

# Child and Adolescent Mental Health Services (CAMHS) – CHO 8

2017 Inspection Report

Community Healthcare Organisation:  
CHO 8

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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 the General Manager of Mental Health for the CHO.

## Description

Community Healthcare Organisation (CHO) 8 was a geographically large area, consisting of the counties of Louth, Meath, Longford, Westmeath, Offaly and Laois. It was not fully integrated and mental health services, including Child and Adolescent Mental Health Services (CAMHS), were delivered by the Midlands Mental Health Services (Longford, Westmeath, Laois and Offaly) and by Louth/Meath Mental Health Services. Nineteen percent of the total population was under eighteen years old.

| CHO 8 Profile                                                   |            |
|-----------------------------------------------------------------|------------|
| Total Population                                                | 617,108    |
| Population under 18                                             | 116,300    |
| CAMHS funding                                                   | €8,900,000 |
| Per capita funding for under 18's                               | €76.3      |
| Number of CAMHS teams recommended in <i>A Vision for Change</i> | 12         |
| Actual number of CAMHS Teams                                    | 12         |

## Staffing

| CHO 8 CAMHS Staffing Profile          | Number       | Vision for Change requirements | % Vision for Change in place |
|---------------------------------------|--------------|--------------------------------|------------------------------|
| Consultant Psychiatrist               | 11.6         | 12                             | 97%                          |
| Non-consultant hospital doctor (NCHD) | 16.12        | 12                             | 134%                         |
| Psychologist                          | 9.6          | 24                             | 58%                          |
| Occupational Therapist                | 8.9          | 12                             | 55%                          |
| Social worker                         | 14.5         | 24                             | 60%                          |
| Social care staff                     | 7            | 12                             | 58%                          |
| Nursing staff                         | 18.5         | 24                             | 77%                          |
| Speech and language                   | 3.35         | 12                             | 28%                          |
| <b>Total</b>                          | <b>89.57</b> | <b>132</b>                     | <b>68%</b>                   |

| CHO 8 CAMHS Vacancies (posts approved but not filled) | Number     |
|-------------------------------------------------------|------------|
| Consultant Psychiatrist                               | 0          |
| Doctor in training                                    | 0          |
| Psychologist                                          | 1          |
| Occupational Therapist                                | 0          |
| Social worker                                         | 2          |
| Social care leader                                    | 1          |
| Nursing staff                                         | 0          |
| Speech and language                                   | 0.5        |
| Dietician                                             | 0          |
| <b>Total</b>                                          | <b>4.5</b> |

- The Midlands CAMHS had permanent vacancies (posts approved but not filled) on their teams that were awaiting recruitment.
- Louth/Meath CAMHS had no approval for a dietician on any of their teams, which had implications for young people with eating disorders.
- The Meath West team had a school liaison/group therapist.
- Not all consultant psychiatrists had specialist training in CAMHS, which was of concern.

## Waiting times

| CHO 8 CAMHS Waiting times –<br>From time of referral to first assessment | Midlands            | Louth/Meath           |
|--------------------------------------------------------------------------|---------------------|-----------------------|
| Emergency                                                                | 24-48 hours         | Within 24 hours       |
| Urgent                                                                   | 24 hours to 14 days | Within 5 days         |
| Non-urgent                                                               | 1 week to 9 months  | 3 months to 15 months |

| CHO 8 CAMHS Waiting times –<br>From first assessment to follow-up appointment | Midlands            | Louth/Meath          |
|-------------------------------------------------------------------------------|---------------------|----------------------|
| Emergency                                                                     | 24 hours to 3 days  | No information given |
| Urgent                                                                        | 72 hours to 2 weeks | No information given |
| Non-urgent                                                                    | 2 weeks to 9 months | No information given |

## Waiting list initiatives

A waiting list initiative of reducing ADHD waiting times and introducing a care pathway had been introduced as a pilot measure in Laois/Offaly.

## Access to care and treatment

There was no direct access to CAMHS in-patient beds. Linn Dara in Dublin was the nearest location for in-patient beds. There was variable access to in-patient beds in St Joseph's Adolescent In-patient Unit, also in Dublin. There was a lack of availability of emergency beds. Overall, there was a continual struggle to access in-patient beds.

### CHO 8 Access to in-patient CAMHS facilities

| Children admitted to adult mental health units in 2017 | 10 |
|--------------------------------------------------------|----|
| Children treated abroad for mental illness in 2017     | 1  |

### CHO 8 CAMHS Access

|                                                            | Midlands | Louth Meath     |
|------------------------------------------------------------|----------|-----------------|
| CAMHS out of hours cover provided to emergency departments | Yes      | No              |
| CAMHS team input if child admitted to adult unit           | Yes      | Advice provided |
| Provision of CAMHS to 17 year olds                         | Yes      | Yes             |

## Young people and family involvement

### Midlands Mental Health Services

- Young person and parent ADHD groups were being developed.
- Parent Plus Groups were in operation.
- Social and Communication groups for young people had been set up.

## Quality initiatives

- A waiting list initiative of reducing ADHD waiting times and introducing a care pathway had been introduced as a pilot measure in Laois/Offaly.
- An interagency group met regularly in Laois/Offaly to improve communication with agencies delivering young people's services. This includes Tusla and JIGSAW.

## Challenges

- There was a lack of CAMHS intellectual disability services in CHO 8. There was a small team of 0.5 WTE consultant psychiatrist, one nurse and one psychologist, who provided mental health services to young people with intellectual disability.
- Team bases in Longford/Westmeath were inadequate and did not have sufficient space.
- There was no liaison CAMHS service.
- There was no day hospital in the Louth Meath and Midlands Mental Health Service. A Young People's programme runs one day a week in Louth.
- Louth/Meath CAMHS had difficulty in recruiting for posts.

## Conclusion

The extensive geographical spread of CHO 8 had hampered the integration of CAMHS services, which were delivered by two distinct mental health services. There were differences in staffing, accommodations, day hospital services and waiting times. The staffing of teams was only 68% of *A Vision for Change* recommendations.

There were difficulties in accessing in-patient beds, in common with other CHOs. This had led to increasing frustration as psychiatrists in Emergency Departments struggled to find availability in all four CAMHS in-patient units. Young people ended up being admitted to adult units, which was not in their best interests.

The poor availability of Disability services and psychologists in Primary Care resulted in increased inappropriate referrals to CAMHS as GPs and parents struggled to find appropriate services.