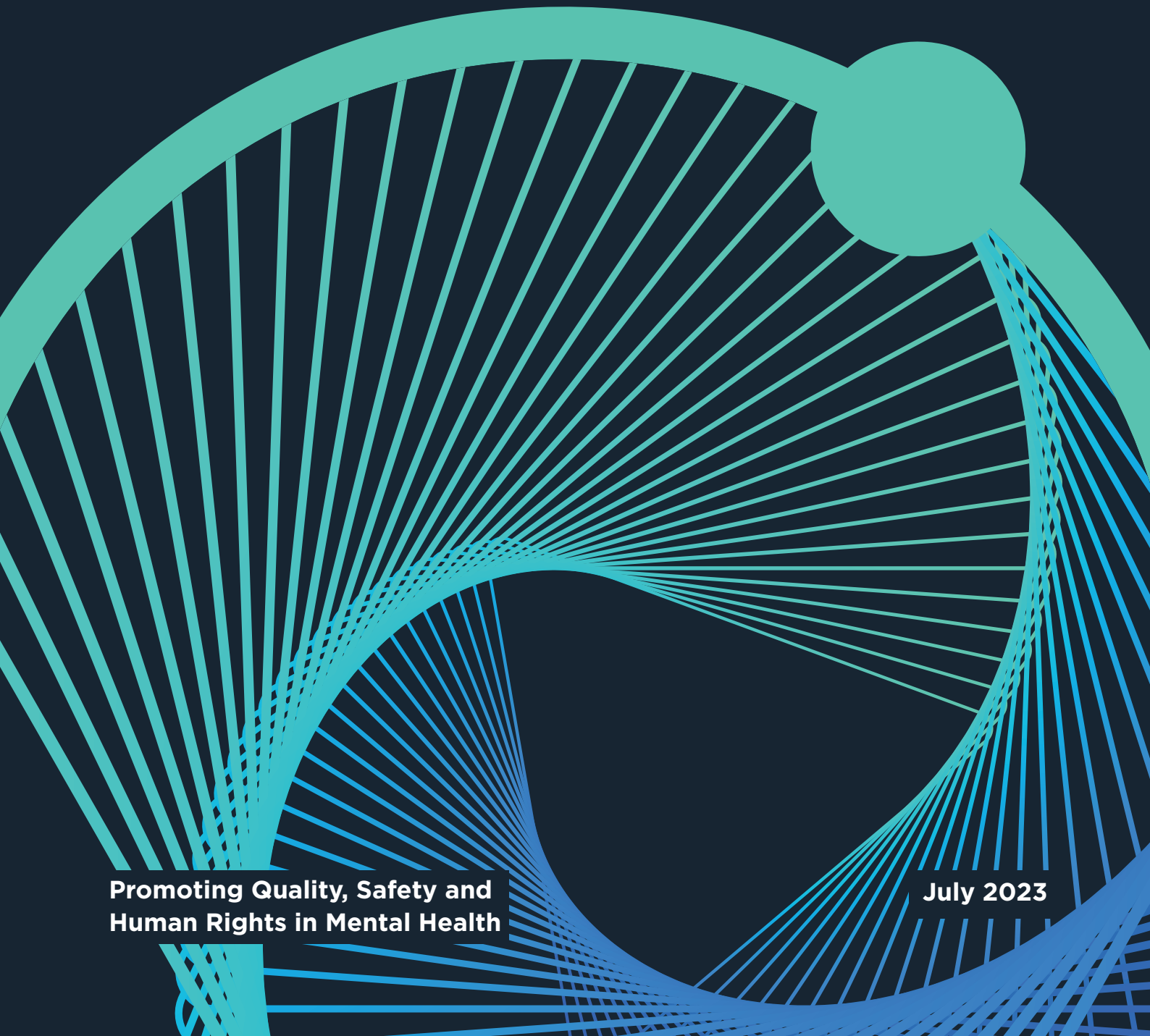
mhc
coimisiun meabhair - shláinte
mental health commission

Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services

Recommendations



Promoting Quality, Safety and Human Rights in Mental Health

July 2023

Primary Recommendations	
1.	The immediate and independent regulation of CAMHS by the Mental Health Commission must be put in place to ensure the State and the HSE act swiftly to implement the governance and clinical reforms to help guarantee that all children have access to evidence-based and safe services, regardless of geographical location or ability to pay.
2.	The implementation of these recommendations must be monitored by the Mental Health Commission, who must publish a yearly report on the progress of implementation. While the HSE engaged with the Mental Health Commission during the review process, this engagement must continue in order to provide an improved CAMH Service.
3.	There must be oversight of CAMHS and all other mental health services for children and adolescents by the HSE Health and Safety Committees. Due to the seriousness of the concerns raised by Dr Maskey's report and this report, a comprehensive strategy for CAMHS and all other mental health services for children must be prepared and approved by the HSE Board. There must be, at a minimum, quarterly reports on the progress of that strategy to the HSE Board.

Governance	
4.	As a matter of urgency, the HSE should reinstate the post of National Director for Mental Health in the HSE. This would provide strategic overview and leadership in the improvement of access to and provision of all mental health services across Ireland.
5.	Alternative models of care must be considered by the HSE in providing clinical leadership in order to enhance multidisciplinary team approaches. Outcomes of different international models should be carefully analysed to see what model best fits Irish CAMHS needs.
6.	Each CHO must have a Clinical Director for CAMHS to provide clinical leadership.
7.	Each team must have a team/clinical coordinator whose role must be dedicated to coordinating children and young people's care.
8.	Data from public and private providers must be collected through a health information system to allow for resource, capacity and workforce planning.
9.	The HSE must implement *Sharing the Vision* in relation to CAMHS according to the *Sharing the Vision* Implementation Plan 2022–2023 as a matter of urgency.
10.	Progress in ICT projects under *Sharing the Vision* must be prioritised to contribute strongly to the ambition outlined within this policy for ongoing reform and continuous improvement. Clear timelines must be provided as to when each milestone on the ICT Strategy shall be achieved within CAMHS.
11.	A modern Health Information System must be developed, with clear timelines, which includes national individual health identifiers (IHIs) and electronic health records that include public and private services.
12.	Use of telepsychiatry in CAMHS should be carefully monitored and evaluated in the absence of national and international guidelines on its use.
13.	All CAMHS Teams must have access to Healthlink in order to share information from GPs, hospitals and laboratories.
14.	The budget allocated to CAMHS must be increased to develop timely mental health services for children and young people in line with best evidence, with adequately resourced teams and in appropriate facilities.
15.	There should be appointments of change coaches to each CHO to promote these recommendations and support the teams over the next 2–3 years.

Risk Management
16. The HSE Patient Safety Strategy must be implemented in full in CAMHS with ongoing monitoring by the HSE of its implementation, which should be published on the HSE website. The monitoring should also include feedback from service users.
17. The Board of the HSE must review, from a national perspective, the risks relating to CAMHS. The HSE Enterprise Risk-Management Policy and Procedures must be implemented as a matter of urgency in order to address the deficiencies in risk management in CAMHS.
18. All relevant HSE staff and managers must be trained in risk management in accordance with the HSE (2023) Enterprise Risk-Management Policy and Procedures to ensure implementation and consistency in risk-management practices at all levels and this training must be mandatory. Implementation of this policy and its procedures must be audited annually.
19. The *Draft Overarching National Standards for the Care and Support of Children Using Health and Social Care Services*, jointly produced by the MHC and HIQA, should be finalised at ministerial level and implemented in all health and social care services for children.

Clinical Governance
20. The HSE must apply the HSE Principles of Good Clinical Governance in CAMHS. Adherence to these principles by CAMHS in each CHO must be monitored by the HSE, leading to reports that are published on the HSE website.
21. As a matter of urgency, the care and treatment provided in CAMHS should be standardised across and within CHOs, so that each child/young person has the same opportunity to access the most appropriate evidence-based treatment according to their need.
22. Team/clinical coordinators must be funded for each CAMHS Team so that the core processes of referral, assessment and care planning, review and discharge are carried out consistently across CAMHS and that arrangements for staff supervision and continuous professional development are put in place.
23. Clinical audit must become a part of the function of CAMHS Teams. This should be supported and overseen by senior management. Regular forums for sharing information and learning from clinical audits across teams in CHOs should be facilitated.
24. An overview of clinical audits should be published as part of the National Clinical Lead's annual report.

Staffing of CAMHS
25. The recommendations for the staffing of CAMHS Teams contained in *A Vision for Change*, which is used by the HSE for CAMHS workforce planning, must be updated as part of the overall CAMHS strategy to reflect the current needs of children/young people attending CAMHS.
26. There must be development of a programme in each CHO of incentives to retain and recruit staff to CAMHS Teams. For staff, this should include improved access to training, career progression, supportive management, having a manageable workload, being able to evaluate and report on their work in a non-threatening environment, research opportunities and opportunities to meet with other teams through case discussions and other academic meetings. This programme should be developed with intensive input from staff who work on CAMHS Teams.

Access to CAMHS
27. All children and families should be able to access an urgent mental health assessment at a time of crisis that is provided in a safe suitable environment and delivered by trained supported staff.
28. Development of the Model of Care for ADHD in children and young people must be prioritised, with fast-tracking of the roll-out of ADHD Teams in each CHO.
29. Each major hospital and Emergency Department should have a dedicated Liaison CAMHS, supported by an on-call CAMHS Team. This service should be accessible 24/7 via a single point of contact.
30. CAMHS Liaison and emergency CAMHS must receive sufficient resourcing in order to bring their staffing levels up to international standards, and be supported through National Clinical Programmes. Clear care pathways for young people who require immediate mental healthcare must be established, with a care pathway for young people discharged from the care of liaison and out-of-hours teams.
31. Assertive outreach and crisis mental health teams appropriately resourced to accept emergency referrals at short notice and located within the CAMHS structure should be developed.
32. The HSE must expand the current limited Forensic CAMHS to the planned two fully staffed teams and provide a detailed timeline for when this will be achieved.
33. The HSE must expedite the opening of the 10-bed forensic unit in the National Forensic Mental Health Service (NFMHS) campus in Portrane. This should be done at the latest by 31 December 2023.
34. The NFMHS should develop a pathway to ensure Community Teams can receive advice, consultation, support, assessment and management when required.
35. Each CAMHS inpatient unit should reserve at least one bed for emergency out-of-hours admissions.
36. Community provision of CAMHS including the development of day programmes and CAMHS Hubs must take place, as a matter of urgency, to alleviate the pressure on CAMHS inpatient services. This will assist in preventing the admission of children and young people to paediatric units and adult psychiatric units and reduce risk to children and young people.
37. There must be a radical redesign of the CAMHS–AMHS transition practices, to provide a seamless new pathway for young people to access AMHS.
38. All CAMHS Teams must have clinicians trained in Family-Based Therapy to provide evidence-based interventions for children and young people with an eating disorder.

Integration of Children's Mental Health Services
39. All children and young people's mental health services should be fully integrated so that children can move seamlessly between services in a timely manner according to their needs.
40. The HSE must ensure that the mental health services for children are a continuum of services and resource these services so they can provide timely interventions whether children/young people have mild, moderate or severe mental illness.
41. A single-point-of-contact triage system within each CHO should be developed for all referrals to CAMHS, with the ability to prioritise assessments with CDNTs and Primary Care should this be required. This will result in the timely onward referral to the appropriate services and prevent children and young people sitting on waiting lists for CAMHS services for which they do not meet the criteria.

Vulnerable Children
42. Each child and young person in the Travelling Community must have equitable access to CAMHS. This includes provision of extra resources to support children and their families to attend CAMHS in a way that meets their needs.
43. Every child in care should be supported by the HSE to receive CAMHS Services that are child centred and in a location of their choice.
44. There should be a National Clinical Programme and Clinical Lead for Mental Health of asylum seekers, refugees and migrants.
45. Those who currently provide CAMHS for asylum seekers, refugees and migrants must have the necessary protected time, resources, mental health skills and appropriate training to provide this service.
46. Training in supporting LGBTI young people who have a moderate or serious mental illness must be rolled out to all CAMHS Teams.

Involvement of Young People and Their Families in CAMHS
47. Each young person and their family should be offered the opportunity to provide feedback on their experience in CAMHS. This information should be collected using standardised templates and used to improve quality of services both within the individual CAMHS Teams and across each CHO.
48. The HSE must make information about help and treatment for all levels of mental illness, widely available to the public, more coherent and more user friendly.
49. Young people and parents must be involved at every level of CAMHS service planning.

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