychotropic drugs. Yet these have remained the standards of treatment for more than 30 years. Consequently, relapse rates and recurrent hospitalizations for individuals are basically inevitable, and the financial cost of frequent hospitalizations is massive - the second most costly to the Australian health system after heart disease. RED HOUSE will provide an innovative treatment option that is not only more efficient and effective than current treatment options, but more holistic, integrative, compassionate, and conducive to truly "living" within the community, as opposed to merely existing within a system that has produced and proliferated a "revolving door" mentality.

RED HOUSE addresses many issues relating to the status-quo in relation to eating disorders, including:

* The increasing rate of women battling eating disorders (doubled in the past decade and tripled in the past 30 years);
* The lengthy hospital stays (up to 7 months per admission, intermittently for up to 30 years for chronic sufferers) generally experienced by people with chronic eating disorders;
* The extremely high relapse rate associated with current treatment for anorexia;
* The cost of treatment for an episode of anorexia nervosa has been reported to come second only to the cost of cardiac artery bypass surgery in the private hospital sector in Australia;
* The number of eating disorder sufferers hospitalised in any given year is a fraction of the number being treated, and the number of those being treated is a fraction of the number who actually have an eating disorder. Many are not receiving the help they desperately need, and deserve due to inaccessibility;
* The high mortality rate experienced by people with anorexia nervosa (YLL’s (Years of Life Lost); 1 in 5 of which are suicides) in comparison to all other mental disorders;
* The exceptionally high YLD’s (Years Lost to Disability) and exceptionally poor quality of life experienced by people with chronic eating disorders;
* The high mental and physical co-morbidity experienced by those with eating disorders, including depression, anxiety, self-harm, and potentially fatal medical complications,
* The social impairment, isolation, and inability to function in the workforce experienced by those with severe eating disorders;
* AIHW (2010) figures suggest an alarmingly high number of eating disorder patients requiring public emergency care in QLD, compared to all other states (e.g. 2,155 in QLD compared to 464 in NSW and 182 in Victoria). This reflects the severe inaccessibility of appropriate and effective treatment options (public and private) in QLD;
* A number of state and national needs assessments indicate that residential treatment for eating disorders is both needed and wanted by consumers.

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