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**MEDIA RELEASE**

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## **Major Medicare reform makes history for eating disorders treatment in Australia**

**Sunday 9 December 2018** – Today we made history. Families and individuals across the country welcomed today's announcement by Prime Minister, Scott Morrison, and Minister for Health, Greg Hunt, of the life changing amendment to the Medicare Benefits Scheme to improve access and affordability of appropriate eating disorders treatment across Australia.

Early in 2018 Butterfly Foundation conducted consumer research to better understand the reality of the cost of eating disorders treatment in Australia. With 1 in 3 people going into debt and 1 in 4 people delaying or stopping treatment because of the cost, it is clear nationwide reform is essential.

**Butterfly Foundation CEO, Christine Morgan** congratulated the Australian Government for its leadership and welcomed the national recognition of eating disorders in Australia's health system.

"Today's long-awaited announcement makes history for those battling eating disorders. Families, carers, clinicians and our sector colleagues, have worked tirelessly with Butterfly for many years to advocate for national health system reform for public and private health treatment for eating disorders. We know from personal stories shared with Butterfly that thousands of Australians suffer serious financial and complex social stresses due to the prohibitive cost of treatment," Ms Morgan said.

"This breakthrough in the health system means we have taken another step in the right direction when it comes to the treatment of eating disorders. More importantly, it means our government is listening to the personal experiences of Australians in order to inform policy. No Australian, regardless of their financial means, should be placed in further distress while accessing treatment."

The new Medicare Benefits Scheme support for eating disorders will commence on **1 November 2019**, and will include:

- A dedicated single Medicare Benefits Scheme item number for eating disorder treatment for those with severe and complex illness, delivering up to 60 Medicare funded sessions of treatment – 40 psychotherapeutic and 20 dietetic across the range of eating disorders – anorexia nervosa, bulimia nervosa, binge eating disorder and atypical presentations
- Diagnosis by a GP and mental health practitioner recognizing that these psychiatric illnesses have a significant physical impact and integrated treatment is essential.

In 2015, Deloitte Access Economics delivered the [Investing in Need](#) report to Butterfly Foundation which quantified the level of investment needed for eating disorders treatment. On hearing of the Government's commitment today, **Lynne Pezzullo, Deloitte Access Economic Lead Partner, Health Economics and Social Policy** said "The socio-economic impact of eating disorders on a person's life is one of the most severe and enduring in Australia. The introduction of a Medicare response into the health system is the most significant and necessary reform. Without a Medicare response other system reforms that are still needed could not be considered."

**Fiona Wright, who has battled her eating disorder for 10 years, knows the crippling costs of treatment all too well.** Fiona said that reducing the financial stress will make a huge difference to people seeking treatment.

"My financial stress constantly puts my treatment in jeopardy. I'm not only battling this insidious illness, I'm needing to compromise every other aspect of my life including employment. I can scrape together money to afford to learn to eat, but I then can't afford to eat. Reducing that stress will mean I can focus on recovery not restructuring my finances," Fiona said.

Butterfly Foundation will work closely with the Department of Health to ensure all information, as it is made available, is communicated to the community.

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**NOTE TO ALL EDITORS AND PRODUCERS** – Please refer to the [Mindframe Guidelines for reporting of eating disorders](#). Please include help seeking advice in all media coverage.

Anyone needing support with eating disorders or body image issues is encouraged to contact Butterfly's National Helpline 1800 ED HOPE on 1800 33 4673 or [support@thebutterflyfoundation.org.au](mailto:support@thebutterflyfoundation.org.au)  
For urgent support call Lifeline 13 11 14

[www.thebutterflyfoundation.org.au](http://www.thebutterflyfoundation.org.au)

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## Research into the Reality of Eating Disorders in Australia 2018

In early 2018 Butterfly Foundation conducted a consumer research survey to understand the reality of the costs of treatment for an eating disorder in Australia. With more than 700 participants in the qualitative survey, the initial results detail the critical financial costs, as well as the accompanying social and life impacts as a result of the financial distress people are placed in. The following facts are the initial results from the survey.

### The financial cost to treat an eating disorder

The healthcare system needs to provide more services to treat an eating disorder. As it currently stands, a person with an eating disorder incurs a large amount of debt in order to seek treatment.

- 1 in 3 people would go into debt to treat their eating disorder
- 68% of people borrowed money from families to pay for treatment
- 16% maxed out or relied on their credit card
- 9% had to take out a loan
- 6% did something to their mortgage.

### The cost to forego basic needs and / or treatment

Due to the cost and access to treatment, research shows people with an eating disorder and/or their families had to forego basic needs or certain treatment options.

- 1 in 4 people had to delay or stop treatment
- The majority of people had to forego some part of treatment due to cost – some examples given were fewer dietitian appointments and less psychological intervention.
- 1 in 4 forewent basic needs for a period of time
- 18% forewent education for them or family
- 14.4% of people had to change their housing arrangements; behind in rent, staying with friends or family, re-mortgaged their house.

### The cost to employment and study

Eating disorders can cost a person and/or their families significant costs in employment and education, with many needing to reduce or leave their work or study for a period of time.

- 40% of individuals couldn't complete their studies or qualifications
- 34.9% of carers couldn't complete studies or qualifications
- 78% of carers lost work/ study hours to provide support
- 55% of individuals lost work/ study hours.

### Other associated costs

The research tells us that people do not choose to get sick and will do all they can to get better. However, often the associated costs of accessing treatment, travelling to a different city, taking time out of work or study adds to a person's stress and anxiety and their condition.

- 100% of people want to get better, at any cost
- 58% of people had a hospital admission and access to services and cost played a part in this
- People are getting unnecessarily sick which is a significant cost to the Government
- No investment into early identification and local treatment services means there is a heavy reliance on the public hospital system whereby only physical symptoms are being treated and turnover is high
- Guilt/ shame from family dependence means people downplay their illness or delay treatment
- Financial stress adding to overall stress and anxiety experienced when recovering from an eating disorder and accessing treatment.