

Mental Health Services 2012

Child and Adolescent Mental Health Services

HSE AREA	Waterford Child and Adolescent Mental Health Service
EXECUTIVE CATCHMENT AREA	Waterford Wexford
COUNTIES	Waterford
POPULATION UNDER 18 YEARS	Total population 125,000
NUMBER OF TEAMS	1
APPROVED CENTRES	None
DATE OF INSPECTION	27 June 2012

Summary

- The Waterford Child and Adolescent Mental Health Service (CAMHS) offered an outpatient service with good input from the multidisciplinary team.
- A second consultant psychiatrist was required in the Waterford CAMHS.
- Despite the provision of twenty child and adolescent in-patient beds in the region there was difficulty of access, especially in an emergency situation.
- There was no day hospital provision in the Waterford Child and Adolescent Mental Health Service.

Description

Service description

Waterford Child and Adolescent Mental Health Services (CAMHS) headquarters was located on the campus of Waterford Regional Hospital. It consisted of a board room, offices, interview rooms, a waiting room and an activity room. There was no in-patient CAMHS unit in Waterford. The regional child and adolescent in-patient unit was Eist Linn in Cork which had 20 beds. There was no day hospital in the county.

Waterford CAMHS provided a service to children and adolescents up to the age of 18 years. It treated children with Attention Deficit and Hyperactivity Disorder (ADHD). There was a community service for children with autism but the CAMHS team occasionally saw children with autism.

The CAMHS team also provide an out-patient service in Dungarven.

There were approximately 500 children currently in the service. There were 460 referrals to the CAMHS in 2011.

Outline of Local Business Plan 2012

There was no written business plan for Waterford CAHMS.

There were plans to recruit another consultant psychiatrist for Waterford CAMHS but it was unclear as to when this would happen.

Developments 2012

There had been very few developments in the CAMHS in Waterford over the past few years mainly due to financial constraints. Efforts were made to maintain existing levels of service.

Quality improvements and initiatives

Parenting groups were regularly held by the clinical psychologist.

A social skills group was held for children in transition from primary school to secondary school.

Service user and carer input to service

Feedback was obtained from the parenting group.

There were no other service user or carer inputs to the service. There have been no complaints to the service since January 2012 to the date of inspection.

Staffing levels

Child and Adolescent teams

CAMHS team report

SECTOR NAME	Waterford
POPULATION UNDER 18	No information received

STAFFING	2012 WTE
Consultant psychiatrist	1
NCHD (including specialist registrar)	1
Director of Nursing	0
Assistant Director of Nursing	0
CNMs	1
Nurses on CAMHS community mental health team	0
Dedicated team coordinator	0
Psychologist	2
Social worker	1
Social care	0
Occupational therapist	2
Speech and language therapist	1
Family therapist	0
Play therapist	0
Childcare leader	0
Other	0
Clerical staff	1

FACILITIES	2012 NUMBER	SHARED WITH ANOTHER TEAM
Sector Headquarters	1	No
Outpatients	1	No
Day Hospital	0	
Other	0	
AC Admission Unit	0	

Other aspects

Access to in-patient services

Access to in-patient care was described as difficult. The regional in-patient CAMHS unit, Eist Linn, was located in Cork. There was a long waiting list for a bed in Eist Linn. It was also stated that it was difficult to source a bed through the national weekly child and adolescent bed coordination teleconference. It was stated that often advice was given to obtain a private bed in St. John of God Hospital or St. Patrick's University Hospital in Dublin.

Of concern was the lack of access to emergency beds for children and adolescents. The inspectors were told of one instance where a 15 year old seriously ill child remained in the Emergency Department of Waterford Regional Hospital for three days because of a lack of an appropriate bed in a CAMHS in-patient unit. This resulted in children being admitted to adult units, although there had been no child admissions from Waterford CAMHS to the adult unit in Waterford to date in 2012.

Waterford CAMHS did not admit children to the paediatric unit in Waterford Regional Hospital.

There were occasionally difficulties in obtaining timely discharge reports from in-patient services according to the service.

Referrals and Waiting Times

CATEGORY	
Children assessed in 2011	460
Source of Referrals (e.g., GPs, Disability Services, probation etc)	GPs, Psychology Adult Mental Health services
Length of time on Waiting List for initial assessment	3 months
Length of time on waiting list for therapies	None
Length of time on waiting list for in-patient bed	Up to 3 months

Good practice initiatives

- An audit had taken place of Attention Deficit and Hyperactivity Disorder (ADHD) treated within the service.
- A psychology student surveyed general practitioners on their understanding of CAMHS provision of service. This was due to lead to meetings with general practitioners.
- It was planned to provide a service for children of parents with mental illness.
- The CAMHS team could refer to ‘Squashy Couch’, which was a service offering counselling for children and adolescents who self-harm. They could also refer to the Ship Project which was a mental health suicide prevention project for 16 to 18 year olds.

Challenges for Team/Service

Another consultant psychiatrist was required for the Waterford CAMHS in order to meet recommendations of *A Vision for Change*.

Impending leave and retirements in the multidisciplinary team would cause staffing problems in the near future.

The lack of access to in-patient beds was a problem. This was particularly difficult if an emergency bed was required.

The volume of referrals was steadily rising. There was pressure from community care and schools for assessments.

Recommendations

1. The additional consultant psychiatrist should be appointed as soon as possible.
2. The Health Service Executive (HSE) should address the issue of lack of access to in-patient child and adolescent beds, especially in an emergency.