

Child and Adolescent Mental Health Services (CAMHS) – CHO 9

2017 Inspection Report

Community Healthcare Organisation:
CHO 9

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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) 9 encompassed Dublin North City and County. Twenty-five percent of the total population were under the age of 18. It had eight child and adolescent mental health services (CAMHS) teams. At the time of inspection, teams were being mapped to Primary Care Networks. St Joseph's Day Hospital provided a service for 12-18 year olds.

CHO 9 Profile	
Total population	584,539
Population under 18	145,581
CAMHS funding	€ 7,721,959
Per capita funding for under 18's	€ 53.04
Number of CAMHS teams recommended in <i>A Vision for Change</i>	12
Actual Number of CAMHS teams in 2017	8

Staffing

CHO 9 were undertaking a reconfiguration project to provide equitable distribution of current resources across teams. In 2017, staffing across the teams was 67% recommended by *A Vision for Change*. In the past few years, there had been an increase in nurse staffing to reflect the increased range of services to include 16-17 year olds.

CHO 9 CAMHS Staffing Profile	Number (WTE)*	Vision for Change requirements	% Vision for Change in place
Consultant Psychiatrist	12.3	12	103%
Doctor in training	16	12	133%
Psychologist	16.3	24	68%
Occupational Therapist	8	12	66%
Social worker	14.5	24	60%
Social care leader	0	12	0%
Nursing staff	9.53	24	40%
Speech and language	7.88	12	66%
Total	84.51	132	64%

*WTE: Whole Time Equivalent

CHO 9 CAMHS Vacancies (posts approved but not filled)	Number of vacancies	Comment
Consultant Psychiatrist	2	Two consultant psychiatrist posts were filled by locum consultants.
NCHD	2	
Psychologist	0	
Occupational Therapist	1	
Social worker	2	
Nursing staff	3	
Dietetics	1	Senior dietician
Speech and language	1	
Total number of vacancies	12	

Waiting times

CHO 9 stated that they were unable to give details on waiting times. They stated that these waiting times were case dependent and were determined by the level of risk and acuity. However, the following was provided:

CHO 9 CAMHS Waiting list	
Less than 3 months	58
3-6 months	34
6-9 months	19
9-12 months	10
More than 12 months	0

This information was provided on 15 November 2017.

CHO 9 CAMHS Waiting times – From time of referral to first assessment	
Emergency	No information given
Urgent	No information given
Non-urgent	No information given

CHO 9 CAMHS Waiting times – From first assessment to follow-up appointment	
Emergency	No information given
Urgent	No information given
Non-urgent	No information given

Access to care and treatment

CHO 9 Access to in-patient CAMHS facilities

St Joseph's Adolescent In-patient Unit, St Vincent's Hospital, Dublin (16-17 year olds)	12 beds
Linn Dara (12 -16 year olds)	24 beds
Children admitted to adult mental health units in 2017	17
Children treated abroad in 2017	2

CHO 9 CAMHS Access

CAMHS out of hours cover provided to emergency departments	Yes
CAMHS team input if child admitted to adult unit	No
Provision of CAMHS to 16- 17 year olds	Yes

Two out of eight teams did not provide a CAMHS service to 16-17 year olds. These young people had to attend adult service in order to receive mental health services.

Young people and family involvement

Both the young person and their families had direct involvement with their individual care plan. A survey of 1,200 families and carers of young people took place.

Quality initiatives

- 80% of open cases had a key worker assigned.
- There was a team coordinator in six out of eight teams.
- There was continued progress with the CAMHS Consolidation Reconfiguration Plan.
- The CAMHS teams had engaged with Quality Network for Community CAMHS¹ (QNCC), the first team in Ireland to do so.
- In 2017, the number of young people waiting for an appointment for longer than 12 months was reduced to zero. This was achieved by increased cooperation between teams.
- A Young Person's Passport is being developed to aid transition from CAMHS to Adult Mental Health Services.

Challenges

- The integration of two teams from the Linn Dara service to Corduff in North Dublin City and County CAMHS had proved challenging due to differences in culture, the provision of services to 16-17 year olds, case mix, staffing and morale.
- There was a lack of primary care psychology services.
- There was a lack of autism assessment and intervention services, compounded by a withdrawal of services from Beechpark Autism Services, which is located in CHO 7.
- There was no Dietetics service in CHO 9 for young people. This was particularly challenging when treating young people with eating disorders.
- There were difficulties with inappropriate referrals. In 2017, there was a 56% acceptance rate of referrals.
- The transition for young people from CAMHS to adult mental health services could be problematic.
- Lack of staffing was a difficulty and there is a frequent staff turnover leading to lack of continuity.
- In common with the rest of Ireland, there was a lack of advocacy service for young people.
- Some CAMHS teams were accommodated in locations that are too small.
- There was no CAMHS Intellectual Disability Services.
- There were difficulties in engaging with TUSLA, due to high thresholds for referrals.
- There is very little access to the School Age Disability Team, which is only open to young people up to the age of 13 years and 11 months.

Conclusion

CHO 9 had a high proportion of under 18s and had a relatively low level of funding. North Dublin City was also an area of high deprivation, with childhood poverty and addiction problems. According to *A Vision for Change*, such a population required 12 fully staffed CAMHS teams. In CHO 9, there were eight teams, which were not fully staffed, having 12 clinical vacancies. Two consultant posts were filled by locums. There was no dietetic service, which has serious repercussions for young people with eating disorders.

It was evident that the CAMHS services had worked hard to reduce waiting times, especially waiting times over 12 months and this work was now progressing to those on the waiting list between 6-12 months. There was a good care pathway between community CAMHS, day hospital and in-patient care, resulting in a more seamless service. However, children continued to be admitted to the adult mental health units of Beaumont, Mater and Connolly Hospitals.

In common with the rest of Ireland, CHO 9 had a severe lack of primary care psychology services, resulting in inappropriate referrals which added to waiting times and reduced access to those young people with serious mental illness, which is the role of CAMHS. This had been compounded by the withdrawal of autism services.

The Consolidation and Reconfiguration Plan will result in more equitable staffing of teams and will mean that the CAMHS teams are more integrated with Primary Care Networks.