



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Irish Medical Organisation Statement to the Seanad Éireann
Public Consultation Committee on

Child and Adolescent Mental Health Services

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Ladies and gentlemen, members of the Committee, Mr. Chairman, good afternoon. My name is Dr. Matthew Sadlier, and I am a consultant adult psychiatrist working in the West Blanchardstown Mental Health Service, in Dublin North City. I present to you today on behalf of the Irish Medical Organisation, to set out the views of doctors in Ireland on the problems facing child and adolescent mental health services in this country. As you are aware, the IMO is the representative body and trade union for the medical profession in Ireland, representing all categories of doctors, including non-consultant hospital doctors, community health doctors, public health doctors, general practitioners, and consultants.

Through written submissions made to this Committee, and those made to you during last week's hearing, you will of course be aware that mental health services for children and adolescents in Ireland fall far short of what is needed, and are failing young people and their families. In many ways mental health awareness has never had a higher profile with sufferers encouraged to seek help. Sadly, however, while as a society we may encourage our young people to access the help they need, we at present have neither the capacity nor staffing in place to adequately respond to those children seeking assistance.

Funding for mental healthcare in Ireland remains low. In the HSE's Service Plan for 2017, funding for mental health services makes up just 6.1% of the HSE's total operational budget. This is a far cry from the 8.24% of total health fund spending that should be directing to mental health services, as set out in *A Vision for Change*. *A Vision for Change* pointed to the progressive decline in the percentage of total health spend being allocated to mental health services over the years, from 13% in 1984 to 7.3% in 2004. Rather than reversing this reduction, successive governments have flatly ignored many of this document's important recommendations and have continued oversee a relative cutback in mental health service funding. By way of contrast, many other west European health systems, such as those in France, Germany, and the United Kingdom, spend around 10% to 11% of their health budgets on mental health services.¹

This chronic underfunding has manifested in a failure of State agencies to build the necessary capacity to provide adequate mental health services to children and adolescents. The IMO recognises that good patient outcomes are most likely if patients have timely access to advice, assessment, and treatment, however the latest figures available from the HSE show that CAMHS are still far below the level of capacity recommended in *A Vision for Change*. Just 67 child and adolescent mental health teams are in existence out of the 95 recommended in *A Vision for Change*. This means that each team is forced to serve a larger population, creating additional pressures on each team and longer waiting times for patients.

Just 66 CAMHS inpatient beds are in place, which is far less than the 100 beds which were required "as a matter of urgency" in 2006.² Since 2006 there has been a population increase of approximately 216,000 in those aged less than 18 years, a rise of 21%, thus 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, or

¹ M. Schultz, 'Mental health services in Germany', in N. Brimblecombe and P. Nolan (eds.), *Mental Health Services in Europe – Provision and Practice*, Radcliffe Publishing, London, 2012, pp. 97-120; The NHS Confederation, *Key facts and trends in mental health*, London, November 2009, p. 4; G. Faedo and C. Normand, *Implementation of 'A Vision for Change' for Mental Health Services*, Trinity College Dublin, March 2013, p. 14.

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

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 Cork, Dublin, or Galway.

Our own membership has reported that facilities are often unsuitable for the provision of care. The IMO has identified deficiencies in service provision nationwide, with specific problems identified in the CAMHS teams in Mayo South and Roscommon, and Wexford North.

Pronounced staffing difficulties also severely hamper service provision. According to *A National Model of Care for Paediatric Healthcare Services in Ireland*, currently CAMHS teams in Ireland have approximately 50% of the staffing recommended by *A Vision for Change* on average, thereby limiting the number and range of therapeutic interventions they can provide.³ Many CAMHS teams operate with as little as one-third of the complement of staff recommended in *A Vision for Change*. Often teams nationwide share staff members, thereby rendering the full extent of understaffing ambiguous, as the same individual may be reported as being a member of more than one team. This is creating a virtual postcode lottery, whereby the range of services is dependent on a patient's geographical location.

In the absence of adequate primary care teams with allied mental health professionals, such as psychologists and speech and language therapists, GPs are often forced to refer patients to secondary services instead of managing patients in the community.

Chronic understaffing and a lack of capacity has, despite the recommendations of the Mental Health Commission that such practices should stop from 2009, resulted in 68 children being admitted to adult psychiatric units in 2016, representing approximately 18% of all child admissions.⁴ At the end of March 2017, 51% of referrals to CAMHS were waiting over three months for an appointment,⁵ demonstrating the inability of the existing staff to treat patients in a timely manner.

Mental health services, indeed most health services in Ireland, encounter major difficulties when attempting to recruit personnel, leaving many health services in Ireland critically understaffed.

Recently, the IMO has heard complaints from doctors being forced to work hours far above legal limits due to severe understaffing. This problem has been particularly identified in the CAMHS North Cork, where three non-consultant hospital doctors have been forced to each provide 16 hours of on-call cover each weekday, and 24 hours of on-call cover each weekend-day. This amounts to approximately 70 hours of on-call cover every week, on top of the 39 hours of weekly work. In responding to calls from the IMO that this practice cease, and that correct staffing levels be attained, the HSE stated that it did not believe it would be possible to alter the current work practices within the service. The HSE stated that the CAMHS in Cork are experiencing, and I quote, "significant difficulties recruiting suitably trained personnel, at local and international level, which is having a significant impact on the quality and timeliness of service provision", end quotation.⁶

These kinds of problems are not restricted to services in Cork, however. Waterford, for example, which has funding for three child and adolescent consultant psychiatrists, has only been able to fill one and a half of these posts and considers itself lucky to have done so; while in North Tipperary and

³ Health Service Executive, *A National Model of Care for Paediatric Healthcare Services in Ireland Chapter 13: CAMHS*, p. 27.

⁴ Marcella Corcoran Kennedy, Written Answer, Dáil Éireann, 29 March 2017.

⁵ Health Service Executive, *Management Data Report*, March 2017, p. 92.

⁶ G. Reaney, Business Correspondence, 16 June 2017.

West Limerick there are no non-consultant hospital doctors, Consultants in training, on the CAMHS teams.

It is little wonder that the health services in Ireland experience pronounced difficulties in recruiting and retaining medical staff when both remuneration, and working conditions, lag significantly behind those available elsewhere in the English-speaking world. Independent research on the emigration of health professionals from Ireland has found that “much recent emigration has been driven by dissatisfaction with working conditions in the health system and uncertain career progression opportunities, aggravated by austerity-related staff reductions, salary reductions and taxation increases”.⁷ This research has also indicated that the overwhelming majority of those who leave do not plan to return to Ireland, and experience superior working conditions, training, professional opportunities, and pay abroad. Simply put, no solution can be found to the staffing issues within the mental health services unless action is taken to resolve the present recruitment and retention crisis amongst health professionals.

Additionally, structural issues must be addressed. Sufficient CAMHS in-patient bed capacity must be provided, in appropriate locations, to ensure that all children who require such care can receive it, and thus end the practice of the inappropriate admission of children to adult psychiatric units. General practitioners must also be provided with the necessary resources in their primary care teams to manage patients presenting with mental health problems, without recourse to secondary care.

Finally, the confusion regarding discrepancies in the definition of a child between physical and mental health services should be resolved.

The IMO calls on this Committee to recognise these issues as central to remedying the problems facing child and adolescent mental health services, and to recommend that immediate remedial action is taken to address these issues.

I thank the Committee for its time this afternoon, and both Mr. O’Dowd and I will be happy to answer any questions you may have on this matter.

⁷ A. Walsh and R. Brughna, *Brain Drain to Brain Gain: Ireland’s Two-Way Flow of Doctors*, Royal College of Surgeons in Ireland, Dublin, 2017, p. 13.