

P-04-408 Child and Adolescent Eating Disorder Service - Correspondence from the Petitioner to the Deputy Clerk, 06.06.2013

Dear Kayleigh

I am grateful to the petition committee for investigating and researching further the basis of the original challenge.

Mark Drakeford in his response to the committee highlights the different characteristics between children, younger people and adults when diagnosed with an Eating Disorder, he also appears to back up my point that the majority of cases of eating disorders begin to develop during adolescence. It is now well documented that the average age of onset for Anorexia Nervosa is 15. This is dropping all the time with either better diagnosis, higher awareness, less stigma or the fact that menarche has dropped from 16 to 13 in the past couple of decades. The onset of Bulimia Nervosa (BN) and Eating Disorders Not Otherwise Specified (EDNOS) is generally thought to be later, though still within the 15-25 year age gap.

Mr Drakeford also quotes from the Welsh Framework for Eating Disorders (2009) using the five points as highlighted in it. His predecessor, in her response to the committee, used the same 5 points and similarly some of the very same wording as the now Health Minister. I find that copy and pasting is a useful tool as well. The Welsh Framework 2.3 'Characteristics and natural progression of eating disorders' goes on from Mr Drakeford's first point (in the very next paragraph if he cared to read on) to say that whilst some young people may recover from mild conditions that are available within first level specialist CAMHS others go on to more serious illness; "at this stage, they can do great damage to young people's long term physical and emotional health if they are not tackled appropriately, effectively and quickly. They can also have significant negative impact on academic and subsequent career and life choices". Furthermore it states that early identification can prevent escalation, and more importantly "when EDs present for the first time in adulthood, the disorder may turn out to be already of some years' duration and may require longer periods of intervention and monitoring."

How sad that the Health Minister will allow this to happen by leaving CAMHS under equipped. These illnesses need specialist care. To use a much loved analogy of mine: to attend the GP for a Heart Attack or Broken leg is the first line of treatment and is effective so long as the GP has the where with all to refer on to specialist intervention, these specialists are highly trained in their area and we would never expect less. One would not take someone with one of these conditions over and over again to the GP, who does have knowledge, but not expertise. The Welsh Assembly know this by providing the Framework and specialist teams for adults. It would indeed be negligent to allow either of these illnesses to just continue being seen by the GP. The specialist cardiologist and orthopaedic surgeon may or may not refer this afore mentioned example on to have invasive in-patient treatment. CAMHS really is like the GP service of mental health especially for eating disorders, some of which have the highest mortality of any mental illness.

The fact remains that for children and adolescents in Wales at the present time there is no specialist service between tier 2 and tier 4. Children and adolescents in any other medical service are treated quickly and effectively by the very merit that they are children.

I do wonder if the question needs to be: How did the need for Adult Eating Disorder Services (AEDS) specialist teams come about? Secondly, Why is there not such a specialised service for Child and Adolescents with Eating Disorders? As the need was highlighted in 2009 for Wales to put in place the four tier 3 specialist teams for Eating Disorders and 1 million pounds for the use thereof (to be noted that this money is not for general Mental Health), it should be interesting and perhaps for debate that Child and Adolescent funding is only provided for the support and education of the CAMHS services.

I will be interested to see the response of the Cross Party Group as it appears they are heavily weighed on their recent panel with Adult Service providers and influenced by self esteem and body image matters. Thus far no research has shown that any eating disorders are caused by either of these, but may be triggered by these influences.

It could be argued that all eating disorders are genetically based and thus with a predisposition to these illnesses the triggering factors will 'tip' someone into one of these illnesses. Somewhat like the perfect storm analogy: Hurricane season is always at the same time of year, its the climate that may or may not allow a hurricane to form. Some of these storms are just that: a storm, others progress to hurricanes and still more go onto to be super storms. Perhaps not the most helpful of analogies, but one which I hope you can see as useful.

I do feel that the petition committee has been extremely helpful in opening all these debates. B-eat in their response were damning in some ways highlighting the lack of provision, stalling of services and thankfully have backed this petition. They also highlighted some of the good that is happening in and around Wales.

It is however, time for action. There are many families struggling with their children's illness, not receiving the best possible care and the 'storm' just rumbles on. This 'rumble' ends up in adult services and the 1 million pounds sanctioned for that service becomes more and more stretched and less effective. By providing equal, if not more funding to child and adolescent specialist eating disorder services and providers thereof the total expenditure should be less. Call me simplistic, but it seems that: simple!

Thank you once again for the continuation of this petition. I hope that it will culminate in a positive outcome for Welsh children, adolescents and their families, both now and in the future.

Helen Missen