

23rd June 2020,

Deputy James Browne
Dail Eireann
Dublin 2.

PQ: 110034/20

To ask the Minister for Health if he will review the need to facilitate parental visits to children currently receiving inpatient mental healthcare here; if his attention has been drawn to the fact that these visits can take place in adherence to public health guidance in outdoor gardens; and if he will make a statement on the matter.

Dear Deputy Browne,

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.

Mental Health Services fall under two categories for HPSC guidance:

1. Long term residential services where the guidance from NPHET recently has been to allow visitors. Most residents in long term residential units are resident for months or years. (COVID-19 Guidance on visitations to Residential Care Facilities www.hpsc.ie)
2. Acute Units or Services where the unit is open to admissions and some of the residents are resident for days or weeks.

The CAMHS inpatient services are considered Acute Units under the HPSC guidance. www.hpsc.ie.

The acute units are awaiting guidance on NPHET on allowing visitors currently. In the absence on NPHET guidance for acute Hospitals we must adhere to the “**Roadmap for Reopening Society & Business**”, where it is noted:

In Phase 2 the 8th June, *No Visiting* continues to be advised.

In Phase 3 the 29th June, the following is advised :

- *Commence a phased approach to visiting at hospital / residential healthcare centre / other residential settings etc., bearing in mind the particular features of types of settings and each individual centre, also considering personal protective equipment availability and other protections*



Feidhmeannacht na Seirbhíse Sláinte
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- Phase 5 (This will now become Phase 4 20th July) *Return to normal visiting for hospital / residential healthcare centre / other residential settings.*

While there is now some easing of restrictions, the clinical leads and teams are reviewing this on a constant basis moving between “visiting stages” for each unit. Virtual visits via various technology options are being provided where service users can contact their family/ carers throughout the day / week as clinically advisable. These include WhatsApp, Skype, and blue eye. In addition, visits may be facilitated dependent on a risk assessment and appropriate infection prevention and control measures put in place.

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