

Second Annual Child & Adolescent Mental Health Service Report

2009 - 2010



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



A Vision for Change
ADVANCING MENTAL HEALTH
IN IRELAND

**Second Annual Child & Adolescent
Mental Health Service Report**

2009 - 2010

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Executive Summary

Mental health is a prerequisite for normal growth and development. Most children and adolescents have good mental health, but studies have shown that 1 in 10 children and adolescents suffer from mental health disorders severe enough to cause impairment. Mental health disorders in children and young people can damage self-esteem and relationships with their peers, undermine school performance, and reduce quality of life, not only for the child or young person, but also for their parents or carers and families. The majority of illness burden in childhood, and more so in adolescence, is caused by mental health disorders. Mental health disorders in childhood are the most powerful predictor of mental health disorders in adulthood.

The development of comprehensive Child and Adolescent Mental Health Services (CAMHS) for young people up to the age of 18 years is described in the Department of Health and Children A Vision for Change (2006) policy document. CAMHS had been organised until then for young people up to the age of 16 years. Key to this is the development of 99 multidisciplinary CAMHS teams, of which 55 are in place, 50 community teams, 2 day hospital teams and 3 paediatric hospital liaison teams. Further recommendations are contained in the policy concerning inpatient services (a total of 108 beds), mental health intellectual disability teams (a total of 13), substance misuse, eating disorder and forensic services for young people.

Community child and adolescent mental health teams are the first line of specialist mental health services. In November 2008 the first month long survey of children and young people seen by all 49 community based CAMHS teams was carried out. This was the first fully comprehensive exercise to gather information on the age and gender of children and young people attending the service and the mental health problems they present. The results of the survey, together with information on the admission of young people under the age of 18 years admitted for inpatient assessment and treatment for the year 2008 supplied by The Health Research Board, were published in the First Annual CAMHS Report.

The Second Annual CAMHS Report incorporates the second month long survey of the clinical activity of 50 community CAMHS teams carried out in November 2009. The Report also includes the information collected on a monthly basis through HSE HealthStat from each community CAMHS team for the year long period from October 1st 2009 to September 30th 2010. Detailed information on the admission of young people under the age of 18 years for the year 2009 has been provided by The Health Research Board. Information on the admission of young people for the period January to September 2010 has been provided by The Mental Health Commission.

For those experiencing mental health problems, good outcomes are most likely if the child or adolescent and their family or carer have access to timely, well coordinated advice, assessment and evidence-based treatment. Specialist CAMHS work directly with children and adolescents to provide treatment and care for those with the most severe and complex problems and with other services engaged with children and young people experiencing mental health problems. Services need to be culturally sensitive, based on the best available evidence, and provided by staff equipped with the relevant up to date knowledge and skills.

To achieve the goals set out in Vision for Change requires the allocation of significant additional resources to CAMHS. Systematic national and regional planning is necessary, working with local networks and structures, to provide the trained personnel and infrastructure. It has been estimated that increasing the age range of CAMHS from 16 to 18 years doubles the cost of providing the service.

The Specialist Child and Adolescent Mental Health Service Advisory Group, established in 2009 has progressed in its brief to address the challenges facing CAMHS which include providing greater clarity about priority groups, developing relationships with primary care and other services by putting in place clear care pathways and agreement about the nature of supports CAMHS provide for other services working with children and young people with mental health problems, improving access for older adolescents who can find it difficult to engage with services, having a stronger focus on outcomes and measuring the quality and effectiveness of interventions through the increased involvement of service users and carers in service development and evaluation.

For CAMHS team to work effectively, a range of disciplines, skills and perspectives are required, so that children and adolescents are offered a care and treatment package geared to their individual needs. Staffing of the 50 existing

teams is 456.11 whole time equivalents, which is 70.2% of the recommended level for these teams. There is variation in the distribution and disciplinary composition of the workforce across teams and regions. A further 52.17 work on 2 adolescent day service teams and 3 paediatric hospital liaison teams. The 4 inpatient units have a current staffing of 114.3. This brings the total workforce across community teams, adolescent day services, paediatric hospital liaison teams and inpatient services to 622.58 in September 2010.

All community CAMHS teams screen referrals received, those deemed to be urgent are seen as a priority, while those deemed to be routine are placed on a waiting list to be seen. A total of 7,651 new cases were seen by community CAMHS teams in the period October 1st 2009 to September 30th 2010. Over this period 47% of new cases were seen within 1 month of referral, 69% within 3 months. 12% of new cases had waited between 3 and 6 months, 9% had waited between 6 and 12 months and 10% had waited more than 1 year to be seen.

A total of 2,370 children and adolescents were waiting to be seen at the end of September 2010. This represented a decrease of 247 (9.5%) from the total number waiting at the end of September 2009 (2,617). 29 (58%) community CAMHS teams had a waiting list of less than 50 cases, 14 (28%) had a waiting list of 50 to 99 cases, 5 (10%) had a waiting list of 100 to 149 cases and 2 (4%) had a awaiting list of 150 to 199 cases.

In the course of the month of November 2009 a total of 6,950 cases were seen, 6,617 (89.5%) of these cases were returns and 733 (10.5%) were new cases. A total of 12,147 appointments were offered, 10,192 appointments were attended, with a resulting non attendance rate of 16.1%.

Analysis of the data collected indicated that:

- Adolescents from the 15 years of age group are most likely to be attending community CAMHS, followed by children aged 10 to 14 years.
- Adolescents aged 16/17 years constitute 13.4% of the caseload reflecting the practice of CAMHS teams keeping on open cases after their 16th birthday.
- The ADHD / hyperkinetic category (33.1%) was the most frequently assigned primary presentation followed by the anxiety category which accounted for 16.1%.
- The ADHD / hyperkinetic category peaked in the 4 to 9 years age group at 45% of cases in this age group, dropping to 20.5% of adolescents in the 15 to 17 year age group.
- Depressive disorders increased with age, accounting for 21.5% of the 15 to 17 year age group.
- Deliberate self harm, which increased with age, accounts for 6.2% of the primary presentations of the 15 to 17 year age group age group, however deliberate self harm / suicidal ideation was recorded as a reason for referral in 22% of the new cases seen.
- Eating disorders increased with age, accounting for 5.6% of the primary presentations of the 15 to 17 year age group.
- Males constituted the majority of primary presentations apart from psychotic disorders (46.6%), depressive disorders (40.4%), deliberate self harm (26.6%) and eating disorders (13.8%).
- 21.3% of cases were in treatment less than 13 weeks, 13% from 13 to 26 weeks, 15.8% of cases were in treatment from 26 to 52 weeks and 50.2% greater than 1 year.

In 2009 the capacity of the HSE child and adolescent inpatient services increased from a total of 16 to 30 beds with the opening of St. Joseph's Adolescent Unit at St. Vincent's Hospital, Fairview, Dublin and an interim Child and Adolescent Unit at St. Stephen's Hospital, Cork. The new 20 bed inpatient units at Merlin Park, Galway and Bessboro, Cork, which will replace the interim unit at St. Stephen's Hospital and the existing St. Anne's inpatient unit, are near completion and will be functional in 2011. This will bring the total capacity to 52 beds. Further development of St. Joseph's Adolescent Unit is planned for 2011. Plans for the development of the Warrenstown Child and Adolescent inpatient service are being finalised. Inpatient services are included in the design brief of the National Paediatric Hospital.

In 2009 there were 367 admissions of children and adolescents up to the age of 18 years to inpatient units. Females accounted for 55% of admissions. Forty-five per cent of all admissions were aged 17 years on admission, 30% were aged 16 years, and 25% were aged 15 years or younger. Of the 367 admissions, 212 (58%) were to adult inpatient units and 155 (42%) to child and adolescent units. Eleven admissions of young people aged less than 16 years were to adult units.

The average length of stay was significantly longer in the child and adolescent units, at 61.9 days (median 58 days), than in adult units at 14.8 days (median 6 days). Twenty-seven per cent of admissions to adult units were discharged within two days of admission and 57% within one week. Seventy-nine per cent of admissions to child and adolescent units were for periods longer than 4 weeks.

Depressive disorders accounted for 27% of all admissions in 2009. The next largest diagnostic category was neuroses at 12%, followed by eating disorders at 11%, schizophrenia and delusional disorders at 11%, and behavioural and emotional disorders of childhood and adolescence at 6%. The diagnosis of mania accounted for 5% of admissions.

In the nine months January to September 2010, for the first time the majority 63% (207) of the 328 admissions of children under the age of 18 years were to child and adolescent units and the remaining 121 (37%) to adult units. Of the 121 admissions to adult units; 61.1% (74) of these admissions were 17 years of age, 28.1% (34) were 16 years of age, 7.4% (9) were 15 years of age and the remaining 3.3% (4) were 14 or 13 years of age.

SECTION 1 Introduction

1.1 Children in the population

The proportion of the population under 18 years is 24.5%. In April 2008, the Central Statistics Office (CSO) published their Population and Labour Force Projections for the period 2011-2041. The projected rise in the 5-12 and the 13-18 years age groups underscored the need to plan for enhanced service provision for young people.

Table 1.1 2006 census by age 0 – 17 yrs. by HSE region

HSE Region	Total	0 – 17 yrs.	%
Dublin Mid Leinster	1,216,848	290,493	28.1%
Dublin North East	927,410	225,749	21.8%
South	1,081,968	267,849	25.8%
West	1,013,622	251,943	24.3%
Total	4,239,848	1,036,034	100%

1.2 Prevalence of childhood psychiatric disorders

The majority of illness burden in childhood and more so in adolescence, is caused by mental disorders and the majority of adult mental health disorders have their onset in adolescence. The World Health Organisation (2003) *“Caring for children and adolescents with mental disorders: Setting WHO direction”* states that; “The lack of attention to the mental health of children and adolescents may lead to mental disorders with lifelong consequences, undermines compliance with health regimens, and reduces the capacity of societies to be safe and productive.”

- 1 in 10 children and adolescents suffer from mental health disorders that are associated with “considerable distress and substantial interference with personal functions” such as family and social relationships, their capacity to cope with day-to-day stresses and life challenges, and their learning.^{1,5}
- The prevalence of mental health disorders in young people is increasing over time.²
- 74% of 26 year olds with mental illness were found to have experienced mental illness prior to the age of 18 years and 50% prior to the age of 15 years in a large birth cohort study.³
- A range of efficacious psychosocial and pharmacological treatments exists for many mental health disorders in children and adolescents.^{4,6}
- The long-term consequences of untreated childhood disorders are costly, in both human and fiscal terms (Mental Health: Report of the US Surgeon General, 2001).

1.3 Child and adolescent mental health services (CAMHS)

The child and adolescent mental health services were organised, primarily for the 0-15 years’ age group, in each former Health Board area. Within the former Eastern Regional Health Authority there are three separate service providers. Nationally three child and adolescent mental health services are provided by voluntary agencies (Brothers of Charity Cork, The Mater Child and Adolescent Mental Health Service Dublin and St. John of God Lucena Clinic Dublin), giving a total of 11 CAMH services. The total number of CAMHS teams increased substantially in the period 1996 to 2006.

Mental health disorders increase in frequency and severity over the age of 15 years and it was recognised that existing specialist CAMHS required significant extra resources in order to extend its services up to the age of 18 years.

1.4 Department of Health and Children Policy - Vision for Change (2006)

The *Vision for Change Policy Document*, Dept. of Health and Children (2006), set out recommendations for a comprehensive mental health service for young people up to the age of 18 years, on a community, regional and national basis.

Within a Community Mental Health Catchment Area of 300,000 population:

- A total of 7 multidisciplinary community mental health teams.
- 2 teams per 100,000 population (1/50,000).
- 1 additional team to provide a hospital liaison service per 300,000.
- 1 day hospital service per 300,000.
- Each multidisciplinary team, under the clinical direction of a consultant child psychiatrist, to have 11 WTE clinical staff and 2 WTE administrative staff.
- A total of 99 Specialist CAMHS teams providing community, hospital liaison and day hospital services.
- A total of 1,237 staff across the country.

Specialist Mental Health Services organised on a Regional / National basis:

- 1 national specialist eating disorder multidisciplinary team linked with the provision of 6-8 inpatient beds.
- 4 child and adolescent mental health substance misuse teams.
- 2 forensic mental health teams, linked with the secure inpatient facility.
- 13 child and adolescent mental health of intellectual disability teams.

Table 1.2 Vision for Change recommendations

Child & Adolescent Mental Health Services	Recommended
Community Child & Adolescent Mental Health Teams	71
Adolescent Day Hospital Teams	14
Hospital Liaison Mental Health Teams	14
Eating Disorder Mental Health Team	1
Forensic Mental Health Teams	2
Substance Misuse Mental Health Teams	4
Intellectual Disability Mental Health Teams	13
Total	119

Specialist Inpatient Child and Adolescent Mental Health Services:

- 100 beds (to be reviewed in 2011).
- The building of 4 new 20 bed inpatient facilities.
- 10% of the bed complement to be provided as a secure / forensic facility.
- A 6/8 bed eating disorder unit in the new National Paediatric Hospital.

Table 1.3 Vision for Change recommendations – Inpatient services

In-Patient Services (Beds)	Recommended
General	90
Forensic / Secure	10
Eating Disorder	6/8
Total	108

1.5 Community child and adolescent mental health teams

This is the first line of specialist services. The multidisciplinary team, under the clinical direction of a consultant child and adolescent psychiatrist, is recommended to include junior medical staff, two psychologists, two social workers, two nurses, a speech and language therapist, an occupational therapist and a child care worker. The assessment and intervention provided by such team is determined by the severity and complexity of the presenting problem(s).

To work effectively, a range of disciplines, skills and perspectives are required, so that children and adolescents are offered a care and treatment package geared to their individual needs. A multi-disciplinary composition is therefore required that incorporates the skills necessary to address the clinical management of the varied and complex clinical problems presented. The community team provides:

- Assessment of Emergency, Urgent and Routine referrals from Primary Care Services.
- Treatment of the more severe and complex mental health problems.
- Outreach to identify severe or complex mental health need, especially where families are reluctant to engage with mental health services.
- Assessment of young people who require referral to In-patient, or Day Services.
- Training and consultation to other professionals and services.
- Participation in research, service evaluation and development.

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2. Collishaw, Maughan, Goodman and Pickles (2004). **Time trends in adolescent mental health**. *Journal of Child Psychology and Psychiatry*. 45:1350-62.
3. Kim-Cohen, J., Caspi, A., Moffitt, T.E., Harrington, H.L. , Milne, B.J., Poulton, R. (2003). **Prior juvenile diagnoses in adults with mental disorder: Developmental follow-back of a prospective-longitudinal cohort**. *Archives of General Psychiatry*. 60: 709-719.
4. Carr,A.(2009) **What Works with Children,Adolescents and Adults?A Review of Research on the Effectiveness of Psychotherapy**. London: Routledge.
5. Martin, M., Carr, A. & Burke, L., Carroll, L. & Byrne, S. (2006) **The Clonmel Project. Mental Health Service Needs of Children and Adolescents in the South East of Ireland: Final Report**.
6. National Institute for Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health (<http://www.nice.org.uk/>).

SECTION 2 Workforce

2.1 Staffing of Child and Adolescent Mental Health Services

A survey of the staffing of community CAMHS teams, Day service programmes, Hospital Liaison teams and Inpatient services was carried out in September 2010. Staffing levels are computed in terms of whole time equivalents (WTEs). The total recorded staffing was 622.58.

Table 2.1 Vision for Change recommendations – actual staffing (2010)

Mental Health Services	Vision For Change (2006)	Rec No.	Teams In Place	Rec. Staff	Total Staff In Place	
Community MHTs	1 : 50,000	85	50	1,105	456.11	73.4%
Adolescent Day Services		(14)	2		22.87	3.7%
Hospital Liaison MHTs	1 : 300,000	14	3	182	29.30	4.7%
Total	1 : 42,857	99	55	1,289	508.28	
Inpatient Services			4 Units		114.30	18.2%
			Total Staff		622.58	100%

The total number of staff at the 4 inpatient units was 114.3 with 6.7 vacant posts.

Table 2.2 Child and Adolescent Inpatient Units

Inpatient Unit	Eist Linn Cork	St. Anne's Galway	St. Joseph's Dublin	Warrenstown Dublin		
Discipline	Capacity	8 Beds In Post	10 Beds In Post	6 Beds In Post	6 Beds In Post	30 Beds Total
Consultant Psychiatrist		1	1	1	1.2	4.2
Senior Registrar		0	1	1	1	3
Registrar		1	1	0	1	3
Social Worker		1	1.7	0	0.8	3.5
Clinical Psychologist		1	1	0.5	0	2.5
Occupational Therapist		0	1	0.5	1	2.5
Speech & Lang. Therapist		0.5	0.5	0.3	1	2.3
Director / Asst. Director / CNM III		1	1	0.5	0.5	3
Clinical Nurse Manager II		2	2.8	1	1	6.8
Clinical Nurse Manager I		1	0.5	4	2	7.5
Staff Nurse		18	17	11	10.5	56.5
Childcare Workers			4		2	6
Administrative Staff		2	2	1	1	6
Teachers *		1	3	2	2	5
Special Needs Assistant *			3			3
Total Staffing		29.5	37.5	22.3	25	114.3

* Funded by the Department of Education and Science

Each of the three Dublin paediatric hospitals has a liaison team and the total number of staff on these teams is 29.3. There are two adolescent day services in Dublin with a total staff of 22.85. Dunfillan Young Person's Unit is located at the St. John of God Lucena Clinic in Rathgar and St. Joseph's Adolescent and Family Service at St. Vincent's Hospital, Fairview.

Table 2.3 Staffing of Day Services and Liaison Teams

Discipline	Day Service		Paediatric Hospital Liaison			Total
	St Joseph's Adolescent & Family Day Service	Dunfillan Young Person's Unit	Children's University Hospital Temple St.	Our Lady's Hospital Crumlin		
Consultant Psychiatrist	0.65	1	1.9	2	2	7.55
Senior Registrar	1	0.5	1	0.5	1	4
Registrar / SHO	0.5	1	0	1		2.5
Social Worker	0.5	0.4	4.4			5.3
Clinical Psychologist	1.5	0.2	2.7			4.4
Occupational Therapist	0	0.2	2			2.2
Speech & Lang. Therapist	0.5	0.5	0.8			1.8
Nurse	4.5	3.6	2.5	1	1.4	13
Teacher *	3.5	0.8				4.3
Administrative Staff	1	1	2.6	1.5	1	7.1
Total	13.65	9.2	17.9	6	5.4	52.15

* Funded by the Department of Education and Science

2.2 Community Child and Adolescent Mental Health teams

It is possible to compare the staffing of community CAMHS teams with previous surveys carried out in March 2007, November 2008 and November 2009. The total staffing of community teams increased by 35 (8%) from November 2009 to September 2010.

Table 2.4 Community Child & Adolescent Mental Health Teams (2007 to 2010)

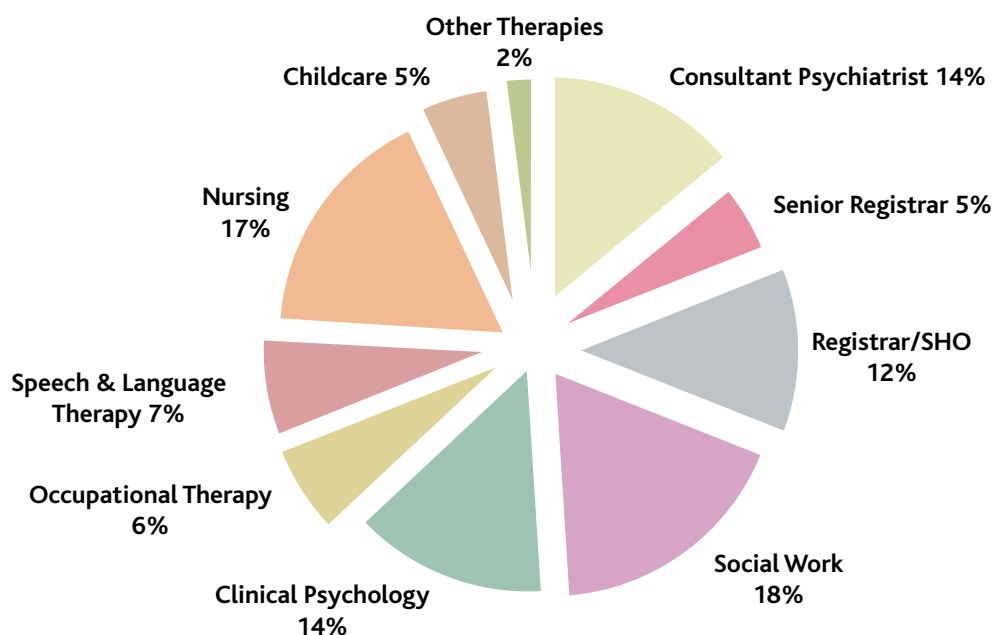
HSE Region	Population	Clinical Staff March 2007	Clinical Staff Nov 2008	Clinical Staff Nov 2009	Clinical Staff Sept 2010	Clinical Staff per 100,000
Dublin Mid-Leinster	1,216,848	127.74	128.51	123.77	125.98	10.35
Dublin North East	927,410	77.05	85.22	89.5	89.76	9.68
South	1,081,968	61.1	60.60	55.35	78.04	7.21
West	1,013,622	74.3	76.90	80.75	86.79	8.56
Total	4,239,848	340.19	351.23	349.37	380.57	8.98
Administrative staff		67.8	70.7	71.75	75.54	
Total Staff		407.99	421.93	421.12	456.11	

In September 2010 there were 456.11 staff working in 50 community CAMHS teams, with an average of 7.6 Clinical staff per team.

- There was an increase of 30.8 in the clinical staff complement giving a total of 380.57, with the greatest increase occurring in the HSE South region.
- This translates to a ratio of 1 clinical staff member, working in community based CAMHS teams, to 2,722 children aged 0 to 17 years.
- The staff complement for a community CAMHS teams as recommended in *A Vision for Change (2006)* is 13, comprising of 11 clinical and 2 administrative support staff. The recommended for staffing for 50 community teams is 650.
- Staffing of the 50 existing teams is at 70.2% of the recommended level.
- There is a variation in the distribution of the workforce across the regions as expressed in the ratio of clinical staff per 100,000 population.
- The ratio was highest in Dublin Mid Leinster at 10.35 and lowest in the South at 7.21 clinical staff per 100,000 population.

A characteristic of CAMHS teams is that they can draw on their multidisciplinary makeup to undertake comprehensive and complex assessment and treatment approaches as well as provide packages of care where more than one professional or intervention is required in order to meet the needs of young person and their family or carers.

Figure 2.1 Community CAMHS clinical workforce by profession (2010)



- The largest professional group was psychiatry making up 31% of the workforce (consultant child & adolescent psychiatrists 14% and doctors in training 17%).
- The other main professional groups were social work (18%), nursing (17%), clinical psychology (14%), speech and language therapy (7%), occupational therapy (6%), childcare (5%), and other therapies (2%).
- Table 2.5 shows the changes in staffing by discipline from 2007 to 2010.

Table 2.5 Community CAMHS Teams Staffing Breakdown 2007 to 2010

Community Teams Discipline	Staffing			
	March 2007	November 2008	November 2009	September 2010
Consultant Psychiatrist	45.6	49.37	51.05	54.69
Senior Registrar	17.8	19.5	18	19
Registrar / SHO	45.2	49.85	48.5	47.49
Social Worker	61.15	53.4	56.65	65.10
Clinical Psychologist	48.04	50.1	47.3	53.67
Occupational Therapist	13.65	15.1	16.5	24.65
Speech & Language Therapist	27.6	26.97	26.7	27.54
Nurse	55.95	56.78	53.07	60.49
Childcare Worker	19.9	21.8	21	20.34
Other Therapist	5.3	8.7	10.6	7.06
Administrative Staff	67.8	70.7	71.75	75.54
Total	407.99	422.33	421.12	456.11

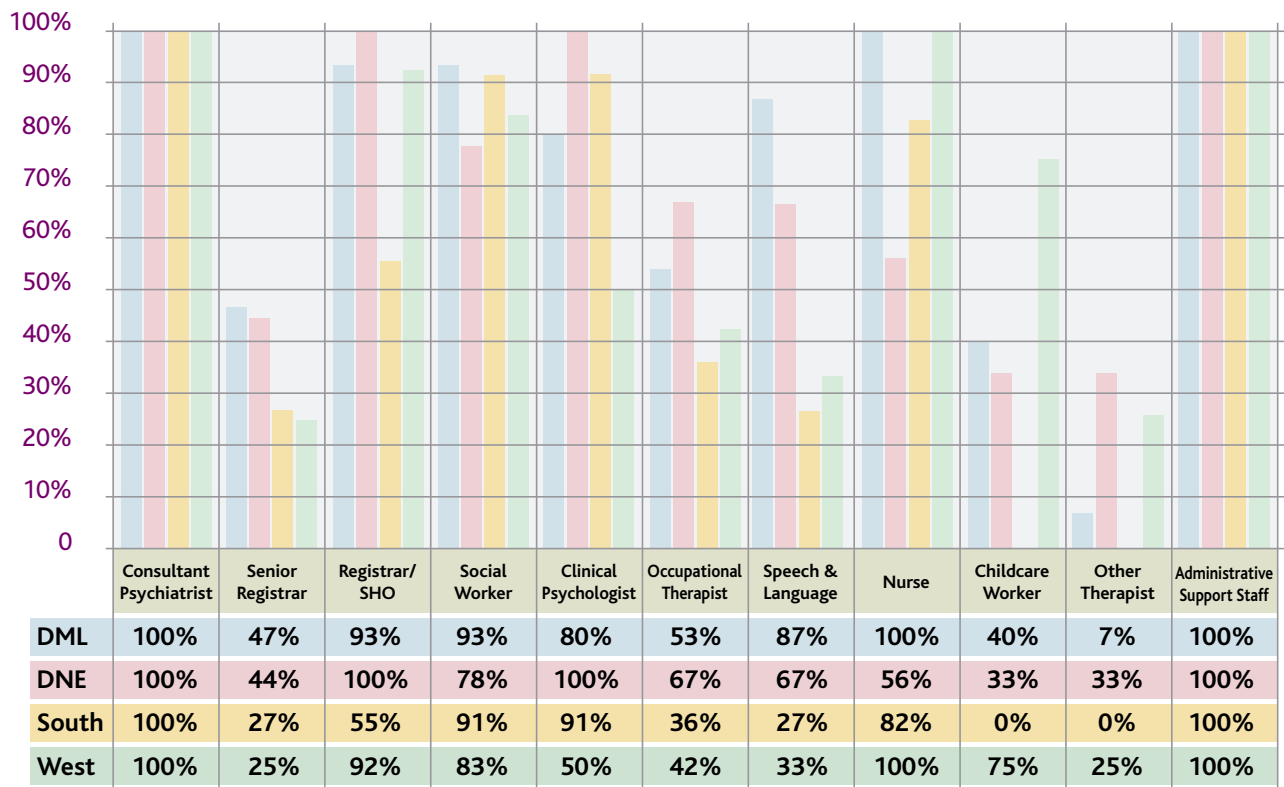
Table 2.6 Community CAMHS Teams Staffing Breakdown by HSE region

Discipline	Dublin Mid Leinster	Dublin North East	South	West	Total
Consultant Psychiatrist	15.29	12.1	15.6	11.7	54.69
Senior Registrar	7	5	4	3	19
Registrar/SHO	16.99	11.1	7.9	11.5	47.49
Social Worker	18.2	15.1	16.5	15.3	65.1
Clinical Psychologist	16.49	16.4	14.83	5.95	53.67
Occupational Therapist	7.65	7	4	6	24.65
Speech & Language Therapist	11.74	8.5	3	4.3	27.54
Nurse	22.12	9.46	12.21	16.7	60.49
Childcare Worker	8	2	0	10.34	20.34
Other Therapist	2.5	3.1	0	2	7.6
Administrative Staff	25.94	13.2	19.1	17.3	75.54
Total	151.92	102.96	97.14	104.09	456.11

Composition of community CAMHS teams by professional discipline

- The numbers of each professional discipline employed across the regions shows variation as does their representation on teams as demonstrated in Figure 2.2.

Figure 2.2 Representation of the professional disciplines on each community CAMHS team by HSE region (2010)



(Note: DML – Dublin Mid Leinster, DNE – Dublin North East)

3.1 Number and length of time waiting to be seen

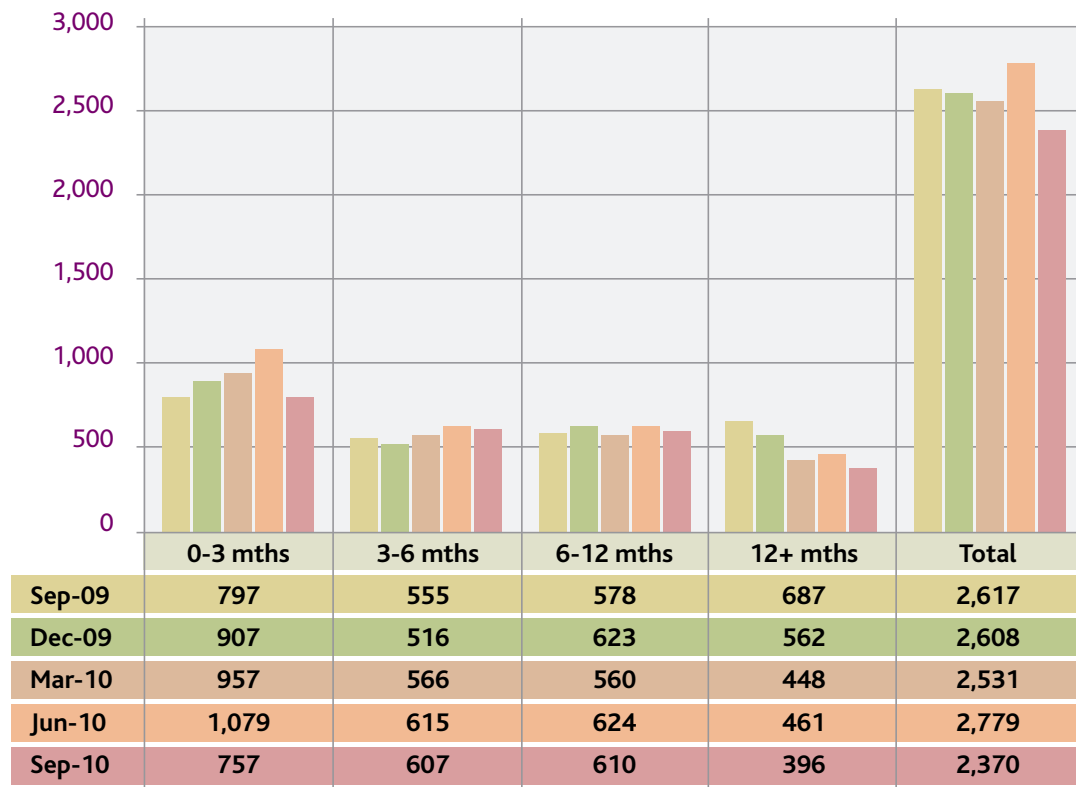
All CAMHS teams screen referrals received, those deemed to be urgent are seen as a priority, while those deemed to be routine are placed on a waiting list to be seen.

Community CAMHS Teams reported a total of 2,370 children and adolescents waiting to be seen at the end of September 2010.

- 757 (32%) were waiting less than 3 months
- 607 (25%) 3 to 6 months
- 610 (26%) 6 to 12 months
- 396 (17%) more than 12 months.

This represented a decrease of 247 (9.5%) from the total number of 2,617 waiting at the end of September 2009.

Figure 3.1 Waiting List for Community CAMHS Sept. 2009 to Sept. 2010



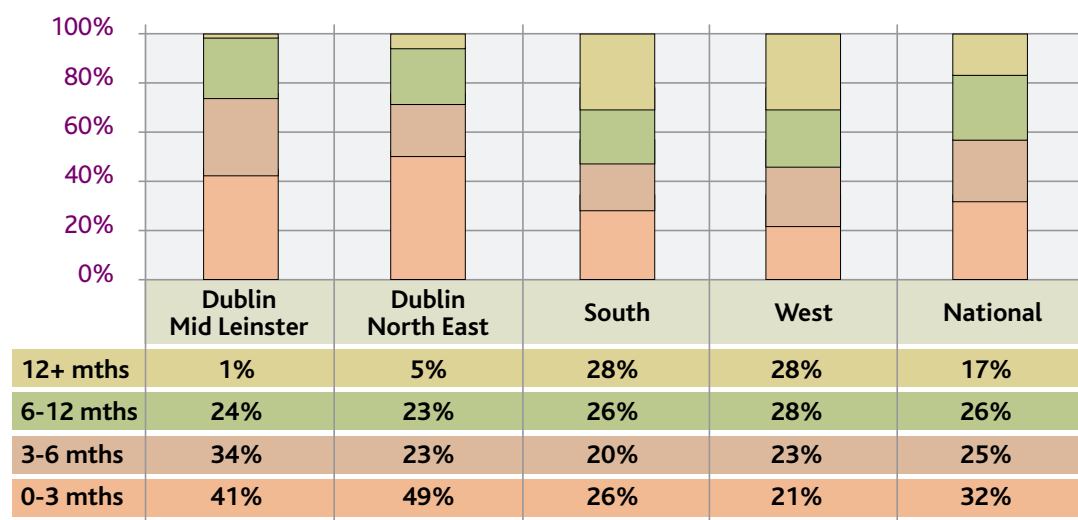
The greatest decrease (42%) was seen in the group waiting more than 12 months from 687 to 396.

Table 3.1 Size of waiting lists by team in each HSE Region (Sept 2010)

Total Number Wait List	No. of Teams	Dublin Mid Leinster	Dublin North East	South	West
0 - 49	29	10	6	5	8
50 - 99	14	4	3	5	2
100 - 149	5	2	1	1	1
150 - 199	2			1	1
Total	50	16	10	12	12

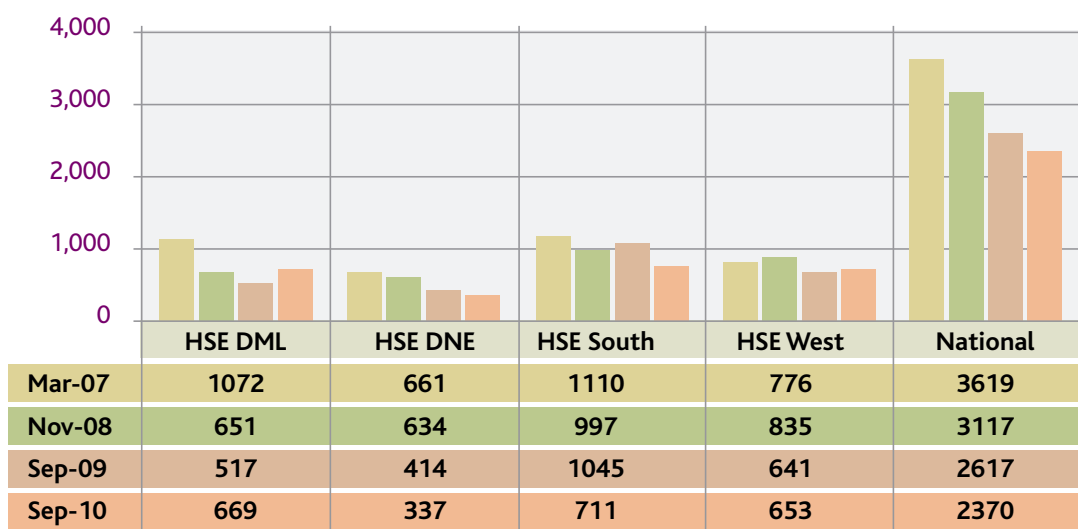
There was variation in the numbers waiting by community team, with the majority of teams (41) having a total number of less than 100 on the routine waiting list.

Figure 3.2 Breakdown of Waiting Lists by HSE Region Sept. 2010



The proportion of those on the waiting list more than 12 months was greatest in the South and West regions.

Figure 3.3 Change in Waiting Lists from March 2007 to September 2010



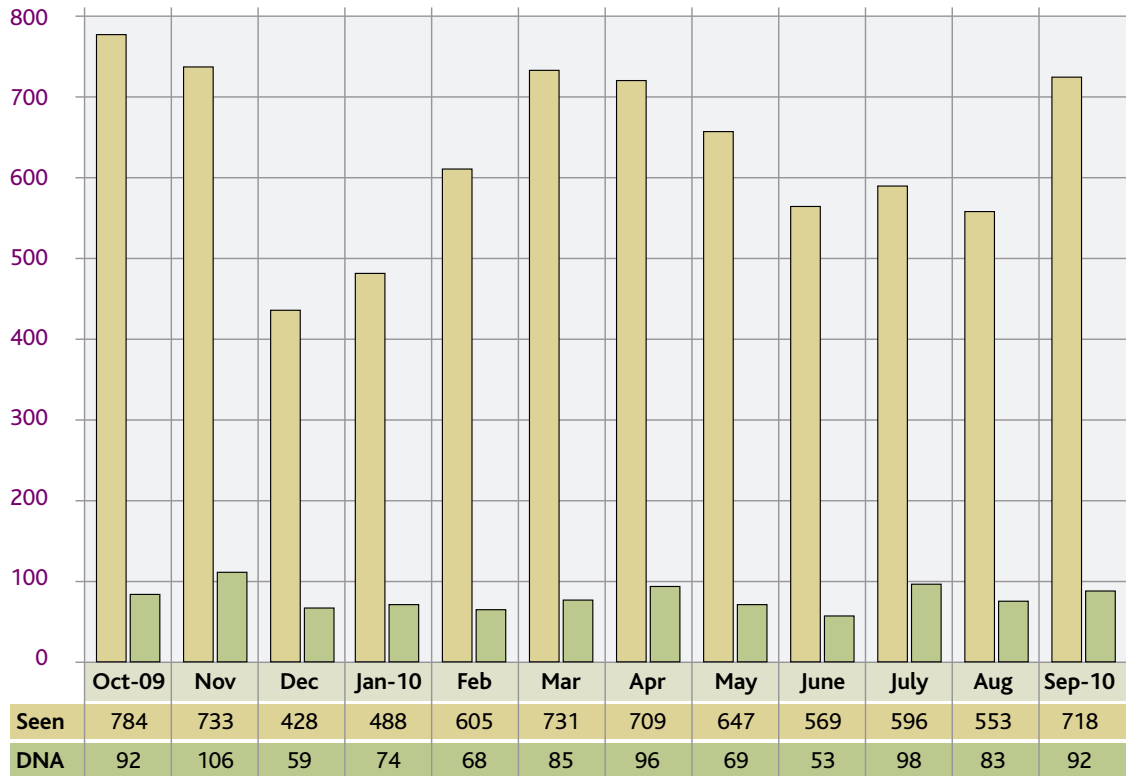
There was a decrease of 1,249 (34.5%) in the number on waiting lists for Community CAMHS teams in the period March 2007 to September 2010.

3.2 New cases seen by community CAMHS teams October 2009 to September 2010*

From the October 1st 2009 to September 30th 2010 a total number of 8,536 new cases were offered an appointment by community CAMHS teams. A total of 7,561 were seen and 975 did not attend. This gives a non attendance rate of 11%, ranging from 9% to 13% across the 12 month period.

(*Note Data missing from 1 team for the period January to June 2010)

Figure 3.4 New cases seen and DNAs from October 2009 to September 2010



Waiting Times for New Cases Seen

For the 12 month period October 2009 to September 2010 a total number of 7,561 new cases were seen by community CAMHS teams. The waiting time to be seen was recorded for each case. Over the 12 month period:

- 47% of new cases were seen within 1 month of referral
- 69% within 3 months
- 12% of new cases had waited between 3 to 6 months
- 9% had waited between 6 and 12 months and
- 10% had waited more than 1 year.

Figure 3.5 Length of wait to 1st appointment seen October 2009 to September 2010

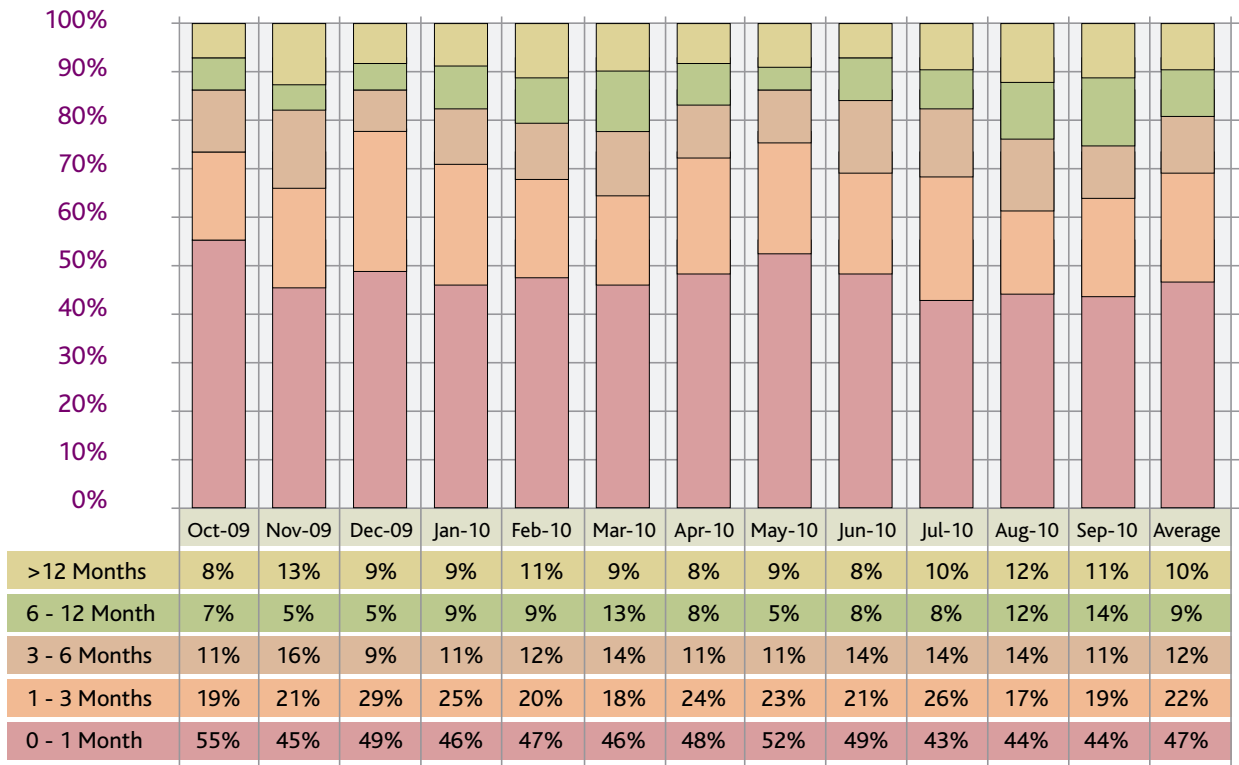
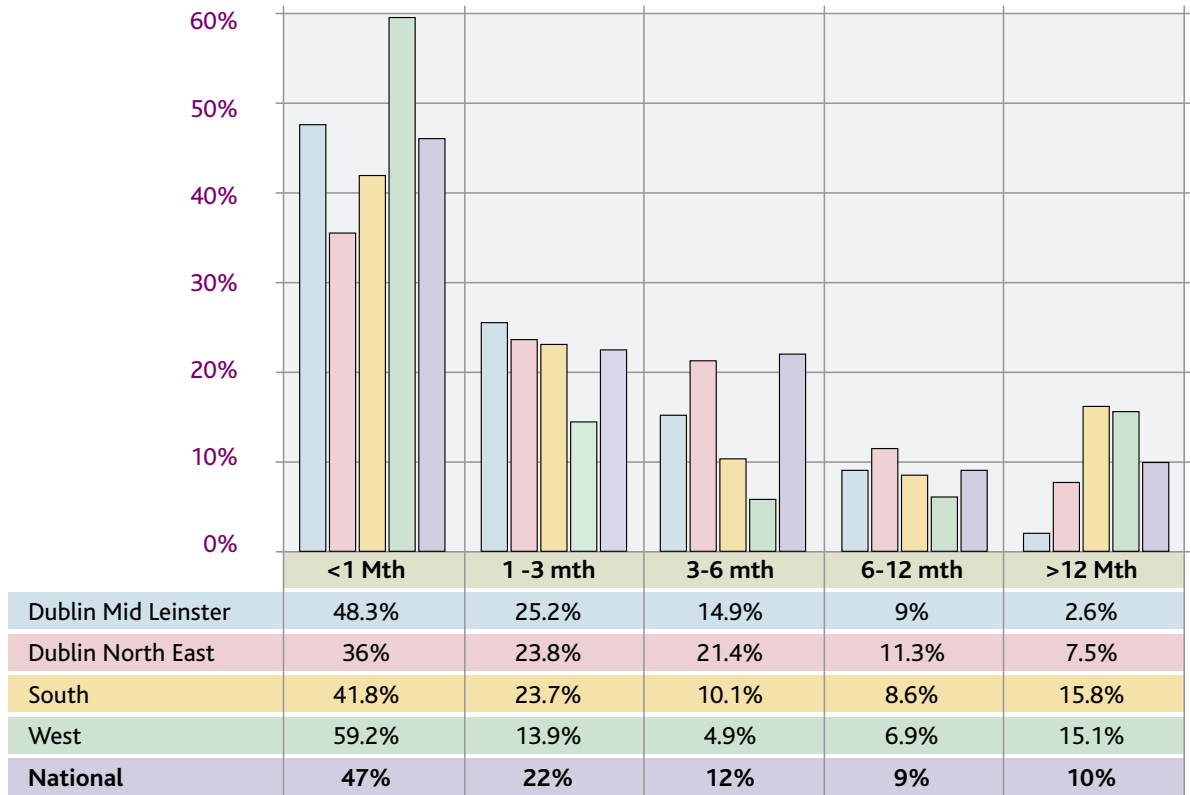


Figure 3.6 Length of wait to 1st appointment seen Oct 09 to Sept 10 by HSE Region



In HSE West 59.2% of new cases were seen within one month of referral. Both HSE West and Dublin Mid Leinster exceeded 70% seen within three months of referral.

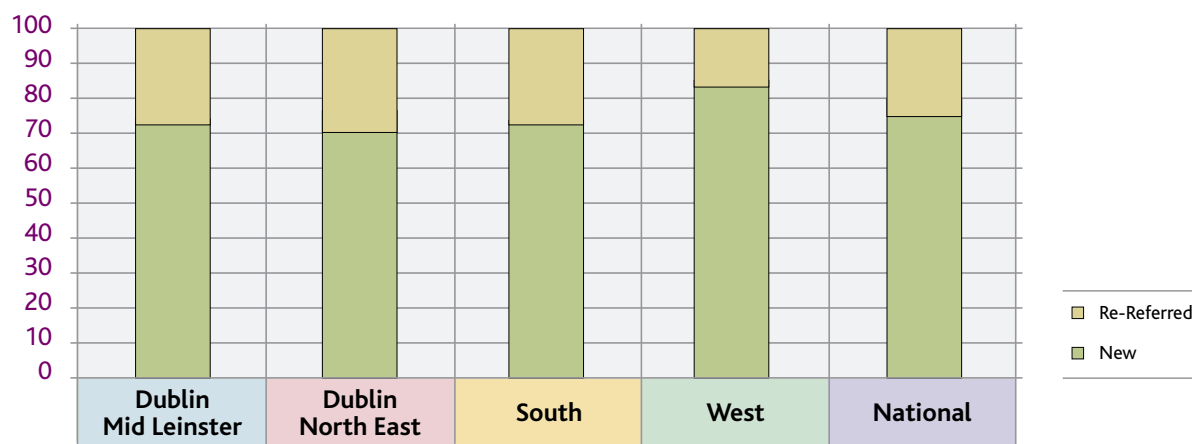
SECTION 4 Audit of Clinical Activity November 2009

In the month of November 2009 the second annual clinical audit was carried out by the community CAMHS Teams which recorded information on a total of 6,950 cases seen in the course of the month. Results from 2009 audit were compared with those from 2008.

4.1 Breakdown of New Cases (New vs. Re referred Cases)

Of the new cases seen a proportion will have previously attended the service and been discharged. The proportion of re referred cases varied from 13.8% in the West to 26.9% in the Dublin North East region, with a national average 21.6%. This compared with a national average for 2008 of 20.5% (Figure 4.1).

Figure 4.1 Breakdown of new cases (New vs. Re referred cases) 2009



4.2 Source of Referral

As a secondary specialist service children and young people are referred to community CAMHS teams from a number of sources.

Table 4.1 Source of referral to community CAMHS teams (2009)

Source of Referral	Mid Leinster	North East	South	West	% 2009	% 2008
General Practitioner	65.5%	45.6%	68.9%	69.1%	62.8%	64.3%
Child Health Services	4.2%	10.2%	10.5%	8.9%	8.0%	12.3%
A & E Department	6.2%	1%	4.7%	6.8%	4.9%	
Education	15.0%	15.6%	3.7%	2.5%	9.7%	9.4%
Primary Care Services	1.3%	8.3%	4.2%	5.9%	4.6%	5.6%
Social Services	1.3%	3.4%	3.7%	4.7%	3.1%	3.2%
Youth Justice	0%	0%	0%	0%	0%	0%
Learning Disability Services	0.3%	0.5%	1.0%	0%	0.4%	1.0%
Adult Mental Health	0%	0%	1.6%	1%	0.5%	0.8%
Voluntary Agencies	0%	0.5%	0%	0%	0.1%	0.1%
Self referral	5.2%	7.3%	0.5%	0.5%	3.5%	2.7%
Medico legal	0%	0.5%	0%	0.9%	0.3%	0.5%
Other	1.0%	6.8%	1.0%	0%	2.0%	
Total	100%	100%	100%	100%	100%	100%

A total of 75.7% of referrals were received from general practitioners, child health services and A & E departments. Educational services were the next largest source of referral with 9.7%, primary care services 5.6% (community psychology, speech and language therapy, occupational therapy) and social services (community social work) accounting for 3.1% of referrals. Self referral accounted for 3.5%. Adult mental health services, learning disability services, voluntary services, medico legal and other accounted for the remaining 3.3%. Referrals from educational services were much higher in the Dublin Mid Leinster and Dublin North East regions.

4.3 Case Profile

During the period of measurement a total of 6,950 cases were seen by the 50 teams. 6,617 (89.5%) of these cases were returns and 733 (10.5%) were new cases.

4.4 Number of appointments offered and attended

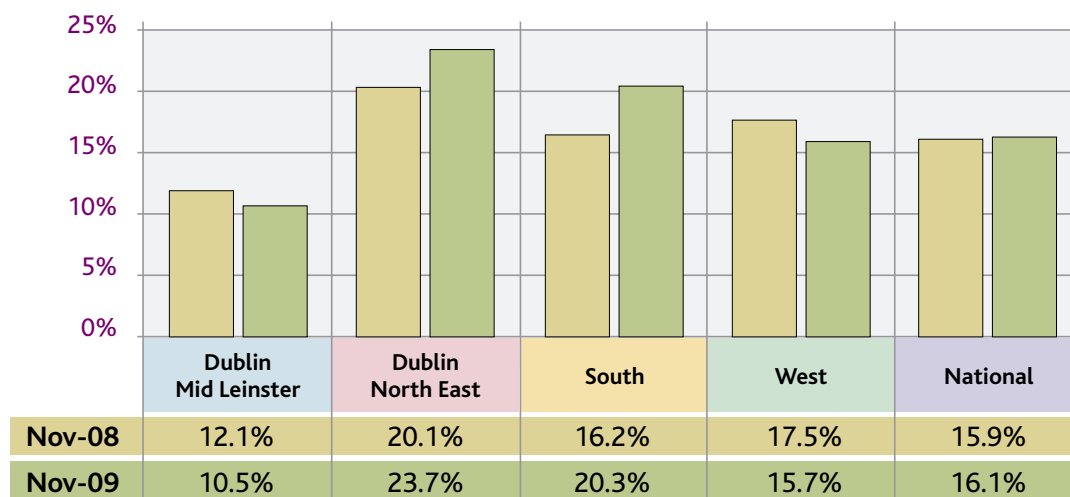
During the period of measurement a total of 12,147 appointments were offered. A total of 10,192 appointments were attended, with a resulting non attendance rate of 16.1%. In November 2008 the overall non attendance rate was 15.9%.

Table 4.2 Attendance at appointments

	Dublin Mid Leinster		Dublin North East		South		West		Total	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
Appointments										
Attended	3728	4243	2067	2140	1301	1240	2227	2569	9323	10192
Not Attended	514	496	519	664	252	316	472	479	1757	1955
Total Number	4242	4739	2586	2804	1553	1556	2699	3048	11080	12147
Non Attendance Rate %	12.1%	10.5%	20.1%	23.7%	16.2%	20.3%	17.5%	15.7%	15.9%	16.1%

The non attendance rate was highest in Dublin North East at 23.7%, increasing from 20.1% in 2008. Next highest was the South at 20.3%, increasing from 16.2% in 2008. The non attendance rate in the West was 15.7%, which was less than the 17.5% recorded in 2008. The lowest rate was Dublin Mid Leinster at 10.5% which was lower than the 12.1% recorded in 2008.

Figure 4.2 Non attendance rate by HSE region



4.5 Location of appointments

The majority of appointments took place in the clinic (92.5%) with a small percentage taking place in the home (1.2%). A significant number of school visits were recorded (3.6%). The difference in hospital appointments across the regions reflects the presence of dedicated hospital liaison teams in each of the three Dublin paediatric hospitals.

Table 4.3 Location of appointments

Location of Appointments	Dublin Mid Leinster	Dublin North East	South	West	National
1. Clinic	94.53%	96.43%	90.82%	86.41%	92.5%
2. Home	1.35%	0.55%	1.67%	1.46%	1.2%
3. Hospital	0%	0.3%	2.48%	6.68%	2.1%
4. School	3.72%	2.43%	3.82%	4.43%	3.6%
5. Other	0.4%	0.29%	1.21%	1.02%	0.6%
Total	100%	100%	100%	100%	100%

4.6 Clinical inputs

The number of recorded clinical inputs is greater than the number of appointments as members of the multidisciplinary team will frequently work jointly with a child and family as clinically indicated with an average of 1.56 clinical inputs per appointment.

Table 4.4 Clinical Inputs

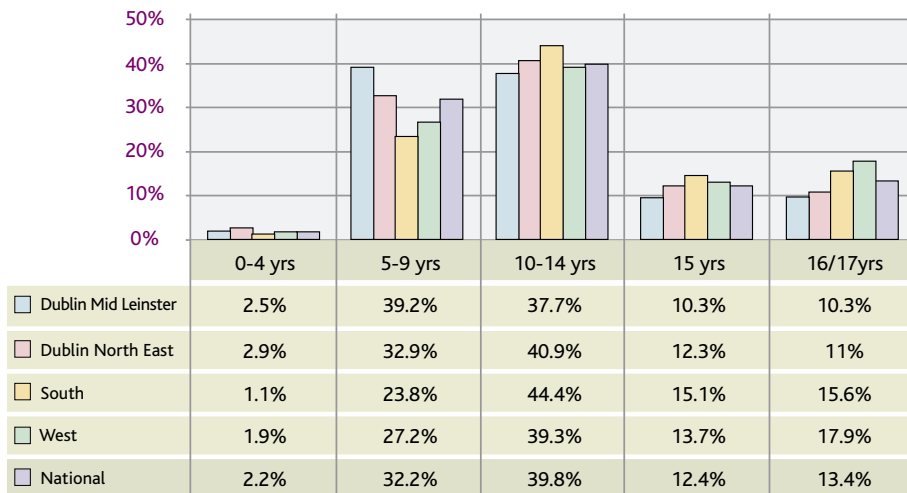
Clinical Inputs	No.	%
Dublin Mid Leinster	7901	49.62%
Dublin North East	2737	17.19%
South	1867	11.72%
West	3419	21.47%
Total	15,924	100%

4.7 Age profile of young people seen

Both the Dublin Mid Leinster and Dublin North East regions had a younger age profile attend than the South or the West reflecting the longer history of service development in these regions. 13.4% of the cases seen were aged 16/17 yrs., increasing from 11.5% in 2008 (Figure 4.3).

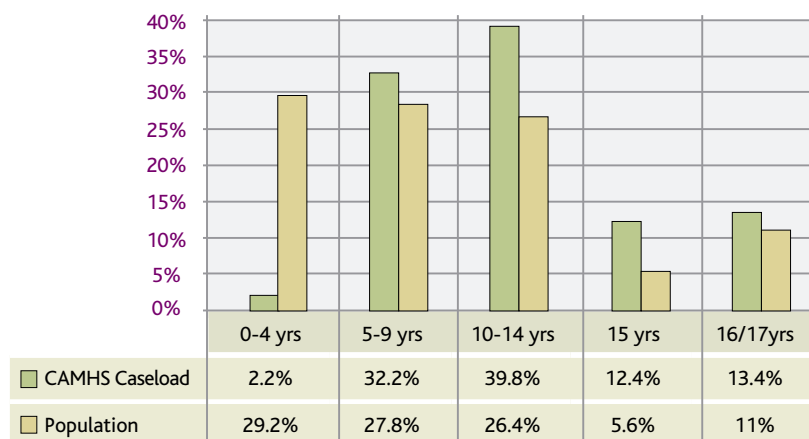
Adolescents from the 15 year old age group are most likely to be attending the community CAMHS teams, followed by children aged 10 to 14 years. Adolescents aged 16/17 years of age constituted 13.4% of the caseload. As the majority of teams do not accept new referrals of adolescents over the age of 15 years this reflects the practice of teams in keeping on cases after reaching their 16th birthday.

Figure 4.3 Caseload Age Profile by Region



When compared to the age profile of the child population as recorded in the 2006 census, the profile of the CAMHS caseload shows most variance around the very young 0 to 4 year olds and the 15 year olds (Figure 4.4).

Figure 4.4 Age of caseload compared to age groups in the population (0 to 17 yrs.)



4.8 Ethnic background

- The ethnic profile of children and adolescents attending the service changed little from 2008 and was largely reflective of the ethnic makeup of young people in the community as recorded in the census of 2006 with the exception of the Irish Traveller community (Table 4.5).
- 89.8% of children and adolescents attending were from a white Irish ethnic background. The proportion in the population 0-19 years is 88.4%.
- 3.6% were from a white any other white ethnic background, highest in Mid Leinster region at 4.2%. The proportion in the population 0-19 years is 4.1%.
- The white Irish Traveller community accounted for 2.9% of cases, highest in the West region at 5.9%. The proportion in the population 0-19 years is 1%.
- Children from a Black ethnic background accounted for a total of 2.1% of all children attending. The proportion in the population 0-19 years is 1.7%.
- Children from an Asian ethnic background accounted for a total of 0.9% of all children attending. The proportion in the population 0-19 years is 1%.

Table 4.5 Ethnic Background

Ethnic Background	Dublin Mid Leinster	Dublin North East	South	West	Total 2009	Total 2008	Census < 19 yrs 2006
White: Irish	90.0%	89.5%	91.5%	89.6%	89.8%	91.3%	88.4%
White: Irish Traveller	1.3%	1.6%	2.8%	5.9%	2.9%	2.0%	1.0%
White: Roma	0.2%	0.3%	0.3%	0.2%	0.2%	0.2%	*
White: Any other White background	4.2%	3.1%	3.4%	2.8%	3.6%	3.6%	4.1%
Black / Black Irish: African	2.3%	3.6%	0.6%	0.8%	1.9%	1.5%	1.6%
Black / Black Irish: Any other Black background	0.2%	0.2%	0.1%	0.2%	0.2%	0.3%	0.1%
Asian / Asian Irish: Chinese	0.3%	0.1%	0.5%	0.1%	0.3%	0.1%	0.2%
Asian / Asian Irish: Any other Asian background	0.6%	1.3%	0.5%	0.2%	0.6%	0.5%	0.8%
Other	0.9%	0.3%	0.3%	0.2%	0.5%	0.5%	1.3%
Not Stated							2.4%

* Not recorded

4.9 Children in contact with or in the care of HSE social services

Fourteen per cent of children (933) who attended community CAMHS teams were in contact with or in the care of HSE social services. Of this number 68% (640) were reported to be in contact only with social services, 9% (88) were in relative foster care, 16% (149) were in non-relative foster care and 7% (62) were in residential care.

The figures were consistent across the four regions and with findings from the 2008 survey (Table 4.6).

Table 4.6 Children in the care of the HSE or in contact with social services

Social Services	DML	%	DNE	%	South	%	West	%	Total	%
Contact with Service	177	63%	131	63%	131	72%	201	75%	640	68%
Foster Care - Relative	31	11%	22	11%	17	9%	18	7%	88	9%
Foster Care - Non Relative	51	18%	38	18%	24	13%	36	13%	149	16%
Residential Unit	18	6%	15	7%	10	5%	8	3%	51	5%
High Support Unit	2	1%	1	1%	1	1%	3	1%	7	1%
Special Care Unit	2	1%	0	0%	0	0%	2	1%	4	1%
Total	281		207		183		268		939	
% of All Cases Seen	2,459	11%	1,482	14%	1,072	17%	1,937	14%	6,950	14%

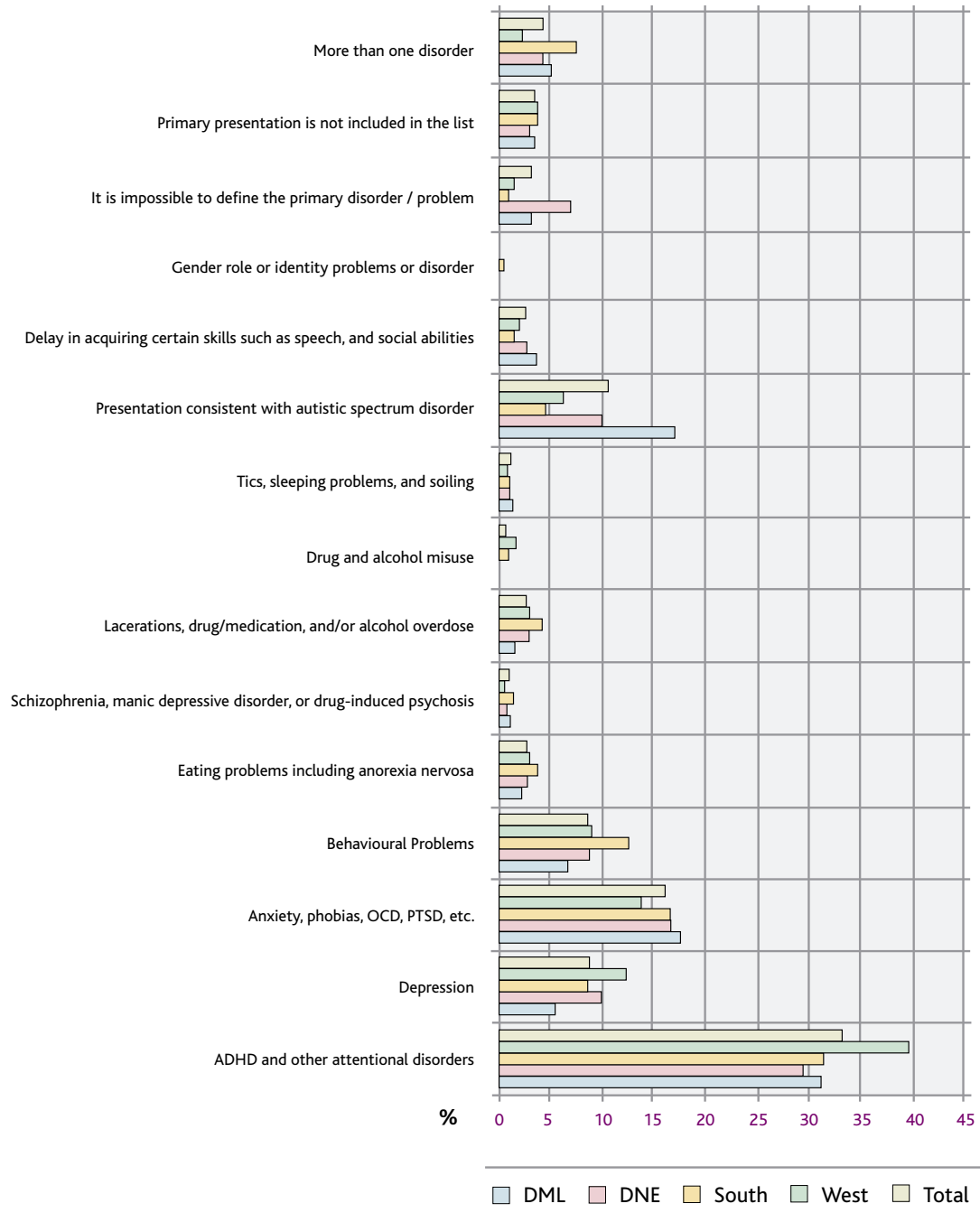
4.10 Primary presentation

The primary presentations of 6,950 cases were recorded by gender and age. For the purpose of the audit only one disorder / problem was entered for each case (Figure 4.5).

- **Hyperkinetic disorders/problems** included ADHD and other attentional disorders, 2,303 (33.1%) cases.
- **Depressive disorders/problems** included depression, 612 (8.8%) cases.
- **Anxiety disorders/problems** included anxiety, phobias, somatic complaints, obsessional compulsive disorder, post traumatic stress disorder, 1,122 (16.1%) cases.
- **Conduct disorders/problems** included oppositional defiant behaviour, aggression, anti social behaviour, stealing, and fire-setting, 604 (8.6%) cases.
- **Eating disorders/problems** included pre-school eating problems, anorexia nervosa, and bulimic nervosa, 194 (2.8%) cases.
- **Psychotic disorders/problems** included schizophrenia, manic depressive disorder, or drug-induced psychosis, 73 (1.1%) cases.
- **Deliberate self harm** included lacerations, drug/medication and alcohol overdose, 188 (2.7%) cases.
- **Substance abuse** referred to drug and alcohol misuse, 53 (0.8%) cases.
- **Habit disorders/problems** included tics, sleeping problems, and soiling, 80 (1.2%) cases.
- **Autistic Spectrum Disorders/problems** referred to presentations consistent with autistic spectrum disorder, 741 (10.7%) cases.
- **Developmental disorders/problems** referred to delay in acquiring certain skills such as speech, and social abilities, 183 (2.6%) cases.

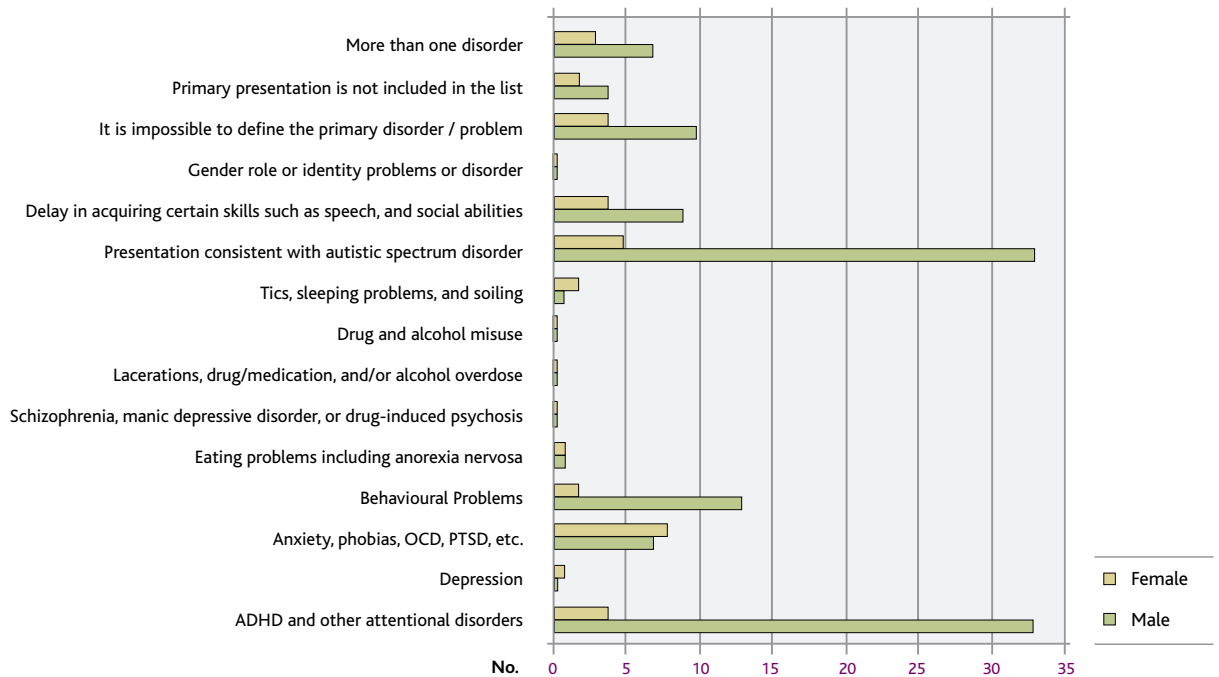
- **Gender Role / Identity disorder/problems** referred to gender role or identity problems or disorder, 13 (0.2%) cases.
- **Not possible to define** was only to be used if it was impossible to define the prominent disorder, 228 (3.3%) cases.
- **Other** was to be used when Primary presentation was not included in the list, 242 (3.5%) cases.
- **More than one disorder/problem** was only to be used if there was more than one prominent disorder, to the extent that it is not possible to identify one **primary** presenting disorder / problem, 314 (4.5%) cases.

Figure 4.5 Primary Presentation by Region (2009)



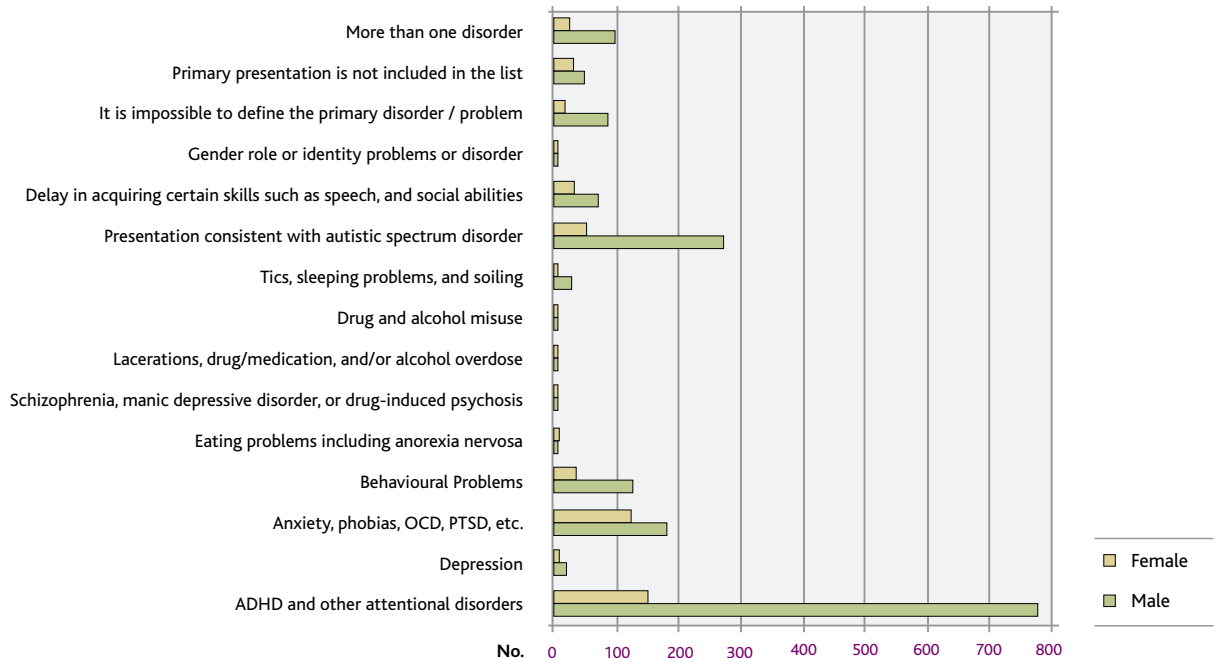
- The ADHD and other attentional disorders (33.1%) was the most frequently assigned primary presentation overall and in each of the HSE regions.
- The Anxiety category was the next largest accounting for 16.1% of primary presentations.
- The autistic spectrum and developmental categories were more frequently assigned in Mid Leinster and the North East reflecting the younger age profile of the cases in those regions.

Figure 4.6 Primary presentation by age group (0 – 4 yrs)



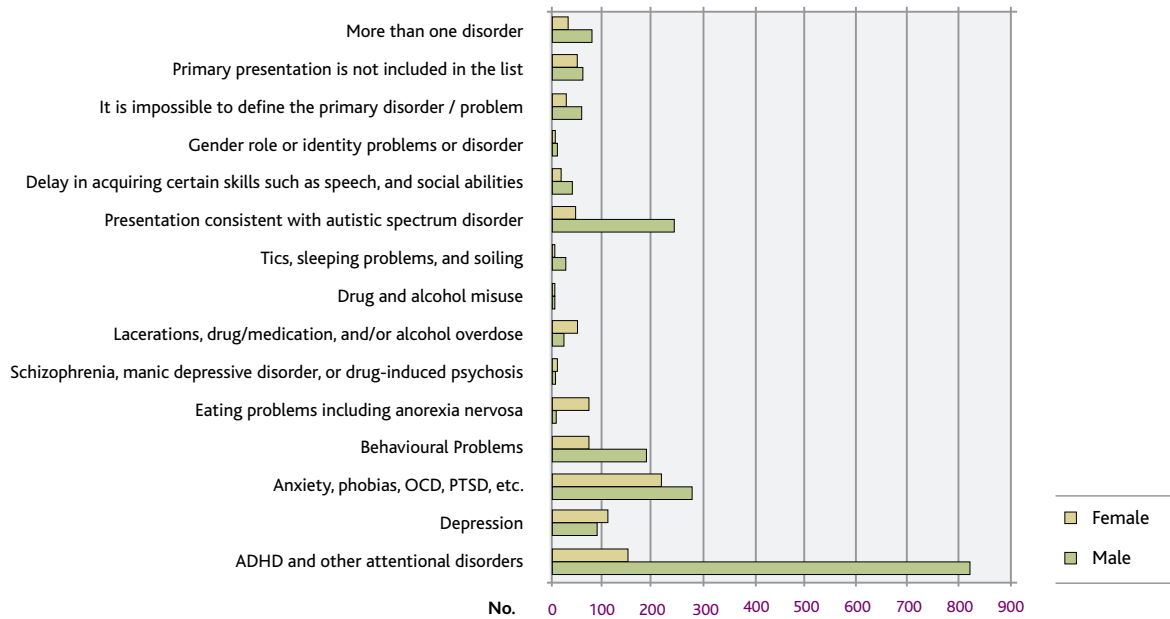
- Boys accounted for 77% (118) of the 0 to 4 year old age group. ADHD or other attentional disorders or a presentation consistent with autistic spectrum disorder predominated each accounting for 28% of presentations.
- Girls accounted for 23% (36) of the presentations in this age group, most frequently (22%) with an anxiety presentation.

Figure 4.7 Primary presentation by age group (5 - 9 yrs)



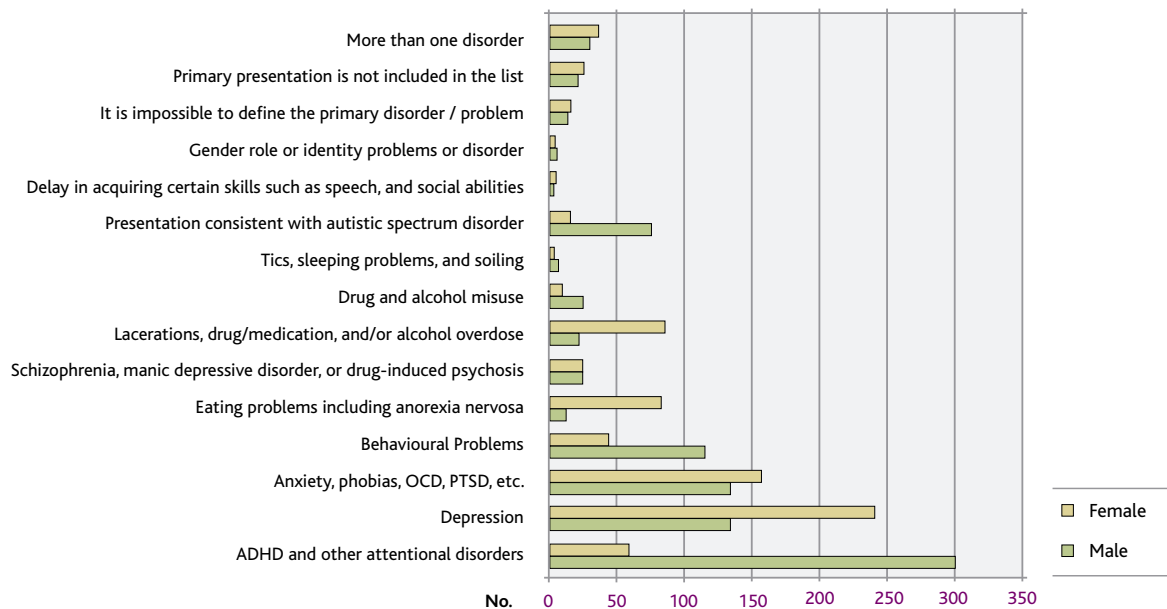
- Boys accounted for 78% (1,733) of children seen in the 5 to 9 year old age group. ADHD and other attentional disorders accounted for 45% of primary presentations in boys of this age group.
- Girls accounted for 22% (501) of children seen in this age group. ADHD and other attentional disorders accounted for 30% of primary presentations in girls of this age group.
- The male to female ratio for ADHD or other attentional disorders was 5:1.

Figure 4.8 Primary presentation by age group (10 - 14 yrs)



- Boys account for 69% (1,917) of children seen in 10 to 14 year old age group. ADHD and other attentional disorders at 43% was by far the most frequent presentation, depression and anxiety disorders were increasing in frequency.
- Girls account for 31% (852) of children seen in this age group. Anxiety and depressive disorders (38%) occur with the greatest frequency.

Figure 4.9 Primary presentation by age group (15 – 17 yrs)

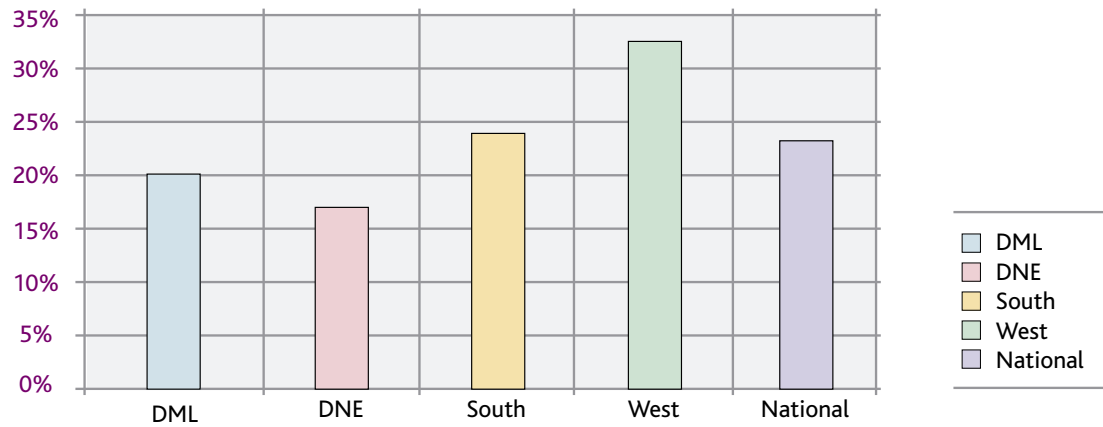


- Boys account for 54% (954) of children seen in the 15 to 17 year old age group. ADHD and other attentional disorders (32%) continued to predominate but the rates of emotional disorders including depressive and anxiety disorders was increased (29%).
- Girls account for 46% (839) of children in this age group. Depression (29%) is the most frequent primary presentation, followed by anxiety disorders (19%), eating disorders (10%) and deliberate self harm (10%).

4.11 Suicidal ideation /deliberate self harm

As deliberate self harm or suicidal ideation may be present in a number of different primary presentations the CAMHS teams were asked to record the number of new cases including re-referred cases seen in November where the reason for referral to CAMHS included a history of suicidal ideation or deliberate self harm (Figure 4.10).

Figure 4.10 Suicidal ideation / deliberate self harm as part of reason for referral

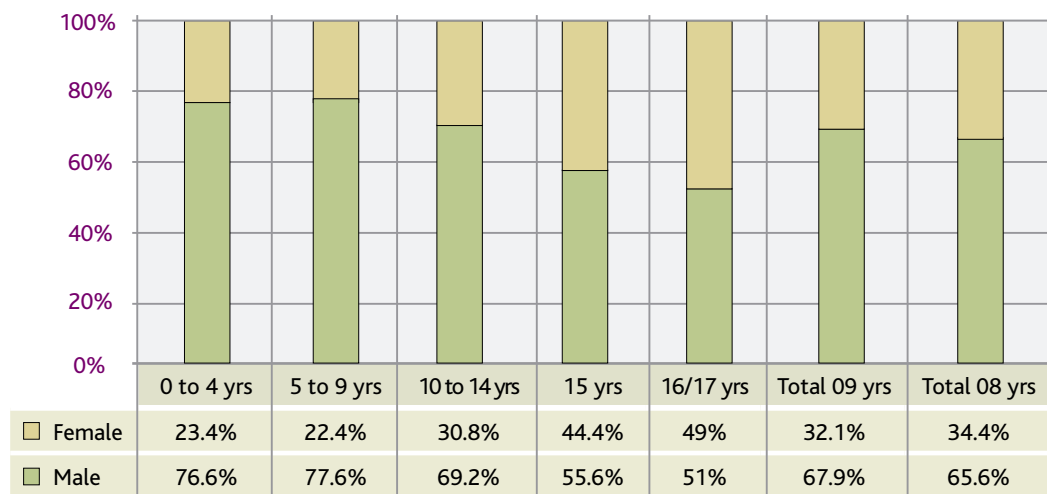


In 22% of the new cases the reason for referral to CAMHS included suicidal ideation or deliberate self harm.

4.12 Gender profile of cases and primary presentations

Males accounted for 67.9% of all children seen and were in the majority in each of the age groups (Figure 4.11).

Figure 4.11 Gender by Age group 2009



Males constituted the majority of primary presentations apart from Psychotic Disorders (46.6%), Depression (40.4%), Deliberate Self Harm (26.6%) and Eating Disorders (13.8%), see Figure 4.12 and Table 4.7.

Figure 4.12 Primary presentation by gender

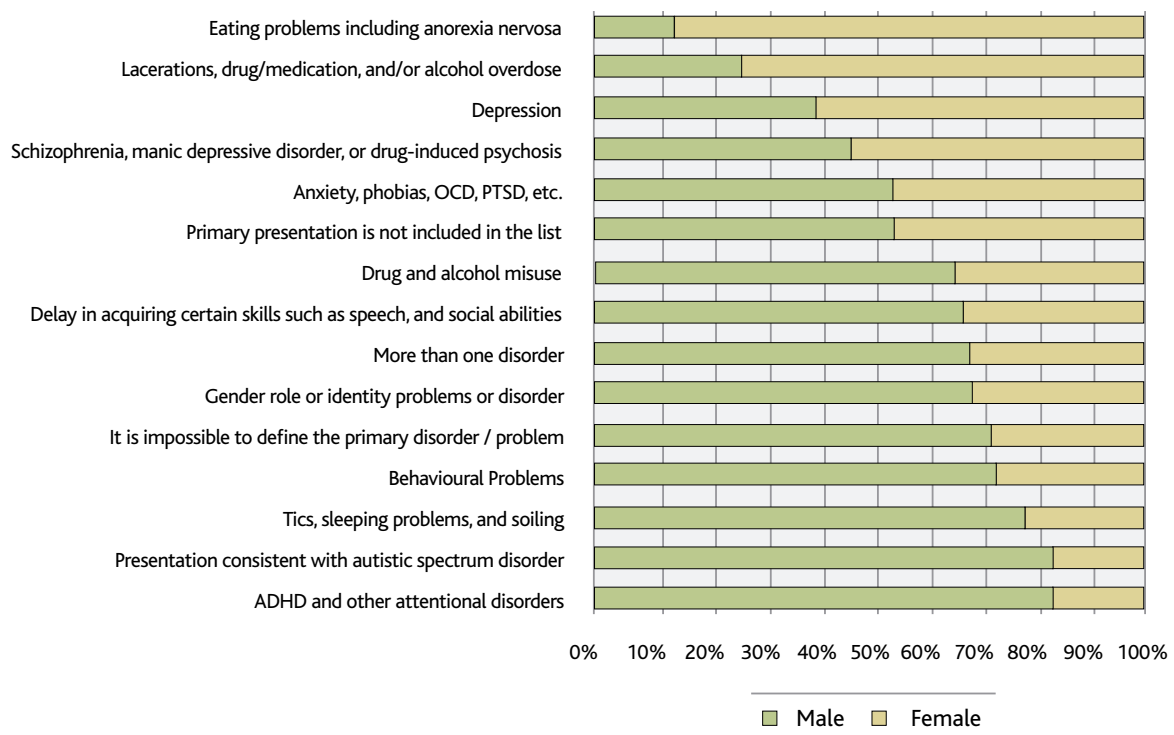


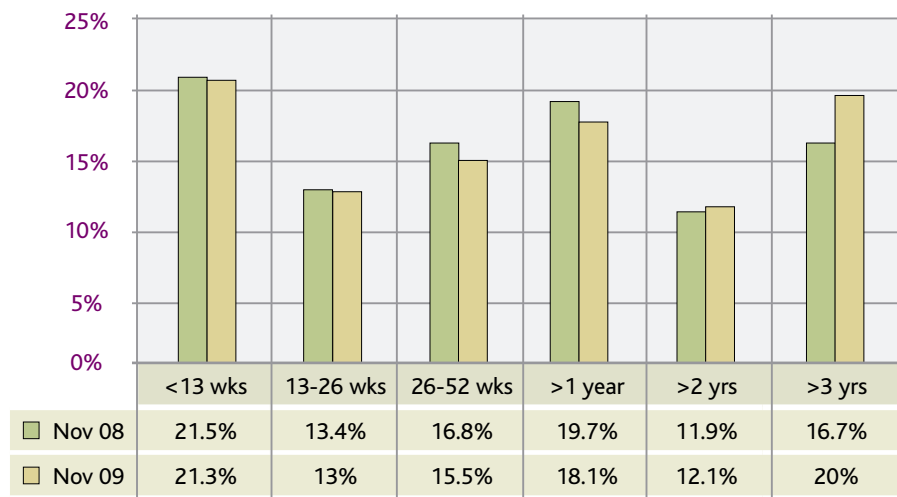
Table 4.7 Primary Presentation by Gender

Primary Presentation	Male %	Female %
ADHD and other attentional disorders	84	16
Presentation consistent with autistic spectrum disorder	84	16
Tics, sleeping problems, and soiling	78.7	21.3
Behavioural Problems	74.1	25.9
It is impossible to define the primary disorder / problem	73.2	26.8
Gender role or identity problems or disorder	69.2	30.8
More than one disorder	69.1	30.9
Delay in acquiring certain skills such as speech, and social abilities	67.2	32.8
Drug and alcohol misuse	66	34
Primary presentation is not included in the list	54.5	45.5
Anxiety, phobias, OCD, PTSD, etc.	54.5	45.5
Schizophrenia, manic depressive disorder, or drug-induced psychosis	46.6	53.4
Depression	40.4	59.6
Lacerations, drug/medication, and/or alcohol overdose	26.6	73.4
Eating problems including anorexia nervosa	13.8	86.2

4.13 Length of treatment

The length of treatment measures how long a case had been seen for up to being seen in the course of the month of November (Figure 4.13).

Figure 4.13 Length of treatment (2009)



- 21.3% of cases were in treatment less than 13 weeks.
- 13% of cases were in treatment from 13 to 26 weeks.
- 15.5% of cases were in treatment from 26 to 52 weeks.
- 18.1% of cases were in treatment greater than 1 year.
- 12.1% of cases were in treatment greater than 2 years.
- 20% of cases were in treatment greater than 3 years.
- 50.2% of cases were in treatment greater than 1 year.

4.14 Day services

A total of 32 children and adolescents attended St. Joseph’s Adolescent & Family Day Service at St. Vincent’s Hospital, Fairview and Dunfillan Young Person’s Unit at St. John of God Lucena Clinic Rathgar, Dublin, in the month of November 2009. Twelve new cases commenced attendance during the month. All were referred from community CAMHS teams and in 3 of the cases a reason for referral included suicidal ideation or a history of deliberate self harm. Eleven of the young people had commenced attendance within 2 to 4 weeks of referral and one had waited more than 8 weeks. A total of 15 young people were on a waiting list to commence attendance, 8 had been waiting less than 4 weeks, 5 more than 4 weeks and less than 8 weeks and 2 more than 8 weeks.

Figure 4.14 Age and gender profile

Age	Male	Female	Total
< 12 years	4	0	4
12 / 13 years	3	3	6
14 / 15 years	5	10	15
16 / 17 years	4	3	7
Total	16	16	32

Two thirds of children attending the day programmes were aged 14 years or older. There were an equal number of males and females. Six children (19%) had previously been admitted for inpatient treatment and 5 (16%) had contact with HSE social services.

Figure 4.15 Primary presentation

Primary Presentation	No.	%
ADHD and other attentional disorders	3	9.4%
Depression	3	9.4%
Anxiety, phobias, somatic complaints, OCD, and PTSD	10	31.2%
Oppositional defiant behaviour, and other conduct problems	4	12.5%
Eating problems, anorexia nervosa, and bulimia nervosa	0	0%
Schizophrenia, manic depressive disorder, or drug-induced psychosis	3	9.4%
Lacerations, drug/medication, and/or alcohol overdose	4	12.5%
Presentation consistent with autistic spectrum disorder	4	12.5%
Primary presentation is not included in the list	1	3.2%
	32	100%

Anxiety problems/disorders (31.2%) were the most frequent primary presentation.

Figure 4.16 Duration of treatment

Duration of treatment	No.
< 2 month	20
2 – 3 months	3
3 – 6 months	7
> 6 months	2
Total No.	32

Twenty (63%) of the young people had attended for less than 2 months.

4.15 Paediatric hospital liaison services

A total of 92 new cases were seen by the liaison teams at the three Dublin paediatric hospitals.

Figure 4.17 New cases seen by paediatric liaison teams

Paediatric Hospital	New Cases	Suicidal ideation / Deliberate Self harm	%
Temple St. Children's University Hospital (CUH)	57	13	23%
Our Lady's Hospital for Sick Children, Crumlin (OLHSC)	14	7	50%
National Children's Hospital, Tallaght (NCH)	21	5	24%
Total	92	25	27%

In 25 (27%) cases suicidal ideation or deliberate self harm was a reason for referral to the liaison services.

A total of 313 children and adolescents were seen by liaison services in November 2009. The much larger size of the liaison team at Temple St. Children's University Hospital was reflected in the greater number seen by that service. Seven children were in contact with or in the care of HSE social services.

Sixty-two per cent of the children were male, 40% were between the age of 10 and 14 years and 22% were over the age of 14 years.

Figure 4.18 Age and gender profile

Age	0 – 4 yrs		5 – 9 yrs		10 – 14 yrs		15 yrs		16 / 16+ yrs		Total
	M	F	M	F	M	F	M	F	M	F	
CUH	17	11	58	22	53	34	12	12	13	10	242
OLHSC	1	0	1	0	9	4	2	5	1	5	28
NCH	8	0	10	2	5	7	3	1	4	3	43
Number	26	11	69	24	67	45	17	18	18	18	313
%	9%		29%		40%		11%		11%		

A total of 401 out patient appointments, consultations on the ward or in the A & E department took place. Seventy-five per cent took place in the out patient department, 21% on the ward and 4% in the A & E department. The non attendance rate at out patient appointments was 11%.

Figure 4.19 Appointments / consultations

Appointments / Consultations	Children's University Hospital	Our Lady's Hospital for Sick Children	National Children's Hospital	Total	%
Attended appointments OPD	237	27	35	299	75%
Consultations on the ward	10	48	26	84	21%
Consultations in A & E Dept.	13	4	0	17	4%
Total	260	79	61	401	100%
No. of OPD Appts. not attended	26	4	3	33	11%

The most frequent primary presentation was ADHD and other attentional disorders (25.5%), followed by anxiety problems/disorders (18.2), more than one disorder (11.1%), presentation not listed (10.2%) and autistic spectrum disorder (8.6%).

Figure 4.20 Primary presentation hospital liaison services

Primary Presentation	Children's University Hospital	Our Lady's Hospital	National Children's Hospital	Total No.	%
ADHD and other attentional disorders	74	2	3	79	25.5%
Depression	1	5	4	10	3.2%
Anxiety, phobias, somatic complaints, OCD, PTSD	51	3	3	57	18.2%
Oppositional defiant and other behavioural problems	12	3	0	15	4.8%
Eating problems, anorexia nervosa, bulimia	5	3	1	9	2.8%
Psychotic problems/disorders	0	2	0	2	0.6%
Lacerations, drug/medication, and/or alcohol O/D	13	7	6	26	8.3%
Drug and alcohol misuse	0	0	0	0	0%
Tics, sleeping problems, and soiling	11	0	2	13	4.2%
Presentation consistent with autistic spectrum dis.	7	2	18	27	8.6%
Delay in acquiring certain skills such as speech, etc.	7	0	0	7	2.2%
Gender role or identity problems or disorder	0	0	0	0	0%
It is impossible to define primary disorder/problem	1	0	0	1	0.3%
Primary presentation is not included in the list	26	1	5	32	10.2%
More than one disorder, impossible to assign single primary presentation	34	0	1	35	11.1%
Totals	242	28	43	313	100%

SECTION 5

Inpatient Child and Adolescent Mental Health Services

5.1 Inpatient Services Child and Adolescent Mental Health Services

The aim of admission to a child and adolescent in-patient unit is to:

- Provide accurate assessment of those with the most severe disorders.
- Implement specific and audited treatment programmes.
- Achieve the earliest possible discharge of the young person back to their family and ongoing care of the community team.

Inpatient psychiatric treatment is usually indicated for children and adolescents with severe psychiatric disorders such as schizophrenia, depression and mania. Other presentations include severe complex medical-psychiatric disorders such as anorexia / bulimia. Admission may also be required for clarification of diagnosis and appropriate treatment or for the commencement and monitoring of medication. The increasing incidence of the more severe mental health disorders in later adolescence increases the need for inpatient admission.

As Adult Mental Health Services were responsible for the care of the 16/17 year age group, the majority of admissions of young people under the age of 18 years were to Adult facilities. *A Vision for Change (2006)* stated that services for children up to the age of 18 years should be provided by Child and Adolescent Mental Health Services and admissions from this age group must be to age appropriate facilities. The HSE has made the provision of additional child and adolescent inpatient units a priority, such that all young people under the age of 18 years are admitted to such age appropriate facilities.

The Mental Health Commission has set a timeline for achievement of this goal. From July 2009 no admission of children under the age of 16 years, except in specified exceptional circumstances, to adult units was to take place. In December 2010 this is to increase to include children under the age of 17 years and in December 2011 to include all children under the age of 18 years.

In 2007 there were a total of 12 beds available for the admission of children under the age of 18 years. Over the last number of years significant investment in the construction of new inpatient facilities has resulted in significant progress having been made in achieving the targets set out in *A Vision for Change (2006)* with regard to the provision of child and adolescent inpatient facilities.

Table 5.1 HSE inpatient services and bed capacity (2007 to 2011)

Child & Adolescent In-Patient Units	2007	2008	2009	2010	2011
St. Anne's Inpatient Unit, Galway	6	10	10	10	
New Unit, Merlin Park Hospital, Galway					20
Warrenstown Inpatient Unit, Dublin	6	6	6	6	6
St. Joseph's Inpatient Unit, St. Vincent's Hospital, Fairview, Dublin			6 (Mar)	6	6
Interim Eist Linn Unit, St. Stephen's Hospital, Cork			8 (Nov)	8	
Eist Linn Unit, Bessboro, Cork					20
Total No. of Beds	12	16	30	30	52

5.2 Admission of children and adolescents to inpatient units

There were 367 admissions of children and adolescents in 2009. Of this total 212 (58%) admissions were to adult inpatient units and 155 (42%) to child and adolescent units. The total number of admissions in 2009 of 367 compared with a total of 406 in 2008 and 364 in 2007.

Table 5.2 Place of admissions by age

Year	Admissions Age (Yrs)	< 12	12	13	14	15	16	17	Total	%
2007	Adult Units	0	1	2	8	3	70	134	218	60%
2007	Child & Adolescent Units	8	14	15	28	42	23	16	146	40%
2008	Adult Units	0	3	0	7	17	82	154	263	65%
2008	Child & Adolescent Units	8	8	11	28	38	31	19	143	35%
2009	Adult Units	0	0	1	1	9	71	130	212	58%
2009	Child & Adolescent Units	3	6	15	19	40	38	34	155	42%

In March 2009 the first phase of development of the adolescent inpatient services at St. Vincent's Hospital, Fairview, Dublin was completed with the opening of a 6 bed adolescent unit. In November 2009 an interim 8 bed child and adolescent unit was opened at St. Stephen's Hospital, Cork pending the completion of the purpose built 20 bed unit at Bessboro.

In the period January to September 2010 inclusive there were a total of 328 admissions of children and adolescents to approved centres. 207 (63%) of these admissions were to child and adolescent units and 121 (37%) to adult units.

Table 5.3 Place of admissions

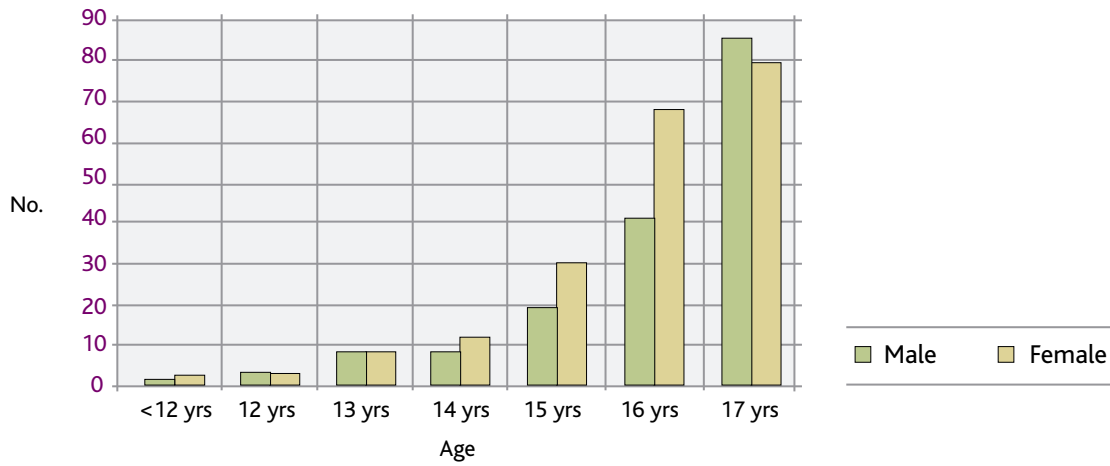
Child and Adolescent Units	2007	2008	2009	2010*
St. Anne's, Galway	32	31	29	28
St. Joseph's, Fairview, Dublin			29	26
Warrenstown, Blanchardstown, Dublin	46	42	37	28
Eist Linn, St. Stephen's Hospital, Cork			4	34
Private Units	68	70	56	91
Total Child	146	143	155	207*
HSE Adult Units	190	223	185	114
Private Adult Units	28	40	27	7
Total Adult	218	263	212	121*
Total	364	406	367	338*

* Jan to Sept 2010

5.3 Age and gender of admissions

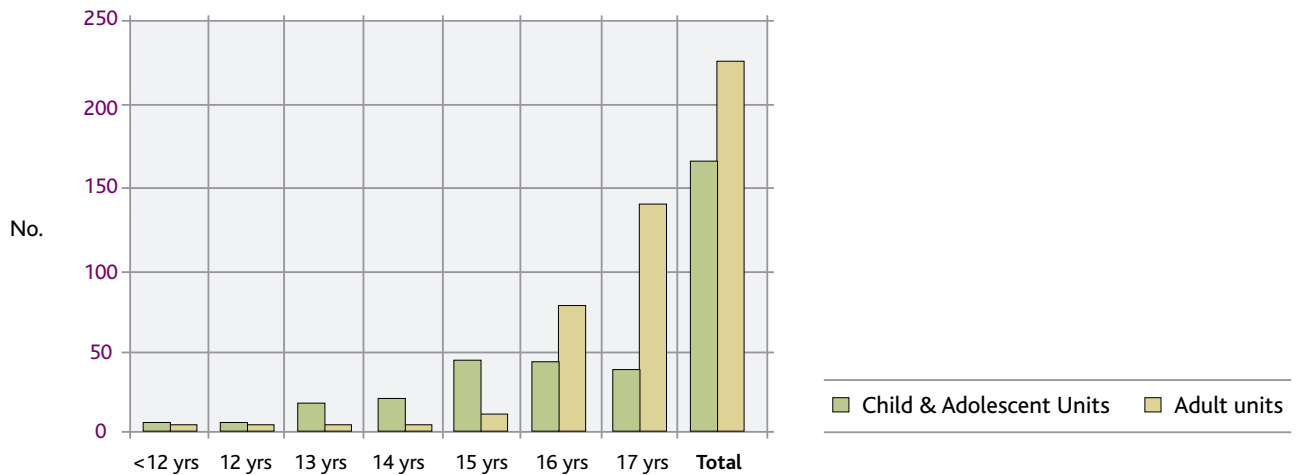
Of the 367 admissions of children and adolescents in 2009 females accounted for 55% of admissions. Forty-five per cent of all admissions were aged 17 years on admission, 30% were aged 16 years, 13% were aged 15 years, 5% were aged 14 years, 4% were aged 13 years, 2% were aged 12 years and 1% aged less than 12 years.

Figure 5.1 Age and gender of admissions (2009)



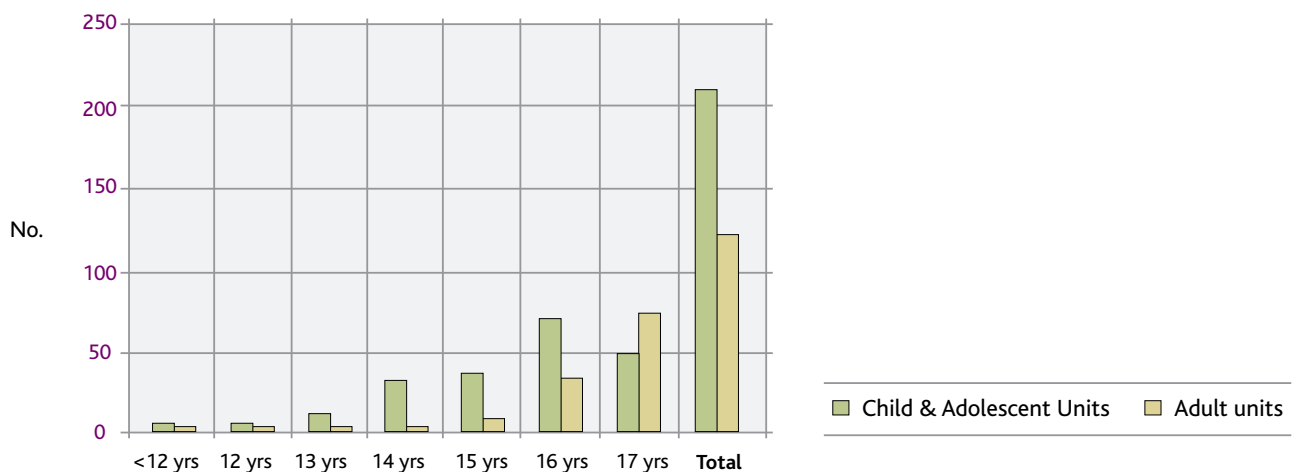
Of the 155 admissions to the child and adolescent inpatient units 22% were aged 17 years on admission, 24% were aged 16 years, 26% were aged 15 years, 12% were aged 14 years, 10% were aged 13 years, 4% were aged 12 years and 2% were aged less than 12 years. Of the 212 admissions to adult inpatient units 61% were aged 17 years on admission, 44% were aged 16 years, 6% (11) were less than 16 years of age on admission. Of this number 9 were aged 15 years on admission, 1 was aged 14 years and 1 was aged 13 years.

Figure 5.2 Place of admission by age (2009)



In the period January to September 2010 the increased availability of inpatient places in child and adolescent units was reflected in a decrease in admissions to adult units. The breakdown of the admissions by age is shown in Figure 5.3.

Figure 5.3 Place of admission by age (Jan. to Sept 2010)



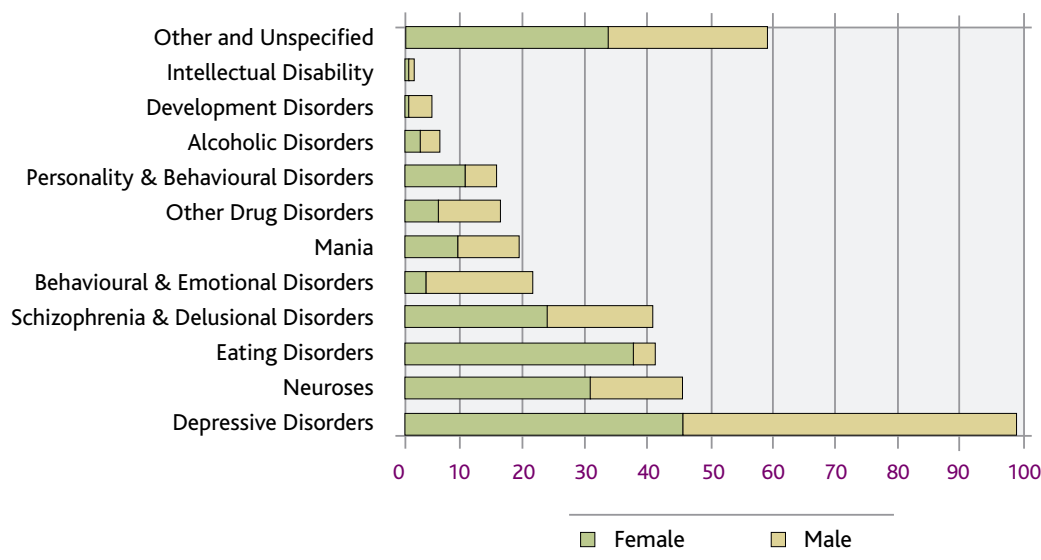
Sixty-three percent (207) of admissions were to child and adolescent units. Of these admissions, 22.7% (47) were 17 years of age, 33.3% (69) were 16 years of age, 17.4% (36) were 15 years of age, 15.5% (32) were 14 years of age, 5.8% (12) were 13 years of age, 2.9% (6) were 12 years of age and the remaining 2.4% (5) were under the age of 12 years.

Thirty-seven percent (121) of admissions were to adult units; 61.1% (74) of these admissions were 17 years of age, 28.1% (34) were 16 years of age, 7.4% (9) were 15 years of age and the remaining 3.3% (4) were 14 or 13 years of age.

5.4 Diagnostic categories

Depressive disorders accounted for 27% of all admissions in 2009 (See Figure 5.4). The next largest diagnostic category was neuroses at 12%, followed by eating disorders at 11%, schizophrenia and delusional disorders at 11%, and behavioural and emotional disorders of childhood and adolescence at 6%. The diagnosis of mania accounted for 5% of admissions.

Figure 5.4 Diagnostic categories by gender



Females accounted for 90% of all admissions with eating disorder, 67% of all admissions with neuroses and 58% of all admissions with schizophrenia and delusional disorders. Males accounted for 55% of all admissions with depressive disorders, and 81% of all admissions with behavioural and emotional disorders of childhood.

In 2008 females accounted for 55% of all admissions with depressive disorders and male accounted for 59% of all admissions with schizophrenia and delusional disorders. In 2008 there were a total of 71 admissions with eating disorders, in 2009 this had fallen to 41 admissions.

5.5 Duration of Admission

The average length of stay (for those admitted and discharged in 2009) was 34.4 days (median length of stay 17 days), increasing from 24.5 days in 2008. The average length of stay was significantly longer in the child and adolescent units, at 61.9 days (median 58 days), than in adult units, at 14.6 days (median 6 days). Thirty-six per cent of children and adolescents admitted in 2009 were discharged within one week of admission.

Table 5.4 Length of admission

Admissions	No. of Days	2007	2008	2009
Child & Adolescent unit	Mean	51.3	49.7	61.9
	Median	39.5	41	58
Adult unit	Mean	16	12.1	14.6
	Median	7	6	6
All units	Mean	29.7	24.5	34.4
	Median	14	13	17

Fifty-seven per cent of young people admitted to adult units were discharged within one week of admission, 27% were discharged within two days of admission. Sixteen per cent were discharged within one to two weeks of admission, and a further 13% within two to four weeks of admission. Twelve per cent were discharged within four to twelve weeks of admission and a further 2% was discharged after admissions of greater than twelve weeks.

Eight per cent of young people admitted to child and adolescent units were discharged within one week, 5% were discharged within one to two weeks of admission, 16% were discharged within two to four weeks, 46% were discharged within four to twelve weeks and a further 25% was discharged after admissions of greater than twelve weeks duration.

Figure 5.5 Duration of admission (2009)

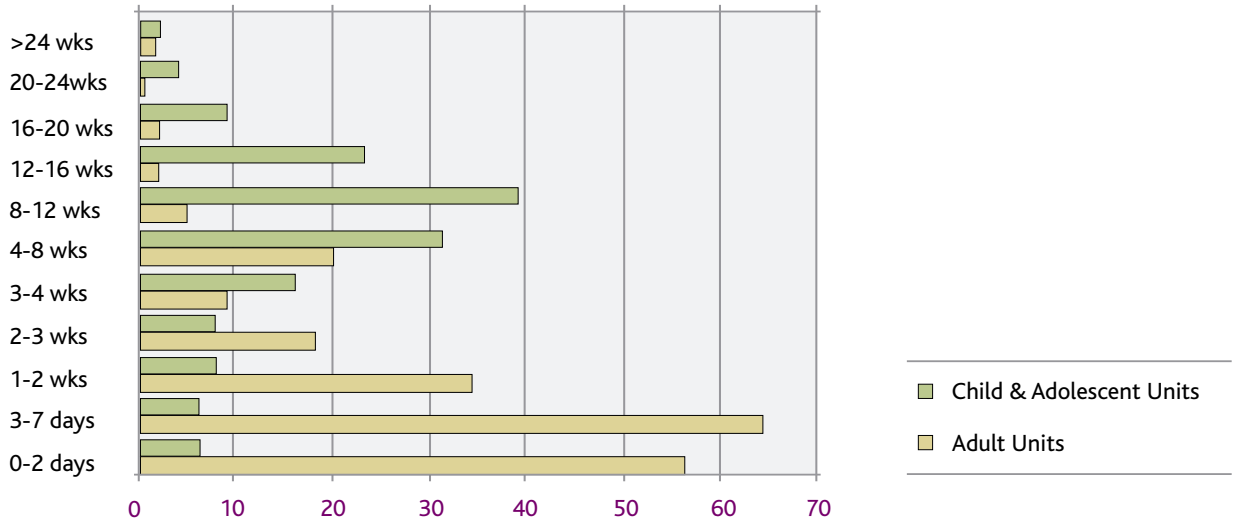


Table 5.5 Duration of admission by diagnostic category (2009)

Diagnosis	Number of Discharges	Days	Average	Median
Intellectual Disability	1	1	1.0	1
Other Drug Disorders	16	104	6.5	2
Alcoholic Disorders	6	40	6.7	2
Personality and Behavioural Disorders	15	192	12.8	2
Behavioural & Emotional Disorders of Childhood & Adolescence	21	373	17.8	5
Neuroses	45	956	21.2	8
Depressive Disorders	98	3,418	34.9	20
Mania	19	692	36.4	29
Other and Unspecified	58	2,319	40.0	17.5
Schizophrenia, Schizotypal & Delusional Disorders	39	1,915	49.1	34
Eating Disorders	41	2,221	54.2	35
Development Disorders	4	246	61.5	38.5
Total	363	12,477	34.4	17

Table 5.6 Admissions to Adult units by service provider (2010)

Service Provider	No. of units	No. of admissions	%
HSE Dublin Mid Leinster	7 Adult units	20	16%
HSE Dublin North East	5 Adult units	20	17%
HSE South	8 Adult units	42	35%
HSE West	8 Adult units	32	27%
Private	1 Adult unit	7	6%
Total		121	100%

5.6 Involuntary Admissions (Mental Health Act)

There were 13 involuntary admissions of children to approved centres in the first 9 months of 2010. Nine of these involuntary admissions were to child units and four were to adult units. There was also one admission to the Central Mental Hospital under The Criminal Law Insanity Act.

There were ten involuntary admissions of children to approved centres in 2009. One was made under Section 18(1) of the Child Care Act 1991; the remainder was under Section 25 of the Mental Health Act 2001. Seven of these involuntary admissions were to adult units and three were to child units.

This represented a slight increase from a total of 8 involuntary admissions in 2008 and a notable increase from 2007 when there was a total of 4 such admissions. In 2008 there were six involuntary admissions to adult units and two to child and adolescent units. In 2007, all involuntary admissions were to adult units.

5.7 Development of Inpatient Services

The HSE continues to progress the development of inpatient services in each of the 4 regions to meet the recommendations as set out in *A Vision for Change (2006)*.

Table 5.7 Developments in Inpatient Services

HSE Region	Capital Project	Cost
West	New 20 bed unit at Merlin Park Hospital	€8.8m
South	New 20 bed unit at Bessboro	€8.2m
Dublin North East	Increase capacity of St. Joseph's Inpatient Unit to 12 bed	€2.5m
Dublin Mid Leinster	Redevelopment of inpatient services at Warrenstown	TBC

HSE West

The opening of new purpose built 20 bed unit at Merlin Park Hospital, replaces the 10 bed unit at St. Anne's, Taylor's Hill which is located in a nineteenth century building. The provision of this new purpose built CAMH unit on the grounds of Merlin Park is a key part in the implementation of the recommendations of *A Vision for Change (2006)* by providing modern inpatient services for children and adolescents up to the age of eighteen years.

The unit was designed such "that the overall environment is one aimed at maximizing the therapeutic potential of all the experiences throughout the child's day and maintaining a homely, caring culture." (*Design brief prepared by the HSE and St. Anne's User Group*)

The unit is built in accordance with best practice in the design and construction of such facilities. It comprises of separate adolescent and younger children's accommodation, parent accommodation, therapeutic services block, an educational facility and a large gymnasium. The unit is situated on a large landscaped site with outdoor recreational and play areas. Thirty new additional multidisciplinary staff posts have been allocated to the new unit in addition to the staff transferring from St. Anne's unit.

Child and Adolescent Unit, Merlin Park Hospital, Galway



HSE South

The unit at Bessboro, Cork will provide 20 beds in a renovated and redesigned facility to the standards necessary to provide inpatient services of the highest standard, replacing the current interim 8 Bed Unit at St. Stephen's Hospital. The unit provides a full range of services to meet the needs of young people including a gymnasium and educational facilities. Thirty new additional multidisciplinary staff posts have been allocated to the new Eist Linn Unit at Bessboro in addition to the staff transferring from the interim unit at St. Stephen's Hospital.

Eist Linn Inpatient Unit, Bessboro, Cork



HSE Dublin North East

Plans are at an advanced stage on the on the second phase of development of St. Joseph's Adolescent Unit at St. Vincent's Hospital, Fairview. The unit currently consists of 6 beds and this will increase to 12 beds on completion. It is envisaged that construction will commence in 2011.

HSE Dublin Mid Leinster

A process is in place to bring forward in the near future plans for the redevelopment of the inpatient service at Warrenstown with a view to increasing the capacity of the facility to 12 beds.

The HSE is working with The Department of Health and Children on plans to provide further additional inpatient capacity for the Dublin Mid Leinster region.

National Paediatric Hospital

The process of finalising the design brief for The National Paediatric Hospital is currently in train which will include the provision of an inpatient unit, incorporating a specialist eating disorder service, as recommended in *A Vision for Change (2006)*.

SECTION 6

Community Child & Adolescent Mental Health Service Infrastructure

6.1 Accommodation provided for CAMHS teams

Community CAMHS teams are located in a range of accommodation. The capacity of a CAMHS team to provide service, to expand and develop can be adversely affected by the size and suitability of accommodation available to it and this needs to be taken account of in future development plans.

Table 6.1 Location and suitability of accommodation of community CAMHS teams

Location of Team	Very good	Good	Adequate	Inadequate	Unsuitable	Total
Rented Premises – Located in the Community	8	2	2	2	4	18
Premises owned by Voluntary Service Provider located in the community	4	5		1		10
Hospital Site	1		1	4	1	7
HSE Building located in the community – Sole Occupant		3	2		1	6
HSE Building located in the community – Shared	1	2		3		6
HSE Building & Rented Premises (in the Community)				2	1	3
Total	14	12	5	12	7	50
%	28%	24%	10%	24%	14%	100%

6.2 Suitability of premises

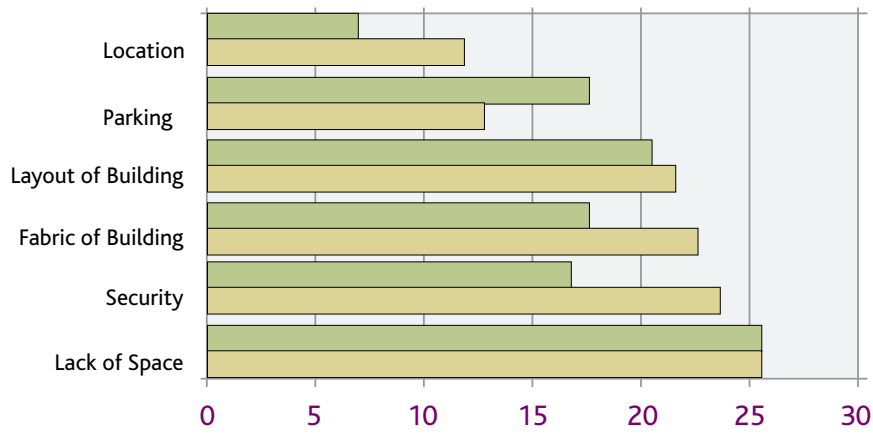
Each team rated the suitability of their premises in order to provide a service.

- 31 (62%) teams rated their premises as adequate, good or very good.
- 19 (38%) teams rated their premises as inadequate or totally unsuitable.
- Teams who were located in two settings reported this as being the most unsatisfactory, followed by teams located on a hospital site.

6.3 Difficulties encountered with premises by CAMHS teams

Lack of space was the most frequently encountered problem reported by 52% of teams. This was followed by concerns with regard to security (48%), fabric of the building (46%), layout of the building (44%). Parking problems (26%) were not reported as being as problematic as had been the case in 2008.

Figure 6.1 Difficulties encountered with premises



	Lack of Space	Security	Fabric of Building	Layout of Building	Parking	Location
■ Nov 08	26	17	18	21	18	7
■ Nov 09	26	24	23	22	13	12

6.4 Infrastructure developments

Construction commenced in 2010 on the HSE Linn Dara Child and Adolescent Mental Health facility in the grounds of Cherry Orchard Hospital. It will provide accommodation for the Ballyfermot, Clondalkin and Lucan community CAMHS teams and a new Adolescent Day Service team serving South West Dublin and Co. Kildare. The building also includes a lecture theatre, library and administration section. It is due for completion in October 2011 and the projected cost of project is €9m.

Child and Adolescent Mental Health facility at Cherry Orchard Hospital, Dublin



SECTION 7 Demands on Community CAMHS

7.1 Services for young people of 16 and 17 years of age

The Child and Adolescent Mental Health Services were organised, primarily for the 0-15 year's age group. Mental health disorders increase in frequency and severity above the age of 15 years and it was recognised that existing specialist CAMHS would require significant additional resources in order to extend services up to the age of 18 years.

A *Vision for Change Policy (2006)*, recommended that Child and Adolescent Mental Health Services take over responsibility in providing mental health service for young people up to the age of 18 years. As outlined earlier in the report additional resources will have to be put in place such that the recommended level of service, as set out in the policy, can be delivered.

During the measurement period 13.4% of the cases seen were aged 16 / 17 years. Teams were asked as to their current arrangements with regard to this age group of young people who previously were the responsibility of Adult Mental Health Services in most areas of the country. From 2006 the practice of teams keeping on existing cases beyond their 16th birthday was extended, without the provision of additional resources at the time.

Table 7.1 Arrangements for 16 and 17 year old age group

Operational Criteria of CAMHS teams	2008	2009
Continue to see existing open cases beyond their 16th birthday as appropriate. Consider re referral of previously known cases after their 16th birthday Do not see new cases aged 16 / 17 years	33	37
Continue to see existing open cases beyond their 16th birthday as appropriate. Consider re referral of cases of known cases after their 16th birthday Consider new referrals of young people over 16 years on a case by case basis	11	5
Accept referral of all young people up to and including 16 years	1	3
Accept referral of all young people up to and including 17 years	5	5
Total	49	50

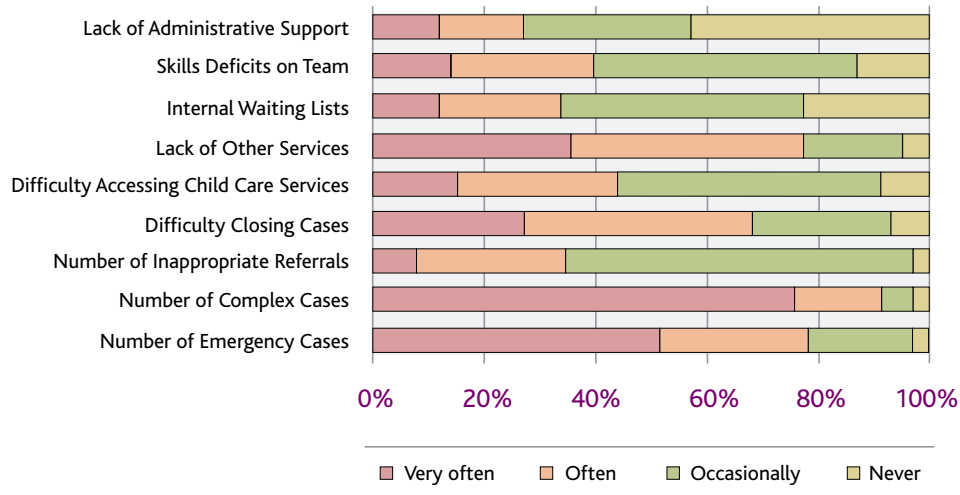
- From the above information the increasing proportion of the caseload seen by community CAMHS over the age of 15 years can be explained.
- Child and Adolescent Mental Health Services currently provide a significant level of service to this age group.
- Some young people are transferred to Adult Mental Health Services after their 16th birthday due the nature of their illness and care / treatment needs.
- As the older age group present with more acute mental health difficulties access to services by younger children with less acute presentations may be affected.
- The provision of additional teams is planned to facilitate over time the transfer of responsibility for mental health services for this age group to Child and Adolescent Services as set out in *The Report of the Inpatient Capacity Forum HSE (2006)*.

7.2 Capacity of CAMHS teams to respond to demand

Many factors can affect the capacity of a team to respond to the demand placed on it. CAMHS teams were asked to rate the following factors as to their degree of impact on their capacity to respond to demand.

Figure 7.1 Factors which impact on a team's capacity to respond to demand (2009)

Community CAMHS teams rate the number of complex cases, the number of emergency cases and the lack of other services in the area as the factors having the greatest impact on their capacity to respond to demand which can in turn lead to increased numbers on waiting lists and longer waiting times for routine assessments.



7.3 Provision of dedicated ADHD clinics by community CAMHS teams

As children suffering from ADHD account for the largest diagnostic category attending community CAMHS dedicated ADHD clinics have developed to meet this demand.

Table 7.2 ADHD Clinics

ADHD Clinic	Dublin Mid Leinster	Dublin North East	South	West	Total
Number	14	4	8	11	37
Total	16	10	12	12	50

37 teams (74%) were employing such dedicated ADHD clinics. The majority (57%) of clinics take place on a weekly or fortnightly basis. Almost all of the clinics were run by nurses and psychiatrists (including consultants and doctors in training).

Table 7.3 Frequency of ADHD Clinics

Frequency	Number	%
Every week	13	35%
Every 2 weeks	8	22%
Every 3 weeks	1	3%
Every 4 weeks / month	8	22%
Other	7	18%
Total	37	100%

7.4 Referral Protocols and Referral Forms

A total of 35 (70%) community CAMHS teams had a referral protocol in place and 29 (58%) teams utilised a referral form.

Table 7.4 Referral Protocols

	Dublin Mid Leinster	Dublin North East	South	West	Total
Referral Protocol	13	9	8	5	35
Referral Form	10	10	6	3	29
No. of Teams	16	10	12	12	50

8.1 Monitoring progress and evaluating outcomes

A multidisciplinary Child and Adolescent Mental Health Service Advisory Group was established to address and advise on the challenges facing CAMHS which include providing greater clarity about priority groups, developing relationships with primary care and other services by putting in place clear care pathways and agreement about the nature of supports CAMHS provide for other services working with children and young people with mental health problems, improving access for older adolescents who can find it difficult to engage with services, having a stronger focus on outcomes and measuring the quality and effectiveness of interventions through the increased involvement of service users and carers in service development and evaluation.

The Specialist CAMHS Advisory Group reports to Mr. Martin Rogan, Assistant National Director, Mental Health Services and advises HSE Corporate Planning and Corporate Performance on issues relating to child and adolescent mental health services.

This group has, in consultation with Child and Adolescent Mental Health Service providers and other stakeholders, made progress in the following tasks:

- Develop and refine a minimum dataset for CAMHS that is completed and returned by each team on a monthly basis and reported through HealthStat.
- Develop a suite of key performance indicators linked to the dataset that take into account resource allocation, case mix, demographic and other factors.
- Work with Dr. Ian Daly, National Mental Health Lead, Quality and Clinical Care Directorate in developing quality standards, and clarifying care pathways.
- Progress the implementation of routine outcome measurement across services.
- Foster service user involvement in the planning and evaluation of services through engagement with Service User Panels.
- Develop a communication strategy to foster sharing of best practice and service innovation.
- Address manpower planning and training needs.
- Extend the mapping of and the collection of information from other elements of child and adolescent mental health services.

The Third Annual Report on Child and Adolescent Mental Health Services will be published in the third quarter of 2011.

Membership of the Specialist CAMHS Advisory Group

1. **Dr. Brendan Doody**, Chair, Consultant Child and Adolescent Psychiatrist, Clinical Senior Lecturer, Clinical Director HSE Linn Dara CAMHS, Dublin.
2. **Ms. Pamela Carroll**, Child Care Leader and Cognitive Behavioural Therapist, HSE Child & Family Mental Health Service, Sligo.
3. **Ms. Lisa Corrigan**, Occupational Therapy Manager, Mater Child & Adolescent Mental Health Service, Dublin.
4. **Dr. Maura Delaney**, Consultant Child and Adolescent Psychiatrist, Eist Linn Child and Adolescent Inpatient Unit, Cork.
5. **Dr. Michael Drumm**, Principal Clinical Psychology Manager, Mater Child & Adolescent Mental Health Service, Dublin.
6. **Mr. Philip Flanagan**, Business Analyst, HSE Corporate Planning and Corporate Performance (CPCP), Dr. Steevens' Hospital, Dublin.
7. **Dr. Colette M. Halpin**, Consultant Child and Adolescent Psychiatrist, HSE Laois / Offaly CAMHS.
8. **Ms. Sarah Houston**, Social Worker, St. John of God Lucena Clinic Child & Adolescent Mental Health Service, Dublin.
9. **Mr. Gordon Lynch**, Advanced Nurse Practitioner, HSE Linn Dara CAMHS, South Kildare.
10. **Ms. Sinead Kennedy**, Speech and Language Therapist Manager, Mater Child and Adolescent Mental Health Service, Dublin.
11. **Dr. Susan O'Hanrahan**, Consultant Child and Adolescent Psychiatrist, HSE Mid Western CAMHS, Co Clare.

CAHMS Teams were invited to provide information on service initiatives and developments under a number of headings.

Dublin Mid Leinster

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

Participated in a pilot of integrated treatment plans (St. James's & Clondalkin).

Parent Focus Groups. Patient satisfaction survey (Laois / Offaly).

Team participating in client satisfaction research project which is ongoing (Lucena Team C).

Questionnaire re Service User Satisfaction in use in the Department (Longford Westmeath).

Medical Council 360 degree feedback pilot (Lucena Dun Laoghaire 12 – 15 years).

Consumer Questionnaire devised. Not yet piloted (Ballyfermot).

All parents and children in our Wait List Initiative completed feedback forms on their experience of the assessment process (North Kildare).

In process (Lucena Century Court 1).

1B. MEASUREMENT OF OUTCOME:

HoNOSCA at every assessment and discharge – ongoing (Laois / Offaly).

Clinical impression plus standardised rating scales where indicated (Lucena Team C).

Speech and language therapy sought evidence of outcomes from children and parents who attended for both individual and group therapy. The study investigated the ability of clients to discuss outcomes of SLT intervention and highlighted the value of these outcomes in informing and guiding future intervention (Lucena Wicklow Bray).

None at present, options under exploration (Longford Westmeath).

Investigation and trial of Screening Questionnaires (Ballyfermot).

Strengths and Difficulties and Conner's Questionnaires pre and post treatment (Lucan).

Members of this team ran an innovative intervention group for children with Tourette's Syndrome. This has been presented at national and international conferences, and outcomes evaluated. This Service ran therapeutic groups for "children aged 6-7 years presenting with social and emotional difficulties using a combined approach of play therapy and Marte Meo". This team ran a group for parents of children attending the service, namely "Supporting the social and emotional development in children with identified 'communication difficulties or ASD' and outcome measures were applied to all these groups" (North Kildare).

1C. RESEARCH / AUDIT PROJECTS:

Research on facial emotion processing in ADHD. Theory of mind in children with ASD and ADHD (St. James's & Clondalkin).

Selective Mutism Parents Training Programme. Bi-annual audit. Effectiveness of Incredible Years Training Programme (Lucena Clinic Tallaght Team 1).

Audit of activity over 12/12. Involvement in MMH Research Project on "Working things out group" (Laois / Offaly).

Self Harm Presentation to CAMHS - 6 Year Review (Lucena Team A).

Client participation in ADHD / Attachment Research Project using M-CAST (Dr. Helen O'Connell) (Lucena Clinic Tallaght Team 2).

ALERT Programme – Occupational Therapy - outcome study. Chill Out Group - for children with emotional regulation difficulties - outcome study. GP Communication - audit ongoing. Regular 6 monthly team audits of all children (Lucena Team C).

Study investigating the communication profiles of children / adolescents with ADHD/ADD in association with TCD and Speech & Language Therapy, Lucena Clinic (Lucena Wicklow Bray).

Undertook Health & Safety Audit of Department (Longford Westmeath).

Audit of use of Psychopharmacology. ADHD clinic audit (Lucena Dun Laoghaire 12 – 15 years).

HealthStat Audit monthly from July 2009. Ongoing support for research projects (Ballyfermot).

ADHD clinic, audit of medication and side effects (Lucan).

This team has participated in the Kildare / West Wicklow Central Referral Forum, a forum in which all referrals of children under 5 years in the area are considered by the various HSE agencies to determine the most appropriate service and outcomes evaluated (North Kildare).

ASD Review by Registrar - Poster at Irish College Spring Meeting, Cork. Also presented to service at Cherry Orchard Hospital (Mid Kildare).

Looked after children and their mental health needs (Lucena Century Court 1).

1D. WAITING LIST OR OTHER INITIATIVES:

Established a triage rota to review and decide priority of referrals on a weekly basis. Developed a protocol for children presenting with ASD (St. James's & Clondalkin).

Centralised Incredible Years Parenting Group Referral and Delivery System. Development of Attachment Intervention. Occupational Therapy / Speech and Language Therapy Screening of ASD clients. Group to Manage Anxiety Using Sensory Strategies (Lucena Clinic Tallaght Team 1).

Wait list closed to routine referrals. Gradual decrease in backlog (Laois / Offaly).

Using the Choice and Partnership Approach (Lucena Team A).

Template developed on which to define care pathway of referrals with ? Autistic Spectrum clearly for family and professionals. Brief OT / SLT screening assessment protocol developed (Lucena Clinic Tallaght Team 2).

Ongoing wait list initiative (Lucena Team C).

Audit of waiting list. Quarterly psycho-education seminars for parents of children with ASD (Lucena Wicklow Bray).

Continues "2 + 1" Waiting List / Assessment Protocol (Lucena Wicklow Arklow).

Opt in letters - for patients on Waiting List for > 12/12 (Longford Westmeath).

We have a minimal waiting list but this year we supported a CBT therapist who was completing her training for an MSc in Cognitive Behaviour Therapy for children and adolescent which allowed us to enhance range of interventions assessed (Ballyfermot).

Staff had a waiting list initiative, and took extra cases off the list to reduce down to 2 (Lucan).

Quarterly Waiting List Initiatives using the Solution Focussed Brief Psychotherapy model. Members of this CAMHS team co-facilitated a SMILES group. This was an initiative involving both adult and child psychiatry services providing a group intervention for children of parents with serious mental illness. Members of this team ran an innovative intervention group for children with Tourette's Syndrome. This has been presented at national and international conferences. This team has participated in the Kildare/West Wicklow Central Referral Forum, a forum in which all referrals of children under 5 years in the area are considered by the various HSE agencies to determine the most appropriate service. This team has participated in the Kildare / West Wicklow Planning Forum chaired by Child Care Manager and which provides the various agencies to discuss young people who are common to their services, who may be 'at risk', and to identify service needs and gaps (North Kildare).

Widened acceptance criteria for a number of referrals (Mid Kildare).

Clinical pathways committee for new assessments and internal waiting lists; (Lucena Century Court 1).

1E. FOR CHILDREN WITH ADHD:

Weekly ADHD clinic (Lucena Clinic Tallaght Team 1).

No developments. Wait list closed to new routine referrals. Organising transfer of 18 year olds to Adult Service (Laois / Offaly).

ADHD Clinic held once a week (Lucena Team A).

ADHD Clinic. ALERT Group – OT (Lucena Team C).

Education groups for children with ADHD / ADD run by Occupational Therapist and Speech and Language Therapist. Quarterly psycho-education seminars for parents of children with ADHD / ADD run by Social Worker, Speech and Language therapist, Occupational Therapist, and Nursing (Lucena Wicklow Bray).

ADHD Clinic (Lucena Wicklow Arklow).

On going assessment, intervention, and school support for children with ADHD and their families (Ballyfermot).

ADHD clinic, fortnightly (registrar or consultant led) (Lucan).

Dedicated clinic for children with ADHD formalised (North Kildare).

ADHD Clinic run by Clinical Nurse Specialist & Registrar (Mid Kildare).

Psychoeducation groups for children and parents (Lucena Century Court 1).

1F. GROUPS PROVIDED:

Parents of children with ADHD. Parents of children with ASD. Children of parents with a mental illness (St. James's & Clondalkin).

Incredible Years Parenting groups. Social Skills groups. Adolescent ASD group (Lucena Clinic Tallaght Team 1).

Social skills. Adolescent Attachment Groups (Laois / Offaly).

Friends Group. ALERT Group. Early Childhood Programme Group (Lucena Team A).

Groups for young people with recent diagnosis of high functioning autism. Parent education evenings regarding Autism Spectrum Disorder (Lucena Clinic Tallaght Team 2).

ALERT Group. Social Skills Group. Chill Out Group. IY Parenting. Early Childhood Programme Groups (Lucena Team C).

Anxiety groups. Transition to secondary school groups. Anger management group. Social Communication skills group. ADHD Education groups. ASD Education groups. Handwriting groups. Motor skills groups (Lucena Wicklow Bray).

Social Skills - SLT / OT. Parents of Children with ASD - SLT / OT. Incredible Years Parent Training (Lucena Wicklow Arklow).

Triple P Stepping Stones - Speech & Language Therapist (Longford Westmeath).

Social Skills. 'Alert' Programme (Occupational Therapy). Eating Disorders - Parents Group (Lucena Dun Laoghaire 12 – 15 years).

Socialisation group for children with Asperger's and ADHD (Ballyfermot).

Speech and Language Therapist ran a number of groups (phonology groups, social and communication groups etc.) (Lucan).

This service ran therapeutic groups for children aged 6-7 years presenting with social and emotional difficulties using a combined approach of play therapy and Marte Meo. This team ran a group for parents of children attending the service, namely "Supporting the social and emotional development in children with identified communication difficulties or ASD" (North Kildare).

Observation / socialisation group run by Child Care Leader & Registrar (Mid Kildare).

Play Therapy Groups. Social Use of Language Groups. Motor Skills. Parenting Groups (Lucena Century Court 1).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

ADOS. Alex Kelly Social Communication Course (St. James's & Clondalkin).

Eating Disorder Training. ADHD Training. Incredible Years Training. Attachment Training. Emotional Availability Training. ADOS Training. FASD Training (Lucena Clinic Tallaght Team 1).

No training provided for in budget due to financial constraints (Laois / Offaly).

M-CAST training (attachment assessment in middle childhood) (Lucena Clinic Tallaght Team 2).

ADOS Training. Family therapy Training. CBT Training. Attendance at Lucena Foundation Training Days (Lucena Team C).

Team attended the CAPA workshop (The Choice & Partnership Approach) by Dr. Steve Kingsbury & Dr Anne York held at St. John Of God's Hospital Stillorgan in April 2009 (Lucena Wicklow Bray).

ADOS. CBT Training. Social Skills Training (Lucena Wicklow Arklow).

CBT in Eating Disorders (Fairburn) - 1 consultant. Seven Effective Habits (CAMHS) - 2 consultants. Family Therapy Doctorate - 1 CNS. Sensory Integrations Course - 1 Occupational Therapist (Longford Westmeath).

CBT. Forensic Psychiatry. Social Skills (Lucena Dun Laoghaire 12 – 15 years).

Strengthening Families Module. CAPA Training. CAT (Cognitive Analytic Therapy) Practitioner Training. Masters Health Service Management (Ballyfermot).

Archways parenting class (Lucan).

Limited by budgetary constraints (North Kildare).

Choice And Partnership Approach - 2 team members. Supervision training. Adolescent Parent Plus - 2 team members. Brief Focus Therapy - team (Mid Kildare).

Incredible Years Training. Masters in Cognitive Behavioural Therapy (Lucena Century Court 1).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

In-service CBT. Marte Meo. Second opinions on ASD. Open day for referrers, twice. Solution focused training for others (St. James's & Clondalkin).

Psychoanalytic / psychotherapy training to Post Graduates (x 3). SLT in CAMHS for SR trainee scheme. Students / Nurse lecturing. Student placement across disciplines (Mental Health C/D training) (Lucena Clinic Tallaght Team 1).

Talks to Laois Education Centre - Teachers. "Understanding and coping with teenagers" and presentation to local second level schools. ADHD info for Foster Parents Association. Talks to Resource Teachers (Laois / Offaly).

Social Work, nursing and medical students on placement with team. Training to GPs. Consultation provided as need arises/requested to other agencies working with children (Lucena Team C).

Training workshop at Trinity College, Dublin for clinical psychology trainees provided by Bray Lucena Senior Clinical Psychologist. Five 3 day Incredible Years parent group training workshops provided by Lucena Principal Social Worker (Lucena Wicklow Bray).

Mental Health Act Training. Incredible Years Training (Lucena Wicklow Arklow).

GP training. OT training. SLT training. AMO training (Longford Westmeath).

Teaching and supervision. Mental Health Act Training to Psychiatrists (Lucena Dun Laoghaire 12 – 15 years).

Constantly offer consultation and support to local community services. Consultation to 2nd Year Masters Social Work students. Training provided for Medical Students. Workshop on Treatment packages to build on previous Workshop on Assessment packages. This year our Speech and Language Therapist and Child Care Leader post have become vacant. We have an unfilled Senior Registrar post and have lost our Psychologist post. Our full time WTE is 4.6. Therefore most of our energy has been focussed on seeing new cases within 8 weeks. We are concerned that we are not able to reliably offer individual work or group work to children. This is very concerning particularly for complex cases (Ballyfermot).

Training to NEPS re role of CAMHS, appropriate referrals to CAMHS etc. (Lucan).

Training to Gardaí involved in dealing with families affected by abuse. Training of medical students / psychiatry trainees. Supervision of play therapy trainees. Supervision of psychologists in training. Supervision of speech & language therapists in training (North Kildare).

ASD / Attachment Presentation by Team (Mid Kildare).

Yes, all disciplines (Lucena Century Court 1).

Dublin North East

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

Departmental Service User Participation and feedback protocol being developed by Mater CAMHS as a whole. Due to be launched early in 2010 (Mater Team B, Team C, Team D).

The Senior Clinical Psychologist with assistant Psychologist undertook a client satisfaction questionnaire of 60 people with 40 responses; this questionnaire is currently being written up (Cavan / Monaghan).

Departmental Service User Participation and feedback protocol being developed by Mater CAMHS as a whole. Due to be launched early in 2010. OT Feedback from Parents in relation to Intervention & Alert Programme Parent & Child feedback. SLT outcome measures in relation to Intervention. Parents Plus - Individual Feedback completed by parents who attended the Groups (Mater Team A).

Service level plans are in place for comprehensive and regular service user feedback using questionnaires and suggestion boxes. To commence in near future (Mater Team E).

"Client Satisfaction" - qualitative research on client satisfaction (Castleknock).

User satisfaction survey carried out over 3 week period - June 2009 (Blanchardstown).

Currently implementing "Towards Excellence in Clinical Governance" (Louth).

Feedback from parents regarding the ADHD Parenting Group. Client Satisfaction Survey (Meath).

1B. MEASUREMENT OF OUTCOME:

A/Speech and Language Therapist Manager, Psychology Manager and Occupational Therapy Manager from Mater CAMHS, are members of the CAMHS Advisory Group, chaired by Dr Brendan Doody - this multi-disciplinary working group is examining performance management/outcome measurement with HSE PCCC. Team has representation on departmental Best Practice Committee, which is looking at care pathways for example ADHD, Mood Disorders, Anxiety, Self Injury, Suicide Risk & Behavioural / Conduct Problems (Mater Team A, Team B, Team C, Team D).

HoNOSCA scores used on some, but not all, clients. Examining use of other scales e.g. The Child Global Assessment Scale (Mater Team E).

Pilot Study of Outcome Rating Scales. Piloting of Linn Dara Action Plan (Castleknock).

Currently implementing "Towards Excellence in Clinical Governance" (Louth).

High level of satisfaction (Meath).

1C. RESEARCH / AUDIT PROJECTS:

The team facilitated research carried out by a Trainee Clinical Psychologist for her doctoral thesis on the subject of 'A father's role in childhood anxiety' and a study by another psychology trainee on the outcomes of a Parents ADHD group. Also annual data collection across the service feeding into annual audit report of service activities (Mater Team B).

Study on the effectiveness of solution focussed parenting in January 2009 - this was undertaken by the Senior Clinical Psychologist and assistant. A study looking at the change variables in DBT skills group with adolescents at risk, this is currently underway. The Senior Clinical Psychologist, the Counselling Psychologist and Nurse Therapist are involved (Cavan / Monaghan).

Audit: study of time to completion and acceptability of Diagnostic & Wellbeing Assessment (DAWBA) instrument. What are the clinical characteristics of re-referrals to a CAMHS Service between 2007-2008 over a 24-month period, where there are 2 or more episodes. Clinical audit looking at Autism Spectrum Disorder (ASD) within Mater CAMHS in 2008. A Preliminary Clinical Evaluation of a Brief Computer-Assisted CBT Programme for Youths. Father's Role in Childhood Anxiety: - Research investigating how fathers' contribute to children's understanding and experience of anxiety. My Mobile Story: - Research evaluating the use of the mobile phone as therapeutic tool to record mood between sessions, complete homework exercises and send pictures, video and text to webpage. Working Things Out (WTO) - Randomised Controlled Trial evaluating CD-Rom group based intervention for adolescents attending Mater CAMHS. A controlled clinical evaluation of the Parents Plus Children's Programme for parents of children aged 6-11 (Mater Team C).

Feasibility and acceptance of the DAWBA. Correlation of particular childhood distress using the SDQ (Mater Team D).

Audit: study of time to completion and acceptability of Diagnostic & Wellbeing Assessment (DAWBA) instrument. What are the clinical characteristics of re-referrals to a CAMHS Service between 2007-2008 over a 24-month period, where there are 2 or more episodes. Clinical audit looking at Autism Spectrum Disorder (ASD) within Mater CAMHS in 2008. Neurofeedback research with ADHD. Working Things Out (WTO) - Randomised Controlled Trial evaluating CD-Rom group based intervention for adolescents attending Mater CAMHS. The Maudsley approach to the treatment of adolescents with anorexia nervosa (2009). Feedback: Journal of Family Therapy Association of Ireland, Vol. 11(1) (Mater Team A).

Pilot study on early and brief intervention with acute anxiety presentations. Research proposal with Ethics Committee looking at cyber-bullying. Examination of demographics of referred preschoolers over the past 10 years. Participation in Selective Mutism study-multicentre (Mater Team E).

ADHD Audit. ASD Audit. Monthly Statistics (Castleknock).

CAMHS Referrals over one year – 'Who makes it through the door and why' - Dr. Lawal, Dr. Dunne. Mental Health in migrant children in Blanchardstown - Dr. Skokauskas, Dr. Dunne (Blanchardstown).

Audit project by Registrar on Case Notes Management. Outcome audit of young people attending Day Programme (Louth).

Study designed to measure level of mental health problem in parents of children attending CAMHS. New model piloted as part of the Crosslinx programme. Research into relational bullying (Meath).

1D. WAITING LIST OR OTHER INITIATIVES:

The Child Psychiatry Service was approved by An Bord Altranis for provision of clinical placements for students undertaking the Diploma in Nursing. One Consultant Child Psychiatrist was asked in November 2008 to be part of the implementation group organised by the North East Regional Paediatric Clinical Network with the task of examining the current Paediatric and Adolescent Diabetes Service in the North East and describing the changes that we required in order to address the recommendations of the Diabetes Expert Advisory Group. Consultant membership of local Vision for Change implementation group. Consultant membership of implementation of transformation of PCCC group. Consultant membership of CAWT Eating Disorder Project. One Consultant and one Clinical Nurse Specialist membership of the COPE project. CAMHS initiated the setting up of a regional specialist Eating Disorder interest group. This includes all interested parties from PCCC, Dublin North East including CAMHS teams St. Joseph's adolescent inpatient unit and paediatric Hospitals such as Temple Street. Development of a more specialist eating disorder service within generic CAMHS team including constructing 2 day training course entitled CBT for Eating Disorders for the APT in the U.K. (Cavan / Monaghan).

Occupational Therapy initiative to clear substantial waiting list combined with growing referrals from team, 74 cases seen and 23 remaining to be seen (Mater Team C).

Occupational Therapy initiative to clear substantial waiting list combined with growing referrals from team, 74 cases seen and 23 remaining to be seen. Team Co-ordinator post developed on Team. Referral committee involving 2 members of clinical staff to screen and prioritise all new referrals. Multidisciplinary assessment appointment rota. Emergency appointment rota. Co-ordination of waiting list and priority appointments by team coordinators and administration staff (Mater Team A).

Service development group established on team, looking at waiting list initiatives, mapping referral pathway, establishing

framework for prioritisation of referrals (using framework of '7 Helpful Habits'). Initiative to improve attendance rates using telephone contact the day before appointments-undergoing review. Emergency referral rota established in response to sharp increase in referrals secondary to 2 completed youth suicides in the area (Mater Team E).

Triage of Waiting List in Summer 2009. Reduced by 3 months. Establishment of ASD Clinic. Educating ourselves to CAPA model (Castleknock).

Two monthly liaison meeting with Community Care, Psychology, and Aistear Beo. Presentation on CAMHS service to parents / teachers of a local primary school (Blanchardstown).

We continue to make our low waiting list a priority with respect to our performance (Louth).

Waiting List Initiative to reduce the waiting list in summer 2009. Very successful outcome - major drop in waiting list (Meath).

1E. FOR CHILDREN WITH ADHD:

Group for parents of children with ADHD, plan for ADHD Clinic (Mater Team B).

Group for parents of children with ADHD (Cavan / Monaghan).

ADHD sub-team. ADHD review clinic. ADHD information day. Dedicated ADHD parenting group runs for 8 weeks 1-2 times per year (Mater Team A).

Database of children attending service with ADHD established. Unable to proceed with plans for dedicated ADHD clinic due to lack of resources-in particular no nursing staff on team (Mater Team E).

ADHD Clinic - 4 new assessments per month plus review clinic and parenting group (Castleknock).

Medical Review Clinics are held three days per week. Ongoing Parenting Training Programme (Meath).

1F. GROUPS PROVIDED:

Introduction to mental health twilight session delivered to adolescents at local youth centre. Mental health input to secondary school with young people identified as vulnerable to mental health difficulties. Training to staff of 8 preschools in the community on social/emotional development and attachment. Parents Plus Early Years Programme. Alert Programme, group run to teach self-regulation (Mater Team B).

Dialectical behaviour skills group. Social skills group. Group for parents of children with ADHD. Anxiety management group (Cavan / Monaghan).

The Parents Plus Programme is provided for parents of children aged 5-11 yrs. and consists of five three-hour workshops covering positive parenting and positive discipline topics. The course includes helping parents manage difficult behaviour, gain support, build on strengths to develop a close relationship and help children reach their full potential. Occupational therapy department ALERT programme for self-regulation. Working Things Out (WTO) - CBT / Solution focused group intervention for adolescents (Mater Team C, Team A).

ADHD Parents Group. (Mater Team A).

Working Things Out Group-CBT based adolescent group. Pilot Pre-school 'Together in the Moment' group- for parents of pre-schoolers attending the service. Target is enhancing the parent-child relationship. Referrals made to SPACE Programme & Selective Mutism parents group-both in other centres. "Alert" OT Programme (Mater Team E).

"Parenting Group" x 2 per year 2009. "Observation and diagnostic group" x 3. "Emotion and Feelings Group" (Castleknock).

DINA group. Social Communication group for adolescents. Anxiety Management for students during Junior Cert. Parents Plus for Adolescents. Incredible Years Parenting Programme - co-facilitated with Parenting Skills Unit. Social Skills Group for Younger Children. Language and Communication Group (Blanchardstown).

Self-esteem Groups for 10 - 12 year olds and 12 - 14 year olds. Parenting Groups. Process Psychotherapy Group. Day Programme Group (Louth).

Parenting Groups Provided. CBT groups held for adolescent girls with depression (Meath).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

Family Therapy Workshops (including Attachment). Staff members attending ongoing Infant Mental Health training. Post Graduate training in EDS (Eating, Drinking and Swallowing qualification) (SLT). Occupational Therapist completed Sensory Integration training, Alert Programme training. Clinical Psychologist attended conference on Adventure Therapy. In-house academic programme (shared with CUH, Temple St) once per month for 3 hours from October - June each year (Mater Team B).

One Paediatric Nurse is doing the MSc in Mental Health - Child & Adolescent Family Strand run by Trinity College, Dublin. One Clinical Nurse Specialist commenced the MSc in Health Care Management in Trinity College, Dublin. One Consultant Child Psychiatrist commenced the Masters in Family Therapy in September 2008 run by the Clan William Institute in Dublin. Consultant attendance at master class in Psychopharmacology on 6th November 2009 in Lucena Clinic, Orwell Road, given by Dr. Parmala Santosh. Consultant attendance at ACAMH conference on 27th November 2009 in Tallaght Hospital on Acquired Brain Injury and Tourette's Syndrome. Attendance at Inaugural Meeting of the College of Psychiatry, Ireland on 12th & 13th November. One Consultant attended the American Academy of Child & Adolescent Psychiatry on 27th - 31st October 2009. One Consultant attended skills training (Cavan / Monaghan).

Assessment and management of central auditory processing disorder. ADOS training course. Certificate in Jungian Sandplay Training. In-house academic programme (shared with CUH, Temple St) once per month for 3 hours from October - June each year (Mater Team C).

In-house academic programme (shared with CUH, Temple St) once per month for 3 hours from October - June each year (Mater Team D).

ADHD Alliance Meeting. CBT Post Graduate Diploma. Certificate in Sensory Integration Therapy. In-house academic programme (shared with CUH, Temple St) once per month for 3 hours from October - June each year (Mater Team A).

ADOS training-2 team members. Training in Risk Assessment-1 team member. Training in intervention with stammering-1 team member. Sensory integration course-1 team member. Social skills training course-1 team member. Enhancing process of supervision course-2 team members. In-house academic programme (shared with CUH, Temple St) once per month for 3 hours from October - June each year (Mater Team E).

Masters in EAT Therapy. Masters in CBT. Masters in Business Management. In service attendance at Family Therapy / CBT / Parenting Workshops (Castleknock).

Whole Team Training - Solution focused Brief therapy (1 day). Whole Team Training - Children First Guidelines (1/2 day) (Blanchardstown).

No funding available for this. It has all been withdrawn (Louth).

Bi-monthly Journal Clubs. Three Regional In-Service Days Held. M-CAST training attended by staff (Meath).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

Social Worker and Clinical Psychologist provided a series of consultation sessions to residential care staff regarding a referred young person. Ongoing consultation with Social Work Department HSE re: children in care. Consultation with schools re: multiple clients. Consultation with Mental Health Commission (Mater Team B).

Two teaching days for medical students from Royal College of Surgeons. The two Clinical Nurse Specialists on the team regularly lecture undergraduate students in Dundalk who are undertaking their nursing degree. One Consultant Child Psychiatrist and one Clinical Nurse Specialist took on the role of supervisor for a three month placement of a Paediatric and Psychiatric Nurse respectively. These supervised placements were part of the Masters in Mental Health, Child & Adolescent with a family strand being run by Trinity College, Dublin. Lectures to 4th year medical students from the Royal College of Surgeons are undertaken twice yearly by the Child Psychiatry team. The team organised and presented topics on Child Psychiatry at their regional in-service day to 3 CAMHS teams; Louth, Meath & Cavan/Monaghan in October 2009 (Cavan / Monaghan).

Lectures to Trinity occupational therapy students on occupational therapy role in child and adolescent mental health. Lectures on occupational therapy in CAMHS to Senior Registrar training programme, School of Postgraduate Medical Training, TCD. Local schools and agencies - consultation. Residential Staff consultation and training in relation to looked

after children. 2 workshops (3 hours each) with 1st and 2nd year Trainee Clinical Psychologist from TCD. 4 trainees Clinical Psychologist on Clinical Placement. Child Art Psychotherapy (CAP) supervision of students and provide lectures to students on the course. Mater Annual Study Day & monthly academic programme Mater CAMHS & CUH, Temple Street (Mater Team C).

Local schools and agencies – consultation (Mater Team D).

SLT provide professional supervision training. Psychology supervision provided to trainee clinical psychologists. Training for Psychiatry Registrars. Residential Staff consultation and training in relation to looked after children. Child Art Psychotherapy (CAP) supervision of students and provide lectures to students on the course. Mater Annual Study Day & monthly academic programme Mater CAMHS & CUH, Temple Street (Mater Team A).

Consultation to staff working in emergency residential home in area. One consultant is Training Programme Director for all NCHDs working in Mater CAMHS/TSCH service-commitment of up to 1 session per week. Consultation to pre-school practitioners. Student placements provided: Psychologist in Clinical Training, Research Psychologist & 4 undergraduate SLT students (Mater Team E).

Line supervision to Senior Registrar / Registrar. Line supervision to Psychologist in training. Line supervision to Speech and Language Therapist in training. In service training in Cognitive Analytic Therapy. Provided by Team Member ADOS Assessment. Medical students - Trinity / RCSI receive clinical training in clinic (Castleknock).

Placement for Psychologist in training. Two week placement for Medical students. Family Therapy Workshop provided by Consultant (Blanchardstown).

ADHD Parenting Programme. Consultation with Community Care Psychology. Consultation with Adult Psychiatry re cases. Multi-Agency Crosslinx Programme involves case discussion (Meath).

South

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

This service is participating in a research project, the purpose of which is to seek the views of service users in relation to their attendance at a CAMHS Service. The title of the project is 'An Evaluation of Client Satisfaction with the Child & Adolescent Mental Health Services'. Chief investigator is Dr. Louise Connolly, Consultant Child & Adolescent Psychiatrist, Co-investigators are - Dr. Manas Sarkar, Locum Consultant Child & Adolescent Psychiatrist, St. John of Gods, Dublin and Professor Imelda Coyne, School of Nursing, Trinity College, Dublin (North Lee East).

Information Leaflet and Feedback. Circulation of Complaints Policy Document in Waiting Room (North Cork).

Suspended until psychologist post filled (South Tipperary).

Pre and post parenting groups (North Lee West).

Personal feedback from parents. Mainly positive. Parents have made suggestions about how we 'do business', which has been incorporated into our practice (Wexford South).

This service started in November 2009, so service user involvement / feedback etc not in place (Wexford North).

Establishment of service user involvement of Clinical Governance Committee. Suggestion Box in waiting area (Carlow / Kilkenny).

Quality feedback from Webster Stratton Parenting Group (South Lee Team A).

Feedback sought from parents of children attending groups (South Lee Team B).

Feedback (Interview parent and Child) on MBCT Group. Feedback (Questionnaire Parent) On Behavioural Management Group (South Lee West).

1B. MEASUREMENT OF OUTCOME:

Early Years Parents Plus; Parenting Stress Index and Child Behaviour Checklist used pre and post group (North Lee East).

Ongoing scales measuring progress - case by case (North Cork).

Psychologist was preparing same, now suspended until post filled (South Tipperary).

Incredible Years Pre and Post Questionnaires (North Lee West).

This service started in November 2009, so service user involvement/feedback etc not in place (Wexford North).

At present no formal system of outcome measurement. Clinical governance committee to look at this (Carlow / Kilkenny).

Groups - FRIENDS Programme (South Lee Team A).

Under review by our clinical governance group (South Lee Team B).

Clinical Audit undertaken of all open cases to include evaluation of length of treatment, complexity rating and risk assessment (South Lee West).

1C. RESEARCH / AUDIT PROJECTS:

Clinical Audit of the Referral Pathway, North Lee East, Child & Adolescent Psychiatry. Factors Affecting Waiting Times and Interventions for Children with Attention Deficit Hyperactivity Disorder (ADHD) attending a CAMHS Service (North Lee East).

Six monthly service audit. Health Stats submitted monthly. Mental Health Commission (North Cork).

Audit of files - note keeping, reports, risk assessment (South Tipperary).

Audit project on ADHD and self-harm and the ADHD clinic (Wexford South).

Audit of Deliberate self-harm management undertaken (Carlow / Kilkenny).

Audit of clinical case notes. SEYLE Project / Health Promoting Programme for Adolescents. Information for G.P. / referral agent of community and support resources (South Lee Team B).

Audit of ADHD Clinic in the context of adherence to international best practice guidelines (South Lee West).

Quarterly open cases audit by consultation and team (Brothers of Charity Kerry).

1D. WAITING LIST OR OTHER INITIATIVES:

Internal Waiting Lists - since July 2009 (North Lee East).

Blitz of referrals (under 6 year olds). Rolling review of ten cases longest on waiting list (North Cork).

In addition to the Multidisciplinary assessments, New Patient assessment clinics done by single disciplines x 3 at a time. All seen by the consultant. All had MDT discussion after. This had dramatically reduced waiting times for more simple cases (South Tipperary).

Recruitment of a second Consultant Child and Adolescent Psychiatrist for North Wexford along with a clinical nurse specialist and secretarial support. Opening of a new temporary premises for seeing patients and preliminary investigations about opening a clinic in Gorey. All of this will allow a reduction in waiting times to see a child and adolescent psychiatrist. In 2008 we commenced including a clinical placement for trainee psychiatric nurses which is 6 week placement as part of the overall 4 year programme. We also planned to increase more primary and secondary school education and this has commenced with Clinical Nurse Specialist. This is where a child has been referred to C&A services and problems around their education have been identified. In this case the Clinical Nurse Specialist attends the school for information sharing and education of the staff working with the child in that school (Wexford South).

Inherited ADHD waiting list being tackled (Wexford North).

Introduction of Choice and Partnership Approach. Development of service referral guidelines in progress (Carlow / Kilkenny).

Re-organised catchment areas. Commenced using of Strengths and Difficulties Questionnaire on receipt of a new referral (South Lee Team A).

Validation of current waiting list. Expansion of South Lee catchment area (South Lee Team B).

Waiting list Review of cases > 1 year waiting, with Expansion of Consultation Service. Increase in New Assessments by since 2009. Meeting and information sheet to GPs to enhance appropriate referrals system and increase their use of consultation. Introduction of rotating Team Coordinator Role within the team includes waiting list and referral management. School based Lecture to Parents on Anxiety Management (South Lee West).

Waiting list initiatives in April and September. Ongoing monthly from then (Brothers of Charity Kerry).

1E. FOR CHILDREN WITH ADHD:

Identification of ADHD cases on waiting list in order to streamline assessment (North Cork).

2 Psychologists did information evening for parents as prelude to group work (South Tipperary).

Audit done of the ADHD clinic according to NICE guidelines - this has identified the strengths and deficits of the services. Diagnosis is an area of strength areas for improvement - documentation about healthy eating, advice regarding medication to parents, documentation of physical examination. A new assessment form is being currently being devised in order to ensure these areas are now covered (Wexford South).

There is a dedicated ADHD clinic (South Lee Team B).

ADHD service audit. Operational Policy for ADHD Clinic Updated (South Lee West).

Support groups for parents (Brothers of Charity Kerry).

1F. GROUPS PROVIDED:

Early Years (Parents Plus). Mid-Years (Parents Plus) (North Lee East).

Parents Plus Group x 1 (North Cork).

None possible - due to loss of x 2 psychologists (South Tipperary).

Incredible Years - 03/09. Parents Plus Group - 09/09 (North Lee West).

None. We don't have the staff numbers to provide groups (Wexford South).

Webster Stratton Parenting Group. FRIENDS Group. FRIENDS Parent Group (South Lee Team A).

Webster Stratton Parent Training Group (South Lee Team B).

Behavioural Management Programme for parents of teenagers. Introduction to Mindfulness Based Cognitive Therapy for Adolescents with Anxiety Disorders. 'Friends' CBT group for adolescents with anxiety (Jointly run with another team) (South Lee West).

Parenting / ADHD Groups. CBT Groups (Brothers of Charity Kerry).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

Eating Disorder Training Workshop, Lucena Clinic, Dublin - Attended by basic grade Clinical Psychologist. International Conference on Attachment - Attended by Senior Clinical Psychologist and basic grade Clinical Psychologist. Psychotherapists and the Law - Attended by Family Therapist. Developments in Clinical Systemic Supervision - Attended by Family Therapist (North Lee East).

Journal Club CPD - Infant Mental Health. Mental Health Act. Domestic Violence - Principal Social Worker. Psychiatric Journal Clubs (North Cork).

None due to cutbacks (South Tipperary).

Ms. Gillian Hetherington, Clinical Nurse Specialist is continuing her masters in Child and Adolescent Cognitive Behavioural Therapy (Wexford South).

Psychodynamic Psychotherapy (Wexford North).

Masters in CBT completed. Post-graduate diploma in Mental Health Nursing being undertaken (Carlow / Kilkenny).

Family Therapy. CBT. IPT. Support and Counselling (South Lee Team B).

Medical Update for Child Psychiatrists - consultant. Griffiths Assessment (Psychologist)- (we have a remit for MHID also). Psychopharmacology Masterclass (Consultant). Working with Families with Parental Mental Health problems (Social Worker). Working With Families who have experiences domestic violence (Social Worker) (South Lee West).

Social Worker - Masters Degree (Brothers of Charity Kerry).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

Clinical Training of Inpatient Staff – “Working therapeutically with Adolescents”. The role of Speech and Language Therapy in CAMHS Teams (North Lee East).

Consultation at Family Centre. Travellers Groups. Drishane Castle. Student Nurses (UCC). In-Patient Unit (North Cork).

Consultant: in house training NCHDS. Regional MDT CPD. Consultation and support to ASD service approx 1 session per month (South Tipperary).

Continuous consultation to schools and Medical Doctors. Ongoing psychiatric nursing training as above. We had an art psychotherapist training with us. Ongoing consultation with the Social Work Department (Wexford South).

To GPs and Social services (Wexford North).

Consultation and Liaison to local general hospital (Carlow / Kilkenny).

Eating Disorders Group. Regular Peer Review (ongoing). Regular consultations with the following agencies: HSE, NEPS, Schools, Barnardos, ISPCC, and ASD Team (South Lee Team A).

Regular consultation service provided to community statutory services and voluntary organisations. Teaching and supervision provided to Registrar. Part of induction programme for service (South Lee Team B).

Consultation service to GPs and primary care expanded / meeting with ICGP group. Consultation protocol as an alternative to assessment / waiting list developed (South Lee West).

Ongoing consultation meetings with Community Child Psychology and Autistic Spectrum Disorder Service (Brothers of Charity Kerry).

West

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

Dr. Begley participating in R.C.Psych surveillance re: conversion disorder and Juvenile BPAD (West Limerick).

Collaborating in a nationwide survey of Parental and Child Satisfaction with CAMHS Services (North Galway).

Increased communication with GPs Community Care and other services regarding patients (South Galway).

Service user feedback for social skills / self-esteem group and facilitated parents group (Donegal North).

User / parent feedback re: social skills groups (Donegal South).

Informal Service User Feedback (Sligo Leitrim West Cavan).

1B. MEASUREMENT OF OUTCOME:

Currently no waiting list. All new clients are offered an appointment within four weeks (North Galway).

SDQ (Strengths & Difficulties Questionnaire) measurements for ADHD patients. Protocol regarding open cases (South Galway).

Outcomes measured pre and post groups (2 groups running concurrently) (Donegal North).

Group therapy outcome measurement (Donegal South).

Rating Scales used by some team members to quantify outcomes (Sligo Leitrim West Cavan).

1C. RESEARCH / AUDIT PROJECTS:

Research around suicide and self-harm. Staff involved in development of computerised statistical / audit programme for Psychology Department. Innovative mobile phone mood diary research project (North Galway).

Master - Family Therapy by team member Parent Plus Programme (South Galway).

Senior Registrar - Audit of ADHD Clinic (West Galway).

Twice yearly audit of open caseload looking at diagnosis, medication, reason for ongoing treatment (East Limerick).

Referral process / form audit ongoing (Donegal North).

Referral Form Audit (Donegal South).

ADHD Medication Review Audit in progress (Sligo Leitrim West Cavan).

SpR project (Clare).

1D. WAITING LIST OR OTHER INITIATIVES:

There was a reduction of waiting list for ADHD assessments (Mayo).

Maintained our "no waiting list" policy. Initiation of CBT-based "Friends for Life" Programme (North Galway).

Priority listing plus written protocol for clarifying waiting list. Reduced to negligible number (South Galway).

Development of New Intake Protocol and Procedures involving the whole multidisciplinary team (West Galway).

Active waiting-list containment in place keeping list at zero. Emergency response in place (Roscommon).

Screening for ADHD using teacher's and parent's Conners' questionnaires and school report before wait listing on ADHD referrals. Opt in letters to families on waiting list (East Limerick).

Streamlining referrals to our service as opposed to Community Psychology. Routine waiting list reduced to nine months (Donegal North).

Prioritised longest-waiting. Waiting time stable despite 20% increase in sector population (Donegal South).

Dedicated new patient clinics (Sligo Leitrim West Cavan).

CAPA style review of referrals (North Tipperary).

1E. FOR CHILDREN WITH ADHD:

There was a reduction of waiting list for ADHD assessments (Mayo).

One of centres in a pan-European randomised control trial comparing Atomoxetine with standard treatment. Some attend groups below (North Galway).

Dedicated ADHD clinic. Strengthening resources (South Galway).

Involvement of social worker and student in ADHD clinic, parent support and liaison with schools (West Galway).

Streamlining of ADHD clinic with two Nurses, Registrar, and Consultant having ADHD clinic list. Clients being rotated between above disciplines to ensure all clients get reviewed by Consultant (East Limerick).

ADHD clinic ongoing. No developments (Donegal South).

ADHD Medication Review Clinics. Parents Plus Groups for parents of children with ADHD (Sligo Leitrim West Cavan).

Development of Consultant led ADHD Clinic (North Tipperary).

1F. GROUPS PROVIDED:

CAMHS ran joint group with Mayo PCCC entitled 'Common Sense Parenting' (Mayo).

Social Skills Groups. Parenting Plus Groups. Tiger Cubs Group (North Galway).

Parent Plus for self- esteem. Ages 5 – 9 and 10 – 16 (South Galway).

Parents Plus x 2 during the year. OT / Social Skills x 3 during the year. Social Skills x 3 during the year. Transition Group (11-13 years) for children on the Autistic Spectrum (West Galway).

Parent groups x 3 for oppositional / defiant behaviours, in collaboration with other services. Parent group for parents of children on autistic spectrum, with OT, SLT and psychiatry input. Social skills groups for children (Roscommon).

None at present but plans to run CBT group for depressed adolescents in Spring (East Limerick).

Two social skills / self-esteem groups (children and parent).

Two social skills / self-esteem groups for children and parents (Donegal South).

Parents Plus Group arranged. Anger Management Groups for young people with Asperger's syndrome (Sligo Leitrim West Cavan).

Parenting. Social Skills (North Tipperary).

Involvement of team in training U.L. medical students and student nurses (Clare).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

In service training fortnightly 1.5 hours (West Limerick).

Early detection of psychosis training. Conference on Tourette's Disorder attended by CAMHS members. Regular skills lab organised by CAMHS team. Ongoing Marte Meo training for two team members and regular academic sessions for Regional CAMH Service (Mayo).

No external training due to cut backs. In house training available (South Galway).

Team based Performance Management. Lesbian / gay / transsexual / bigender issues training (West Galway).

Decimated by HSE embargo on training (Roscommon).

No funding available in past year (East Limerick).

One staff completing school age assessment of attachment training.

Ongoing training - attachment assessment, family therapy, post graduate diploma (nurses) (Donegal South).

ADOS Training by two Team members. ASSIST Training. STORM Training. First Episode Psychosis Training. Motivational Interviewing Training (Sligo Leitrim West Cavan).

On going CPD Programme (North Tipperary).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

To local agencies (West Limerick).

Supervision and training of junior medical staff by senior medical staff. Regular supervision carried out by each discipline on the team (Mayo).

Consultation to Athru, multidisciplinary, multiagency team for adolescent perpetrators of sexual abuse. Consultation from a systemic / family therapy perspective to other CAMHS Teams for complex cases. Training for final year Medical students. Training for Social Work students. Training for Occupational Therapy students. Lectures to Registrars in University College Hospital, Galway in Child Psychiatry and Family Therapy (North Galway).

Monthly Journal Club, Case Conference, Academic Meeting (South Galway).

Student social work placement and supervision lectures and seminars to medical students. Occupational Therapy Students Consultation to Athrú Interagency Group (West Galway).

Consultation to and training of teachers a central plank of intervention. One hour peer supervision per week within team recently commenced (Roscommon).

Medical students attending clinics. Teaching of medical students. Lecturing to medical students (East Limerick).

Training to PHN's, general hospital staff (Donegal North).

Training to PHN's and AMO's and Youthreach staff on CAMH (Donegal South).

Consultation to Autism Team. Consultation and training to CRIB Youth Project to treat social anxiety. Training of CMH Nurses through Post Graduate Training in Child Mental Health (Sligo Leitrim West Cavan).

Liaising and Consulting in Community Services (North Tipperary).

Liaison Hospital

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

The Space Programme for parents / carers of young people with suicidal behaviour or self-harm was run twice in 2009, and moved from its hospital base to a city centre hotel in Dublin. The programme was developed with service user input, and is now open to any parent / carer of a young person under 18 years with suicidal behaviour or self-harm. Referrals are received from CAMHS services, and parents / carers may self-refer. Occupational Therapy intake has evolved from developmental assessment and treatment of children's physical or sensory difficulties to the inclusion of children and adolescents attending the PLS with primary mental health concerns. Work completed has addressed functional independence of teenagers, self esteem, social skills, personal and physical development for adolescents, coping skills, emotional regulation, and restricted diets due to sensory deficits. Evaluation forms completed by parents attending Neurology Parent Support Group (June 2009 - at end of group year) (Temple Street Children's Hospital).

Following any group offered, feedback is sought formally (Our Lady's Hospital, Crumlin).

1B. MEASUREMENT OF OUTCOME:

Standardised Rating Scales are an integral part of assessment and management (Our Lady's Hospital, Crumlin).

1C. RESEARCH / AUDIT PROJECTS:

Publications:

Lorna Power, Sophia Morgan, Sinead Byrne, Carole Boylan, Andree Carthy, Sinead Crowley, Carol Fitzpatrick and Suzanne Guerin (2009) Title: A pilot study evaluating a support programme for parents of young people with suicidal behaviour. *Child and Adolescent Psychiatry and Mental Health*, 3:20 (e-Journal).

Sophia Morgan, Sinead Byrne, Carole Boylan, Stephen McLearnie, Carol Fitzpatrick (2009) Deliberate self-harm in young people: attendance at a paediatric emergency department. *Irish Journal of Psychological Medicine*, 26,114-118.

The SPACE programme won the following awards at the Irish Healthcare Awards in 2009: Clinical Research Associate of the year, and Best Patient Education Project runner up. The ADHD team provides 'WHY TRY' programme to adolescents in 1:1 sessions (Temple Street Children's Hospital).

11 year case note review of children presenting to OLCHC with DSH (published) (Our Lady's Hospital, Crumlin).

1D. WAITING LIST OR OTHER INITIATIVES:

There is no waiting list for DSH Team. Occupational Therapy now accepts referrals for inpatients as well as outpatients. Team has identified a need for a group for children with Tourette's Syndrome. Not yet implemented (Temple Street Children's Hospital).

1E. FOR CHILDREN WITH ADHD:

Nil.

1F. GROUPS PROVIDED:

An ADHD Parents Group programme is provided for parents and is run twice per year by 2 members of the ADHD team. It is an eight sessions programme which is run in the evenings to enable more parents to attend. Occupational Therapy together with the Speech and Language Therapy, and Social Work departments developed and provided a Parental Support group for those children attending the Diagnostic Class in St France's Clinic. This group provided support and advice on how to develop and carry out therapeutic interventions at home and aimed to support the parents to become their child's primary 'therapist'. Neurology Parent Support Group - monthly session from September to June and including two sessions in September (Temple Street Children's Hospital).

Carers Group for parents and children with an Eating Disorder (Our Lady's Hospital, Crumlin).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

One member of the team currently undertaking an MSc in CBT with children and adolescents. A member of the ADHD Team was trained in the delivery of 'Why Try' Programme. Two members of the team attended the ADDISS conference in UK in March 2009. MSc in CBT- team member should complete June 2010. Leadership and Management Development training (RCSI) - leading to skills in team working and team leadership. Attachment skills - particularly relating to parental adjustment to diagnosis in a child (Temple Street Children's Hospital).

Attendance at clinical workshops (e.g. CBT) (Our Lady's Hospital, Crumlin).

Child Protection Awareness Training (Train the Trainers) (NCH, Tallaght).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

Course Tutor on the Irish Hospice Foundation - Children & Loss Series. Members of the DSH Team provide training and consultation to Care Staff in Residential Care settings. Presentations at joint Mater/CUH Academic Programme and at the Journal Club. Occupational Therapy was instrumental with the development and installation of the new Multisensory Room within Children's University Hospital which is a fantastic resource for any inpatients within the hospital to receive therapeutic space and time off the ward. Occupational Therapy provided training to hospital staff using the room on how to correctly use the equipment and pitch sessions for the wide variety of children availing of the new service (Temple Street).

Psycho educational evenings offered monthly to parents. Two Day Eating Disorder Workshop offered to clinicians. Summer Course offered to Teachers on Mental Health issues in children. Contribution to MSc CBT programmes in UCD. Workshops to GP's on Mental Health issues (Our Lady's Hospital, Crumlin).

Day Hospital

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

Service users are involved in their 6 weekly review meetings alongside MDT members and family. Young people complete a 'My Review' booklet to bring to the meeting to ensure their views on the service and treatment are being heard and considered within forthcoming treatment (St. Joseph's Adolescent Day Hospital).

1B. MEASUREMENT OF OUTCOME:

The Child Global Assessment Scale (CGAS) is used on the unit to measure treatment outcomes of the young people who attend the unit. A baseline is taken upon initial assessment and repeated every six weeks until discharge. Other measurement outcome tools include: BDI (St. Joseph's Adolescent Day Hospital).

The Child Global Assessment Scale. CBCL's (Day Hospital, Lucena Clinic).

1C. RESEARCH / AUDIT PROJECTS:

Ongoing audit using The Child Global Assessment Scale data to identify clinical outcomes and length of stay (St. Joseph's Adolescent Day Hospital).

Registrar auditing medication usage diagnostic profiles (Day Hospital, Lucena Clinic).

1D. WAITING LIST OR OTHER INITIATIVES:

Systematic six weekly reviews with MDT, service user and parents aiming at reducing waiting list by comprehensive treatment and discharge planning (St. Joseph's Adolescent Day Hospital).

1E. FOR CHILDREN WITH ADHD:

Nil.

1F. GROUPS PROVIDED:

Weekly groups are carried out on the unit by various members of the multidisciplinary team include: Nursing Group (which includes psycho education), Media Matters (focusing on communication), and Mindfulness Group. During summer programme, an 8-week group called 'Mood Talks' based on a CBT model for mood disorders. In addition fortnightly parents group facilitated by Social Worker and Unit Manager (St. Joseph's Adolescent Day Hospital).

Social Skills, Anxiety Management, Anger Management, Self Awareness, Healthy Living, School Transition Programme, Self Esteem Group, Creative Group (Day Hospital, Lucena Clinic).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

Mater Academic Programme - Parent Plus, Mental Health Legislation, Team Leader Awareness / HSE.

St Vincent's Academic Seminars and training - Children First / HSE training, Introduction to Play Therapy Seminar, DBT interventions in Adult psychiatry, Neuroscience and Childhood Trauma, Solution Focused Brief Therapy in SLT, Introduction to CBT, Attachment and Systemic Therapy, Documentation Clinical Supervision, Dyspraxia Ireland presentation, CPR, Manual Handling, Hand Hygiene, Breakaway Techniques, Mental Health Act Training, Induction to CSPE, Role of Psychology in Adolescent Inpatient Unit.

Participation in Trinity Clinical Supervisors' Course.

Lecture on Overview of OCD with Children and Adolescents by Dr. Gary O'Reilly.

Dr. Irene Walsh, Senior Lecturer in SLT Mental Health, TCD School of Clinical Speech and Language studies lectured on the retrospective and/or prospective use of data in speech and language research in this area (St. Joseph's Adolescent Day Hospital).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

Presentation on role of Psychologist to Junior Doctors. Presentation to Student Nurses in DCU. Presentation to Church of Ireland Collage of Education Post graduate Diploma in Special Educational Needs - Targeting Adolescents: Working With Young People With Language And Communication Deficits At Second Level. Provision of supervision by SLT on RCSI research into neurodevelopment presentation of 11-12 year old children with sub clinical signs of psychosis. Nursing student orientation to role of SLT in Mental Health. Teacher orientation to role of SLT in Mental Health. Presentation to St. Vincent's, Fairview - Is Clozapine the Answer? Nursing Induction to St. Vincent's Hospital, Fairview, Nursing staff (St. Joseph's Adolescent Day Hospital).



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