

Oifig an Stiúrthóra Náisiúnta Cúnta Oibríochtaí Meabhairshláinte

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Deputy Bernard Durkan Dail Eireann, Leinster House, Kildare Street, Dublin 2.

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To ask the Minister for Health the extent to which the concerns of parents of children with mental health problems are regularly monitored, with a view to ensuring the availability of adequate residential places; and if he will make a statement on the matter. -Bernard J. Durkan

Dear Deputy Durkan,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Community CAMHS

CAMHS provide mental health services to those aged up to 18 years, who have moderate to severe mental disorders that require the input of a multi-disciplinary mental health team. Community CAMHS refers to child and adolescent mental health services that are delivered in outpatient and day hospital settings.

The vast majority of CAMHS interventions are delivered in the community, close to people's homes. The assessments and interventions provided by CAMHS teams depend on the severity and complexity of a child or adolescent's presentation. These assessments and interventions are carried out in partnership with the child or adolescent and their parents.

When deciding if a child or adolescent needs to attend CAMHS, a number of factors are considered by the CAMHS team. These include consideration of the child or adolescent's clinical presentation, their level of social and family support and the availability of resources and treatment options at primary care level or within community networks.

Inpatient CAMHS

CAMHS Inpatient Units offer assessment and treatment to children and adolescents up to the age of 18 with severe and often complex mental disorders. CAMHS Inpatient Units are known as Approved Centres and they are registered, regulated and inspected by the Mental Health Commission. This means CAMHS Inpatient Units are subject to the Mental Health Act, 2001, as amended, corresponding regulations, and the Mental Health Commission Codes of Practice.



There are regulatory requirements in relation to care and treatment, the facility and premises, staffing, governance and individual care planning. Currently there are four HSE CAMHS Inpatient Units across the country. Their aim is to provide evidence-based assessment and treatment for children and adolescents with severe and often complex mental disorders. The inpatient service provides appropriate assessment, recovery focused treatment and education within a therapeutic environment, with the ultimate aim of achieving clinical improvement.

When a decision is being made to admit someone to an inpatient unit, the child or adolescent, their families and the CAMHS team will consider the clinical improvements expected against any potential negative impact from an inpatient stay. These may include the impact of being separated from family and friends, any disruption to their education, or the potential for further trauma from being admitted to an inpatient unit. Children and adolescents should be able to maintain contact with their families and friends during their inpatient stay, and their education and future health should not be impaired through a prolonged stay in an inpatient unit.

There are currently 72 registered beds with the Mental Health Commission across the four HSE/HSE funded inpatient CAMHS units in the country. As a result of staffing vacancies, a total of 51 of these beds are operational at present.

The total number of all admissions of young people to approved centres in 2023 was 323. This compares with a total of 366 admissions in 2022, 504 admissions in 2021, 486 admissions in 2020, and 497 in 2019.

Nationally, 86 children had been admitted to CAMHS inpatient units by the end of May 2024, compared with 83 in same period last year. Close weekly monitoring at the national level of the activity and waitlist for inpatient services takes place with on-going engagement with the in-patient units and CHO areas as appropriate.

Engagement with young people and parents

Involving children and adolescents in their care is at the core of a recovery-oriented service and has many therapeutic advantages. CAMHS teams seek to ensure that children and adolescents are involved in all decisions which affect them, and that their views will be given due weight in accordance with their age and maturity (Article 12 of the United Nations Convention on the Rights of the Child (UNCRC), 1990). Children and adolescents should be able to work with their CAMHS teams to achieve goals and outcomes that are important to them. They should also be empowered to participate meaningfully in the design, implementation, delivery and evaluation of mental health services.

Participation can be facilitated through the development of advocacy groups as well as in their day-to-day care. Examples of good practice already in place throughout the country include actively seeking feedback, ensuring communications are in plain English, placing suggestion boxes in the community CAMHS waiting areas and inpatient units, producing satisfaction surveys and conducting focus groups on specific topics. CAMHS teams use the information gathered in these ways to continuously improve their service.

Children and adolescents and their parents are the recipients of the service and therefore have a unique perspective and knowledge of where mental health services are working well or where they need to be improved.

Advocacy services are available to children and families using CAMHs inpatient services, this should be highlighted to them at as early a stage in their treatment as possible, and the contact details supplied. CAMHS teams aim to build and maintain collaborative relationships with parents and seek to involve them fully in their child or adolescent's care planning and mental health treatments. Parents often have expert knowledge of their child or adolescent which is important in deciding on treatment and care planning. CAMHS teams may inform and explain to parents about their child or adolescent's diagnoses, coping strategies and may advise on how to support them at home. They may recommend other community and family support services which can be accessed outside of appointments. Parents should be encouraged to take part in Engagement Forum meetings, organised through local mental health services or the office of HSE Mental Health Engagement and Recovery.

Recent developments

The Mental Health Engagement & Recovery Office (MHER) and the CYMHO established a National Steering Group for Enhancing Engagement in late 2023. A pilot has commenced in January 2024 funded by Genio and in partnership with Foroige and the HSE. This pilot will design, deliver, and evaluate a sustainable engagement process for CAMHS users and their parents and families. This model will ensure that there are standardised ways to seek feedback from and engage with children and young people and their families in relation to their experiences of services including inpatient services. This project will be completed by Q4 2024. On completion an engagement model, implementation guide and evaluation report will be completed for use by all Regional Health Areas.

Yours sincerely,

Sarah Hennessy General Manager Child and Youth Mental Health Office