The Youth Mental Health Task Force

The College of Psychiatrists of Ireland was formed in 2009. It is the professional body for psychiatrists in the Republic of Ireland.

The Mission of the College of Psychiatrists of Ireland is to promote excellence in the practice of Psychiatry.

1. ***A Vision for** Change* and children's mental health. The College of Psychiatrists of Ireland supports the recommendations of *A Vision for Change* as regards Child and Adolescent Mental Health Services (Chapter 10) as this still encompasses the tiered approach to service provision to this vulnerable group of the Irish population and makes recommendations as regards mental health promotion and tiered intervention that are still relevant.

2. **Education.** The College supports the introduction of educational programmes and training that enable children and young adults to strengthen their mental health and resilience across the country.

3. **MDT availability.** The College considers it equally important that multi-disciplinary mental health services working from a recovery model (Child and Adolescent Mental Health Services – CAMHS) be available to assess and support children and adolescents who are presenting with mental health problems when they need them and where they need them.

4. **Resourcing for life long illness.** Many lifelong mental illnesses present in late adolescence and early adulthood and the College believes that resources need to be added to deal with the special needs of this group who, in service terms, can fall in a transitional age band currently (i.e. 16 to 28).

5. **Change single track to needs resolution and waiting lists.** Certain conditions present in childhood that require early assessment and planned interventions that are not necessarily the realm of child and adolescent mental health services. In Ireland we seem to have allowed the development of this single track to needs resolution. This has a negative effect on assessment times and on the waiting lists for children and adolescents who have mental illness. We refer especially to conditions related to the autistic spectrum and to intellectual disability. Children presenting with behaviour problems or other difficulties at home or in school may be doing so due to one of these disabilities rather than a mental health problem. Early intervention of a social care type and educational planning and supports to these children and their families and other carers can make a huge difference to the futures of such children. This should be done by a service different from the mental health

services. This would improve ease of access for individuals and their parents looking for early assessment and would also reduce the length of waiting lists for children presenting with mental health problems to CAMHS.

6. **Implement MacCraith recommendations.** There is a recruitment crisis in child and adolescent mental health services as regards psychiatrists and allied health professionals. Many CAMHS MDTs* are incomplete and, in some areas, there are no Child and Adolescent Psychiatrists to lead the teams. The MacCraith report needs to be implemented as a matter of urgency and in full. An overall review of CAMHS recruitment needs and the barriers to recruitment needs to be done as a matter of urgency and a plan put in place to retain staff already in place and to attract staff for the future.

7. **Adequate tiered assessment and referral pathways**. A tiered hierarchal assessment and intervention system involving primary, secondary and tertiary care is needed to ensure that the needs of children, adolescents and young people with mental health issues are met in a timely manner and in an appropriate manner. This requires appropriate training and supports at a primary care level with pathways of referral to more intense assessments and interventions nationally.

8. **Ensure range of therapeutic inpatient/residential places**. Sufficient inpatient beds as recommended in *A Vision for Change* must be made available. Though removal from the family should be seen as a last resort children whose families cannot cope with their mental health needs must be supported immediately and humanely outside the family home. This can be through day hospital support or residential/inpatient admissions. A range of out of home therapeutic residential/inpatient places should be available to cater for varying needs and to ensure that acute beds do not get blocked.

9. **Addiction.** As regards addictions the aim should be to have a five day a week MDT in each CHO area dedicated to addiction in the under 18 population. These teams could work with all local community services and benefit from central advice from specialist services in the main centres.

10. **Planning for transition between services and changing interventions to suit evolving development.** The transition between child and adolescent and adult mental health services can be difficult. It is obvious that some of the supports available to people under the age of 18 are not widely available in the adult services (e.g. family therapy). There should be clear system nationally of planning for young individuals with chronic and enduring mental health problems as to what type of interventions they will need as they grow older. The late teens and early 20s are an age where chronic and enduring mental health problems are more likely to present. The approaches of child and adolescent services can often be very different from those in the adult services. This can be due to resources. For smooth and supportive transition to happen similar services must be available in adult services as are available in child and adolescent services and this includes a broad variety of non pharmacological therapies and supports for return to work, education, etc. Individual treatment plans must take account of the ongoing needs of the individual and the available inputs so that plans will maximise the use

of available resources in both CAMHs and Adult Mental Health Services to the benefit of the individual's path to recovery.

11. **Provide life-long treatments for certain groups.** Modern treatments aimed at evolving life long conditions such as personality disorder should be available in the child and adolescent services as well as the adult services nationally. This includes Dialectical Behaviour Therapy (DBT) and Cognitive Analytic Therapy (CAT).

12. **Task force input by relevant psychiatrists.** Finally if the Task Force on Youth Mental Health is to address the needs of those vulnerable due to chronic mental health problems it is important that there should be a Child and Adolescent Psychiatrist and an Adult Psychiatrist with a special interest in youth mental health (i.e. patients presenting between 18 and 30) and an Addictions Psychiatrist giving input to the task force.

*Multi-Disciplinary Teams