

Child and Adolescent Mental Health Services (CAMHS) – CHO 3

2017 Inspection Report

Community Healthcare Organisation:
CHO 3

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Introduction

In 2017, the Inspector of Mental Health Services sought information from each Community Healthcare Organisation (CHO) about Child and Adolescent Mental Health Services (CAMHS) in their area. Information was collected by questionnaire on 15 September 2017 and a meeting held with the Executive Clinical Directors, and Head of Mental Health for the CHO.

Description

Community Healthcare Organisation (CHO) 3 consisted of counties Limerick, Clare and North Tipperary. There were six Child and Adolescent Mental Health Services (CAMHS) teams. The CHO was mainly rural and had Limerick as its main urban centre.

CHO 3 Profile	
Total population	385,172
Population under 18	96,266
CAMHS funding	€4,585,877
Per capita funding for under 18's	€47.64
Number of CAMHS teams recommended in <i>A Vision for Change</i>	8
Actual number of CAMHS teams in 2017	6

Staffing

CHO 3 CAMHS Staffing Profile	Number (WTE)*	<i>A Vision for Change</i> requirements	% <i>A Vision for Change</i> in place
Consultant Psychiatrist	5.6	8	70%
Doctors in training	4	8	50%
Psychologist	8.8	16	55%
Occupational Therapist	2	8	25%
Social worker	9.5	16	59%
Social care leader	3	8	38%
Nursing staff	10	16	63%
Speech and language	5	8	63%
Total	47.9	88	54%

*WTE: Whole Time Equivalent

CHO 3 CAMHS Vacancies (post approved but not filled)	Number (WTE)
Consultant Psychiatrist	1
Doctors in training	2
Psychologist	2.6
Occupational Therapist	2
Social worker	0
Social care leader	0
Nursing staff	4
Speech and language	1

Waiting times

CHO 3 CAMHS Waiting times – From time of referral to first assessment	
Emergency	Within 24 hours
Urgent	1-4 weeks
Non-urgent	3-12 months

CHO 3 CAMHS Waiting times – From first assessment to follow-up appointment	
Emergency	Within 1 week
Urgent	1-2 weeks
Non-urgent	1-3 weeks

Waiting list initiatives

- Waiting lists were regularly reviewed using assessment of needs.
- Waiting times had diminished considerably since introducing an additional consultant psychiatrist in North Tipperary, who has now left.

Access to care and treatment

The nearest CAMHS in-patient unit was the Child and Adolescent In-patient Unit in Merlin Park Galway. Children under 16 were sometimes admitted to the paediatric unit under a joint care system with CAMHS, when there were no in-patient beds available.

CHO 3 Access to in-patient CAMHS facilities

CAMHS In-patient Unit, Merlin Park University Hospital	20 beds
Number of children admitted to adult mental health units in 2017	3
Children treated abroad for mental illness in 2017	1

CHO 3 CAMHS Access

CAMHS out of hours cover provided to all emergency departments	Yes
CAMHS team input if child admitted to adult unit	Yes
Provision of CAMHS to 17 year olds	North Tipperary CAMHS did not provide a service to new referrals after 17th birthday. Limerick and Clare CAMHS provided a service to 18 years

Young people and family involvement

CAMHS management team met with the Service User Engagement Lead.

Quality initiatives

- Connecting for Life, the National Strategy to Reduce Suicide 2015-2020, was well developed in schools and sports clubs, with 120 different actions.
- An information booklet, Piece of Mind, was developed to highlight the services available at local and national level. It also had information on how to spot the signs of mental health struggles and the symptoms of stress, depression, anxiety and other issues.

Challenges

- Retention and recruitment were major challenges in all areas and disciplines.
- There were difficulties in accessing in-patient CAMHS beds.
- Team headquarters were not adequate. Three teams were based in Rosbrien in Limerick which had unsuitable accommodation. New accommodation was being sourced. The Ennis CAMHS team was based in an industrial park.
- There were minimal services for Autistic Spectrum Disorder (ASD) in the area, and the waiting times could be up to 3 years.
- There were difficulties in accessing services from Tusla. There were no out of hours services and no accommodation for 5-12 year olds.
- There was a lack of mental health assessments and management input from speech and language therapists.
- Therapists were not permitted to be key workers for a young person receiving CAMHS.

Conclusion

CAMHS in CHO 3 was under-resourced, when compared with most other CHOs. CHO 3 also had areas of high deprivation and a large urban centre. At 54% of *A Vision for Change* recommendations for staffing of teams, there were difficulties in accessing timely CAMHS assessments and treatment. There were 281 on the waiting list in September 2017, with 45 of those young people waiting for over 12 months for assessment. The provision of 0.6 WTE consultant psychiatrist in North Tipperary had resulted in an improvement in waiting times, but these remained unacceptably long and the agency consultant psychiatrist had left. In-patient beds were sometimes accessible in Galway, but children continued to be admitted to the adult psychiatric unit and the paediatric unit in University Hospital Limerick. Other challenges faced in CAMHS in CHO 3 were similar to other CHOs: recruitment and retention, lack of primary care psychology and ASD services, and team accommodation.