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Seanad Office  
Leinster House  
Kildare Street  
Dublin 2

5 May, 2017

*Regarding: Submission for Seanad Public Consultation Committee, Children's Mental Health Ireland*

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[REDACTED] Our group represents Social Workers engaging in front line practice in CAMHS. Social Workers in CAMHS are highly experienced and highly trained. Many CAMHS Social Workers have additional post-qualification training, primarily in therapeutic approaches such as Psychotherapy, Art Therapy, and Family Therapy etc.

Our special interest group is highly concerned about the ongoing practice of children being placed in Adult Psychiatric Units. This practice is clearly counter therapeutic and does not meet the needs of the children or their families. There are numerous reasons why we feel this practice continues to such an extent in Ireland.

Staff levels in Community CAMHS teams continue to be far below the level that was recommended in Vision for Change. This means that staff members spend more of their time dealing with crisis or emergency cases and less time working to prevent these issues in the first place. In addition a number of years ago the age of children attending CAMHS was increased from 16 to 18. This placed an extra burden on community teams and makes it more difficult to complete preventative work with younger children. We recommend that staff levels are increased to the level recommended in Vision for Change.

While the number of staff available is very important for CAMHS teams, there is also a need to ensure they have access to induction, discipline specific line management and ongoing training. Strategic plans need to be put in place to ensure CAMHS teams have the right mix of skills and experience to meet the complex needs of the clients attending their services.

There is a lack of emergency beds available in the Inpatient Child and Adolescent Units. These units are spread over vast geographical areas, with young people in some areas having to travel in excess of two hundred kilometres to their nearest unit. Accessing beds in these

units is also a challenge; if they are not available in a crisis situation then Adult Psychiatric Units are used to make up the shortfall.

It is important to note that not all children or adolescents that present in a crisis situation are known to CAMHS Community Services. For instance, young people from ethnic minorities or the travelling community are less likely to access CAMHS services in comparison to their peers. Adolescent boys are less likely to tell people they are experiencing problems and are less likely to access CAMHS services as a result. A focus on identifying young people that are at risk and encouraging them to access Primary Care or CAMHS services could prevent the need for crisis admissions at a later stage.

Alcohol or substance misuse can play a role in the crisis situations that result in young people being admitted to Adult Psychiatric Units. The excess use of Alcohol lowers young people's inhibitions and can result in them engaging in risk taking or suicidal behaviour. By their nature these incidents are more likely to happen at weekends or night-time when community CAMHS teams are unavailable.

Children and Adolescents that currently require an Adult Psychiatric Unit are often amongst the most vulnerable people in society. To address this issue requires long term and strategic solutions that focus on prevention and recovery. All agencies involved in the area need to improve their ability to work together and use resources effectively.

Our group is available to discuss our ideas for solutions further. Thank you for taking the time to consider this submission.

Kind regards,

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