

## Child and Adolescent Mental Health Services

Eight percent of Irish children have a moderate to severe mental health difficulty, and 2% of children at any point in time will require specialist mental health intervention.<sup>13</sup> Child and Adolescent Mental Health Services (CAMHS) provide assessment, care and treatment, both in hospital and in the community, for children and young people with severe mental illness. Increasingly, CAMHS has had to provide services for mild and moderate mental distress due to the lack of primary care psychology services.

### CAMHS in-patient units

In Ireland, there are four public in-patient CAMHS units with a total of 76 registered beds, although some of these may not be operational at any given time. Staffing shortages have periodically closed in-patient CAMHS beds. On occasion, complex needs of some young people have necessitated the closure of some beds to care for these young people in a safe setting.

The Adolescent In-patient Unit in St Vincent's Hospital in Fairview is funded by the HSE for 12 beds but only provided 8 beds until December 2017, when the bed complement increased to 10. In order to increase access to HSE in-patient CAMHS beds, there is a telephone conference once a week to prioritise children and young people who require in-patient services and to map vacant beds in the system. Young people cared for in adult mental health units are deemed high priority.

There are 26 private CAMHS beds, Willow Grove in St Patrick's Mental Health Service and Ginesa Suite in St John of God Hospital. Both are national services. The HSE fund these two services to provide beds when there are no vacant beds in the HSE. St Patrick's Mental Health Services also have a CAMHS outpatient clinic in Lucan and Cork.

The admission of children to adult mental health units increased in 2017. Since 2012, there has been an 23% decrease in numbers.

**Table 3** Number of admissions of children to adult units 2012-2017

2012	2013	2014	2015	2016	2017
106	98	90	95	68	82

## Concerns about CAMHS in-patient units in 2017

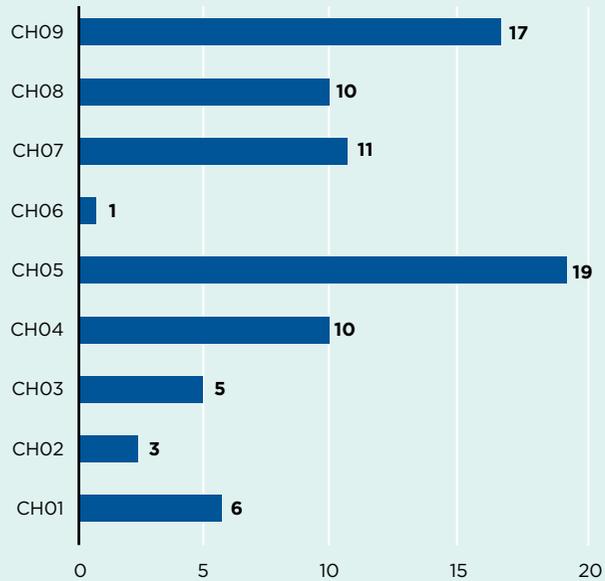
- ▶ Young people often had to be admitted to CAMHS units at considerable distances from their homes and families. This can make it difficult for them to maintain close contact with their families and for families to participate in treatment.

*For example, from Letterkenny to the nearest CAMHS in-patient unit in Galway, is a round trip of 500 km.*

- ▶ Three of the five CAMHS approved centres used seclusion.
- ▶ It was often difficult for referral agencies to source a bed in CAMHS units even when beds were empty.
- ▶ The process of sourcing a bed, especially in an emergency situation was frustrating, time-consuming and often resulted in a young person being admitted to an adult mental health unit.

<sup>13</sup> Irish College of Psychiatrists; 2005: *A Better Future Now: Position Statement on Psychiatric Services for Children and Adolescents in Ireland.*

**Fig. 11** Number of children admitted to adult units in 2017 by CHO



**Fig. 12** Staffing of CAMHS teams as % of A Vision for Change recommendations by CHO



Eleven children were treated abroad during 2017, because of lack of appropriate services in Ireland.

### Community CAMHS

We found community CAMHS teams inadequately staffed. A Vision for Change gives recommendations for adequately staffed community CAMHS teams.

Overall, staffing of CAMHS teams is only 60% of that recommended by A Vision for Change.

CHOs were requested to provide information on funding for CAMHS services in their areas.

Funding per capita for young people under the age of 18 varies considerably across CHO, from €40 in CHO 5 to €92 in CHO2.

With approximately **2,400** children and young people with mental health disorders on the waiting list for CAMHS in 2017, over **200** were waiting for more than a year. We enquired into waiting times for CAMHS appointments in each CHO.

Overall, the CHOs reported that most emergency cases were assessed within 72 hours and urgent cases within 2 weeks. CHO2 had no waiting list, while children and young people in CHO 8 could wait for up to 15 months for their initial assessment.

*“Waiting times for non-urgent cases varied between 3 months to 15 months depending on CHO.”*

In CHOs 3, not all young people aged 17 were accepted for community treatment by CAMHS and their clinical care was provided by the adult mental health services. An audit carried out by the HSE in May 2017 showed that 93.8% of CAMHS teams were seeing 16 year olds and 78.1% were seeing 17 year olds. Twenty-two percent of CAMHS did not accept 16 or 17 year olds to their service.

The provision of emergency cover was varied across the CHOs and within the CHOs. Seventy percent of CAMHS teams provide an out-of-hours service. CHOs 6, 7, 8 and 9 did not provide an out-of-hours service to all Emergency Departments in general hospitals in their area. This resulted in a young person being assessed and treated by an adult mental health team, with no access to CAMHS until office hours resumed.



**Fig. 13** Funding per capita for young people under the age of 18 by CHO

CAMHS should be available for children and young adults with severe mental illness. Mild and moderate mental distress should be assessed and treated in primary care. However, there is considerable staffing deficit in primary care psychologists. There are plans to recruit primary care psychologists in 2018.

The absence of adequate services for children and young people with an intellectual disability or Autistic Spectrum Disorder (ASD) has meant that children with these difficulties are referred to CAMHS. This all adds to the lengthy waiting times for children and young people with severe mental illness. Investment in primary care psychology and family counselling, intellectual disability services and ASD services would undoubtedly have a positive effect on waiting lists for CAMHS.

### **Jigsaw, a primary care service for young people with mental health difficulties**

Jigsaw, the National Centre for Youth Mental Health provides a primary care service for young people from 12 to 25 years. It receives 94% of its funding from the HSE to provide this service. Donations and fundraising provides 6% of funding. Ninety-four percent of expenditure is in service development. They have 13 sites nationwide and provide brief intervention and support for young people with mild to moderate mental health difficulties.

Staffing is multidisciplinary with psychology, social work, occupational therapy and nursing. Young people are referred by GPs, CAMHS and through self-referral. Waiting times for appointments is 2-3 weeks. For young people with more severe mental health difficulties, Jigsaw refer to CAMHS specialist services, notifying the young person's GP of the referral. Although the HSE Standard Operating Procedure states that Jigsaw can make direct referrals to CAMHS, some CAMHS do not accept these referrals, instead insisting that the young person go to their GP for a referral. This causes delays and puts another step in the process that is already difficult for the young person and their family.

Education and information is provided by Jigsaw to schools, GPs and CAMHS. The organisation also hold Youth Mental Health Workshops and also train young people to become Peer Educators in schools. Each local Jigsaw service has a Youth Advisory Panel.

Jigsaw provide a much needed primary care service for young people with mild to moderate mental health difficulties. It has easy and acceptable access to its services for both young people and their families. There is excellent involvement by young people in the organisation. It is disappointing that some CAMHS services refuse to accept referrals from Jigsaw, which runs counter to a seamless and person-centred pathway for young people with mental health difficulties.

### **Developments in CAMHS**

There is an awareness in the HSE that CAMHS provision has sometimes fallen short of best standards. A number of initiatives are in progress to try to address some of these deficits:

- ▶ There is a Standard Operating Procedure in CAMHS that was developed in 2015, and this is currently being reviewed by a CAMHS review group, which includes service users and families.
- ▶ Clinical Directors in CAMHS will be appointed to all CHOs in 2018. There will also be a lead nurse, health and social care professional and lead manager as part of the governance structure.
- ▶ There is now a joint protocol between mental health services and Tusla. This includes quarterly meetings for discussion of contentious cases. Referrals to Tusla had been identified as problematic in some CHOs.
- ▶ There will twenty extra CAMHS in-patient beds in the new Children's Hospital. Eight beds will be for young people with eating disorders. There will also be 10 CAMHS Forensic beds in the Central Mental Hospital in Portrane. By 2022, there will be 106 CAMHS in-patient beds.
- ▶ Advocacy services for young people in CAMHS are being developed. Willow Grove and Ginesa Suite already provide an advocacy service. The HSE will be piloting an advocacy service in the CAMHS in-patient unit in Galway in 2018.
- ▶ There will be recruitment of primary care psychologists in 2018.