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Submission to the Seanad Public Consultation Committee

Re: Children's Mental Health Services

4th May 2017

Introduction

Barnardos works with over 14,000 children and families annually across our 42 centres around the country. Daily we see children and young people suffering with mental health difficulties and struggling to cope because of the absence of timely supports in their region or being told their situation is not serious enough to warrant a service. Barnardos believes Ireland's two tier health system is the root cause of not being able to receive help when it is needed. Children from low income backgrounds who are relying on the public system are forced to wait lengthy periods before getting an assessment or treatment this in turn escalates the health problem and can affect all aspects of the child's development. The link between deprivation and poorer health outcomes is well known internationally and Ireland is no different. The health inequalities are prevalent from birth and continue throughout childhood and are exacerbated by an underfunded public health system leaving patients waiting for desperately needed help (Barnardos, 2015, Rise Up). Given that 75% of mental health difficulties arise before the age of 25 it is unacceptable and negligent not to offer appropriate timely supports.

Current Statistics

According to the HSE monthly reports it is clear the demand for CAMHS services are increasing continuously. As of February 2017, there were 2,520 referred to their Child and Adolescent Mental Health Service, up 44% on February 2016 figures. 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. Nationally, 1,362 cases were waiting more than three months for a first appointment and 255 cases were waiting more than 12 months (up from 220 cases recorded in January). There are significant regional variations to consider too. For instance, 107 cases in the CHO4 (Kerry, North Cork, North Lee, South Lee and West Cork) were waiting more than 12 months in comparison to none in CHO3 (Clare, Limerick, North Tipperary / East Limerick).

To gather further insight into the impact of waiting lists on children, Barnardos conducted an online survey which was completed by 242 parents whose child is currently on a waiting list. It found almost 60% have been waiting for over a year, and over a quarter (26%) have been waiting over 2 years for an initial appointment. This is before these young people even get access to the treatments they need, which involves waiting on more lists. How much damage is being caused to these young people while they wait? They could spend their childhoods waiting for help.

Current Policy Context and Challenges

The Vision for Change strategy, launched in 2006, was rightly lauded as a much needed blueprint for reform of the mental health services in Ireland. Unfortunately its implementation has been characterised as slow and patchy primarily due to chronic

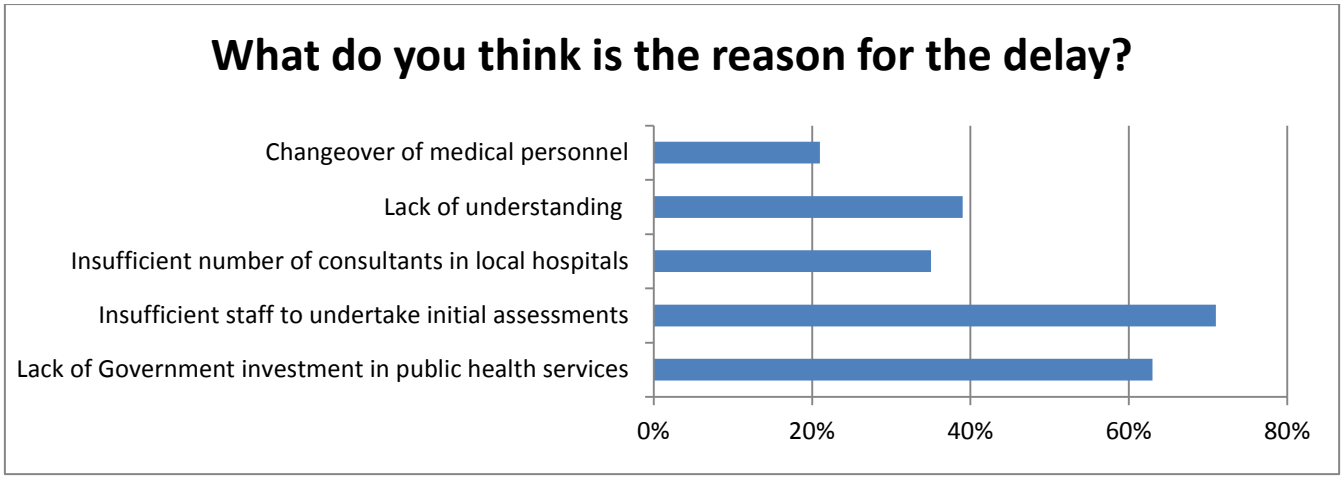
underinvestment. With regards to CAMHS itself, it has never reached its staffing levels as originally envisaged due to chronic staff shortages and recruitment issues.

For children and young people, the primary failings of the mental health service are the following. These were particularly criticised by the UN Committee on the Rights of the Child in 2016.

- The lack of available age appropriate mental health units - 17% of all admissions of children and young people were to adult units (HSE, Performance Report Aug/Sept 2016). This practice was to have ceased in 2011.
- The dearth of comprehensive community based services i.e. CAMHs and primary care teams resulting in lengthy waiting lists for accessing vital supports.
- The lack of out-of-hours services resulting in young people in need of emergency help having to go through Accident & Emergency units in hospitals. Young people have described accessing supports through hospital A&Es as inappropriate and distressing to an individual experiencing a mental health crisis.
- Absence of an independent advocacy service for young people in mental health services. Adult in-patient have such a service but those under 18 do not.
- Inadequate interagency communication and collaboration. This challenge exists within mental health services, between mental health and primary care services as well as between mental health and child and family services and youth justice systems. This lack of co-ordination fails to recognise the vulnerability of certain groups of young people e.g. those in care, those leaving care at risk of homelessness and those engaged in risky behaviour.
- Lack of specialist services for children and young people with co-morbid mental health and substance misuse difficulties, those with co-morbid mental health and intellectual disabilities, and those from ethnic minority communities.
- Absence of a national framework to support children and young people to effectively transition from CAMHS to adult mental health services. There are plenty of incidences when young people have fallen through the cracks as there is often no seamless transition of care provided.
- Absence of the voice of the child in mental health service planning and delivery. Although the concept of mature minors which recognises that 16-17 year olds have full capacity and awareness to make decisions affecting their own health is in use in some settings. Their ability to be involved in these decisions are weakened given the age of consent is 18 in both the Mental Health Act 2001 and the Assisted Decision Making (Capacity) Act 2015.

Our survey respondents believe the primary reason for the delay in accessing assessments or treatments is insufficient staff in the mental health services. This finding echoes those of Mental Health Reform who have been monitoring the implementation of Vision for Change annually. It shows that mental health services are not being prioritised by the Government for sufficient resources and prioritisation. This results in many parents having to pay for treatment privately as none want to see their children suffer and for the others who can't afford to go privately are made to feel second class citizens as they are forced to wait despite conditions worsening.

"I feel I have no alternative but to seek private assessment which I can't afford but it has to be done."



To address the current waiting list issue, the HSE introduced the CAMHs Waiting List Initiative which is focussing on ensuring that no-one is waiting over 12 months. Each CHO is tasked with taking focused action to tackle these waiting lists however the challenge of staff vacancies and difficulties in recruitment continue to hamper these efforts. It is clear some CHO regions have been able to manage their waiting lists better than others. Barnardos believes this initiative should have a much tighter timeframe as a year is too long to expect any vulnerable young person to wait for vital support.

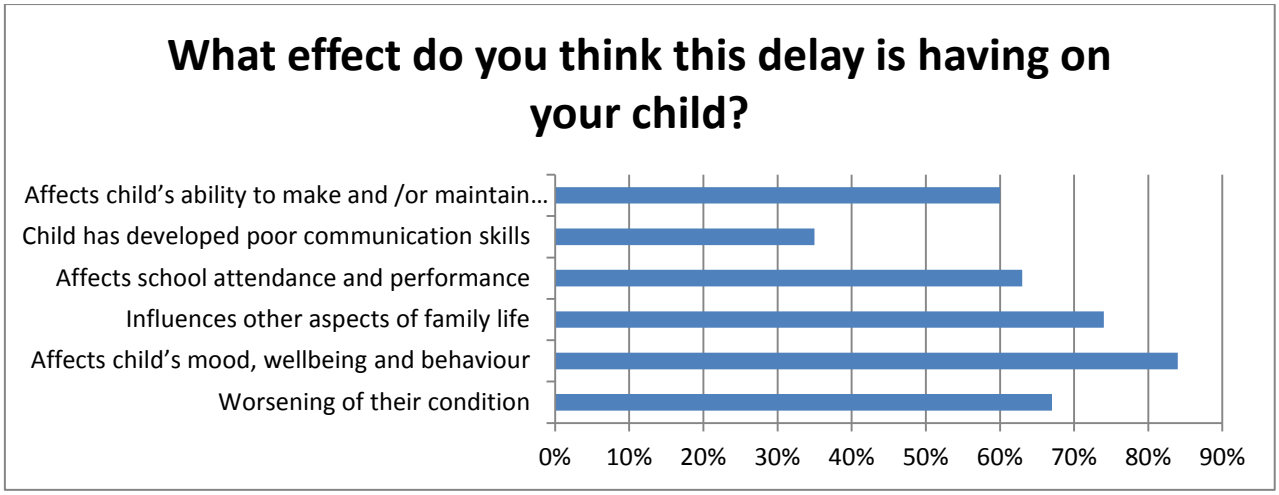
The regional differences are apparent too when access to a psychologist within a Primary Care Team becomes an option. This reduces the numbers seeking to attend CAMHs and works for obtaining initially assessment and diagnosis for instance around autism. Those regions where it is not an option continue to have unsustainable lengthy waiting lists with CAMHS staff having to only prioritise the high risk cases.

Impact on the Child

"…because I am poor my child's quality of life is just left in the balance. What message does that giver our children, because you're poor you don't matter as much"

Any delay in accessing health supports has negative implications on the child's development, their family, their education and social and emotional development. Delays for children and young people experiencing mental health difficulties can be even more severe and at times fatal. Ireland continues to have a very high suicide rate among young people in Europe.

From our survey of parents, it is clear the longer the delay the greater the impact on the child's mood, wellbeing and behaviour which in turn influences other aspects of family life.



"Early intervention is key. My son is now 10 and has missed out on vital necessary therapies which would have drastically improved his future".

"My child has been waiting five years to access the treatment needed, he is 12 now and his mental health has drastically deteriorated, he now has anxiety and socially feels excluded."

"My daughter has had to wait 2 years for autism assessments to be done by CAMHS. Her behaviour has totally taken over our lives, we are struggle to know how to support her. Barnardos has helped us but she needs medical supports too."

Recommendations:

- Guarantee one Primary Care Team with a full complement of multidisciplinary professionals for every 1,500 children. At a minimum this should include one dedicated mental health post per primary care team in order to build capacity at primary care level and reduce the number of referrals to specialist child and adolescent mental health services. Already some primary care teams has such a post and it is having a positive effect on reducing waiting lists.
- With regards to CAMHS itself, fulfil the staffing levels as originally envisaged in Vision for Change.
- Develop 24/7 crisis intervention mental health services across the country.
- Enact the Mental Health (Amendment) Bill 2016 to guarantee the cessation of placing adolescents in adult psychiatric wards by offering alternative age appropriate in-patient care with suitably qualified staff.
- Improve interagency collaboration between Tusla and HSE and more specialist services for those vulnerable cohort of children such as those leaving care, have additional disabilities, or with addiction issues receive seamless supports from both agencies.