

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-408
Ein cyf/Our ref MD/02050/15

William Powell AM
Chair - Petitions Committee
Ty Hywel
Cardiff Bay
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24 July 2015

Dear William,

Thank you for your further letter of 3 July on behalf of the Petitions Committee in relation to petition p-04-408 about Child and Adolescent Eating Disorder Services (CAMHS ED).

You asked how my recent announcement of an extra £7.6m every year in mental health services for children and young people in Wales will improve the provision of services for children with eating disorders. The additional funding is not specifically for providing eating disorder services, though its impact will improve the provision of CAMHS for all children with mental health conditions, including eating disorders.

£2m of the funding will be devoted to developing services for those with neurodevelopmental conditions such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). These currently make up a significant proportion of the referrals into specialist CAMHS services, though many of these young people do not subsequently require specialist CAMHS treatment. By ensuring these young people have their needs met elsewhere, this will free up specialist CAMHS staff time to devote to those with more complex mental illness, including eating disorders. Funding will also be available to improve provision at times of crisis and expand access to psychological therapies for young people. Both these initiatives will directly support young people with eating disorders, as will improving provision in primary care support services which will be able to support young people with very mild to moderate eating disorders.

I note the petitioner's continued concern regarding the funding disparity between adult and CAMHS services and our investment of £1m to improve specialist adult eating disorder provision. As I have stated previously, CAMHS has always seen the treatment of eating disorders as part of its core business and I used the 40% of CAMHS inpatient being treated for eating disorders merely illustratively. Of course, many more young people suffering an eating disorder will be treated by CAMHS as outpatients and the decision of health boards

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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earlier in the year to establish all-Wales coverage of CAMHS community intensive treatment teams will mean that many more young people will now be able to be treated in their community without recourse to hospitalisation.

With regard to the petitioner's comments regarding cost, I acknowledged the provision of CAMHS eating disorder services was inconsistent across Wales, with north Wales having a more developed service than south Wales. This is why I targeted the October 2013 announcement of an additional £250,000 a year towards the south, including southern Powys. It is not appropriate or helpful to compare the cost of CAMHS eating disorder provision with adult eating disorders for a number of reasons including the relevant size of the child and adult populations; differences in how clinical needs are met by both services; and the fact that eating disorders are often more enduring in adult life.

As the petitioner comments there is currently an NHS-led service change and development programme underway in CAMHS, which the Welsh Government is supporting, having asked Professor Dame Sue Bailey, chair of the Academy of Royal Medical Colleges, to provide advice and support. This programme is intended to make CAMHS more responsive to the needs of all its users, including those with an eating disorder.

I hope the committee finds my response helpful.

Best wishes,



Mark Drakeford AC / AM

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