

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

Dear Committee

It is now a year since I came to give evidence with regard to my petition; and I am grateful for your on going commitment to seeing change as regards to the disparity between the funding provided for Child and Adolescent Eating Disorder Services in comparison to the Adult Eating Disorder Service.

I am grateful to chair for the enquiry into Child and Adolescent services, Ann Jones, response to your letter. I am only sorry that we were not in time for her to consider this evidence at the time of the enquiry. It may have proved useful.

Only yesterday Norman Lamb brought mental health and the need for early intervention to the forefront of the media and public's mind. He also highlighted the disparity between mental health referrals to specialist services, and physical health referrals. He went on to say that the on going length of time between GP and specialist intervention is in a chronic state in the UK. With this in mind he spoke of how the length of time causes a huge and ongoing strain on the health system, due to illnesses becoming more entrenched as time passes, and therefore harder to treat. He promised to make changes.

It seems to me that he has echoed all of my sentiments over the past two or more years.

Within these last two years many more children have been diagnosed with an eating disorder. Many more families have been thrown into the turmoil of trying to keep their children alive, with little or no specialist support. Families, as well as health providers, and ultimately sufferers of eating disorders have been put under an enormous strain.

Early intervention remains the best provision in the treatment for eating disorders, if caught early and treated by specialists the outcome is good. The length of time 'in the system' is reduced and the long term effects (be they mental or indeed physical) take the strain off the health service.

Mr Drakeford has been helpful in his provision of extra funding for mental health services in the South of Wales, as well as his recent promise of pouring millions into

health in Wales generally. He has spoken of putting an eating disorder specialist in place in South Wales for CAMHS, and is in favour of bringing the New Maudsley treatment in as standard throughout Wales; which I applaud.

It remains that Mr Drakeford has never actually admitted to, nor explained the funding disparity between Adult and Child and Adolescent services.

It remains that £1 million is given, and safeguarded, for the specialist provision of eating disorder services throughout Wales for adults, but not for children and adolescents.

It remains a fact that eating disorders generally begin around puberty, and if not treated successfully with early intervention and specialist psychological and nutritional help, will then go on to have a chronic, life threatening illness that remains into adulthood.

It remains a fact that eating disorders have the highest mortality rate of any mental illness, be this from suicide, heart failure or malnutrition. The long term effects of eating disorders are osteoporosis, heart problems, renal and liver dysfunction, infertility to name a few.

These facts remain.

Mr Drakeford's stance has moved very slightly towards understanding this, but as yet he has not jumped whole heartedly into the issue that I have raised.

I would still like to keep pressure applied at the highest level, as I see this of the utmost importance. Children and Adolescents with eating disorders, either already confirmed or in the future, should be treated promptly with specialist care and the chance to walk free of these debilitating, life threatening illnesses before they become entrenched. Before they become a part of the 'strain' on the health service.

It is the entrenchment of these illnesses that make the difficulties for treatment providers. It is the early intervention that potentially hands the sufferer the golden ticket to a life. A life not entrenched in the thoughts, actions and long term health problems that come from a lack of early response.

Norman Lamb also seems to agree with my prior correspondence where I have posed the physical versus mental disparities of services by comparing eating disorders to broken legs or heart attacks. I would never expect to keep turning up

to my GP with any child of mine who might have a broken leg, I would expect prompt referral to an orthopaedic surgeon. The GP has a certain degree of knowledge, but not the expertise for treatment. Neither would anyone be happy, if on suffering a heart attack, they were not referred immediately to a cardiologist.

It really is the same with mental health, and especially eating disorders. I can't change it, spell it differently, nor dress it up in any other way!

Adults with Eating Disorders may well have suffered since their childhood and adolescence, but this may have been prevented with better resources at the beginning of their illness. We are ultimately letting down future generations by not changing the way care is provided here in Wales for eating disorders.

Thank you once again for keeping this petition alive. I hope that eventually children and adolescents with eating disorders will be seen as a financial viability, not a commodity to keep adult services functioning.

Helen Missen

Sent from my iPad

17 February 2015

Dear Petition committee,

I realise that it is the 17th, and I haven't sent any further arguments/musings to back up or reinvent my petition plea.

However, this is one of many pieces of up to date research that are being produced worldwide. (Please see below) It demonstrates that the longer an eating disorder is left untreated, the harder to treat and more entrenched the illnesses become thus reinforcing the need for early intervention.

This only underlines further the need for funding and specialist care early in the diagnosis of an eating disorder.....childhood and adolescence being the prime area of need.

I cannot, as I say, reinvent my petition plea. However, I can keep badgering Mr Drakeford to wake up and smell the proverbial coffee!

Without early intervention and specialist help, eating disorders become entrenched and last long into adulthood, making the work of the adult services long and arduous, and mostly difficult. The likelihood of recovery becomes less the longer these illnesses are left without the specialist care they require.

As with a swimming pool (bear with me), the ease of recovery from death is somewhat aided by being in the shallow end. The deeper the water: the harder it is for the rescuer to hold the drowning person above water, or for that person in difficulty to swim alone to safety.

Once again, I suggest that the money I am asking for would be well spent in the treatment of eating disorders at CAMHS level across Wales.

Mr Drakeford should be relieved that I haven't started asking for more than is given to adult services year on year!

Perhaps I should be asking for rebate for the money not invested from 2009 to the present day to be invested now? In my reckoning there is a deficit of £6 million unpaid against that invested in adult eating disorder services. Tempting!

If only the foresight had been there then! Many of the adults now being treated may not still be in the service as they may well have had the early intervention required to prevent the chronicity of these illnesses.

I cannot reinvent my plea, but I do stand by it. Mr Drakeford, in my innumerate reckoning, still owes Welsh children £750,000 per annum, for the treatment specifically of eating disorders throughout the rest of Wales.

This would bring the funding to the same as is provided for adult eating disorder services year on year throughout Wales.

Until he sees the error of this shortfall I shall keep asking for it, and I suggest that the petition committee does not let this matter lie dormant. Lives are and will be lost and ruined.

The divide so easily established by the Welsh government, is not so discriminatory in the choice of where a child might geographically live in Wales when first diagnosed.

Thank you for hearing this again. Please do contact me if you would like me to put further pressure onto the government.

<http://www.medicalnewstoday.com/releases/289144.php>

Helen Missen

Sent from my iPad