

P-04-408 Child and Adolescent Eating Disorder Service – Correspondence from the Petitioner to the Committee, 27.09.17

Dear Petitions Committee Chair

Thank you for allowing me to respond to the ministers letter.

It intrigues me that the minister appears to have ignored the original petition.

The intrigue is really that the minister has been wonderful in his explanation for provision of monies for general CAMHS services. He fails to realise that the petition is specific in the request to align monies that are provided across Wales for children and adolescent suffering with eating disorders, which are already provided at the sum of £1 million per annum for adult eating disorder services.

His predecessor only provided £250,000 specifically for the provision of a specialised eating disorder CAMHS service. This is based in South Wales, is a fantastic service, though Dr Gill Davis, and her team have a huge undertaking to train and equip other clinicians throughout Wales, plus they are only employed part time!

This appears to be an afterthought to all the other monies provided by his office in his letter.

As I referred to in my last letter, there needs to be a large injection of funds at the earlier treatment stages of an eating disorder for the illnesses not to become entrenched. The provision of the requested money, (plus inflation of the past 5 years!!) would ultimately save many years of anguish for the sufferer and families, plus would garner less long term care: the hit which would be taken by the Welsh government in provision through adult services.

Mr Vaughan speaks of the £500,000 provided for the transition from CAMHS to adult services for young people with eating disorders. I am part of the sub group that is working on how to spend this money wisely by employing new staff and the training of those employed. This will be a wonderful service that will help countless young people to make that transition. However, how much better it would be to provide specifically for early intervention, thus reducing those needing to access the transition.

Dr Glaze in North Wales has set up the SPEED tram, which is just that...early intervention. As it is in its first year, figures have not yet been provided to its efficacy, the early signs are that it is working incredibly effectively in steering young people to recovery quickly.

Dr Davies in South Wales has a huge undertaking to train clinicians across Wales, as is her remit from the Welsh Government. The funding of her service to become full time would free her and their team up to be more effective.

To be able to see replication of these two services rolled out across Wales would be a coup, and would save many years, and funds.

The figures provided on inpatient care of children with eating disorders is also a mis representation, as the directive is to keep young people in the community for treatment of their eating disorder.

The best evidence treatment remains Family Based Treatment (The Maudsley method, FBT) which is all about putting the treatment of children and young people firmly back in the family, with support from clinicians and a team.

Therefore, Mr Vaughan cannot use small numbers as proof of needing less funding.

I would also be interested to see how these figures stand alongside physical illness admissions, such as appendicectomies. No one would use the fact that an appendicectomy is life threatening to wait for treatment, and would always provide immediate and early care of a child who presents with the clinical symptoms of appendicitis. Why then are we not doing the same for those presenting with an eating disorder? Eating disorders have a high mortality, and so should be treated early to prevent this.

It would make interesting reading, and I would suggest is not that far different to the admission rate of children with eating disorders.

Thank you again for your insight, support and pressure in keeping this important issue on the agenda. I hope that it will eventually bring success and an alignment of funding.

I look forward to hearing from you following your next hearing

Helen Missen