

21.

5th May 2017

From:

Dr Maria Migone  
Consultant Child & Adolescent Psychiatrist  
Lucena Clinic  
Orwell Road  
Rathgar  
Dublin 6  
Email: [maria.migone@sjog.ie](mailto:maria.migone@sjog.ie)  
Phone: 01-4923596

To:

Senator Freeman,  
Seanad Public Consultation Committee on Children's Mental Health in Ireland

Dear Senator Freeman, and other Committee Members,

I am a Child & Adolescent Psychiatrist and I am writing, as agreed following a meeting with Senator Freeman, on behalf of my colleagues in Lucena Clinic. Lucena Clinic is a child & adolescent mental health service (CAMHS) in Dublin which covers a catchment area of 646,336 and is the largest CAMHS nationally. CAMHS services under Vision for Change are supposed to meet the needs of the 2% of children under 18 with the most severe mental health difficulties. The purpose of this letter is to highlight the lack of staff in CAMHS compared to the recommendations in Vision for Change and to highlight the huge increase in referral numbers to our service in the past 10 years. This has been accompanied by a reduction in staffing levels.

As is noted in the HSE-published Annual Reports for CAMHS, when CAMHS increases the age limit from 16 yrs to 18 yrs this results in a doubling of the workload, i.e. an increase of 100%, especially for disciplines such as psychiatry, psychology, nursing etc. This information also comes from statistics provided from the UK and The Royal College of Psychiatrists. It appears more teenagers aged 16 & 17 will seek referral and attend mental health services if a CAMHS is available, which is a very positive development. There has certainly been a large increase in referrals since Lucena increased the age of referrals up to age 18. I include attached figures for referral rates.

In Ireland, the highest numbers of women presenting to A&E with self harm are in the 15-19 age bracket. As in Adult Psychiatry, there has been a big increase in the number of referrals of children with self-harm/suicidal ideation. In the most recent CAMHS Annual Report published by the HSE, 70% of teenage referrals included concerns around self-harm or suicidal ideation. The rate of suicide in children in Ireland is particularly worrying. Suicide rates for boys are the fourth highest in Europe and the suicide rate in girls is unfortunately the highest in Europe. We should be therefore prioritising mental health services for people in this age group.

In Lucena Clinic as with other CAMHS nationally, we accept referrals of young people with moderate to severe mental illness, including mood disorders (eg bipolar disorder and depression), anxiety disorders, eating disorders, ADHD, borderline personality disorder, children with autistic spectrum disorder who have mental illness, gender dysphoria, non-epileptic seizures, psychosis, self harm/suicide ideas/attempts, etc. These are a very complex group of young people who require very skilled intervention.

To highlight our staffing difficulties I thought I would give you the example of psychology posts on our teams. We see very complex children with multiple psychiatric diagnoses as well as co-morbid disabilities who really need psychology input. Currently, in Lucena there are 8.6 WTE (whole time equivalents) Psychologists serving a population of 646,336. This represents a 30% reduction in psychology provision from 2012 when there were 12.2 WTE Psychologists employed, in addition to salary and training costs provided to 2 trainee psychologists. There is a huge shortfall of psychologists for the population served. The Royal College of Psychiatrists paper "*building a sustainable CAMHS*" (2013) provides a summary of literature on CAMHS workforce and recommends that per 100,000 total population for a comprehensive CAMHS, there should be a minimum 10.5 WTE qualified psychologists. Bearing in mind that in Ireland there is a much higher number of children under 18 per 100,000 population, the UK data for their population would recommend Lucena have 63 psychologists. Under Vision for Change, we should have 26 psychologists. What we have is 8.6, which is simply not enough.

While we agree that children under 18 should not have to access beds in adult psychiatric units, making it illegal is not going to solve the problem. We only refer children for admission to adult units as a last resort, rarely, if we feel a child is so at risk that unless they are admitted it could result in completed suicide, for example. Our psychiatry colleagues working in adult mental health are extremely reluctant to accept admissions of children and avoid it at all costs whenever possible. **We should be focusing on why are there so few children's inpatient beds in Ireland and what are the ways we can avoid these admissions in the first place.**

In relation to the first issue, it is proving extremely difficult to recruit and retain Child Psychiatrists to work here, including recruitment of Consultants to run inpatient units. Without a Consultant, inpatient units are unable to function and have had to stop admissions. This has a serious impact on the ability of the HSE to maintain adequate bed numbers. The reason for this is that working conditions in

Ireland are very poor compared to other English speaking countries- we are unable to recruit senior staff and our trainees are moving abroad. We have been told by trainees "I see what your job is like and there is no way I am doing that for the rest of my working life". We have seen an unprecedented number of Consultant colleagues leave permanent posts throughout Dublin in recent years, some on long term sick leave, others emigrating and others moving to private work. If you improve staffing on CAMHS teams you improve retention and recruitment of senior medical staff and you can keep inpatient units open at full capacity, and expand them.

In addition, it is proving very hard to retain and recruit nursing staff to work in CAMHS including inpatient CAMHS units especially in Dublin. This is leading to units being forced to close beds/reduce admissions in order to meet standards set by HIQA around safe staffing levels on inpatient units. HIQA rules are very clear in that it considers a unit unsafe if it being run primarily by agency nursing staff who change every day and who do not know the young people in the unit. Some nursing staff are moving from Dublin to other CAMHS teams nationally as houses are less expensive and they are unable to afford to live in Dublin. Would the government consider a Dublin High Cost Area Supplement as exists in the UK, where NHS staff working in London get paid more in recognition of this fact? Without permanent nursing staff we cannot run inpatient unit. Banning the admission of under 18s to adult beds will not work if we cannot staff CAMHS units, which is happening right now. It will only result in acutely unwell mentally ill children having no access to any bed.

How could we avoid some admissions of under 18s in the first place? Access to acute day hospitals would allow psychiatrically unwell children to receive more extensive intervention in the community which would avoid the need for admission in a proportion of young people. To have such services in place which can respond rapidly to the needs of the youth population would obviously require some investment i.e. staff to run these services which are labour intensive (although very much cheaper than inpatient units). Access to Dialectical Behavioural Therapy programmes which run on a continuous year round basis would also reduce the need for admission in some cases, where the crisis is due to emotion regulation difficulties/borderline personality disorder features which are associated with chronic suicidal idea and self-harming behaviours. DBT teams have been developed in some CAMHS services including our own, and are part of the HSE suicide prevention strategy. Unfortunately due to staff shortages at the moment we only run the DBT programme for part of the year, as it requires a huge amount of staff time to run this service. If we were able to run this all year round I am sure we would in some cases avoid admission of acutely suicidal children, especially given that for some children who require DBT, inpatient admission (to any age unit) is associated with worsening suicidal behaviours and has been shown to be harmful.

Currently money is being removed from CAMHS to fund understaffed adult mental health services. This seems like a very bad idea, the equivalent of freezing recruitment in a local paediatric hospital because the adult hospital in the area ran over budget. Children's services need to be prioritised on an equal footing to adult services. If CAMHS funding were ringfenced, then I think the above services could start to develop.

The clinical staff in our service, and no doubt in other services, are very hard working, dedicated people. Every day I see clinical staff who are working extra hours for free for 2-4 hours a day, to try to keep a service going, which most members of the public would be completely unaware of. The fact that we have been able to keep a service running with 50-300% increase in referral numbers over the past 10 years (with reduced staffing levels over the same period) is staggering. But unless governments decide to prioritise CAMHS funding, we will not be able to deliver the type of service that the children of Ireland deserve. The HSE cannot magic up a service unless they are funded to do so, they cannot open extra children's CAMHS units unless they can recruit and retain vital staff. They cannot avoid admissions unless they can fund alternative intensive interventions in the community. Funding other services (eg like Jigsaw who do a great job of seeing children with emerging to mild mental health difficulties) is not going to meet the needs of children with the more severe mental illnesses, the very children who need admission and who are ending up in adult inpatient units at the moment. While seemingly laudable, for the government to fund great media campaigns encouraging people to seek help for mental health difficulties while simultaneously running mental health services at dangerously understaffed levels, is an affront to the people of this country.

I hope that you have some idea of what staff on the ground think is relevant information in this debate, I know you will hear plenty of other opinions and that we do not have all the answers either, but thank you for requesting our feedback.

Yours sincerely,



*Corrected & Signed Electronically*

---

**Dr Maria Migone**  
**Consultant Child & Adolescent Psychiatrist**  
**On behalf of Lucena Clinic Consultants**

Enclosed: staffing levels (actual versus Vision for Change recommendations) and referral rates to Lucena Clinic (comparing 2006 & 2016).

## **Lucena Clinic CAMHS: CURRENT CLINICAL STAFFING PER TEAM**

*Census figures are from 2011, most recent figures suggest approx 5% increase in population in many areas but we don't have full data yet*

### **Team A (D6, D14 & D16):**

Total catchment area population: 113,005

Staffing recommended by Vision for Change: 24.9

Actual staffing: 9.5

Consultant staffing recommended under Vision for Change: 2.3

Actual consultant staffing: 1

### **Team C (D2,D4 and D12):**

Total catchment area population: 111,618

Staffing recommended by Vision for Change: 24.5

Actual staffing: 8.2

Consultant staffing recommended under Vision for Change: 2.2

Actual consultant staffing: 1

### **Adolescent Team (12 +) and Dun Laoire (under 12s):**

Total catchment area population: 182,992

Staffing recommended by Vision for Change: 40.3

Actual staffing:  $13.8 + 6.6 = 20.4$

Consultant staffing recommended under Vision for Change: 3.7

Actual consultant staffing: 2.5

### **Tallaght Team 1:**

Total catchment area population: 75,000

Staffing recommended by Vision for Change: 16.5

Actual staffing: 7.7

Consultant staffing recommended under Vision for Change: 1.5

Actual consultant staffing: 1.0

### **Tallaght Team 2:**

Total catchment area population: 45,179

Staffing recommended by Vision for Change: 9.9

Actual staffing: 7.1

Consultant staffing recommended under Vision for Change: 0.9

Actual consultant staffing: 0.5

### **Bray:**

Total catchment area population: 63,348

Children under 18 in catchment area: 16,239

Staffing recommended by Vision for Change: 13.9

Actual staffing: 6.3

Consultant staffing recommended under Vision for Change: 1.3

Actual consultant staffing: 1

**Wicklow:**

Total catchment area population: 55,194

Staffing recommended by Vision for Change: 12.1

Actual staffing: 7.1

Consultant staffing recommended under Vision for Change: 1.1

Actual consultant staffing: 1.0

**Day Hospital:**

Current consultant staffing: 0 (long term sick leave, we have been told no money for locum)

WTE staffing total: 6 (4.5 WTE clinical time)

- ❖ Actual staff does not include staff who are on maternity leave who have not been replaced (of which there are a few, at least 3)

**Overall staffing community CAMHS Lucena:**

Vision for Change: 142.2

Actual staff: 73.3 (**approx 51% of Vision for Change**)

Additional Staff needed to reach V for C: 78.7

## **REFERRAL RATES TO LUCENA CLINIC**

<b><u>2006</u></b>	<b><u>2016</u></b>
Tallaght 1: 174	409 (131% increase)
Team A : 80	382 (376% increase)
Team C : 104	380 (265% increase)
Adol : 124	358 (189% increase)
Bray : 168	338 (101% increase)
DL : 206	316 (53% increase)
Wicklow: 201	303 (51% increase)
Tallaght 2: 72	236 (247% increase)

