

## **P-04-408 Child and Adolescent Eating Disorder Service – Correspondence from the Petitioner to the Committee, 21.05.2015**

Dear Mr Powell

May I thank you once again for keeping this important petition in the arena, and for keeping the Minister for Health to account regarding financial provision for CAMHS Eating Disorder Services in Wales.

I find myself nearly three years on from the initial submission, pleased with what has been achieved, though frustrated by the heel digging that remains. I am also slightly weary of the constant ignoring of the problem at hand, and assume you might be too!

I note with interest the Minister has once again brought up tier 4 provision, which has never been part of my petition; though he perhaps sees the in patient figures as important to the discussion.

The fact that the figure 40% of in patient care is for Eating Disorders, shows that investment at tier 2 and 3 is paramount to keeping these figures lower.

I would be very interested, under the freedom of information, to see these figures and their relation to the geographical distribution in Wales. I suspect that the unit in Abegele is picking up a great many of this percentage. In which case surely the need for further investment at CAMHS level throughout Wales is needed?

I remain unmoved on the fact that the extra funding requested for an equal service throughout Wales at CAMHS level, would indeed shift these figures in the right direction.

I remain resolute that the provision of £250,000 is whilst useful, not going to cover the entirety of Wales. North Wales and Mid Wales should still be given the same investment. The service created by the funding is part time, with the lead clinician only working 3 days a week. The extra £750,000 requested over these past 3 years, would be a drop in the vast ocean of need. Though a useful step on the road to good provision of care.

CAMHS are, by admission in Mr Drakeford's response, due to the review in place (as mentioned), under huge strain here in Wales, and failing in many areas. These failures are both due to the ever increasing number of children needing mental

health services and understaffing, both of which will I'm sure be highlighted in Professor Dame Sue Bailey's findings.

The CAMHS historical 'expertise' in eating disorders, quoted by Mr Drakeford in his letter, would I'm sure be due to numbers of children diagnosed around puberty with an eating disorder. The provision of a specialist team in South Wales actually proves the point that CAMHS need to be brought up to speed on how to treat eating disorders. That historically the treatment has not been robust enough, therefore children and adolescents have been severely let down by the service, due to an inept treatment process at CAMHS level. This will change with the implementation of the Maudsley and family based therapy, which I applaud.

I am aware that new and improved services for CAMHS, especially around provision for eating disorder services have been requested already throughout Wales. These are going to be extremely useful, however the service has, as yet, no extra funding to provide these. Thus the strain continues, which results ultimately in good clinicians having to stretch themselves further, and children and families not having the immediate care needed.

I do not have to reiterate how dangerous and long term a problem an eating disorder becomes if left without early intervention. This fact will be backed up by any of the lead clinicians both within CAMHS and adult services, plus numerous research papers as well as general medical experts.

My understanding is the same, if not slightly more focussed, as is Mr Drakeford's around the framework for Eating Disorders. I am not making this personal, rather an absolute.

I am certain that adult mental health services, prior to the framework for eating disorder services, also had eating disorders as one of their main time and energy consumers (excuse the pun).

I suspect that their inpatient numbers were also high due to Eating Disorders, which is why the funding was released then.

I suspect that this remains in CAMHS due to the fact that eating disorders, especially Anorexia, have the highest mortality of any mental health diagnosis. They are complex to treat and hard to recover from if not given the early intervention with the specialist care required.

The funding should and ought to be the same as provided for adult eating disorder services at community level.

For children and adolescents across Wales and their families, I remain steadfast in my request.

£750,000 remains outstanding to bring the provision of eating disorder care to the same level as provided for Adult services. This provision should be made for the entirety of Wales.

As far as I am aware there is no North/South divide here in Wales, a fact that should be considered in this.

The waters should not be muddied. I am not asking for tier 4 provision, rather investment for the whole of Wales at CAMHS level. This would bring into line the provision given at adult level.

If the expertise due to the investment provided in South Wales was rolled out across Wales the costs at tier 4 would be lower.

I remain steadfast.

Mr Drakeford has, by admission due to the provision of £250,000 and the new service in South Wales, acknowledged that the provision in CAMHS eating disorder services is not robust enough across Wales.

It is time that he stood up for the whole of Wales and provided the remaining £750,000 requested nearly three years ago when this process started.

At the moment he is failing children and adolescents across Mid and North Wales with eating disorders who have the same urgent needs as those in South Wales.

I hope that you are in agreement.

With thanks again

Helen Missen