

Mental Health Services 2012

Child and Adolescent Mental Health Services

HSE AREA	HSE West
EXECUTIVE CATCHMENT AREA	Limerick, Clare, North Tipperary
COUNTIES	Limerick
POPULATION	378,430 (88,841 0-18 year olds) approximately
NUMBER OF TEAMS	5
APPROVED CENTRES	0
DATE OF INSPECTION	12 April 2012

Summary

- This inspection focused on the East Limerick CAMHS community mental health team which was located in rented premises in the centre of Limerick city. The building was not suitable for a child and adolescent mental health service and was not family friendly from an accommodation, parking and access point of view. A new and more suitable premises for the service was needed now.
- The CAMHS community team provided a very comprehensive service to children and adults from 0 to 18 years of age.
- Despite a lack of staff resources on the team, there was a high standard of team work and clinical governance in place. The service provided assessment, care and treatment in a collaborative and child-centred manner and actively sought family feedback with a view to developing services.
- The team impressed as being motivated, reflective in practice and having a commitment to promoting education and training for all members of the multidisciplinary team.
- Access to acute in-patient and crisis CAMHS beds was the main priority and challenge for the service. The average length of time waiting for a bed was three months. At the time of the inspection visit two children were on a waiting list for six months.

Description

Service description

The HSE Mid-West Child and Adolescent Mental Health Service (CAMHS) served a total population of 378,430. *A Vision for Change 2006 (AVFC)* recommended two CAMHS teams per 100,000 sector population, and an additional CAMHS community mental health team dedicated to liaison cover per 300,000 of population.

The CAMHS was a regional community based service provided by five consultant led multidisciplinary teams serving Limerick East, Limerick West, Limerick Central, Clare and North Tipperary. The three Limerick teams (serving a population of 183,656) provided care and treatment for children from 0-18 years of age and the Clare and North Tipperary Teams provided care and treatment for children from 0-16 years of age. There was a need for the Clare and North Tipperary CAMHS services to see children in the 16 to 18 year bracket, however, the service reported that current resources did not provide for this. The per capita spend in the Mid-West CAMHS services was €36.00 for children from 0 to 18 years. There was a CAMHS Multidisciplinary Advisory Group comprising Consultant Child and Adolescent Psychiatrists, Heads of Discipline and the Service Manager.

East Limerick CAMHS team

This inspection visit was to the East Limerick CAMHS team which was based at Merriott House, Henry Street, in Limerick city. Merriott House was not a purpose built health facility but was a rented building and the CAMHS accommodation mainly comprised office space and interview rooms. The CAMHS service on the first floor was accessed via a narrow staircase. There was no lift and the building was not accessible by either wheelchair or a child's buggy. The building opened directly onto a busy city street and there was no car park. The East Limerick CAMHS team also had access to clinic facilities in Killmallock and Hospital Health Centres.

The East Limerick CAMHS team provided assessment, diagnosis and treatment for children and adolescents and their families with mental health disorders. The service operated an emergency referral system and children and adolescents presenting in crisis were generally responded to within 24 hours. A school assessment visit was provided, with parental consent, for 65% of child clients and the team liaised on a regular basis with schools.

Outline of Local Business Plan 2012

The CAMHS service was included in the HSE Mid-West Mental Health Service business plan.

Developments 2012

Pre-screening interviews were carried out with parents of child clients with ADHD to identify needs and expectations of service.

A psycho-education and behaviour management group was run for parents of children with ADHD.

Quality improvements and initiatives

- The East Limerick CAMHS team had completed a six-monthly audit of open cases focusing on diagnosis and medication.
- An individual care planning document had been introduced. In addition, a goal based outcomes assessment form had been implemented.
- The East team held a six monthly service provision review meeting.

- The East team had produced an ADHD information booklet for parents and teachers.
- A support/psycho-educational group for adolescents with severe mental health difficulties was now running on an ongoing basis in response to service user feedback.
- A psycho-educational parenting group had been introduced for separated parents.
- A needs assessment analysis for 16-17 year olds had been completed in Limerick in conjunction with adult sector teams and this had informed a review of waiting lists for this age group.
- Psychology and social work undergraduate students had been facilitated in clinical placements by the East Limerick CAMHS team.

Service user and carer input to service

The East Limerick CAMHS team had a collaborative model of care with the child and family at the centre and the initial assessment process incorporated goal setting with the parents and child. The team had also completed evaluations of family experience of the service, family views in relation to the accommodation for the service, such as location, parking, access, etc.. More formal evaluations had been completed in relation to the SPACE programme and the ADHD parents group.

The Mid-West CAMHS planned to establish a CAMHS consumer panel.

CAMHS Staffing levels

SECTOR NAME	EAST LIMERICK
POPULATION UNDER 18	12,000 APPROXIMATELY
POST	TOTAL WHOLETIME EQUIVALENT (WTE) POSTS
Consultant psychiatrist	1
NCHD (including specialist registrar)	1
DON	0
ADON	0
CNM	0
Nurses based in CAMHS community mental health team	2
Dedicated team coordinator	0
Clinical psychologist (Senior)	0.8
Social worker	One post vacant 2
Social care worker	0
Occupational therapist (Senior)	Temporary post 0.5
Clinical speech and language therapist	0
Family therapist	0
Play therapist	0
Childcare leader	0
Nurses based in day hospitals	0
Nurses based in day centre	0
Administration staff	2

Comment

The East Limerick CAMHS multidisciplinary team presented as a cohesive and well established team with clear role functioning and interdisciplinary care. The team had a good knowledge of their client base and were flexible and proactive in responding to service needs. Constraints on education funding via the HSE, particularly for health and social care professionals, meant that staff had to personally fund continuing professional development. There was a 0.5 WTE occupational therapist attached to

the CAMHS team, however, this was a temporary one-year fixed term contract for a 0.5 WTE and this had been recruited through a voluntary disability service and therefore was not a substantive post. One of the social work posts had been vacant since February 2012. Although there was no family therapist post, three of the East Limerick CAMHS team were family therapy trained.

FACILITIES

FACILITIES	2012 NUMBER	SHARED WITH ANOTHER TEAM (YES/NO)
Day hospital	0	
Day centre	0	
Sector HQ	Merriot House	Yes with the Clare CAMHS team
Clinical rooms	0	There were no separate clinic rooms and staff used their offices for outpatients, including therapy appointment.
Other		Have access on a booking basis to a group room at the Limerick West CAMHS premises in O'Connell Street.

COMMENT

The Merriot House premises were unsuitable for the delivery of a CAMHS out-patient service. Some offices were shared and doubled as interview rooms. Accommodation was laid out over two floors and access was via steep and narrow staircases. The waiting areas were small and soundproofing was inadequate. There was no play/activity room or group room facility. It was a difficult environment to render child-friendly and to provide accommodation suitable for the varying needs of a population ranging in age from 0 to 18 years.

Other aspects

Access to in-patient services

The CAMHS in-patient unit serving the Mid-West Region was the Child and Adolescent Acute In-patient Unit at Merlin Park Hospital, Galway. At the time of this inspection, the Merlin Park CAMHS unit was only operating 9 of its 20 beds, however, the remaining beds became operational in September 2012.

The Limerick CAMHS operated an emergency rota. The East Limerick CAMHS team reported difficulties in accessing acute inpatient beds, particularly in a crisis or emergency situation. At the time of inspection there were five children under the care of the East Limerick CAMHS team awaiting in-patient admission to Galway. The team reported that the average length of waiting time for admission to that unit was three months, however, there were currently two children, one aged 15 and one aged 17 years who had been on the admissions waiting list since October 2011, some six months previously. In crisis situations children from the East Limerick sector had been admitted to the Sunshine Paediatrics Ward at Limerick Regional Hospital or to Unit 5B, the general adult approved centre in Limerick Regional Hospital. In the event of admission to the Sunshine Ward, the child was under the care of a paediatric physician with the CAMHS consultant providing joint care and a nurse was assigned to provide one-to-one care. The nurse assigned was not necessarily trained in child and adolescent mental healthcare. The special nurse assigned in the Sunshine Unit had on occasion been withdrawn at night time contrary to the clinical opinion of the responsible consultant psychiatrist. The requirement, to provide shared care for crisis admissions of CAMHS in-patients to paediatric and adult units in Limerick, in addition to fulfilling the primary role of a community CAMHS team, placed considerable demands on consultant resources. There had been no CAMHS admissions to the Sunshine Ward in 2011.

In the event of a child being admitted to Unit 5B, a nurse was assigned to provide one-to-one care. The provision of one-to-one nursing care placed a demand on limited resources and was funded by the adult mental health services. There had been three children admitted to Unit 5B in 2012 up to the time of inspection.

Details of ADHD services provided

Children with ADHD were looked after by the East Limerick CAMHS team. There was an ADHD Parents Group and this had been evaluated. The team provided information and support for teachers and schools in this regard also with parental consent.

Details of autism spectrum services provided

Children with autism spectrum disorders were looked after by the disability services. There was a child and adolescent intellectual disability team in the Mid-West region also.

Numbers

CATEGORY	NUMBER
Number of children assessed in 2011	92 x under 16 years 20 x 16-17 year olds from September – December 2011
Source of Referrals	Primary referral sources were: Consultant psychiatrists and paediatricians ;General Practitioners; Area Medical Officers; Clinical Psychologists; Educational Psychologists; Social Workers; OTs; Clinical Speech and Language Therapists; Emergency Departments; and Disability Services Team
Length of time on waiting list for initial assessment	Referrals prioritised – emergencies within 24 hours, Priority Level 1 between 2 weeks and three months, Priority Level 2, ongoing review, within 3 to 7 months
Length of time on waiting list for therapy appointment	There was no internal waiting list, with the exception of occupational therapy. The OT post had previously been vacant and the OT had inherited a five year waiting list.
Length of time on waiting list for in-patient bed	Average of 3 months but 2 children waiting 6 months

Additional Comment Information on waiting lists and time frames

Referrals from emergency departments, paediatric in-patients and those with acute psychosis, self harm/para-suicide, and eating disorders were prioritised as emergency status and an appointment was offered on the day of referral. Priority 1 status was assigned to referrals from paediatric outpatients, re-referrals within one year of discharge, for out-of-school children, for post traumatic stress disorder, depression, traumatic bereavement and anxiety disorders. An appointment was generally offered for a period between two weeks and three months. Those considered Priority Level 2, were put on a waiting list that was reviewed on an ongoing basis and might be reprioritised if required.

There were 194 new referrals and 113 re-referrals to the East limerick CAMHS team in 2012.

Good practice initiatives

- When a child was due to transfer to the care of a general adult team, the East Limerick CAMHS team initiated the transfer process three months in advance of the child's 18th birthday. The East Limerick CAMHS team stated that they sought a joint meeting with the sector team to facilitate this handover, however, adult teams did not always respond.
- The Choice and Partnership Approach (CAPA) was being introduced and was aimed at enhancing the collaborative approach to care with families and children.
- An evaluation had been completed on the ADHD parents' group. A group programme for teenagers with depression had been run during the school holidays.
- The SPACE (Supporting Parents and Carers) programme had been provided by the Mid West CAMHS and was being evaluated. This programme was aimed to support parents and carers whose children had suicidal and self-harm concerns.
- Psychology had completed qualitative research on family experience of the CAMHS service, including but not limited to a focus on ADHD services.
- A significant number of the CAMHS team staff had additional training in family therapy and cognitive-behaviour therapy.
- A cognitive behaviour therapy group had been run for depressed adolescents.

Challenges for Team/Service

- Access to acute and crisis beds in CAMHS approved centres was the priority issue for the CAMHS team and families at the time of inspection.
- The team reported an increase in the number of complex and emergency cases being seen in 2012. Without access to beds this put additional pressure on community resources.
- Home visits were a core part of the CAMHS and were generally carried out by two staff. Staffing resources were an issue in maintaining this aspect of service at the required level.
- The team did not have a full complement of staff.
- The CAMHS East Limerick service did not have an appropriate or an adequately resourced premises for the delivery of care and treatment. This was an urgent issue.
- The service stated that children were presenting with more complex issues at an earlier age than previously encountered.

Recommendations

1. HSE West Mental Health Services should ensure that a robust and timely handover process is operational to facilitate the handover of care from CAMHS teams to Adult Sector teams for 17–18 year olds.
2. The East Limerick CAMHS team headquarters and outpatient service should be located in suitable premises.
3. Day hospital facilities should be developed and resourced.
4. The East Limerick CAMHS team should be adequately resourced with staff, including a senior occupational therapist.
5. The CAMHS inpatient units should ensure that all bed capacity is operational.