



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

**IMO Submission to the HSE Review of the
Child and Adolescent Mental Health Services (CAMHS)
Standard Operating Procedure**

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IMO Submission to the HSE on the Review of the Child and Adolescent Mental Health Services (CAMHS) Standard Operating Procedure

The IMO is the representative body for all doctors in Ireland and welcomes the opportunity to comment on the HSE Child and Adolescent Mental Health Services (CAMHS) Standard Operating Procedure.

Access to child and adolescent mental health services has reached a critical point with under resourcing and difficulties recruiting and retaining medical staff leaving young people and their families particularly vulnerable.

Child and Adolescent Mental Health Teams, across the country, are operating on average with half the recommended staffing levels, with the sharing of staff, overtime hours worked and the filling of key consultant positions by locum staff rendering the full extent of understaffing difficult to quantify. In addition the filling of consultant posts by locum staff is having a significant impact on continuity of care. The HSE in their quarterly performance report (July – September 2017) highlighted difficulties in the recruitment and retention of skilled medical staff as a significant challenge to the provision of mental health services with high agency costs having a significant budgetary impact on Community Healthcare Organisations.¹ In particular the HSE highlighted recruitment and retention of medical staff to child and adolescent mental health teams as a key factor contributing to waiting lists in excess of 12 months in CHOs 1, 3, 4 and 8 and to difficulties reducing the number of children admitted to adult psychiatric units. Just 67 child and adolescent mental health teams are in existence out of the 95 recommended in A Vision for Change with many not working at full capacity. While just 66 inpatient child and adolescent beds are available², a figure that falls far below the 100 beds that were required “as a matter of urgency” in 2006. Since then, there has been a population increase of approximately 216,000 in those aged less than 18 years, a rise of 21%, generating even greater need. Furthermore, in-patient beds are available only in the major urban centres of Cork, Dublin, and Galway, thus often placing treatment options far from the homes of patients in more remote areas of the country. For example, no in-patient beds exist in the country’s north-west, south-west, south east, or midland regions, nor in the State’s third most populous city, Limerick. Where referrals are required for patients in these regions, they must be sent to already pressured facilities in Cork, Dublin, or Galway.

Our GPs describe the situation in our CAMHS as “heart sink”. Young patients with serious mental health and behavioural problems face long delays for assessment with urgent access only available through emergency out-of-hours services or Emergency Departments. With insufficient resources allocated to General Practice and limited access to supports and psychotherapy services in community or primary care, referrals to CAMHS services are increasing. At the same time pressures on CAMHS services have raised the threshold for acceptance and patients are increasingly referred back to the GP without assessment and where options for treatment in the community are limited.

General Practitioners (GPs) are often the first point of contact for those suffering from mental illness. International best-practice suggests that the majority of emotional and psychological problems, such as anxiety disorders and mild to moderate depression, can be adequately managed by GPs in the community, without referral to specialist mental health services. The value of psychological therapies, including counselling, cognitive behavioural therapy, psychotherapy and

¹ HSE, Performance Profile July –September 2017 Quarterly Report

² Marcella Corcoran Kennedy, Written Answer, Dáil Éireann, 29 March 2017; Department of Health, A Vision for Change, Dublin, 2006, p. 88.

group therapy, is widely recognised in the treatment of patients with mental health issues. While there is increasing evidence that exercise is effective in the treatment of mild depression and anxiety. It is recommended in A Vision for Change that “all individuals should have access to a comprehensive range of interventions in primary care for disorders that do not require specialist mental health services.” Failure to provide adequate counselling, psychotherapeutic and occupational therapy services and support in primary care can therefore lead to an over-reliance on drug therapy or unnecessary referral to equally under-resourced specialist mental health services. Current Counselling in Primary Care Services are provided to adult medical card holders only, meanwhile children and those entitled to a doctor visit card only are left reliant on the private system where the cost is often prohibitive and where the regulation of counsellors and therapists is only now being introduced.

Recommendations

- **Urgent action is needed to address the deficits in our Child and Adolescent Mental Health Services including the expansion of multidisciplinary teams, out-of-hours services and provision of inpatient beds in an equitable manner across the country.**
- **Immediate and effective measures must be taken to address the recruitment and retention of Consultant and Non-Consultant psychiatrists to Child and Adolescent Mental Health Teams.**
- **A rapid triage system must be put in place to ensure urgent cases are immediately assessed.**
- **Sufficient resources to be allocated to General Practice and care in the community with direct access, on GP referral, to publicly funded counselling, psychotherapeutic and occupational therapy services and supports in the community.**
- **Clear referral pathways to community therapy and supports services must be in place.**
- **The Standard Operating Procedure must provide greater flexibility allowing GPs to refer directly to a Child Psychiatrist where the GP has a serious concern about a child and in their clinical judgement feels the urgent opinion of a specialist is required.**
- **Some clarity is needed in relation to direct referral from community-based clinicians (Community Medical Officers) in exceptional circumstances.**