



Oifig an Stiúrthóir Cúnta Náisiúnta,
Foireann Míchumais Náisiúnta,
An Chéad Urlár - Oifigí 13, 14, 15,
Áras Phlásóg na Rós, Coimpléasc Gnó na hOllscoile,
Páirc Náisiúnta Teicneolaíochta,
Caladh an Treoigh,
Luimneach.

Office of the Assistant National Director,
National Disability Team,
First Floor- Offices 13, 14, 15,
Roselawn House, University Business Complex,
National Technology Park,
Castletroy,
Limerick.

30th September 2024

Deputy Pauline Tully,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: pauline.tully@oireachtas.ie

Dear Deputy Tully,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

PQ: 36209/24

To ask the Minister for Health how access to mental health supports have been integrated as part of disability service provision.

HSE Response

Disability services are provided based on the presenting needs of an individual rather than by the diagnosis of the individual or the actual type of disability or service required. Services are provided following individual assessment according to the person's individual requirements and care needs. The role of the HSE is to provide a multi-disciplinary team approach which includes the provision of health and personal supports required by people with disabilities and incorporates hospital, primary care and community services.

People with disabilities should be able to access support from mental health services in the same way as the general population, within a framework which is multi-disciplinary and catchment area- based. Team members should have appropriate training and expertise, and teams should be suitably resourced.

There are many people with a disability who have comorbidities that would come under the remit of Mental Health or Primary Care, such as ADHD; Korsakoff's syndrome; or Fragile X syndrome. There are also a number of genetic conditions or rare diseases that causes a range of developmental problems including learning disabilities and cognitive impairment that may receive services in different ways in different CHO Areas.

The number of people with mild or moderate co-existing/ comorbid mental illness is 25%, and if people with behavioural problems are included, which includes people with a severe learning disability, this means that up to 50% may experience a co-morbid illness and/or behavioural problems.



A Vision for Change recommends that specialist Mental Health Intellectual Disability (MHID) services are required for those with moderate or greater degrees of intellectual disability and co-morbid mental illness/behavioural problems. These individuals need to be responded to based on age related mental health service i.e. Child and Adolescent Intellectual Disability Mental Health Services (CAMHS-ID) and Adult MHID services.

In addition, approximately a third of those with mild learning disability who develop a co-morbid mental illness may be better served by specialist age related MHID services.

National Model of Service

The HSE developed *Mental Health Services for Adults with Intellectual Disabilities: National Model of Service* in 2021 which provides a framework for the provision of specialist mental health services for people with an intellectual disability. The Model of Service was developed following extensive consultation with service users, clinicians, families, service providers, innovation and international best practice reviews. The document was led on by the offices of the National Mental Health of Intellectual Disability (MHID) Clinical Developmental Lead and Service Improvement Lead.

The primary aim of the model is to improve the mental health service experience and outcomes for people with an intellectual disability.

Key recommendations of the model are as follows:

1. Mental health services for people with intellectual disability should be provided by a specialist Mental Health Intellectual Disability (MHID) team that is catchment area-based. The multidisciplinary MHID teams should be provided on the basis of two per 300,000 population for adults with intellectual disability
2. These specialist mental health services should be distinct and separate from, but closely linked to, the multidisciplinary teams in Intellectual Disability Services, who provide a health and social care service for people with intellectual disability
3. The core multidisciplinary team to deliver mental health services to adults with intellectual disability and a mental health problem and/or challenging behaviour (where there is some indication of mental illness) should comprise of key individuals from psychiatry, psychology, nursing, social work, occupational therapy (OT) and speech and language therapy (SaLT), in addition to an administrator
4. The transition of care between child and adult MHID services is vital and needs to be planned and coordinated in conjunction with the child and family. Ideally the transition process should begin six to twelve months prior to transfer.
5. The model of service should be reviewed and updated where appropriate, within a two-year timeframe
6. Although this model provides national guidance, it is not a prescriptive approach but rather a flexible guide. Teams should decide how best to encompass national standards, but also how to adopt the model as necessary, based on local requirements and geography

Mental Health Intellectual Disability Team

An MHID team is a specialist adult mental health service specifically for adults with an intellectual disability. It is a multi-disciplinary team, with clinicians who have the appropriate training and experience to better assess and treat this population, taking into account their specific needs.

An MHID service is a distinct and separate service but aims to complement and be closely linked to, the services provided by primary care, disability services and community mental health teams, who provide health and social care services for people with intellectual disability.

Individuals living with mental illness are usually supported by the MHID team for limited periods of time to provide specialist mental health assessment and intervention. As the person's mental health improves the MHID team will plan discharge back to primary care with a recovery plan for staying well and how to access the team again if needed.

In terms of Specialist Child and Adolescent Mental Health Services for Children with Intellectual Disability (CAMHS-ID), mental health services for children and adolescents with a moderate to severe to profound intellectual disability should



be provided by specialist CAMHS-ID teams that are catchment area-based. These specialist mental health services should be distinct and separate from the interdisciplinary Children's Disability Network Teams (CDNT), who provide a health and social care service for children with intellectual disability.

Over the last several years the HSE, in partnership with voluntary disability services, are continuing to establish MHID teams across the country, evolving this service in line with *A Vision for Change* (2006) and the more recent, *Sharing the Vision: A Mental Health Policy for Everyone* (2020), both of which were published as blueprints for future mental health services.

Further information can be found on Mental Health Services for Adults with Intellectual Disabilities National Model of Service be found here:

<https://www.hse.ie/eng/services/publications/mentalhealth/hse-national-mhid-model-of-service-january-2021.pdf>

Further information on the National Model of Service: Specialist Child and Adolescent Mental Health Services for Children with Intellectual Disability (CAMHS-ID) and the referral pathway detailing a child's journey through the CAMHS ID service can be found here:

<https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/camhs-id-model-of-service/camhs-id-model-of-service.pdf>

Integration of Primary Care, Disability and Mental Health Services

The HSE has established a joint working protocol between Primary Care, Disabilities, and CAMHS services with the aim to make the referral process between the three services easier for medical professionals and families to navigate.

When information indicates that there is more than one service that could best meet the child's needs, consultation should take place with the other service(s) to determine which is the most appropriate or whether a joint approach is indicated. Joint assessment may be indicated when presenting concerns or initial assessment indicates that there is a significant possibility of differential or co-morbid diagnosis of disability and/or mental health conditions.

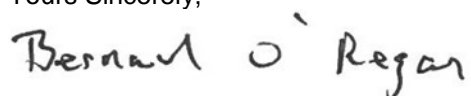
In addition, the Integrated Children's Services Forum has been established to provide a formal, regular mechanism for services to meet and discuss individual children whose needs are not clear or who require some level of joint assessment or intervention and for whom direct consultation between the relevant services has not led to a decision on the best arrangement for the child.

Historically services have developed in differing ways leading to inequity and inconsistency. One aspect of this inconsistency is in joint case management of complex cases between Primary Care, Disability Services and CAMHS. The joint protocol between Primary Care, Disabilities and CAMHS has been designed to address this and work is ongoing to strengthen the connections between the two services.

The CDNT Roadmap for Service Improvement establishes a clear, robust governance structure at national level to drive the delivery of integrated Services between Disabilities, Primary Care, CAMHS and Tusla at local level, providing the critical building blocks for service integration for the benefit of children and families. Fundamental to this is the implementation of the Primary Care, Disabilities, CAMHS Joint Protocol and National Access Policy by Primary Care, Disabilities and CAMHS jointly for all children with disabilities.

A number of steps are being taken by the HSE to improve access to children's services, building on the principle of a single access point to all services, with a pathway for each child being determined by their need.

Yours Sincerely,



Bernard O'Regan
Assistant National Director
National Disability Team



