



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oibríochtaí Meabhairshláinte
Ospidéal Naomh Lómáin Baile Phámar Baile Átha Cliath 20.
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27th November 2019

Deputy Thomas Broughan, TD
Dail Eireann,
Leinster House,
Kildare Street
Dublin 2.

PQ Number: 46756/19

To ask the Minister for Health the way in which the HSE is improving services for children and adults with intellectual disabilities that also have mental health issues; and if he will make a statement on the matter. -Thomas P. Broughan

Dear Deputy Broughan,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Reform of Children's Disability Services - Progressing Disability Services Policy

The HSE is rolling out the Progressing Disability Services for Children and Young People (PDS) Programme, which requires a reconfiguration of all current HSE and HSE funded children's disability services into geographically-based Children's Disability Network Teams (Early-Intervention and School-aged or 0-18 Teams). This Programme aims to achieve a national equitable approach in service provision for all children based on their individual need and regardless of their disability, where they live or where they go to school. Based on the recommendations of the Report of the National Reference Group on Multidisciplinary Services for Children aged 5-18 Years (2009), its objectives are:

- ✓ One clear pathway to services providing equity of access for all children with disabilities, according to their need.
- ✓ Effective teams working with partnership with parents and Education to support children in achieving their potential.
- ✓ Available resources used to the optimum benefit for children and their families.

PDS is doing this by forming partnerships between all the disability organisations in an area and pooling their staff with expertise in the different types of disabilities to form local Children's Disability Network Teams (CDNTs) who will provide for all children with significant disability, regardless of what their disability is.

In tandem with Health service reform which seeks to have Health and Social Care "Networks" in place, the HSE is establishing a total of 96 Children's Disability Networks across each of the nine Community Healthcare Organisations and comprised of Specialist Multi-Disciplinary Teams to work with complex disability needs. Each Network will have a Children's Disability Network Manager with specialist expertise in providing Children's disability clinical services.

National Policy on Access to Services for Children with a Disability or Developmental Delay

National HSE Disability and Primary Care are working together with Community Health Organisations to support implementation of the HSE's National Policy on Access to Services for Children with a Disability or Developmental Delay.



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This policy will provide a single point of entry, signposting parents and referrers to the most appropriate service (Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties).

Please see below link to the HSE Progressing Disability Services web page, which contains additional information.
<https://www.hse.ie/progressingdisabilityservices/>

Background regarding CAMHS:

The diagnostic assessment and interventions for children and adolescents with autism is within the remit of HSE Primary Care and Children's Disability Network Teams.

However, some children and adolescents with complex needs/disability may also present with a moderate to severe mental health disorder at the same time. In such cases, it is the role of Child and Adolescent Mental Health Service (CAMHS) to provide appropriate multi-disciplinary mental health assessment and treatment for the young person. This may involve working with other agencies including: HSE Primary Care, Children's Disability Network Teams and other agencies supporting children and adolescents.

Referral and Access to CAMHS

When deciding whether a child or adolescent needs to attend CAMHS, a number of factors are considered by the CAMHS Team. These include consideration of the child or adolescent's clinical presentation, their level of social and family support and the availability of resources and treatment options at primary care level or within community networks..

Types of Referrals Accepted to CAMHS

Please see below guidance on what constitutes a moderate to severe mental health disorder. However this is an operational guideline and not a clinical guideline and therefore it is not an exhaustive list. *It is also important to note that not all children and adolescents will fit neatly into a diagnostic category.*

- Moderate to severe anxiety disorders
- Moderate to severe Attention Deficit Hyperactive Disorder (ADHD/ADD)
- Moderate to severe Depression
- Bipolar Affective Disorder
- Psychosis
- Moderate to severe Eating Disorder.

Types of Referrals Not Suitable for CAMHS:

CAMHS is not suitable for children or adolescents whose difficulties primarily are related to learning problems, social problems, behavioural problems or mild mental health problems. There are many public services available to respond to these needs for children and adolescents, for example HSE Primary Care Services, HSE Disability Services, TUSLA, Jigsaw, National Educational Psychology Services (NEPS) and local Family Resource Centres.

CAMHS is not the primary service for children or adolescents where there is no evidence of a moderate to severe mental health disorder present:

- Those with an intellectual disability. Their diagnostic and support needs are best met in HSE Social Care/HSE Disability Services. However those children or adolescents with a mild intellectual disability with moderate to severe mental disorder are appropriate to be seen by CAMHS.



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- Those with a moderate to severe intellectual disability and moderate to severe mental disorder. Their needs are best met by CAMHS Mental Health Intellectual Disability (MHID) teams, if present. In the absence of CAMHS MHID teams, multi-disciplinary assessment, intervention and support is provided by the Children's Disability Network Teams in HSE Disability Services and may include joint working or shared care arrangements with other agencies.
- Those whose presentation is a developmental disorder (examples of these could include Dyslexia or Developmental Coordination Disorder). Their needs are best met in HSE Primary Care services and/or Children's Disability Network Teams.
- Those who require assessments or interventions relating to educational needs. Their needs are best met in services such as Children's Disability Network Teams or the National Educational Psychology Service (NEPS).
- Those who present with child protection or welfare issues, where there is no moderate to severe mental disorder present. Their needs are best met by Tusla.
- Those who have a diagnosis of autism. Their needs are best met in services such as HSE Primary Care services and/or Children's Network Disability Teams. Where the child or adolescent presents with a moderate to severe mental health disorder, it is the role of CAMHS to provide appropriate multi-disciplinary mental health assessment and treatment for the mental health disorder. This may involve joint working or shared care with other agencies including HSE Primary Care, Children's Disability Network Teams and other agencies supporting children and adolescents. When information indicates that there is more than one service that could best meet the child or adolescent's needs, consultation should take place with the other service to determine which is the most appropriate or whether a joint approach to assessment and intervention is indicated.

MHID

There is a service improvement process in place to address deficits in both adult and children MHID services. Posts have been put in place under PfG funding over the last number of years to address deficits in adult and child MHID services. Further development is required to reach staffing numbers proposed in Vision for Change. The HSE is committed to continually increase the development of child and adult MHID services within the resources available.

I trust this information is of assistance to you but should you have any further queries please contact me.

Yours sincerely,

Dr Sinead Reynolds
General Manager Mental Health Services