Joint Committee on Children and Youth Affairs
Meeting
Wednesday 25\textsuperscript{th} September

Opening Statement
by
Mr Jim Ryan
Assistant National Director
Head of Operations of Mental Health

Health Service Executive
Good morning Chairman and members of the Committee. My name is Jim Ryan and I am the Head of Operations in Mental Health in the HSE. Thank you for the invitation to attend this Committee meeting on Children and Youth Affairs to discuss youth mental health. I am joined today by my colleague Professor Brendan Doody Child and Adolescent Psychiatrist and Clinical Director in Linn Dara Child and Adolescent Mental Health Services.

I am pleased to be here today to speak to you about youth mental health. We did submit a briefing paper in advance of today’s meeting so I will confine my remarks in this statement to giving you an overview of HSE Youth Mental Health Services.

Existing Services
Since 2012 a total of €206.8million additional funding has been allocated under Program for Government (PfG) to HSE Mental Health services including Youth Mental Health. The HSE provides and funds Services for young people in Community, Child and Adolescent Mental Health Teams (CAMHS) and in In-Patient facilities up to the age of 18. The fact that the Mental Health Act defines a child as an Under 18 impacts on the Legal and Organisational responses to youth Mental Health. HSE Mental Health Services main priority is providing care for young people with Secondary Care Mental Health needs.

Members will be aware of a number of national policies and strategies which inform the direction of Mental Health Services for young people including;

- **A Vision for Change** our national mental health policy which is currently being updated by the Department of Health.

- **Connecting for Life** National Strategy to Reduce Suicide 2015-2020

- **Sláintecare**

We have also been involved in and informed by the recent **National Youth Mental Health Task Force** Report, 2017, and the report of the **Joint Committee on Future of Mental Health Care** 2018.

Youth Mental health services in Ireland are integrated with primary care, acute hospitals, Disability Services and a wide range of community partners. Services are provided in a number of different settings including health centres, day centres, in-patient units and sometimes in the service user’s own home.
Regionally, the 9 Community Health Organisations (CHOs) have responsibility for the delivery of community health care services within their respective geographical areas. While the Chief Officer of the CHO has overall responsibility, the Head of Service for Mental Health in each CHO area in conjunction with the Executive Clinical Director, is responsible for the delivery of Mental Health Services across the CHO area.

In terms of a Tiered level of Services the HSE reaches the wider population in a number of ways including our Little Things campaign and more recently our Digital Mental Health service improvements. Interventions at Primary Care level are important to support young people when they initially start to struggle with mental health issues. Many young people can be treated at primary care level and make progress without needing to access specialist mental health services. Primary Care services include GP’s, Jigsaw and other NGO service providers, primary care psychology services and counselling in primary care (CIPC) which is available to those over 18. Jigsaw services are fully funded by the HSE and they see young people up to the age of 25. There are 13 Jigsaw Services in communities across Ireland providing mental health support to young people and work continues to develop two new Jigsaw services in Wicklow and Tipperary.

CAMHS provide specialist mental health service to those aged up to 18 years, who have reached the threshold for a diagnosis of moderate to severe mental health disorder that requires the input of a Consultant led multi-disciplinary mental health team. CAMHS inpatient units offer assessment and treatment to children and adolescents up to the age of 18, with severe and often complex mental health difficulties. For those aged over 18 these services are provided by general adult community teams and inpatient units. Approximately 2% of the Under 18 population will require a CAMHS intervention at any given time.

**Conclusion**

Mental health services for young people have improved significantly over the last number of years with an emphasis on early intervention but also on services for those with severe mental illness using models of care supported by the clinical evidence base. Notwithstanding the improvements we are very aware of the continued need to further develop services and deal with challenges including Consultant vacancies and we will continue to work with all Stakeholders including the DoH in this regard.

This concludes my opening statement.