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Anorexics on a merry-go-round of heartbreak

A disorganised health system is failing young people with eating disorders. By ANNA BURNS-FRANCIS.

"The spirit cannot endure the body when overfed," said Saint Frances de Sales in the 16th century, "but, if underfed, the body cannot endure the spirit".

How right he was, all those years ago. While he may have been the patron saint of a variety of causes – among them writers, confessors and deaf people – perhaps Saint Frances should also be considered for the patronage of eating disorders.

Society may have accepted that eating disorders exist, but to many sufferers and their families, there has been a catastrophic failure within the New Zealand health system to provide adequate services for those in need. And it is those living with eating disorders and its consequences that are now demanding someone take up their cause.

Jenny Hapgood is one of those in need. She lives on the expansive green flats of the Hauraki Plains. Chickens peck at the earth by the gravel drive that leads to her homely weatherboard house. Hapgood gazes out over the pastures as she explains her five-year battle with the Waikato District Health Board.

Her daughter Nicole began her slide into anorexia at age 13, when she started at Hauraki Plains College.

"I just noticed she was losing weight. She wasn't eating."

What Jenny thought would take only a few months to rectify has turned into a David and Goliath struggle, except at the moment, Goliath isn't giving an inch.

"I don't understand why the health system leaves you. They say you're too sick, go away. You get cancer and they help you. You get suicidal and they help you," says Hapgood.

Estimates vary over how many women in New Zealand suffer from anorexia. Figures from Eating Disorder Services say between 10 and 15 per cent of women suffer from an eating disorder at some point in their lives, with around 280 new cases diagnosed each year.

There are only 13 beds at in-patient clinics dedicated to eating disorders in New Zealand. Eight of those beds are at Ashburn, a private psychiatric clinic in Dunedin.

Hapgood's first approach when she noticed Nicole's weight loss was to her local doctors, where the locum immediately referred Nicole to Thames Hospital.

"She knew straight away. She said 'Nicole's got anorexia'."

However, Thames Valley Hospital sent Hapgood a letter saying it could take up to three months before Nicole could get an appointment to see someone. Since then, Nicole has been put on a merry-go-round of health systems, none of which have been suited to a severe anorexic.

Between the ages of 13 and 16, Nicole was provided with counselling at Thames Hospital. However, Thames does not have any eating disorder specialists, and Nicole was forced to visit a child psychologist. Hapgood says the sessions bordered on the ridiculous.

"Play therapy is not going to help - it's not something they grow out of," she says.

Nicole, who is now 18, was admitted to Waikato Hospital more than a dozen times between 2002 and 2005 – whenever her weight dropped to 36kgs or she became severely dehydrated. Unfortunately for Nicole, this meant her care was split between two units – Waikato Hospital didn't provide Nicole with counselling, while Thames would provide counselling but refused to admit her as an in-patient.

"The psychologist refused to put her in [Thames Hospital], they said 'you don't need to put her in'."

As a result, says Hapgood, Waikato "got her healthy physically – but not mentally."

Waikato DHB does offer an outpatient eating disorder clinic on site – the Henry Bennett Centre – but only for those aged 18 and over.

Compounding Hapgood's frustration was her inability to secure public health assistance for Nicole in other regional centres that provided eating disorder services, because they lived out of the area. Auckland, Wellington and Christchurch all provide specialised eating disorder support services, but only to people living within their health boards' scope.

"Waikato is a big area – you need an eating disorder centre where you have all the experts in one, like Ashburn," says Hapgood.

Mary Anne Gill, communications director for the Waikato District Health Board, agrees that the midland region is suffering an acute lack of eating disorder services, and says that it is a "a significant concern to the Waikato DHB".

She says the issue has been raised in several reports, including one prepared last year for National MP Sandra Goudie, who represents the Coromandel electorate.

"The shortfall is a national issue," she says, and one the DHB has been highlighting to government departments for some time.

Hapgood is not the only one left feeling blockaded by the health system. Recently, the Sunday Star Times reported the story of Juliet Williams, an anorexia sufferer in Christchurch, who for 17 years has been struggling to find appropriate treatment for her illness.

Now aged 28, Juliet is in the final stages of anorexia – if she doesn't get help soon, it will be too late.

Like Hapgood, she is also demanding a specialised eating disorders clinic, telling the newspaper: "What I and many others need, is proper understanding of the condition, and residential facilities with holistic 24-hour-a-day support available to all sufferers in New Zealand."

Hapgood and Williams could be waiting some time for a centre.

Health Minister Pete Hodgson could not be contacted for comment in this article.

His media advisor, Kath Allan, says the situation is complex, and there are no plans for any such services in the near future: "Not everyone who has heart disease lives in the same area. Services are not always available where little boys and girls with eating disorders live."

She says a report will be issued at the end of August detailing the services currently available for those with eating disorders.

In fact, the Ministry of Health seems to be downplaying the lack of services currently being provided for eating disorders. Te Rau Hinengaro: The New Zealand Mental Health Survey, published in September 2006, concluded that services were fairly and equitably resourced throughout the country, noting that it was a "low" proportion of people who sought help for mental illnesses.

However, the survey did not take into account anyone in rest homes, prisons, hospitals, or halfway houses – otherwise known as "sheltered accommodation".

The survey contradicts the Mental Health Commission's findings in March, which were reported by the Sunday Star Times.

The commission found chronic bed shortages, long waiting lists and a lack of specialised care were all factors contributing to services that are "well below" recommended levels.

National's associate spokesperson for health, Dr Jackie Blue, says she is very concerned about the lack of national co-ordination that exists in eating disorder services.

"The 2006 review makes grim reading, and it's now up to the minister to act on this report," says Blue.

Hapgood is realistic about what improvements she can expect to see. "I know they don't have the money and the resources but to me it's not good enough."

Nicole has since been able to secure a place at Ashburn – the sole bed funded by the Waikato DHB for people suffering mental illnesses.

Despite the fact Ashburn deals with sufferers from a wide range of conditions, Hapgood is pleased with her daughter's significant progress over the last 18 months.

"It puts people off, [Ashburn] being for psychiatric help, but I can see what it is doing for Nicole," she says.

She can only encourage other people in her situation to keep applying pressure to whoever will listen.

"Getting people Nicole's age and younger, you're more successful at helping them. I'm glad I pushed, I just hope other people do."