

Ospidéal Naomh Lómáin Baile Phámar Baile Átha Cliath20. T 01 6207304 R: jim.ryan1@hse.ie

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2<sup>nd</sup> February 2021 Deputy Jennifer Whitmore Dail Eireann Dublin 2.

### PQ 2914/21

To ask the Minister for Health the efforts made by his Department to date to tackle outstanding issues in relation to the CAMHS service including addressing waiting lists, lack of investment and recruitment issues; and if he will make a statement on the matter.

Dear Deputy Whitmore,

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.

CAMHS provide specialist mental health service to those aged up to 18 years, who have reached the threshold for a diagnosis of moderate to severe mental health disorder that require the input of a multi-disciplinary mental health teams, such as moderate to severe anxiety disorders, moderate to severe depression, Bi Polar Affective disorder, Psychosis, moderate to severe eating disorders, self- harm that require the input of a multi-disciplinary mental health team

Community CAMHS refers to child and adolescent mental health services that are delivered in outpatient and day hospital settings, with the majority of CAMHS interventions being delivered in the community, close to people's homes. CAMHS community mental health teams (CMHTs) provide clinical assessment, formulation, diagnosis and multi-disciplinary interventions to children and adolescents based on their identified needs. They are also responsible for providing advice, information and support to parents in order to help them to support children and adolescents with moderate to severe mental disorders at home. In 2008 there were 49 CAMHS Community Mental Health Teams. There are now 72 teams nationally

### **Community CAMHS**

Waiting lists vary according to Community Healthcare Organisation where although some areas have relatively short waiting lists regrettably waiting times are longer in other counties. Factors such as availability of specialist CAMHS clinicians, current vacancies and difficulties in recruiting in an international context can impact on waiting times in various areas.

CAMHS wait lists are also impacted by capacities in other parts of the system - where young people may not receive early intervention and thus their needs escalate necessitating referrals to CAMHS.





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In CAMHS there are two types of referral; an urgent referral and a routine referral. Every effort is made to prioritise urgent referrals so that young people with high risk presentations are seen as soon as possible and this is often within 24 to 48 hours. Severity of presenting symptoms affects waiting times - where waiting times for those with high risk presentations are shorter. This may impact on wait times for cases that are considered, by a clinician, to be less severe. CAMHS referral teams meet weekly to review all referrals and to assess the risk to the young person.

The reasons for differences around the country relate to availability of specialist CAMHS clinicians, current vacancies and difficulties in recruiting in an international context. CAMHS wait lists are also related to capacities in other parts of the system where young people may not receive early intervention and thus their needs escalate necessitating referrals to CAMHS.

Waiting times for young people to be seen by Child and Adolescent Mental Health Services continue to be an issue in a number of CHO's. A renewed focus on improving capacity and throughput is in place in this area and some improvement is being shown.

САМН	S Wait	ing Lis	t	Repo	Reporting Period November 2020														
Total no. to be seen or waiting to be seen by CAMHS				≤ 3 months		>3- <u>&lt;</u> 6 months		>6- <u>&lt;</u> 9 months		>9- <u>&lt;</u> 12 months		>12- <15 months		>15- <u>&lt;</u> 18 months		> 18 months		Nov	
	Total v	Total waiting		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Nation al Total	2,55 1		2,15 8	1,45 5	57.0 %	321	12.6%	233	9.1%	300	11.8%	154	6.0%	54	2.1 %	34	1.3	2,551	
CHO 1	398	15.6 %	301	229	57.5 %	45	11.3%	20	5.0%	47	11.8%	35	8.8%	10	2.5 %	12	3.0	398	
CHO 2	34	1.3%	33	29	85.3 %	5	14.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0	0	0.0	34	
CHO 3	209	8.2%	174	75	35.9 %	29	13.9%	35	16.7%	39	18.7%	24	11.5 %	6	2.9	1	0.5 %	209	
CHO 4	398	15.6 %	569	178	44.7 %	49	12.3%	33	8.3%	55	13.8%	45	11.3 %	29	7.3 %	9	2.3	398	
CHO 5	286	11.2 %	125	193	67.5 %	49	17.1%	18	6.3%	22	7.7%	4	1.4%	0	0.0	0	0.0	286	
CHO 6	370	14.5 %	346	245	66.2 %	49	13.2%	30	8.1%	28	7.6%	18	4.9%	0	0.0	0	0.0	370	
CHO 7	214	8.4%	130	176	82.2 %	12	5.6%	11	5.1%	11	5.1%	2	0.9%	1	0.5 %	1	0.5 %	214	
CHO 8	407	16.0 %	287	217	53.3 %	45	11.1%	44	10.8%	59	14.5%	23	5.7%	8	2.0	11	2.7 %	407	
CHO 9	235	9.2%	193	113	48.1 %	38	16.2%	42	17.9%	39	16.6%	3	1.3%	0	0.0	0	0.0	235	



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CAMHS inpatient services operate a 24/7 model currently. These services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders associated with significant impairment and / significant risk to themselves or others

#### **Prioritised Investment**

The budgetary allocation and staffing levels allocated to CAMHS provides for an expected level of service demand. Continued demographic pressures and increasing demand for service can impact on the ability to deliver services. Whilst the Mental Health Division is cognisant of the need to meet a balanced financial position and deliver a breakeven budgetary position, the continued investment of Programme for Government Development funds will play a key role in enabling mental health services to develop new and existing services. Details on investment in mental health services, including funding for new development posts from 2012 are outlined in the Delivering Specialist Mental Health Services Report 2019. – Chapter 3.

https://www.hse.ie/eng/services/publications/mentalhealth/delivering-specialist-mental-health-report.pdf

### **Recruitment Issues**

The availability of skilled staff is a significant issue in mental health services where demand outstrips supply in both the national and international contexts, despite numerous local and international recruitment campaigns and the workforce (particularly younger staff) are availing of employment opportunities outside of Ireland. This is reflective of the international market in which health care operates and an international shortage of healthcare staff

There are currently very significant difficulties in recruitment of specialist posts including consultant psychiatrists with specialisms in children, forensics and mental health & intellectual disability (MHID). The HSE continues in its active efforts locally, nationally and internationally, to ensure that all available avenues are explored in terms of sourcing staff for Mental Health services. There is currently no recruitment embargo for mental health posts.

Where there are recruitment gaps, Community Healthcare Organisations (CHOs) make significant efforts to fill positions on a permanent basis while also looking at the possibility of vacancies being filled on an interim or temporary basis in order to ameliorate the impact on service provision. A post that is designated as a vacant post may be filled at a particular point in time by any combination of agency/overtime/locum staff.

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





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Yours sincerely,

Dr Sinead Reynolds

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General Manager Mental Health Services