Opening Statement from the Mental Health Commission to the Joint Committee on Health

11 October 2023

Thank you Chair for inviting representatives of the Mental Health Commission (the Commission) to appear before the committee today to discuss the report of the previous Inspector of Mental Health Services on the 'Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS)' in the State.

As Chairperson of the Commission, I welcome the opportunity to appear before the committee today, along with my colleagues, Mr John Farrelly, Chief Executive of the Mental Health Commission and Professor Jim Lucey, Inspector of Mental Health Services.

Please note that the author of the CAMHS report, Dr Susan Finnerty, re□red from her position of Inspector of Mental Health Services in July of this year and has been succeeded in this statutory role by Professor Lucey. To avoid confusion, we will refer to the previous Inspector by name rather than title in this statement and in any interactions that follow.

The main point which the Commission wishes to make is that the implementation of the recommendations made by Dr Finnerty cannot wait, that independent monitoring of their implementation must be established immediately so that the public can be assured that steps are being taken to ensure the safe and comprehensive delivery of mental health services to children and young people in Ireland.

We agree with Dr Finnerty's recommendation that the Inspectorate of the Mental Health Services is best placed to carry out this task. The powers to do this can be granted to the Commission under the current legislation.

Role of the Commission

As you will be aware, the Commission is the regulator for mental health services in Ireland. We are an independent statutory body that was established in April 2001 pursuant to the Mental Health Acts 2001-2018.

The Commission's mandate is to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to protect the interests of persons admitted and detained under the 2001 Act.

Under the 2001 Act, the statutory scope of mental health regulation is limited to inpatient services for children and adults, which are estimated to make up only around 1% of mental health services in Ireland, a statistic that continues to surprise many people. This means that every other mental health service in the State, including community CAMHS, is not regulated under the framework of the 2001 Act. Most of the professionals who work in the services are regulated by the professional bodies established to do so but the systems, the premises and the providers responsible for those systems and premises are not.

The Inspector of Mental Health Services does have the statutory power to visit, inspect and report on any premises where a mental health service is being provided. However, neither the Inspector nor the Commission have the powers to set standards and ensure services comply with these standards by way of monitoring and enforcement. In her report, Dr Finnerty recommends that the Commission should be given the statutory powers to immediately work with stakeholders and clinical staff to develop standards and rules for the provision of CAMHS community services in Ireland.

The General Scheme to amend the 2001 Act, as approved by Cabinet on 13 July 2021, set out the intention of the State to expand the regulation of mental health services beyond inpatient services to the community.

The CAMHS report

CAMHS provides assessment and treatment for young people up to 18 years of age who experience moderate or severe mental illness. CAMHS treat depression, problems with food and eating, self-harm, attention deficit hyperactivity disorder, psychosis, bipolar disorder, schizophrenia, and anxiety, among other difficulties. Therefore, CAMHS are focused on the more serious end of mental healthcare for young people.

Dr Finnerty said that she could not provide an assurance to all parents in all parts of Ireland that their children have access to a safe, effective and evidence-based mental health service.

Some of the findings in the review included:

• Gaps in governance, both at corporate and clinical level

• Poor risk identification and management, with serious risks unidentified and poor or no response when identified

• A wide variation in scope and capacity of CAMHS' teams, resulting in "a postcode lottery" for parents and young people

• A lack of clinical leadership at CHO and national level resulting in some unsafe practices, inconsistent care and failure to adhere to standards and guidelines

• A lack of central planning to provide child-centred care even though there is an agreed policy.

Due to the seriousness of the concerns raised, Dr Finnerty recommended that a comprehensive strategy for CAMHS and all other mental health services for children be prepared and approved by the HSE Board.

Despite targeted improvements by the HSE to solve some of the issues, Dr Finnerty stated that it is a major concern that there are ongoing and serious deficits in CAMHS which is increasing the risk to children and young people.

Dr Finnerty found that the issue of access to CAMHS, or any mental health service for a child, was causing "profound" distress and frustration to parents who "expressed concern at how their child deteriorated while waiting for an assessment". She went on to say that: "parents did not know where they can get help and information about services for their child and felt that a crisis needed to be reached before appropriate services are offered to them, or that they have to battle with services before help is provided."

Dr Finnerty added that many young people and their families are "frustrated, distressed and are trying to cope with deteriorating mental health difficulties while waiting for lengthy periods on waiting lists for essential services". Dr Finnerty also found that there are certain groups of children and their parents who have difficulties in accessing CAMHS due to language, culture, stigma, fears and location.

As far as the Board of the Commission is concerned, it is clear to us from the final report, which we endorse, that the current systems for CAMHS services are simply not working. As we pointed out at the time of publication, and on many occasions before and since, including at the time of publication of the individual CHO reports on August 31, 2023, these systems lack basic management, information gathering and oversight structures that are needed to operate safe and effective services.

Dr Finnerty recommended the immediate reform of these structures and has also recommended the immediate and independent regulation of CAMHS by the Commission to help guarantee that all children have access to evidence-based and safe services, regardless of geographical location or ability to pay. The regulation of CAMHS, under the Mental Health Act, would provide the Commission with the statutory powers to immediately work with stakeholders and clinical staff to develop standards and rules for the provision of CAMHS community services in Ireland.

Dr Finnerty found that ineffective governance in some areas is contributing to inefficient and unsafe CAMHS, through failure to manage risk, failure to fund and recruit key staff, failure to look at alternative models of providing services when recruitment becomes difficult, and the failure to provide a standardised service across and within CHOs.

The lack of a National Director for Mental Health has contributed to these difficulties.

It is the strongly held view of the Commission that the HSE, with support from the Department of Health, must immediately start to put together a formal strategy for this restructure of CAMHS, and this must include how all the recommendations from Dr Finnerty's Review will be addressed and how the implementation of the recommendations will be overseen.

In closing, the Commission welcomes the Committee's interest in the CAMHS Report. It sets out a clear roadmap to help ensure that we can work together to restructure a CAMHS service that will deliver evidence-based and up-to-date supports for vulnerable children and adolescents who need such high-level input for their problems and one that we all can, in me, be proud of. The report is practical and straight forward in its recommendations, but unless it is actually implemented it will be just another document on a shelf for future review and regret.
I welcome any questions you have and will, with the help of my colleagues, Mr Farrelly and Professor Lucey, seek to assist you in your deliberations.

Dr John Hillery, Chairperson