



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Deputy Mark Ward.
Dail Eireann,
Dublin 2.

6th April 2022

PQ Number: 12360/22

PQ Question: To ask the Minister for Health if there are plans to expand counselling in primary care to children; and if he will make a statement on the matter. -Mark Ward

Dear Deputy Ward,

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.

Sláintecare recognises the importance of mental health to overall health and well-being. The importance of timely access to health care, in particular the 'right intervention at the right time' is emphasized. The HSE Counselling in Primary Care service helps to achieve this objective by addressing mental health needs at a lower level of complexity, often preventing the onset of more acute illness. CIPC provides time limited counselling of up to 8 counselling sessions to **adult GMS cardholders** with mild to moderate psychological difficulties. Eligibility criteria for the service currently limit referrals to CIPC to patients holding valid General Medical Services (GMS) cards referred by their GP or Primary Care Practitioners.

There is increased recognition of the mental health needs of children and young people and the importance of providing accessible counselling to children to address their mental health needs. The CIPC model of service is designed specifically for adults with a view to providing counselling at an early stage when individuals are struggling with emotional and psychological issues, in so doing it helps to prevent problems becoming more complex.

Given their age and dependency children, a different model of service would need to be provided to facilitate expansion of counselling in primary care to children. It would require systemic approach to effectively address psychological issues. In many instances, this would require a counsellor to engage with the child's parents, their school and possibly other relevant services/people in their lives.

A recent Irish study commissioned by St Patrick's Mental Health Services and conducted by Dublin City University (McElvaney et al 2017) sought to ascertain the counselling needs of primary school children. The findings highlighted complex presentations of children who are experiencing significant difficulties such as anxiety, depression, cyberbullying, self-harm, suicidal ideation. The most prominent issue

identified was that of general family issues with parental conflict/separation/divorce ranked high as a presenting issue for children.

It is essential that an evidence-based approach to provision is adopted that ensures that the model of counselling provided is effective and safe. Given the complex nature of the issues that children may present with, it is essential that there are clear referral criteria regarding what counselling would offer and what types of difficulties would be appropriate to refer to a short term service such as the existing CIPC services which offers up to 8 sessions. Pathways to other services and details as to what engagement there should be with other relevant supports for children where difficulties are too complex for counselling intervention are required.

To effectively address the mental health needs of children and young people a range of services are required. Irish and international studies emphasise that counselling for children is likely to be most effective where it is delivered as part of a systemic approach which incorporates the school environment and is integrated with other mental health and wellbeing supports such as child and adolescent mental health services, Tusla, community based supports etc. (DES,HSE, DOH 2016; DoE 2016).

The post primary policy “Well-being in post primary schools, mental health promotion and suicide prevention” (DES, HSE, DOH, 2016) outlines a whole school approach to addressing children’s mental health and well-being. It outlines the role of secondary school Guidance Counsellors who currently provide counselling to children as part of their duties.

Evaluation of school-based counselling programmes is encouraging. Studies have found that the accessibility and familiarity of schools for students and family members allows counselling to be delivered in a ‘real-world’ setting, thus normalising service provision, and that such provision enables preventative work to be carried out to tackle problems before they become more chronic. (McElvaney et al 2017).

Investment in Psychology Services

There have been two rounds of recent investment in Psychology Services for children in Primary Care. The first relates to the piloting of 114 Psychology Assistant posts as part of an independent evaluation of the grade by the University of Limerick. Amongst other findings, the evaluation found that psychology assistants worked with children with significant difficulties, outreached to difficult areas, and were associated with significant clinical improvement and high levels of client satisfaction.

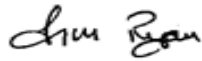
The second relates to a waitlist initiative in primary care psychology which commenced in the second half of 2021 and has been associated with an overall reduction in the numbers of children waiting more than 52 weeks for service.

Both of the above initiatives have increased the level of service available to all children whose difficulties are suitable to primary care. Access is not means tested and self-referrals are accepted. Services included prevention/early interventions programmes, advice & consultation clinics, group therapies and group skills training, assessment clinics, a range of one-to-one counselling and psychotherapy options, and sign-posting to specialist services where required.

To be effective, the development of counselling in primary care for children needs to be adequately resourced and take place within the broader context of a national framework for children's mental health and well-being in collaboration with key statutory and non-statutory stakeholders such as the Departments of Children and Youth Affairs, Education and Skills as well as Health.

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,



Jim Ryan
Assistant National Director - Head of Operations
National Mental Health Services