

Child and Adolescent Mental Health Services (CAMHS) – CHO 1

2017 Inspection Report

Community Healthcare Organisation:
CHO 1

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Introduction

In 2017, the Inspector of Mental Health Services sought information from each Community Healthcare Organisation (CHO) about Child and Adolescent Mental Health Services (CAMHS) in their area. Information was collected by questionnaire on 15 September 2017 and a meeting held with the Executive Clinical Directors, and Head of Mental Health for the CHO. The report was sent to the Head of Mental Health for accuracy checks and comments prior to being finalised.

Description

CHO 1 is a large area consisting of Sligo, Leitrim, Donegal, Cavan and Monaghan. Twenty-six percent of the population is under 18 years old. At the time of inspection there were five community CAMHS teams, which were poorly resourced and were staffed at only 56% of *A Vision for Change* recommendations. The nearest CAMHS in-patient units was at a considerable distance: Galway (for Sligo/Leitrim and Donegal) or Dublin (for Cavan/Monaghan). Difficulties in recruitment in some areas meant that CAMHS had been operating in crisis mode for the past two years. CHO 1 is an area that has high levels of deprivation.

CHO 1 Profile	
Total population	402,252
Population under 18	103,778
CAMHS funding	€5,218,139
Per capita funding for under 18's	€50.28
Number of CAMHS teams recommended in <i>A Vision for Change</i>	8
Actual number of CAMHS Teams in 2017	5

Staffing

CHO 1 CAMHS Staffing Profile	Number (WTE*)	<i>A Vision for Change</i> recommendations	% <i>A Vision for Change</i> recommendations in place
Consultant Psychiatrist	7.35 (1 locum)	8	92%
Doctor in training	6	8	75%
Psychologist	3	16	19%
Occupational Therapist	4	8	50%
Social Worker	8.43	16	53%
Social Care staff	4.04	8	51%
Nursing staff	13.55	16	85%
Speech and Language Therapist	3	8	38%
Total	49.37	88	56%

*WTE: Whole Time Equivalent

CHO 1 CAMHS Vacancies (post approved but not filled)	Number (WTE)
Consultant Psychiatrist	1 3 (filled by locum)
Doctor in training	1
Psychologist	4
Occupational Therapist	2
Social worker	1.57
Social care staff	0.6
Nursing staff	0.45
Speech and Language Therapist	2

A third CAMHS team has been approved in Donegal but has vacancies for a consultant psychiatrist, clinical nurse specialist, occupational therapy, social worker and psychologist.

Waiting times

CHO 1 CAMHS Waiting times	Monaghan	Donegal	Cavan	Sligo/Leitrim/ West Cavan	Total
Number on waiting list for more than a year in September 2017	0	8	10	22	40

- In Sligo, the waiting list was closed to referrals. If assessed as an emergency, a referral was accepted for treatment. Otherwise, Sligo CAMHS did not accept referrals. This was in order to manage cases already on the waiting list within a diminished staff complement. This left non-urgent cases without a service.
- At the end of September 2017, there were 40 young people waiting for initial appointments for more than one year.
- Monaghan CAMHS team had no young people waiting for more than a year.
- Between January 2016 and October 2017 there was a reduction of 40% in the total number on the waiting list.

CHO 1 CAMHS Waiting times – From time of referral to first assessment	
Emergency	Same day - 48 hours*
Urgent	48 hours - 3 months
Non-urgent	3 months - 15 months

*Sligo/Leitrim CAMHS does not operate an emergency response

CHO 1 CAMHS Waiting times – From first assessment to follow-up appointment	
Emergency	Service did not give information
Urgent	1-2 weeks
Non-urgent	1 month

Waiting list initiatives

- In Sligo/Leitrim a “Blitz” achieved a reduction of 35 on the waiting list. This was to continue for a further three months to assess young people who were more than nine months on the waiting list.
- Donegal CAMHS also carried out a “Blitz” on waiting lists.
- Efforts were made to outsource Autistic Spectrum Disorder (ASD) and Assessments of Need, but these were unsuccessful. The HSE responded by recruiting two locum consultant psychiatrists.
- All open cases were reviewed and reformulated in July 2017, with a strong focus on discharge.
- Education for GPs about appropriate referrals to CAMHS was rolled out in 2017.

Access to care and treatment

For Sligo/Leitrim/West Cavan access to in-patient beds was in Merlin Park in Galway, which was reported by CHO 1 to be responsive to referrals. However, this entailed a round trip of 500 km from Letterkenny and some young people and their families opted for a bed in the adult mental health unit. For Cavan/Monaghan, access to in-patient beds was in Linn Dara in Dublin.

Difficulties were reported in referring young people to Tusla if they had a co-existing mental health difficulty. There was no access to out-of-hours beds in Tusla.

CHO 1 Access to in-patient CAMHS facilities

CAMHS In-patient Unit, Merlin Park University Hospital	20 beds
Children admitted to adult mental health units in 2017	6
Children treated abroad for mental illness in 2017	3

CHO 1 CAMHS Access

CAMHS out of hours cover provided to emergency departments	No (Cavan Monaghan)
CAMHS team input if child admitted to adult unit	Yes
Provision of CAMHS to 17 year olds	No (Cavan Monaghan)*

*Cavan Monaghan does not accept referrals of 17 year olds but continues to provide a service to existing patients until age 18 years

Young people and family involvement

A service reform group had been formed, which had young people aged 19-20 years providing input. This shared CAMHS experience across the CHO. This was particularly active in Sligo and Donegal.

In Cavan Monaghan, A PEERS Group was run by the occupational therapist and the speech and language therapist for 8 weeks in June/July aimed at improving social skills for the children/adolescents attending the service.

Although there was a consumer panel in Cavan/Monaghan, CAMHS was not well represented.

Quality initiatives

- There was a Service Initiative Plan commenced in 2017, which focused on reducing the waiting list in Sligo.
- A Service Level Agreement had been signed for JIGSAW services in Donegal.
- A Cross Border Initiative was in place in Sligo and Donegal. This was developed by the Co-operation and Working Together (CAWT) cross border health partnership. It supported agencies and those working at community level in coming together to plan services in order to make improvements to children and young people's lives at a regional, local and cross border level.
- Two eating disorder therapists worked cross border with the back-up of the general hospitals. This had reduced the need for admission for young people with eating disorders.
- There was an active Connecting for Life (National Strategy for Suicide Prevention 2015-2020) programme across secondary schools. Three suicide prevention officers provided education to schools and local communities.
- A CAMHS home-based treatment service was being developed in Cavan/Monaghan.
- Team coordinators had been piloted in CAMHS teams.
- Guidelines for Eating Disorders have been produced, which have resulted in fewer admissions of young people who have eating disorders.
- Two members of CAMHS in Monaghan are directly involved in devising the National Clinical Programme for Eating Disorders.
- A one-page screening tool for GPs for young people with eating disorders has been devised, with clear pathways of care delineated.
- A group with a lead paediatrician, dietician, nursing and representatives from CAMHS developed a comprehensive policy for eating disordered patients admitted to the paediatric ward in Cavan General Hospital. The aim was to cover all clinical pathways including out-patient, treatment on a paediatric ward, nasogastric feeding, referral to inpatient psychiatric units and discharge.

Challenges

- Recruitment and retention of staff for CAMHS teams had been particularly challenging for CHO 1. Three consultant psychiatrist posts were locum posts and there was a vacant consultant psychiatrist post in Donegal CAMHS.
- CHO 1 was not integrated, which caused difficulties in planning and aligning CAMHS services.
- Inappropriate referrals of young people who required intellectual disability services, Autistic Spectrum Disorders services, Assessments of Need or primary care services had been an obstacle to reducing waiting lists.

Conclusion

The last few years have been particularly challenging for CAMHS in CHO 1 and there has been public anxiety about the level of service provided. Despite Cavan/Monaghan having high levels of deprivation, the per capita funding for under 18 year olds for CAMHS services was only €50.28. This represented the third lowest funding in all CHOs.

Recruitment and retention of staff for CAMHS teams had been very difficult. Consequently, teams had been poorly staffed and waiting lists and waiting times were long. There had been some improvements following waiting list initiatives and waiting times have reduced. However, the waiting list was still unacceptably long and young people and their families found it difficult to obtain a responsive service. Despite this, CAMHS in CHO1 impressed with their efforts to improve the service. There was positivity about increasing young people's input into CAMHS, working with services in Northern Ireland and active participation in Connecting for Life.