Submission to Seanad Public Consultation Committee

Children's Mental Health in Ireland

May 2017

The College of Psychiatrists of Ireland formed in 2009.is the professional body for psychiatrists in the Republic of Ireland. It is the only body recognised by the Medical Council of Ireland to train psychiatrists and for life long competence assurance for trained specialists in all branches of Psychiatry. The Mission of the College is to promote excellence in the practice of Psychiatry.

The College of Psychiatrists of Ireland supports the full recommendations and outline for a modern, fit for purpose Irish Mental Health Service as espoused in *A Vision for Change*.

The recommendations for Child and Adolescent Mental Health Services (hereafter referred to as CAMHS) as per *A Vision for Change* (Chapter 10) outline a tiered approach to service provision to this vulnerable group of the Irish population and include recommendations as regards mental health promotion and tiered intervention that are still relevant and all supported by the College.

Issue of CAMHS waiting lists

The College advocates for changing the current single track to needs resolution and resulting waiting lists

The issues underlining the delay for assessment, support and intervention for any child /adolescent on the prioritised CAMHS waiting list are varied and multifaceted. The College is aware that many on the list do not necessarily require CAMHS assessment or intervention. If the appropriate primary level assessments, supports and therapies were available in the community, nationally for the myriad of mental health and behavioural difficulties experienced by children and adolescents, many would not need to be placed on the list at all.

Certain conditions present in childhood that require early assessment and planned interventions that are not necessarily the realm of CAMHS. 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 as regards educational planning and supports and social and environmental supports to these children and their families and other carers can make a huge difference to the mental health, behaviour and general future of such children. These should be carried out by services separate to 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.

Referral pathways and adequate tiered assessment

A tiered hierarchal assessment and intervention system involving primary, secondary and tertiary assessments and 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 (in using the term primary care in this context we refer to Educational and Education Psychological assessments and inputs in the community) with pathways of referral to more intense assessments and interventions nationally where indicated.

Ensure range of child and adolescent appropriate therapeutic inpatient/residential places.

Sufficient age and stage appropriate inpatient beds with corresponding support as recommended in *A Vision for Change* must be made available for children and adolescents in acute distress or at risk of inflicting self-harm. 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 home/community supports and out of home therapeutic residential/inpatient places which can accommodate parents and guardians when required should be available to cater for varying needs and to ensure that acute beds do not get blocked inappropriately.

The College is aware of the understandable abhorrence felt at the admission of patients who are aged under 18 being admitted to Adult Psychiatric Wards. This would not be an issue if the previous recommendation were to be fully implemented. However, in the absence of such full implementation, such beds may have to be used for people under 18 exhibiting extreme mental distress and posing a risk to themselves and/or others.

Recovery model multi-disciplinary teams availability for children and adolescents.

The College considers it equally important that multi-disciplinary mental health services working from a recovery model in 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.

Recruitment crisis and retention issue in CAMHS

The training, recruitment, and retention of frontline staff must be prioritised and implemented according to the MacCraith report recommendations including, and perhaps more urgently, for CAMHS.

As is well communicated in the public domain in recent months, there is a recruitment crisis in CAMHS as regards psychiatrists and allied health professionals. Many CAMHS Multi-Disciplinary Teams 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 - procedures, needs and barriers – should be carried out as a matter of urgency. Simultaneously a plan needs to be put in place to retain and nurture staff already in place, which can contribute to attracting staff in and for the future. The recent report produced by the Keane Committee for the HSE - *Towards Successful Consultant Recruitment, Appointment and Retention (February 2017)*-gives guidance about all these issues.

Plan transition between services and changing interventions to suit evolving development.

The transition between child and adolescent and adult mental health services can be difficult and frustrating for parents/guardians and children alike. 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 including 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. For many people who have benefited from treatment by CAMHS the pathway to continued wellness would not require input from adult mental health services if other supports (i.e. key workers; vocational support; housing) were readily accessible in their local community.

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).

Addiction Services for under 18s

As regards addictions the aim should be to have a five day a week multidisciplinary team in each Community Health Organisation(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.

Nurture the mental health of the future generation

Resilience education for all and support for vulnerable children must be planned and funded appropriately and for the long term. Guidance and education on mental health must be properly resourced at all levels of our education system nationally.

Percentage of the Health budget designated for CAMHS

The percentage of the Health budget designated for Mental Health must increase to 12%. Spending on delivery of Mental Health supports in the context of national concerns about this issue remains scandalously low at 6% both compared to other countries (e.g. UK 12%, Canada and New Zealand 11%) and compared to that proposed in ***A Vision for Change (8.24%).*** 25% of the budget should be designated to further development of (CAMHS).

Mental Act 2001 and role of Child & Adolescent Psychiatrists

The College has made a detailed submission to the Departmental Group reviewing the Mental Health Act. Currently the Act does not include /cover the role of Child and Adolescent Psychiatrists and children/ adolescents being involuntary admitted to services in a human rights, child appropriate way. The College advocates for a distinct and separate pieces of mental health legislation for children that would be compliant with the UNCRPD, Assisted Decision Making (Capacity) Act 2016 and the Mental Health Act 2001. That the new Mental Health Commission has no member from Child Psychiatry is illustrative of the lack of understanding of the relevance of mental health legislation and monitoring of mental health service standards has to citizens aged under 18 and is of great concern to the College.

Advocacy Role of the College

Most Child and Adolescent Psychiatrists in Ireland are members of the College of Psychiatrists of Ireland. The College welcomes the opportunity to put together a delegation with appropriate expertise to meet with interested public representatives at any time on issues pertaining to mental health and mental health services.