



Oifig an Ceannaire Seirbhíse
Seirbhísí Meabhairshláinte an Mheán
Iarthair
Cúram Sláinte Phobail FSS an Mheán
Iarthair
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Sráid Mulgrave
Luimneach
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Teil: 061 461435/061 461313

Office of Head of Service
HSE Mid-West Community Healthcare
Mid-West Mental Health Services
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Deputy Violet Anne Wynne,
Leinster House,
Kildare Street,
Dublin 3
D02 XR20

14 March 2024

PQ ref 49026/23 "To ask the Minister for Health his views on the issues highlighted with respect to referrals to CAMHS teams in CHO3 identified in a report (details supplied); and if he will make a statement on the matter. The Details supplied to the Questions Office were "Details: CHO3 CAMHS Report 2022-2023 by Mental Health Commission" and the specific issues highlighted with referrals in the report on pages 20, 22, 27 – 29, 43, and 44 of the report. A broad outline of what actions have been taken following the highlighting of these issues, and associated matters".

Dear Deputy Wynne,

The Health Service Executive has been requested to reply directly to you in the context of the above representation, which you submitted to the Minister for Health for response.

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ADHD clinical pathway

Significant progress in development of ADHD pathway has taken place in CHO3. An ADHD Advanced Nurse Practitioner has been appointed and is in position. In the West Limerick CAMHS team we are implementing a new initiative, objective testing (QbTest) for 18year-olds requiring an ADHD assessment. Implementing QbTesting will improve efficiency, quality of care and reduce waiting lists. Services across Ireland, the UK and internationally have implemented QbTesting which has resulted in an increase of efficiency underpinned by improving clinical robustness and objectivity. QbTesting also includes a data management platform that for the first time allows an opportunity to identify measurable outcomes both at an individual patient level and at a clinic level, informing the care pathway in an evidence-based way. This will enable CAMHS to demonstrate the value it brings to patients and to the HSE.

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Transition of Young People to Adult Mental Health

In CHO 3, all teams adhere to the CAMHS Operational Guidance (COG) to assist a young person transitioning to CAMHS as adult mental health services (AMHS) this process commencing before the young person turns 18yr across all 7 teams.

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Integrated Care:

CAMHS Mid West have collaborated in a series of workshops across all 3 counties with our colleagues from CDNTs and primary care. The aim of these events is to increase awareness and knowledge of each service and promote collaborative working across Children's Services in order to meet the needs of children and their families. The events facilitated teams to gain a greater understanding of the work done by each other. There is an integrated children's services forum established. This forum facilitates a coordinated child-centred approach and joint working to transition children with complex needs, who need to move between primary care, disability services, and specialist services such as CAMHS.

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Referrals:

As per the MHC report, the most common reason for referral is "Query ADHD" and "Query Anxiety." Children/young people who were queried to have ADHD wait on average five months to be assessed while children/young people who were queried to have anxiety wait on average two months to be assessed. Children/young people queried to have an eating disorder (ED) wait on average 19 days to be assessed, children/young people who were queried to have depression wait on average 23 days to be assessed, and children/young people who were queried to have anxiety and depression wait on average one month to be assessed.

Referral Acceptance remains at 79% of children/young people are accepted to CAMHS. If the referral of the child is not deemed appropriate to CAMHS, the child and their parents/carers are signposted to other services. Wait times for children and families have significantly reduced across CHO3. There has been a 74% reduction in the over 12 months' waiting list in the past two years, and a 60% reduction in the general waiting list for CAMHS. All teams are placing a dedicated focus on waiting list reduction and that has yielded these improvements.

Consent:

Stringent Auditing process across CHO3 CAMHS Teams are in place to ensure 100% compliance with the consent of a parent(s) or legal guardian(s) should be obtained before providing treatment to a child. All reasonable effort are made to involve the young person and to reach a consensus as regards the appropriate intervention

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Challenges:

"The CAMHS teams were depleted of staff, with only 62% of staff recommended by A Vision for Change". ***MHC report found that the CAMHS service was staffed at less than two thirds of the national recommendations***

The following table shows a comparison of clinical and non-clinical staffing in each of our Mid West CAMHS team at the time of the Mental Health Commission Review in June 2022 and again in January 2024:

Team	Population	WTE During MHC Inspection (June 2022)	% VFC (Clinical)	Current WTE (January 2024)	% VFC (Clinical)
East Clare	56,163	Clinical: 8.6 Admin: 1	63%	Clinical: 10 Admin: 1.3	74%
West Clare	62,654	Clinical: 8.9 Admin: 1	59%	Clinical: 9.8 Admin: 1.5	65%
North Tipperary	71,282	Clinical: 10 Admin: 2	60%	Clinical: 17 Admin: 3	100%
East Limerick	62,618	Clinical: 9.4 Admin: 1	62%	Clinical: 13.2 Admin: 1.3	88%
West Limerick	67,348	Clinical: 7.8 Admin: .9	47%	Clinical: 9 Admin: 1.3	54%
Central Limerick	64,933	Clinical: 8.2 Admin: 1	52%	Clinical: 10.4 Admin: 1.3	65%

The figures show a significant improvement in staffing levels across all CAMHS teams in MWCH. Progress in respect of the gaps that remain has been impacted by the current recruitment controls in place.

- An additional CAMHS Team has been established in North Tipperary as of Jan 2024.
- A CAMHS MHID team was launched in Dec 2023 in CHO3.
- Since the beginning of 2022, a total of 16.6WTE have been recruited across CAMHS Mid West. This includes additional staff in areas including Consultant Psychiatrists, Advanced Nurse Practitioners, Social Workers, and Occupational Therapists, Speech and Language Therapists and support staff. This has resulted in an improved CAMHS service in the Mid-West.
- A new consultant-led multidisciplinary regional CAMHS Hub is under development. This an alternative model to providing inpatient care, involving treatment at home or in a day hospital, and is designed to meet needs of existing CAMHS service users with complex needs from throughout the Mid West. We are currently in the recruitment process for a Consultant for that team.

“There was no out-of-hours emergency CAMHS service and emergency referrals must wait until the consultant psychiatrist is back on duty”

For a number of years there has been no out of hours CAMHS service available to children and young people who are in crisis and make an out of hours’ presentation to the Emergency Department at University Hospital Limerick. They are seen by a CAMHS team on the next working day. If they present on a Friday evening this will result in a weekend stay in University of Limerick Hospital Group (ULHG). Mental Health Services in the Mid West acknowledges that this lack of a comprehensive out of hours’ service is an unacceptable situation for young people and their families. We apologise to any child or young person and their families, who have

presented to the ED in mental health distress and who has had to wait to be seen by a CAMHS team. The HSE is working to address this issue. In December 2023, and during the bank holiday weekends to date, in 2024, we did deliver a CAMHS out of hours' service to ULHG. Our efforts to standardise this service continues. As part of the HSE's delivery of Sharing the Vision our national mental health policy, a dedicated work stream has been stood up to progress out of hours services for children and young people across all RHAs. This will involve further implementation of CAMHS Hubs, alongside the development of a specialist mental health out-of-hours model using a tiered approach. We are engaging with the office for Child and Youth Mental Health to progress these services in CAMHS in the Mid West. We are also working closely with colleagues in Paediatrics at ULHG on the development of a 24/7 Paediatric Liaison CAMHS service to be based at ULHG. A proposal to this effect has been developed and engagement is ongoing at local and national levels. We have approval to recruit a CAMHS Paediatric Liaison Consultant as a first step, and we will continue to work with colleagues in Paediatrics at ULHG to further develop this team. For clarification please note, no child waited six days. One child waited four days (Bank Holiday weekend) and another waited two days.

Children were left without a renewal of prescription until the consultant psychiatrist was next on duty.

The MHC commenced their review with a questionnaire in April 2022 followed by their on-site review in June 2022. At this time CAMHS in Mid West was challenged as a result of a deficit in senior clinical leadership and already had a recruitment process for CAMHS consultants underway.

From February 2021, as a result of unplanned and sudden leave, a senior clinical leader who was also sole keyworker was suddenly unavailable to one of our CAMHS teams. This situation resulted in children and young people having no identified key worker to ensure arrangements were in place for follow up, in accordance with normal clinical practice. This resulted in a situation where the timely review of this cohort of children was delayed. The following interim measures were put in place to support the children and young people during this time:

- An Adult Psychiatrist with extensive experience in CAMHS who reported to the Executive Clinical Director (ECD) was in place for that team.
- An additional NCHD with CAMHS experience was provided to the team.
- Continuous recruitment efforts were ongoing.
- Weekly management team calls with the Team.
- Daily engagements with the team as required.
- Regular meetings with the line managers of the staff on the team, to provide maximum support to the staff working on the team.
- The team were aware that they could directly contact the ECD and Area Management team for support in immediately addressing concerns as they arose.
- The ECD reviewed files and provided advice as necessary.
- GPs were engaged and collaborated with as necessary.
- Families were engaged as necessary.
- Prescriptions renewals were responded to appropriately with support from the ECD.

“There were ongoing shortages of staff and a high staff turnover rate”

This has been addressed above under challenges.

“There was lack of clarity about risk management among team members”

From February 2021 until July 2022, Mental Health Services (MHS) management team put in place the following measures to manage risk during this period.

- The MHS Management Team utilised the Risk Management Process in the communication of deficits in medical governance caused by reduced consultant cover.
- Risk advisors supported and advised staff on risk management. This support was available to Mental Health Services through the Quality Safety and Service Improvement Department.
- The teams were advised to contact the Executive Clinical Director in the event of absence of consultant cover and to communicate the risk through that process.
- The MHS management team reviewed all of the reported incidents and communicated a management plan for each occurrence within a specific time frame.
- The MHS Management Team actively managed risks and additional controls were put in place to reduce the risk. Where control measures were beyond the scope of the MHS Management Team, the risks were communicated to the next level of management.
- Five risks were documented in February 2022 and communicated to the Chief Officer and onwards to the Assistant National Director and National Director Community Operations. The five risks were as follows:
 - CAMHS Governance
 - Staff Burnout in CAMHS
 - Reputational Damage
 - Reduced Consultant cover on the East Clare Team
 - Reduced Medical Governance West Limerick team

These risks were communicated to the Chief Officer Mid-West Community Healthcare, by the Head of Service Mental Health Services and the Executive Clinical Director, on 16th February 2022. These risks were communicated by the CO to the National Director and Assistant National Director, Community Operations on the 18th February 2022.

On foot of the risks communicated to the National Mental Health Operations Team, the Assistant National Director visited the Mid-West and met with the Mental Health Services Management team and CAMHS Consultants on the 27th May 2022. The National Director visited Mid-West Community Healthcare on 20/06/2022 and received a presentation from the Mid-West Community Healthcare Mental Health Services Management team on the current risks, challenges and opportunities in CAMHS. During those engagements and on a number of other occasions the Assistant National Director and the National Director, Community Operations expressed their support for Mid-West Community Healthcare in respect of the challenges being faced in CAMHS. They provided assurance of support to address the Medical Governance deficits in CAMHS and the additional CAMHS Consultants have now been in place since July 2022.

“A number of consultant psychiatrists and team members stated that the service was unsafe due to the lack of consultant cover and there were ten Dangerous Occurrence incidents from one team reported as a result from February 2022 and June 2022. Subsequently the CHO reported that the General Manager Mental Health Services with expertise in risk management and the Acting Executive Clinical Director activated a response to address the dangerous occurrences, achieving a safe outcome for each child/young person”

The Dangerous Occurrence forms under the incident Management Framework that are referenced by the MHC, were reported to senior management by one CAMHS Team between February 2022 and 13th June 2022.

These dangerous occurrence forms were escalated to senior management by clinicians on one team utilising the Incident Management process. The Incident management Framework is there to support staff when they identify risk. Between February 2022 and June 2022, one particular team had challenges with service provision as the clinical lead went on long term sudden leave resulting in retirement. Due to the reduced working hours of CAMHS Consultants across the service, there was no capacity for other teams in the system to take on this caseload. All of these dangerous occurrences related to the risk of prescription medication not been renewed in a timely manner. In each of these occurrences, the General Manager Mental Health Services with expertise in risk management and the Acting Executive Clinical Director activated a CHO3 Action Plan to address the dangerous occurrences, achieving satisfactory outcome for each child/young person.

There have been no further reports since this date which demonstrates the impact of the additional controls/resources allocated to CAMHS since July 2022 as per our CAMHS service improvement plan.

“The CAMHS Management Group was not functioning within the governance structure”

The Mid West Mental Health Services Area Management team has been providing governance to CAMHS in the absence of a dedicated CAMHS management. A CAMHS advisory group was also established and it reported into the Area Management Team. However, we are now progressing with the re organisation of all of the management teams in Mental Health Services in the Mid West. We are standing up a CAMHS Operational Management Team (COMT) as part of this structure.

- *The COMT will be chaired by the CAMHS CD. In the interim the COMT will be chaired by the General Manager.*
- *Each discipline will be represented at the most senior grade working in/across the CAMHS teams.*
- *Each of the three counties will be represented on the CAMHS Operational Management Team.*

“The local CAMHS Quality and Safety Committee ceased to function in 2021”

This group was re-established Jan 2024. Upskilling of CAMHS staff across all teams and a Safety representative has been identified for each CAMHS team.

Yours Sincerely,



Nuala Kelly
Head of Service - Mental Health Service,
Mid-West Community Healthcare

