

## **Joint Committee on Health**

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### **Opening Statement**

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David Walsh

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Good morning Chairperson and members. Thank you for the invitation to meet with the Joint Committee on Health to discuss the Mental Health Commission (MHC) Report on the provision of Child and Adolescent Mental Health Services (CAMHS). I am joined by my colleague(s):

- Mr Donan Kelly, Assistant National Director for Child and Youth Mental Health
- Dr Amanda Burke, Child & Adolescent Consultant Psychiatrist and National Clinical Lead for Child and Youth Mental Health

Good mental health is influenced by many factors. While the continued enhancement of specialist mental health services is crucial, the mental health of our young people depends on a broad public health approach that builds on collaboration across the health services, the education sector, statutory and voluntary bodies, and within our communities.

CAMHS is a specialist mental health service for the approximately 2% of children and young people who have a moderate to severe mental health disorder. For this group it is particularly important to have access to integrated and person-centred supports provided by a multi-disciplinary team of skilled professionals.

I acknowledge that there are service deficits, both in terms of access, capacity and consistency in the quality of services we provide. On behalf of the HSE, I wish to apologise to any child or young person who has not received the standard of care they should expect.

CAMHS teams receive nearly 22,000 referrals every year and deliver close to 225,000 appointments. CAMHS is challenged by a growth in demand for services, staff retention issues and recruitment difficulties. Between 2019 and 2022, referrals to CAMHS have increased by 16%, with a 10% increase in appointments offered. In August this year, there were 3,891 children and young people waiting to be seen, a reduction of more than 400 compared to December 2022.

We continue to actively manage capacity through waiting list initiatives, targeting areas with specific challenges and long waiters. From June to August 2023, 631 additional cases were seen and taken off the CAMHS waiting list. Every effort is made to prioritise urgent cases so that the referrals of young people with high risk presentations are addressed without delay. In August, 94% of all urgent cases were responded to within three working days. The severity of presenting symptoms as well as an assessment of risk is always taken into account in terms of waiting times.

Within the past six years, €22.6m of development funding has been directed to enhance CAMHS services, bringing the total funding to approximately €137m. Since 2013, an additional 20 CAMHS teams have been established and 342 additional posts added to our workforce. 75 multi-disciplinary CAMHS teams are in place providing assessment and treatment services. We have invested in telehealth, eating disorder teams and in-patient care. Importantly, we have also invested in services such as Jigsaw and Primary Care Psychology for children and young people with mild to moderate mental health difficulties who do not need to access the specialist mental health services.

The Final Report into CAMHS was published by the MHC on July 26<sup>th</sup> and the findings have been accepted by the HSE. Together with the Maskey Report and the findings from HSE commissioned audits on prescribing practices, adherence to the CAMHS Operational Guidelines and service user experiences, these findings are directly contributing to the HSE's programme of work to improve services.

The MHC's Report contains 49 recommendations for continued service improvement. Many of these recommendations are already being progressed as part of our implementation of Sharing the Vision and the Maskey Report.

The MHC has raised both general concerns about the provision of CAMHS, and specific concerns regarding children and young people within our care. I can assure the Committee that the HSE has taken these concerns very seriously. Specific concerns raised were promptly addressed.

Specifically, there are no children or young people 'lost to follow-up', and there are currently no active concerns with regard to these cases. If any parents or young people have concerns about the care they are receiving, they should in the first instance contact their CAMHS team and key worker.

The HSE has completed a review of open cases that have not been seen in the last six months by their CAMHS teams and those who have been prescribed neuroleptic medication. 576 cases out of an overall caseload of 20,000 were identified. Contact has been made with all those concerned to assure they are receiving appropriate care, reflective of their current and future needs.

Medication is a key component of the recovery focused care plan of some of the children in the service. The audit of prescribing practice conducted in response to the Maskey Report did not find evidence of overprescribing. While areas for continued improvement were identified, the audit concluded that for all but one of the standards measured, compliance exceeded 90%.

The HSE is now moving to consolidate and expand our overall child and youth mental health improvement programme. This programme will address recommendations in the MHC report, as well as findings from the national CAMHS audits. It will further build capacity within our CAMHS teams, in tandem with a continued focus on early intervention and 'upstream' youth mental health services. It will also prioritise the need for a fit for purpose IT infrastructure, modern premises, and support CAMHS teams to operate on the basis of a shared governance model where each clinician works to the full scope of their practice. We will have a focus on innovation, consistent clinical models and on maximising telehealth to optimise access to care.

Sustained improvement of CAMHS services will need a coordinated response involving all aspects of the service, directed by national mental health policy, and supported by multi-annual investment. Within the HSE, the programme will be led the Assistant National Director and National Clinical Lead for Child and Youth Mental Health. Since their appointment, my colleagues present here today have worked to finalise and prepare a detailed plan for the delivery of this improvement programme, which will provide a comprehensive response to findings in the MHC report.

Youth mental health will continue to be a key priority for the HSE. The Sharing the Vision Implementation Plan 2022/2024 provides a three-year roadmap for the continued development of mental health services. The HSE's work to deliver *Sharing the Vision* is driven by a strong outcomes focus and a commitment to report on progress in an open way, including the online publication of quarterly status reports.

It is welcome that the report highlights that many young people and their families have received excellent care and treatment within the often limited resources of CAMHS teams and that many teams were innovative in trying to mitigate risk. The HSE looks forward to working with the MHC to highlight good practice so learning can be shared throughout the service.

This concludes my Opening Statement.

Thank you.