



# Mental Health Reform

Promoting Improved Mental Health Services

## **MHR's submission on review of the CAMHS Standard Operating Procedure 8<sup>th</sup> February 2018**

### **Introduction**

For the purposes of this submission, Mental Health Reform consulted with members of its child and youth mental health advisory group (i.e. the Children's Mental Health Coalition), made of up over 70 representatives from leading child and youth organisations, in addition to independent professionals, including academics, clinicians and legal experts. Members of the Coalition raised a number of issues to be addressed as part of the review of the CAMHS Standard Operating Procedure and are set out below:

- **Inconsistency in application and implementation of the CAMHS SOP across the services**
- **Inadequate resourcing of child and adolescent mental health services (including shortfalls in funding and recruitment)**
- **Absence of team co-ordinator role in a number of child and adolescent mental health services**

### **1. Inconsistency in application and implementation of the CAMHS SOP across the services**

There is a requirement for consistency in the application of the CAMHS SOP across all child and adolescent mental health services. Members of the Coalition expressed that currently there is considerable regional variation in scope of practice and referral procedure that leads to inequity in access to and provision of services for children and their families. Members also highlighted that such inconsistency is challenging and time consuming for mental health staff, as well as external referrers in navigating the system.

Various representatives of the Coalition raised the issue of ongoing difficulties with long waiting lists in CAMHS which has "a detrimental impact on children, young people and their families in need of timely supports". As of September 2017, 2,333 children and adolescents were waiting to be seen by CAMHS, of which 317 (14%) were waiting more than 12 months.<sup>1</sup> In addition, there are particular CHO areas where the situation of long waiting

---

<sup>1</sup> See HSE Performance Report July - September 2017.

times is particularly dire.<sup>2</sup> No doubt, there is also a requirement to increase accessibility of CAMHS in rural and isolated parts of the country.

**Recommendation: Local area management and clinical leads across the CAMHS system should support the full implementation of the Standard Operating Procedure to promote its transition from policy to practice.**

The Coalition has developed specific policy positions on meeting the mental health support needs of children and young people, including through the provision of specialist mental health services.<sup>3</sup> Many members have raised concerns that the CAMHS SOP has not adequately addressed many of these needs and there is a requirement, in the review of the SOP to consider and/or re-evaluate the following:

- **Providing ‘out of hours’ crisis community mental health services to children, young people and their families in every community across the country**
- **Ensuring the effective transition of children and young people from CAMHS to adult mental health services**
- **Ensuring the effective transition of children and young people across a range of services, including TUSLA, disability, primary care and specialist mental health services**
- **Providing mental health services and supports through the CMHT in the absence of a consultant psychiatrist**
- **Improving awareness among children and families about how to make a complaint about the mental health services, in addition to providing supports for families to make a complaint, where necessary**
- **Providing advocacy supports for children, young people and family members engaged with CAMHS**
- **Improving the capacity in mental health in primary care to enhance accessibility of mental health supports and provide for early intervention and a reduction in the number of referrals to specialist mental health services**

## **2. Inadequate resourcing of child and adolescent mental health services (including shortfalls in funding and recruitment)**

It must be acknowledged that to ensure the effective implementation of the CAMHS SOP across the services, teams must be adequately resourced. Some members of the Coalition have expressed concerns that there are considerable challenges in adhering to aspects of

---

<sup>2</sup> Ibid.

<sup>3</sup> Children’s Mental Health Coalition (2015) Meeting the Mental Health Support Needs of Children and Adolescents: A Coalition Analysis, Dublin: Mental Health Reform.

the SOP e.g. inclusion of 16 and 17 year olds, in addition to 'moderate cases' with ongoing shortfalls in staff and infrastructure. There is no doubt that the child and adolescent mental health services are operating in an environment of depleted resources and increasing demand.

Currently there is just 52% of the staffing levels recommended in *A Vision for Change* in post across CAMHS. Despite concerted efforts by the HSE to improve staffing levels in the last couple of years, this equates to an increase of just 2.1% nationally on the 2014 position. Furthermore, investment in mental health services, remains below national and international standards and the proportion of mental health funding allocated to CAMHS across CHO areas remains low i.e. approx. 8-11%.<sup>4</sup>

**Recommendation: CAMHS should be adequately resourced (through the allocation of increased funding and enhanced measures to recruit staff) to ensure the effective implementation of the CAMHS SOP**

### **3. The absence of team co-ordinators in a number of child and adolescent mental health services**

Some members of the Coalition have raised concerns that the absence of team co-ordinators on a number of child and adolescent mental health teams has adversely impacted on the implementation of the CAMHS SOP. There is no doubt that this type of post would enhance day to day operation of services, promote the effective coordination of referrals and provide oversight on policy compliance. Mental Health Reform has also previously recommended that implementation of a team manager role would significantly improve both service user and family member experience of the mental health services. This would be facilitated through adequate structuring/enhanced team working to improve key working, individual care/recovery planning, and liaison with service users and family members.

In addition, the position of team manager, if implemented effectively, could enhance collaborative working between primary and secondary mental health services and between specialist services and the community and voluntary sector. Currently, such inter-agency coordination is ad hoc and requires clear direction at national level.

**Recommendation: Team managers/co-ordinators should be appointed within each CAMHS CMHT with specific management expertise**

---

<sup>4</sup> See transcripts of Oireachtas Committee on Future of Mental Health Care meetings.

## **Conclusion**

Mental Health Reform strongly recommends that in the review of the CAMHS SOP the above mentioned issues be considered in detail.

Mental Health Reform is available to discuss the above content and recommendations. Please contact Kate Mitchell, Senior Policy and Research Officer at 01 874 9468 or via email at [kmitchell@mentalhealthreform.ie](mailto:kmitchell@mentalhealthreform.ie) for further information.