

**P-04-408 Child and Adolescent Eating Disorder Service – Petitioner to the Chair,
10.09.15**

Dear Mr Powell

Mr Drakeford certainly writes a good letter! On reading it I almost believed that I should stop in my tracks and end all thought of argument.

I wonder if you and the committee are setting up a sweepstake as to how Mrs Missen will respond this time!

Part of me wanted to just copy and paste my last letter to you; as I'm not sure that much has been answered, except perhaps to applaud Mr Drakeford for providing specific monies for children with neurodevelopmental disorders such as Autism and ADHD.

If I were to split hairs some eating disorders are known to be biologically based brain disorders with genetic implications, much the same as Autism. Indeed, there is a grey area where the overlap of autism and anorexia is too close to define, and thus treatment of what is known as 'co morbidities' is within the cycle of treatment. Therefore, Mr Drakeford will be thrilled to know he has painted the picture well. Though his dot to dot approach has missed the colouring in of the issue: that more people die from an eating disorder than any other mental illness.

I think my real gripe is that he skirts the subject of the disparity between two areas of provision where money is concerned, in the only way a politician can. (No disrespect to you or the committee).

I agree the core treatment historically for CAMHS and AEDS has been and remains Eating Disorders.

Mr Drakeford seemingly apologises for his illustrative numbers of In Patients, but does not address the fact that AEDS have a tier 3 provision, within adult mental health services, specifically for Eating Disorders, which is where the £1 million is spent. He colours over the edges by implying that these are not in the community, which they are.

These are highly trained professionals specific to eating disorder treatment at that level which have been provided because of the Eating Disorder framework for Wales highlighting the void of care for anyone with an eating disorder in Wales, not just adults.

I'm fairly certain that the framework does not exclude people under the age of 18.

The fact is something had to be done for adults more quickly than for children; now unfortunately the reverse is in play.

Mr Drakeford alludes to North Wales having a robust and more stand alone service, excusing himself from providing funding for the whole of Wales.

Once again he has smudged the facts. The service he speaks of is an In Patient facility (the only one in Wales). Dr Glaze runs an exceptional CAMHS psychiatric unit with some specific beds for Eating disorders, which I know Mr Drakeford has visited and was apparently impressed by.

It is wonderful to have such a good clinician with a special interest in Eating Disorders, however, it is not the community service Mr Drakeford has implicated in his letter. I feel certain that Dr Glaze sees his patients in a clinic setting too, but this does not make it a community service.

If Dr Glaze and his team were provided with the same funding as South Wales were (should I be asking for the interest on top since 2013?) I am more than certain it would be of gold standard and wisely used for community treatment.

This really only leaves me the canvas to once again splash the colours that have not changed in my petition. The disparity of provision remains: children and adolescents with Eating Disorders are being sacrificed.

The adult services would (still) benefit better if Mr Drakeford really believed what he seemingly says. Provision at the first instance of an illness would mean less strain on an adult service.

To provide a specific and specialised tier 3 service (that being in the community and not in patient, which is tier 4) within CAMHS (or stand alone) for eating disorders would mean the cycle of these illnesses, in most instances, being reduced greatly in time and therefore resources would be saved.

Cynically, I also note that Mr Drakeford forgot to provide real numbers under the freedom of information act that I requested in the last letter, I wonder if they are not to his advantage?

I'm not sure if I look forward to the next instalment of the petition, though I am becoming older, wiser and still uncomfortable waiting for the outstanding resolution of the issue.

Helen Missen