

P-04-408 Child and Adolescent Eating Disorder Service – Correspondence from the Petitioner to the Clerking Team, 24.06.14.

Dear Kayleigh

Thank you for sending a copy of Mark Drakeford's letter through for my consideration.

For fear of sounding like a dripping tap I would still like the Health Minister to realise, and acknowledge, and then act upon the fact that there remains a disparity in funding between Adult Eating Disorder Services and Child and Adolescent Mental Health Services as regards the treatment of Eating Disorders across Wales.

There may well have been provision of money for South Wales since October, and for Abergele and Bridgend units in the past; but the fact remains that Adult Eating Disorder Services still have a rolling, ring fenced £1 million annually given specifically for the 4 specialist tier 3 Adult Eating Disorder Services. This has yet to be matched or exceeded by Mr Drakeford for CAMHS Eating Disorder services.

I am thrilled to hear that action has been taken for South Wales in appointing 2 specialists for the area, still sadly too few in my opinion. It still remains a vast geographical area to be covered by too few specialists in illnesses that require early intervention. Mr Drakeford is right in pointing out that community care should be a priority above in patient care, but this is still woefully lacking and seems to be something he is happy to 'sweep under the carpet'.

I am also pleased to hear that the Maudsley practice of care and I assume Family Based Therapy will be rolled out across Wales as best practice. This is a great move towards improvement of care. Mr Drakeford seems to have grasped that Eating Disorders should be cared for with the best evidence based treatment.

I shall remain his dripping tap, until I feel he has matched, or exceeded funding for CAMHS eating disorder services across Wales, and not just in South Wales.

I stand by the fact that early intervention is key to good prognosis, that this intervention should be by specialists in the field of Eating Disorders and should be made a priority. As I have pointed out before, the financial implications of putting this in place far outweigh that which he has to invest in adult services. Once again, simplistically put, spending the money in early intervention in children and adolescents will save in the long run as less people will require adult services in the future.

Thank you again for your continued support of this petition.

Helen Missen

Dear Kayleigh

In addition to the email I sent yesterday I would like to add that there appears to be some muddying of the waters.

The original petition that I submitted does not ask for a facility to be built in Wales, though I would see this as a great addition to any resource for Eating Disorder services. Let it be made clear that the petition I submitted should stand on its own right.

As yet the Adult Eating Disorder services do not have a facility for in patients. The Minister for Health has written his reply as if the two Eating Disorder petitions which are running at the same time, are infact conjoined by the fact that they come out of the same diagnosis'.

Prior to October 2013, I had no knowledge of Kiera or her petition. I do now support her and her petition, but the petitions should not be regarded in the same way.

Mr Drakeford and the petition committee must, I feel, think of these two as separate pleas. The petition I submitted is for funding for Children and Adolescent Mental Health Services that is equal to or above that which is already given to the out patient system in Wales for adults.

This funding is used for 4 separate teams of tier 3 specialists for Adult Eating Disorder outpatient services.

This remains my petition and request: that early intervention, and therefore funding for this within CAMHS should be his priority, thus once again reducing his financial commitment in the majority of cases.

Once again, I applaud the fact that Mr Drakeford has obviously understood that outpatient care is still the primary, and indeed most widely accessed in the majority of cases, with the minority of patients requiring in patient care.

Thank you

Helen Missen