Third Annual Child & Adolescent Mental Health Service Report

2010 - 2011

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

A Vision for Change
ADVANCING MENTAL HEALTH IN IRELAND

Third Annual Child & Adolescent Mental Health Service Report

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Executive Summary

Mental health is a prerequisite for normal growth and development. Most children and adolescents have good mental health, but studies have shown that 1 in 10 children and adolescents suffer from mental health disorders severe enough to cause impairment. Mental health disorders in children and young people can damage self-esteem and relationships with their peers, undermine school performance, and reduce quality of life, not only for the child or young person, but also for their parents or carers and families. The majority of illness burden in childhood and more so in adolescence, is caused by mental health disorders. Mental health disorders in childhood are the most powerful predictor of mental health disorders in adulthood.

The development of comprehensive Child and Adolescent Mental Health Services (CAMHS) for young people up to the age of 18 years is described in the Department of Health and Children *A Vision for Change* (2006) policy document. CAMHS had been organised until then for young people up to the age of 16 years. Key to this is the development of 99 multidisciplinary CAMHS teams, based on the 2006 census population, of which 61 are in place, 56 community teams (an increase of 6 from 2010), 2 day hospital teams and 3 paediatric hospital liaison teams. Further recommendations are contained in the policy concerning inpatient services (a total of 106/8 beds), mental health intellectual disability teams, substance misuse, eating disorder and forensic services for young people.

Community child and adolescent mental health teams are the first line of specialist mental health services. In November 2008 the first month long survey of children and young people seen by all 49 community based CAMHS teams was carried out. This was the first fully comprehensive exercise to gather information on the age and gender of children and young people attending the service and the mental health problems they present. The results of the survey, together with information on the admission of young people under the age of 18 years admitted for inpatient assessment and treatment for the year 2008 supplied by The Health Research Board, were published in the First Annual CAMHS Report in 2009.

The Second Annual CAMHS Report incorporated the second month long survey of the clinical activity of 50 community CAMHS teams carried out in November 2009. The Report also included information collected on a monthly basis through HSE HealthStat from each community CAMHS team for the year long period from October 1st 2009 to September 30th 2010. Detailed information on the admission of young people under the age of 18 years for the year 2009 was been provided by The Health Research Board and preliminary information on the admission of young people for the period January to September 2010 by The Mental Health Commission.

The Third Annual CAMHS Report incorporates the third month long survey of the clinical activity of 55 community CAMHS teams carried out in November 2010. The Report includes information collected monthly through HSE HealthStat from each community CAMHS team and information on inpatient admissions provided by The Health Research Board and The Mental Health Commission. This report also includes a section on young people under the age of 18 years presenting to hospital emergency departments as a result of deliberate self harm in 2010 compiled by the National Registry of Deliberate Self Harm.

For those experiencing mental health problems, good outcomes are most likely if the child or adolescent and their family or carer have access to timely, well coordinated advice, assessment and evidence-based treatment. Specialist CAMHS work directly with children and adolescents to provide treatment and care for those with the most severe and complex problems and with other services engaged with children and young people experiencing mental health problems. Services need to be culturally sensitive, based on the best available evidence, and provided by staff equipped with the relevant up to date knowledge and skills.

To achieve the goals set out in Vision for Change requires the allocation of significant additional resources to CAMHS. Systematic national and regional planning is necessary, working with local networks and structures, to provide the trained personnel and infrastructure. It has been estimated that increasing the age range of CAMHS from 16 to 18 years has the effect of doubling the cost of providing the service.

The Specialist Child and Adolescent Mental Health Service Advisory Group, established in 2009, has further refined the data collected from teams and services and the key performance indicators linked to these datasets. It is in the process of developing, in collaboration with the Mental Health Commission, operational guidelines for CAMHS based on the Quality Framework Document (Mental Health Commission).

For CAMHS teams to work effectively, a range of disciplines, skills and perspectives are required, so that children and adolescents are offered a care and treatment package geared to their individual needs. The total staffing of the 56 existing community teams is 464.74 whole time equivalents (in 2009 this figure was 456.11), which is 63.8% of the recommended level for these teams. There is variation in the distribution and disciplinary composition of the workforce across teams and regions.

All community CAMHS teams screen referrals received, those deemed to be urgent are seen as a priority, while those deemed to be routine are placed on a waiting list to be seen. A total of 7,849 new cases were seen by community CAMHS teams in the period October 1st 2010 to September 30th 2011, compared with 7,651 for the previous 12 months. Of the 7,849 new cases seen, 720 (9.2%) were 16/17 years of age. Over this period 46% of new cases were seen within 1 month of referral, 69% within 3 months. 12% of new cases had waited between 3 and 6 months, 11% had waited between 6 and 12 months and 8% had waited more than 1 year to be seen.

A total of 1,897 children and adolescents were waiting to be seen at the end of September 2011. This represented a decrease of 473 (20%) from the total number waiting at the end of September 2010 (2,370). Forty-four (78%) community CAMHS teams had a waiting list of less than 50 cases, 10 (18%) had a waiting list of 50 to 99 cases, 2 (4%) had a waiting list of 100 to 149 cases.

In the course of the month of November 2010 a total of 7,907 cases were seen, 7,136 (90.2%) of these cases were returns and 771 (9.8%) were new cases. A total of 14,859 appointments were offered, 11,953 appointments were attended, with a resulting non-attendance rate of 19.6%, increasing from 16.1% in 2009. Analysis of the data collected indicated that:

- Adolescents from the 15 years of age group continue to be the most likely to be attending community CAMHS, followed by children aged 10 to 14 years.
- Adolescents aged 16/17 years constitute 13.4% of the caseload reflecting the practice of CAMHS teams keeping on open cases after their 16th birthday in addition to the 16 (29%) teams that accept referral of young people over the age of 16 years.
- The ADHD / hyperkinetic category (33.9%) again was the most frequently assigned primary presentation followed by the Anxiety category which accounted for 15.3%.
- The ADHD / hyperkinetic category peaked in the 4 to 9 years age group at 43.2% of cases in this age group, dropping to 22.5% of adolescents in the 15 to 17+ year age group.
- Depressive disorders increased with age, accounting for 23.5% of the 15 to 17+ year age group.
- Deliberate Self Harm, which increased with age, accounts for 8.4% of the primary presentations of the 15 to17+ year age group, however deliberate self harm / suicidal ideation was recorded as a reason for referral in 22% of the new cases seen.
- Eating disorders increased with age, accounting for 4.8% of the primary presentations of the 15 to 17+ year age group.
- Males constituted the majority of primary presentations apart from Psychotic Disorders (49.1%), Depression (37.6%), Deliberate Self Harm (28.9%) and Eating Disorders (14.7%).
- 27% of cases were in treatment less than 13 weeks, 12.3% from 13 to 26 weeks, 14.9% of cases were in treatment from 26 to 52 weeks and 45.8% greater than 1 year.

In 2011 the new 20 bed inpatient units at Bessboro, Cork and Merlin Park, Galway opened replacing the interim unit at St. Stephen's Hospital and St. Anne's inpatient unit. In 2012 the second phase of development at St. Vincent's Hospital, Fairview will be completed with the opening of the new 12 bed adolescent unit and an interim 8 bed older adolescent unit will open at St. Loman's Hospital, Palmerstown. Funding approval has been granted for a new 24 bed inpatient unit at Cherry Orchard Hospital that will accommodate Warrenstown child and adolescent inpatient unit and the new interim unit. It is currently at design stage.

The Health Capital Plan 2012-2016 prioritises the development of the New National Children's Hospital and replacement of the Central Mental Hospital. The 20 bed unit at the National Children's Hospital, including 8 beds for young people with eating disorders linked with the National Specialist Eating Disorder Service, and the 10 bed adolescent secure unit which is part of replacement plan for the Central Mental Hospital will deliver, together with the other developments, the total of 106/8 beds as recommended in *A Vision for Change (2006)*.

In 2010 there were 435 admissions of children and adolescents up to the age of 18 years to inpatient units. Females accounted for 53% of admissions. Thirty-five percent of all admissions were aged 17 years on admission, 33% were aged 16 years, and 32% were aged 15 years or younger. Of the 435 admissions, 272 (63%) were to child and adolescent units and 163 (37%) to adult inpatient units. Thirteen admissions of young people aged less than 16 years were to adult units.

The average length of stay was significantly longer in the child and adolescent units, at 47.1 days (median 41 days), than in adult units at 11.3 days (median 5 days). Thirty percent of admissions to adult units were discharged within two days of admission and 63% within one week. Sixty-four percent of admissions to child and adolescent units were for periods longer than 4 weeks.

Depressive disorders accounted for 28% of all admissions in 2010. The next largest diagnostic category was neuroses at 11%, followed by schizophrenia and delusional disorders at 9%, eating disorders at 8%, and behavioural and emotional disorders of childhood and adolescence at 6%. The diagnosis of mania accounted for 5% of admissions.

In the nine months January to September 2011, 199 (65%) of the 304 admissions of children under the age of 18 years were to child and adolescent units and the remaining 105 (35%) to adult units. Of the admissions to adult units; 71 (68%) were 17 years of age, 29 (27%) were 16 years of age and 5 (5%) were under 16 years of age.

For the period from 1 January to 31 December 2010, the National Registry of Deliberate Self Harm recorded 1,087 deliberate self harm presentations to hospital that were made by 954 children (309 boys and 645 girls) aged from 10 to 17 years which represented 10% of all cases.

Of the recorded presentations for all children aged from 10 to 17 years in 2010, 33% were made by boys and 67% were made by girls. The increase in the early teenage years was particularly striking. For 17 year olds, the female rate of deliberate self harm was almost 696 per 100,000 and the male rate was 406 per 100,000.

SECTION 1 Introduction

1.1 Children in the population

The preliminary total for the population enumerated on the 10th of April 2011 was 4,581,269 persons, compared with 4,239,848 persons in April 2006, an increase of 341,421 persons since 2006 or 8.1 percent. This translates into an annual average increase of 68,284, or 1.6 percent (Central Statistics Office).

The population change varied widely across the country. By far the fastest growing county in percentage terms was Laois which increased by 13,399 from 67,059 to 80,458, an increase of 20.0 percent. This is over twice the rate for the State as a whole and significantly higher than the next fastest growing county, Cavan, which increased by 13.9 percent. The population of Limerick City and Cork City fell by 5.0 percent and 0.4 percent respectively between 2006 and 2011. However in both cases population growth was picked up in their hinterlands, Limerick County and Cork County, where increases of 8.3 percent and 10.3 percent respectively were recorded.

Other administrative counties showing strong population growth were Fingal (13.8%), Longford (13.3%), Meath (13.0%) and Kildare (12.7%). These counties are now part of the wider Dublin commuter belt and all had shown strong population growth over the previous inter-censal period 2002-2006.

The fastest growing county in absolute terms was Cork County which showed an increase of 37,339 or 10.3 percent. Despite the growth in Cork County, Munster was the province with the lowest percentage change in population at 6.0 percent, with Kerry (3.7%) and Limerick (3.9%), while still showing population growth, recording the lowest growth levels across all administrative counties.

Galway City (4.1%) had the slowest growth in Connacht while Galway County showed strong growth of 10%.

Despite large numbers leaving the State, Ireland's very high birth rate means the population has continued to grow. Latest official figures show there were some 73,724 births in 2010, down slightly from 74,278 the year before. Ireland was estimated to have the highest birth rate in the European Union in 2009.

The proportion of the population under 18 years for the 2011 census is not yet available, in the 2006 census it was 24.5%.

Table 1.1 2006 census by age 0 – 17 years by HSE region

HSE Region	Total	0 – 17 yrs.	%
Dublin Mid Leinster	1,216,848	290,493	28.1%
Dublin North East	927,410	225,749	21.8%
South	1,081,968	267,849	25.8%
West	1,013,622	251,943	24.3%
Total	**4,239,848**	**1,036,034**	**24.5%**

1.2 Prevalence of childhood psychiatric disorders

The majority of illness burden in childhood and more so in adolescence, is caused by mental disorders and the majority of adult mental health disorders have their onset in adolescence. The World Health Organisation (2003) *"Caring for children and adolescents with mental disorders: Setting WHO direction"* states that: "The lack of attention to the mental health of children and adolescents may lead to mental disorders with lifelong consequences, undermines compliance with health regimens, and reduces the capacity of societies to be safe and productive."

- 1 in 10 children and adolescents suffer from mental health disorders that are associated with "considerable distress and substantial interference with personal functions" such as family and social relationships, their capacity to cope with day-to-day stresses and life challenges, and their learning.[1,6]

- A study to determine the prevalence rates of psychiatric disorders, suicidal ideation and intent, and parasuicide in population of Irish adolescents aged 12-15 years in a defined geographical area found that 15.6% of the total population met the criteria for a current psychiatric disorder, including 2.5% with an affective disorder, 3.7% with an anxiety disorder and 3.7% with ADHD. Significant past suicidal ideation was experienced by 1.9%, and 1.5% had a history of parasuicide.[2]

- The prevalence of mental health disorders in young people is increasing over time.[3]

- 74% of 26 year olds with mental illness were found to have experienced mental illness prior to the age of 18 years and 50% prior to the age of 15 years in a large birth cohort study.[4]

- A range of efficacious psychosocial and pharmacological treatments exists for many mental health disorders in children and adolescents. [5,7]

- The long-term consequences of untreated childhood disorders are costly, in both human and fiscal terms (Mental Health: Report of the US Surgeon General, 2001).

1.3 Child and adolescent mental health services (CAMHS)

The child and adolescent mental health services were organised, primarily for the 0-15 years' age group, in each former Health Board area. Within the former Eastern Regional Health Authority there are three separate service providers. Nationally three child and adolescent mental health services are provided by voluntary agencies (Brothers of Charity Cork, The Mater Child and Family Service Dublin and St. John of God Lucena Clinic Dublin), giving a total of 11 CAMH services. The total number of CAMHS teams increased substantially in the period 1996 to 2006.

Mental health disorders increase in frequency and severity over the age of 15 years and it was recognised that existing specialist CAMHS required significant extra resources in order to extend its services up to the age of 18 years.

1.4 Department of Health and Children Policy - Vision for Change (2006)

The ***Vision for Change Policy Document***, Dept. of Health and Children (2006), set out recommendations for a comprehensive mental health service for young people up to the age of 18 years, on a community, regional and national basis.

Within a Community Mental Health Catchment Area of 300,000 population:

- A total of 7 multidisciplinary community mental health teams.

- 2 teams per 100,000 population (1/50,000).

- 1 additional team to provide a hospital liaison service per 300,000.

- 1 day hospital service per 300,000.

- Each multidisciplinary team, under the clinical direction of a consultant child psychiatrist, to have 11 WTE clinical staff and 2 WTE administrative staff.

- **A total of 99 Specialist CAMHS teams** providing community, hospital liaison and day hospital services based on the 2006 census data.

- A total of 1,237 staff across the country.

Specialist Mental Health Services organised on a Regional / National basis:

- 1 national specialist eating disorder multidisciplinary team linked with the provision of 6/8 inpatient beds.
- 4 child and adolescent mental health substance misuse teams.
- 2 forensic mental health teams, linked with the secure inpatient facility.
- 13 child and adolescent mental health of intellectual disability teams.

Table 1.2 Vision for Change recommendations (2006 census data)

Child & Adolescent Mental Health Services	Recommended	
Community Child & Adolescent Mental Health Teams	71	
Adolescent Day Hospital Teams	14	99
Hospital Liaison Mental Health Teams	14	
Eating Disorder Mental Health Team	1	
Forensic Mental Health Teams	2	
Substance Misuse Mental Health Teams	4	
Intellectual Disability Mental Health Teams	13	
Total	**119**	

Specialist Inpatient Child and Adolescent Mental Health Services:

- 100 beds (review in progress).
- The building of 4 new 20 bed inpatient facilities.
- 10% of the bed complement to be provided as a secure / forensic facility.
- A 6/8 bed eating disorder unit in the new National Childrens' Hospital.

Table 1.3 Vision for Change recommendations – inpatient services

Inpatient Services (Beds)	Recommended
General	90
Forensic / Secure	10
Eating Disorder	6/8
Total	**106/8**

1.5 Community child and adolescent mental health teams

This is the first line of specialist services. The multidisciplinary team, under the clinical direction of a consultant child and adolescent psychiatrist, is recommended to include junior medical staff, two psychologists, two social workers, two nurses, a speech and language therapist, an occupational therapist and a child care worker. The assessment and intervention provided by such team is determined by the severity and complexity of the presenting problem(s).

To work effectively, a range of disciplines, skills and perspectives are required, so that children and adolescents are offered a care and treatment package geared to their individual needs. A multi-disciplinary composition is therefore required that incorporates the skills necessary to address the clinical management of the varied and complex clinical problems presented. The community team provides:

- Assessment of Emergency, Urgent and Routine referrals from Primary Care Services.
- Treatment of the more severe and complex mental health problems.
- Outreach to identify severe or complex mental health need, especially where families are reluctant to engage with mental health services.
- Assessment of young people who require referral to In-patient, or Day Services.
- Training and consultation to other professionals and services.
- Participation in research, service evaluation and development.

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6. Martin, M., Carr, A. & Burke, L., Carroll, L. & Byrne, S. (2006) ***The Clonmel Project. Mental Health Service Needs of Children and Adolescents in the South East of Ireland: Final Report.***
7. National Institute for Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health (http://www.nice.org.uk/).

SECTION 2 Workforce

2.1 Staffing of child and adolescent mental health services

A survey of the staffing of community CAMHS teams, Day service programmes, Hospital Liaison teams and Inpatient services was carried out in September 2011. Staffing levels are computed in terms of whole time equivalents (WTEs). The total recorded staffing was 681.78

Table 2.1 Vision for Change recommendations – actual staffing (2011)

Mental Health Services	Vision For Change (2006)	Rec No.*	Teams In Place	Rec. Staff	Total Staff In Place	%
Community MHTs	1 : 50,000	85	56	1,105	464.74	68.17%
Adolescent Day Services		(14)	2		21.15	3.10%
Hospital Liaison MHTs	1 : 300,000	14	3	182	32.70	4.80%
Total	**1 : 42,857**	**99**	**61**	**1,289**	**518.59**	
Inpatient Services			4 Units		163.19	23.94%
			Total Staff		**681.78**	**100%**

***Based on 2006 census.**

Table 2.2 Child and adolescent inpatient units

Inpatient Unit	Eist Linn Cork	Merlin Park Galway	St. Joseph's Dublin	Warrenstown Dublin	
Discipline Capacity	**12 Beds In Post**	**15 Beds In Post**	**6 Beds In Post**	**6 Beds In Post**	**39 Beds Total**
Consultant Psychiatrist	1	2	1	1	5
Senior registrar	1	1	1	1	4
Registrar/SHO	1	1	0.5	1	3.5
Director of Nursing	1	1	0	0.1	2.1
Asst. Director of Nursing/CNM III	2	1	0.5	0.25	3.75
CNM II	1	1	1	1	4
CNM I	0	2.5	4	1	7.5
Clinical Nurse Specialist	2	0	0	0	2
Staff Nurse	26	30	14	10.5	80.5
Clinical Psychologist	0	2	0.5	0	2.5
Occupational Therapist	0	1	0.5	1	2.5
Speech and Language Therapist	0.4	1	0.5	1	2.9
Social Worker	1	1.7	0.5	1	4.2
Childcare Worker	0	3	0	2	5
Other Therapist	0.5	0	0	0	0.5
Administrative Support staff	2	4	1.82	1	8.82
Teaching Staff	1	3	1.5	2	7.5
Teaching Support Staff	0	3	0	0	3
Other Staff	1.5	8.5	1.67	2.25	13.92
Total	**41.4**	**66.7**	**28.99**	**26.10**	**163.19**

Each of the three Dublin paediatric hospitals has a liaison team and the total number of staff on these teams is 32.7 WTEs. There are two adolescent day services in Dublin with a total staff of 21.15 WTEs. Dunfillan Young Person's Unit is located at the St. John of God Lucena Clinic in Rathgar and St. Joseph's Adolescent and Family Service at St. Vincent's Hospital, Fairview.

Table 2.3 Staffing of day services and liaison teams

Discipline	Day Service		Paediatric Hospital Liaison			Total
	St Joseph's Adolescent & Family Day Service	Dunfillan Young Person's Unit	Children's University Hospital Temple St.	Our Lady's Hospital Crumlin	National Children's Hospital Tallaght	
Consultant Psychiatrist	0.65	1	2.2	2	2	7.85
Senior Registrar	1	1	1	0.5		3.5
Registrar / SHO		1		1		2
Social Worker	0.5	0.5	3.8			4.8
Clinical Psychologist	1.5	0.4	4.8			6.7
Occupational Therapist		0.5	2			2.5
Speech & Lang. Therapist	0.5	0.5	0.8			1.8
Nurse	4	5.6	2.5	2	1.4	15.5
Administrative Staff	1.5	1	4.2	1.5	1	9.2
Total	**9.65**	**11.5**	**21.3**	**7**	**4.4**	**53.85**

2.2 Community child and adolescent mental health teams

It is possible to compare the staffing of community CAMHS teams with previous surveys carried out in March 2007, November 2008, November 2009 and September 2010. The staffing of community teams increased by 8.69 WTEs (2%) from September 2010 to September 2011.

Table 2.4 Community child & adolescent mental health teams (2007 to 2011)

HSE Region	Population 2006 Census	Clinical Staff March 2007	Clinical Staff Nov 2008	Clinical Staff Nov 2009	Clinical Staff Sept 2010	Clinical Staff Sept 2011	Clinical Staff per 100,000
Dublin Mid-Leinster	1,216,848	127.74	128.51	123.77	125.98	130.18	10.74
Dublin North East	927,410	77.05	85.22	89.5	89.76	89.69	9.67
South	1,081,968	61.1	60.60	55.35	78.04	74.65	6.90
West	1,013,622	74.3	76.90	80.75	86.79	94.24	9.30
Total	**4,239,848**	**340.19**	**351.23**	**349.37**	**380.57**	**389.26**	**9.18**
Administrative / Support staff		67.8	70.7	71.75	75.54	75.48	
Total Staff		**407.99**	**421.93**	**421.12**	**456.11**	**464.74**	

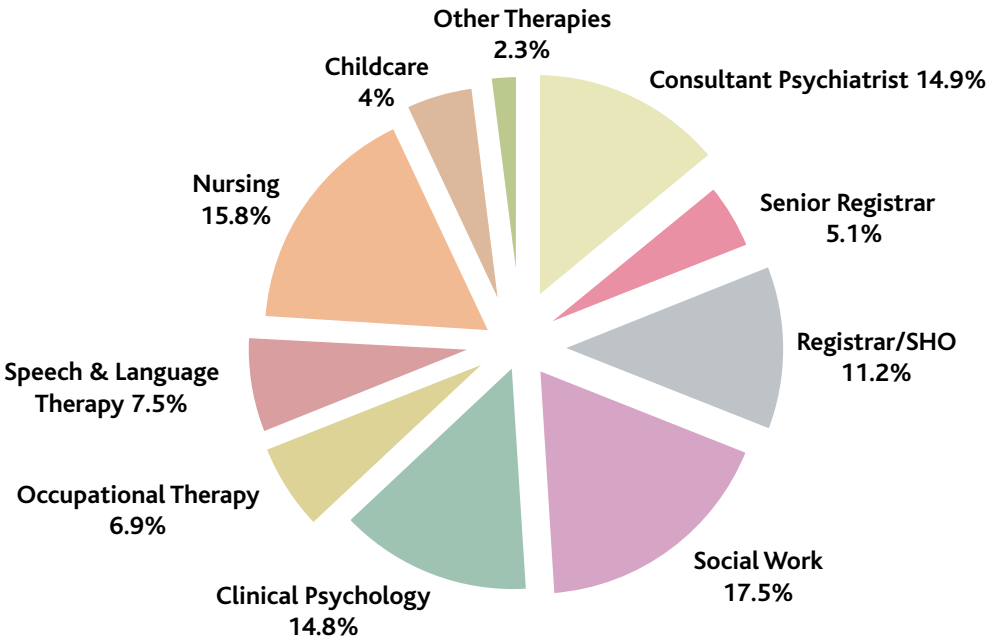
In September 2011 there were 464.74 WTEs working in 56 community CAMHS teams, with an average of 8.3 WTEs of which 6.95 WTEs were clinical per team.

The range of team size varies from the smallest team of 3.5 WTEs (2.72 clinical) to the largest which comprises of 16.5 WTEs (14 clinical):

- This translates to a ratio of 1 clinical staff member, working in community based CAMHS teams, to 2,815 children aged 0 to 17 years.
- The staff complement for a community CAMHS teams as recommended in *A Vision for Change* (2006) is 13, comprising of 11 clinical and 2 administrative support staff. The recommended for staffing for 56 community teams is 728.
- Staffing of the 56 existing teams is at 63.8% of the recommended level.
- There is a variation in the distribution of the workforce across the regions as expressed in the ratio of clinical staff per 100,000 population.
- The ratio was highest in Dublin Mid Leinster at 10.74 and lowest in the South at 6.90 clinical staff per 100,000 population.

A characteristic of CAMHS teams is that they can draw on their multidisciplinary makeup to undertake comprehensive and complex assessment and treatment approaches as well as provide packages of care where more than one professional or intervention is required in order to meet the needs of young person and their family or carers.

Figure 2.1 Community CAMHS clinical workforce by profession (2011)



- The largest professional group was psychiatry making up 31.2% of the workforce (consultant child & adolescent psychiatrists (14.9%) and doctors in training (16.3%).
- The other main professional groups were social work (17.5%), nursing (15.8%), clinical psychology (14.8%), speech and language therapy (7.5%), occupational therapy (6.9%), childcare (4%), and other therapies (2.3%).

Table 2.5 shows the changes in staffing by discipline from 2007 to 2011.

Table 2.5 Community CAMHS teams staffing breakdown 2007 to 2011

Community Teams / Discipline	Staffing				
	March 2007	November 2008	November 2009	September 2010	September 2011
Consultant Psychiatrist	45.6	49.37	51.05	54.69	**58.19**
Senior Registrar	17.8	19.5	18	19	**19.80**
Registrar / SHO	45.2	49.85	48.5	47.49	**43.49**
Social Worker	61.15	53.4	56.65	65.10	**68.01**
Clinical Psychologist	48.04	50.1	47.3	53.67	**57.78**
Occupational Therapist	13.65	15.1	16.5	24.65	**26.70**
Speech & Language Therapist	27.6	26.97	26.7	27.54	**29.22**
Nurse	55.95	56.78	53.07	60.49	**61.33**
Childcare Worker	19.9	21.8	21	20.34	**15.74**
Other Therapist	5.3	8.76	10.6	7.06	**9.00**
Administrative Staff	67.8	70.7	71.75	75.54	**75.48**
Total	**407.99**	**422.33**	**421.12**	**456.11**	**464.74**

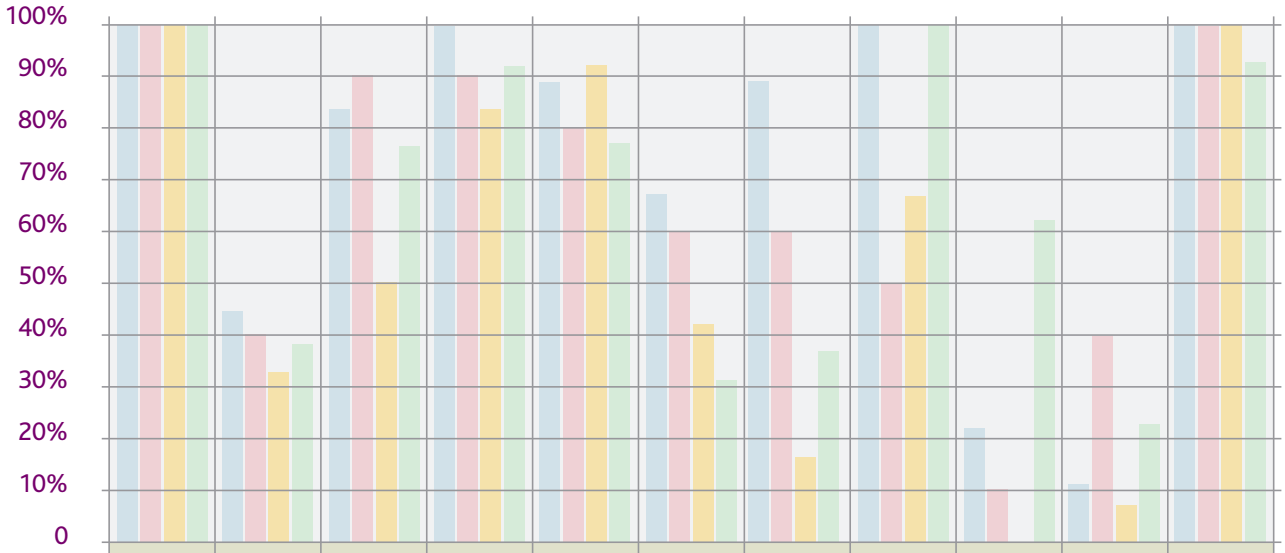
Composition of community CAMHS teams by professional discipline

- The numbers of each professional discipline employed across the regions shows variation as does their representation on teams as demonstrated in Table 2.6 and Figure 2.2.

Table 2.6 Community CAMHS teams staffing breakdown by HSE region 2011

Discipline	Dublin Mid Leinster	Dublin North East	South	West	Total
Consultant Psychiatrist	16.64	14.55	14.00	13.00	**58.19**
Senior Registrar	6.80	4.00	4.00	5.00	**19.80**
Registrar/SHO	14.99	10.50	8.00	10.00	**43.49**
Social Worker	19.99	17.02	15.10	15.90	**68.01**
Clinical Psychologist	19.09	13.24	15.40	10.05	**57.78**
Occupational Therapist	9.60	7.00	6.10	4.00	**26.70**
Speech & Language Therapist	13.60	9.32	2.00	4.30	**29.22**
Nurse	23.37	9.46	9.25	19.25	**61.33**
Childcare Worker	4.00	1.00	0.00	10.74	**15.74**
Other Therapist	2.60	3.60	0.80	2.00	**9.00**
Administrative Staff	26.08	12.50	18.40	18.50	**75.48**
Total	**156.76**	**102.19**	**93.05**	**112.74**	**464.74**

Figure 2.2 Representation of the professional disciplines on each community CAMHS team by HSE region (2011)



	Consultant Psychiatrist	Senior Registrar	Registrar/ SHO	Social Worker	Clinical Psychologist	Occupational Therapist	Speech & Language	Nurse	Childcare Worker	Other Therapist	Administrative Support Staff
DML	100%	44%	83%	100%	89%	67%	89%	100%	22%	11%	100%
DNE	100%	40%	90%	90%	80%	60%	60%	50%	10%	40%	100%
South	100%	33%	50%	83%	92%	42%	17%	67%	0%	8%	100%
West	100%	38%	77%	92%	77%	31%	38%	100%	62%	23%	92%

(Note: DML – Dublin Mid Leinster, DNE – Dublin North East)

SECTION 3 Access to Community CAMHS Teams

3.1 Number waiting to be seen

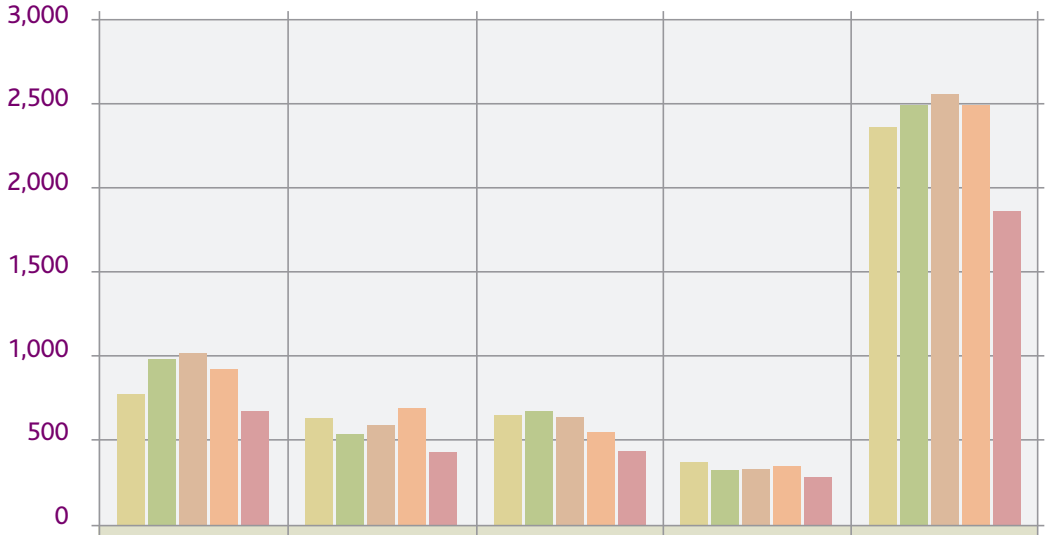
All CAMHS team screen referrals received, those deemed to be urgent are seen as a priority, while those deemed to be routine are placed on a waiting list to be seen.

Community CAMHS Teams reported a total of 1,897 children and adolescents waiting to be seen at the end of September 2011.

- 655 (35%) were waiting less than 3 months.
- 475 (25%) were waiting 3 to 6 months.
- 479 (25%) were waiting 6 to 12 months.
- 288 (15%) were waiting more than 12 months.

This represented a decrease of 473 (-20%) from the total number of 2,370 waiting at the end of September 2010.

Figure 3.1 Waiting list for community CAMHS from September 2010 to September 2011



	0-3 mths	3-6 mths	6-12 mths	12+ mths	Total
Sep-10	757	607	610	396	2,370
Dec-10	999	529	632	339	2,499
Mar-11	1010	555	609	345	2,519
Jun-11	961	651	523	364	2,499
Sep-11	655	475	479	288	1,897

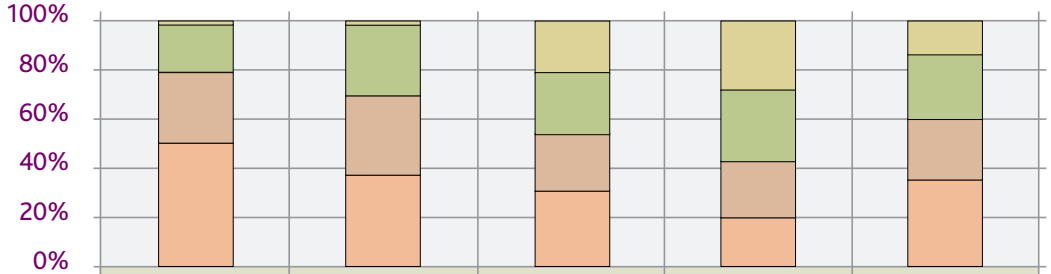
The greatest decrease (-27%) was seen in the group waiting more than 12 months from 396 to 288.

Table 3.1 Size of waiting lists by team in each HSE region (September 2011)

Total Number Wait List	No. of Teams	Dublin Mid Leinster	Dublin North East	South	West
0 - 49	44	17	9	10	8
50 - 99	10	2	1	2	5
100 - 149	2	0	0	1	1
Total	56	19	10	13	14

There was reduced variation in the size of the waiting list by community team with only 2 teams having a total number of more than 100 on their routine waiting list.

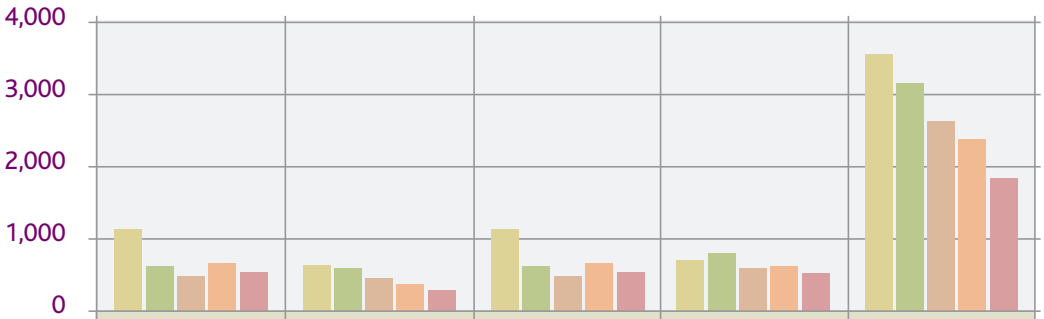
Figure 3.2 Breakdown of waiting lists by HSE region September 2011



	Dublin Mid Leinster	Dublin North East	South	West	National
12+ mths	1%	1%	21%	29%	15%
6-12 mths	21%	30%	25%	28%	25%
3-6 mths	26%	31%	24%	23%	25%
0-3 mths	53%	38%	30%	20%	35%

The proportion of those on the waiting list more than 12 months was greatest in the South and West regions.

Figure 3.3 Change in waiting lists from March 2007 to September 2011



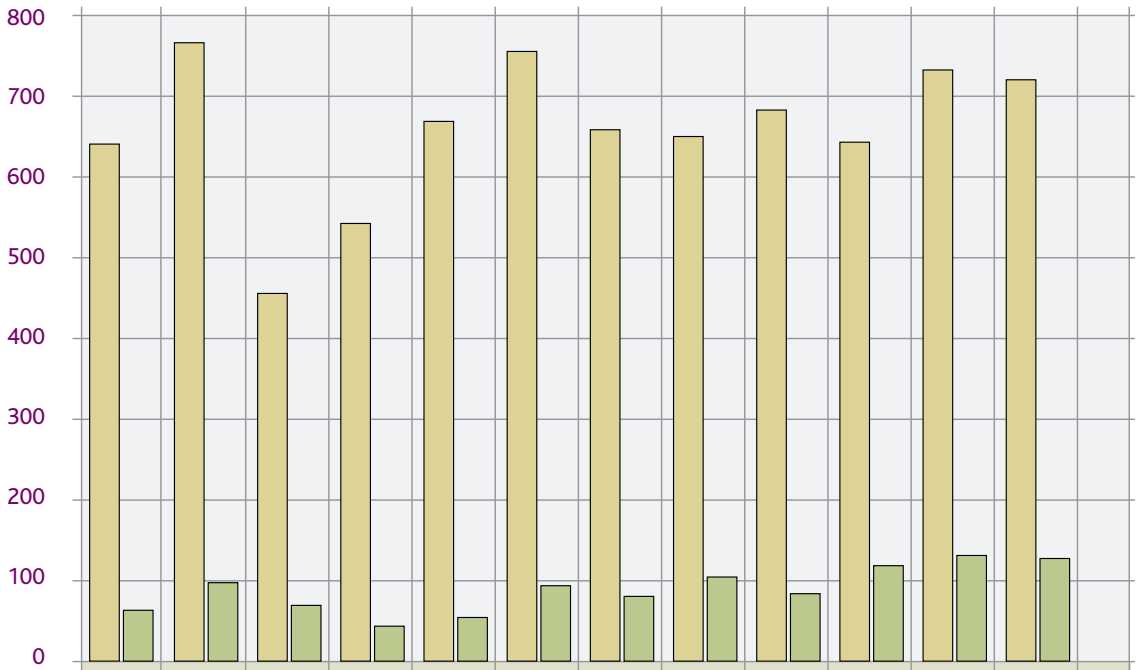
	HSE DML	HSE DNE	HSE South	HSE West	National
Mar-07	1072	661	1110	776	3619
Nov-08	651	634	997	835	3117
Sep-09	517	414	1045	641	2617
Sep-10	669	337	711	653	2370
Sep-11	536	275	488	598	1897

There was a decrease of 1,722 (-48%) in the number on waiting lists for Community CAMHS teams in the period March 2007 to September 2011.

3.2 New cases seen by community CAMHS teams October 2010 to September 2011

From the October 1st 2010 to September 30th 2011 a total number of 8,919 new cases were offered an appointment by community CAMHS teams. A total of 7,849 were seen and 1,070 did not attend (DNA). This gives a non-attendance rate of 12% for new cases, ranging from 9% to 16% across the 12 month period.

Figure 3.4 New cases seen and DNAs from October 2010 to September 2011



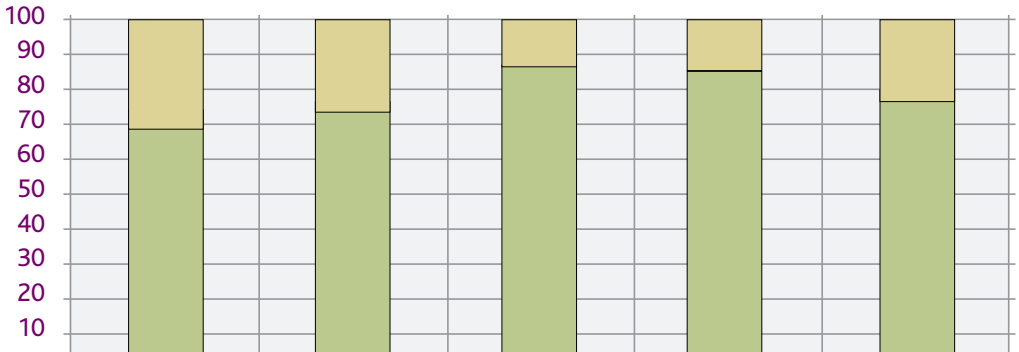
	Oct-10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	June 11	July 11	Aug 11	Sep 11
Seen	636	776	440	536	677	756	665	647	692	638	726	718
DNA	61	98	76	42	56	97	87	103	94	115	122	119

3.3 Breakdown of new cases (New vs. Re-referred cases)

Of the 7,849 new cases seen between October 2010 and September 2011 a total of 1,725 (22%) had previously attended the service and had been discharged.

- The proportion of re-referred cases varied from 13.5% in the South to 31.9% in the Dublin Mid Leinster region (Figure 3.5).

Figure 3.5 Breakdown of new cases (New vs. Re-referred cases) 2010-2011



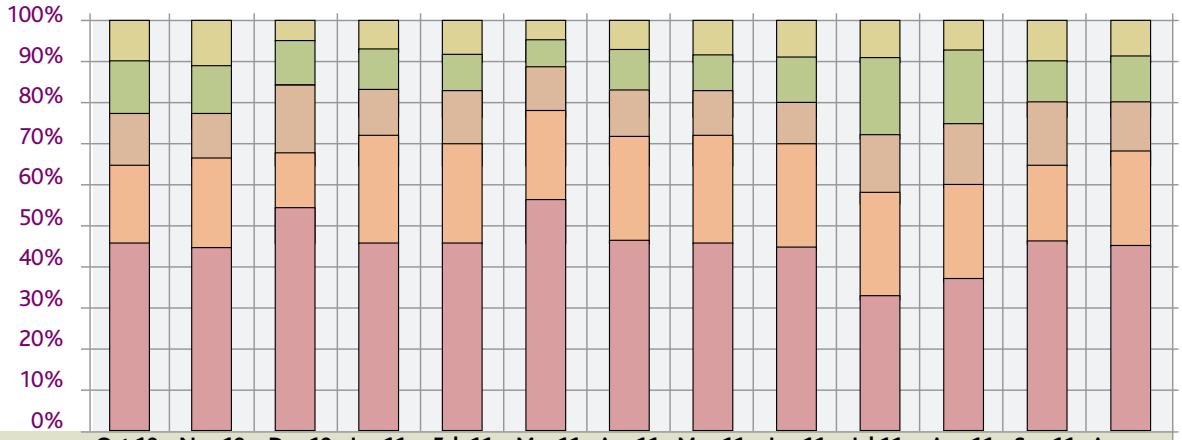
	Dublin Mid Leinster	Dublin North East	South	West	National
Re-referred	31.9%	27.9%	13.5%	14.1%	22.0%
New	68.1%	72.1%	86.5%	85.9%	78.0%

3.4 Waiting times for new cases seen

For the 12 month period October 2010 to September 2011 a total number of 7,849 new cases were seen by community CAMHS teams. The waiting time to be seen was recorded for each case. Over the 12 month period:

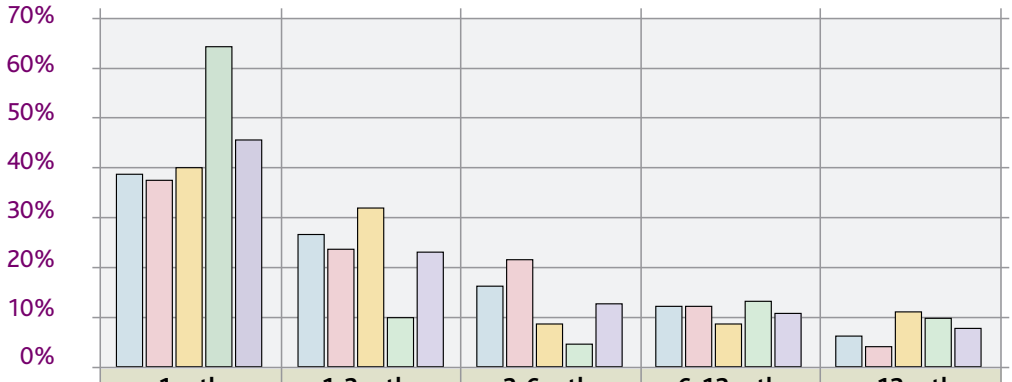
- 46% of new cases were seen within 1 month of referral.
- 69% were seen within 3 months.
- 12% of new cases had waited between 3 to 6 months to be seen.
- 12% had waited between 6 and 12 months to be seen.
- 8% had waited more than 1 year to be seen.

Figure 3.6 (i) Length of wait to 1st appointment from October 2010 to September 2011



	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Average
>12 Months	10%	11%	5%	7%	8%	4%	7%	8%	9%	9%	7%	10%	8%
6-12 Month	13%	11%	11%	10%	9%	7%	10%	9%	11%	19%	18%	10%	12%
3-6 Months	12%	11%	6%	11%	13%	11%	11%	11%	10%	14%	15%	15%	12%
1-3 Months	19%	22%	23%	26%	23%	21%	25%	28%	24%	25%	22%	18%	23%
0 - 1 Month	46%	45%	54%	47%	47%	57%	47%	45%	45%	33%	37%	47%	46%

Figure 3.6 (ii) Length of wait to 1st appointment from October 2010 to September 2011 by HSE Region



	<1 mth	1-3 mth	3-6 mth	6-12 mth	>12 mth
Dublin Mid Leinster	39%	27%	16%	12%	6%
Dublin North East	38%	24%	21%	12%	4%
South	40%	32%	9%	9%	11%
West	64%	10%	4%	13%	10%
National	**46%**	**23%**	**12%**	**11%**	**8%**

In HSE West 64% of new cases were seen within one month of referral. Both HSE West and HSE South exceeded 70% seen within three months of referral.

3.5 Community CAMHS caseload

In September 2011 each of the Community CAMHS teams were requested to return the number of active cases (caseload) attending their service.

- In September 2011 the total number of active cases was 16,080. Figure 3.7 gives a breakdown of caseload by HSE region.
- 1.55% of the under 18 years of age population was attending the Community Child and Adolescent Mental Health (CAMH) service (see Table 3.2 for breakdown by HSE region).

Figure 3.7 The number of active cases in September 2011 for the community CAMHS teams by HSE region

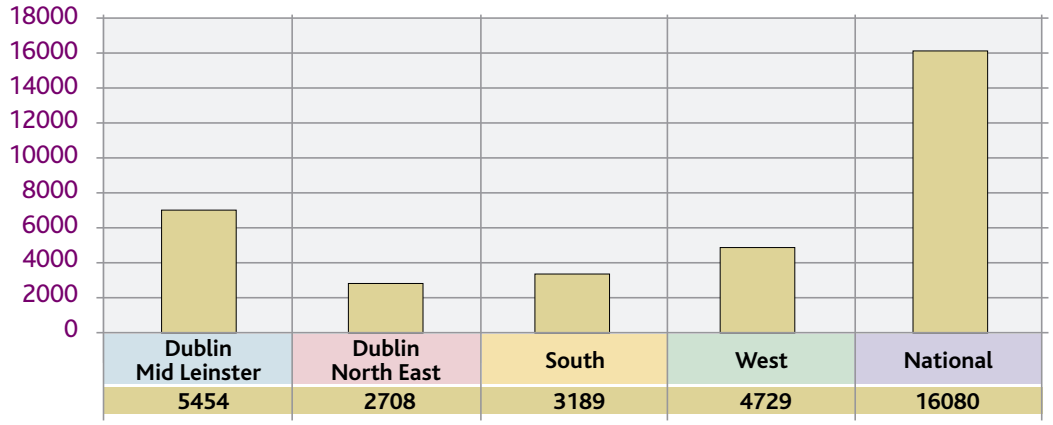


Table 3.2 Percentage of population under 18 years old attending CAMHS

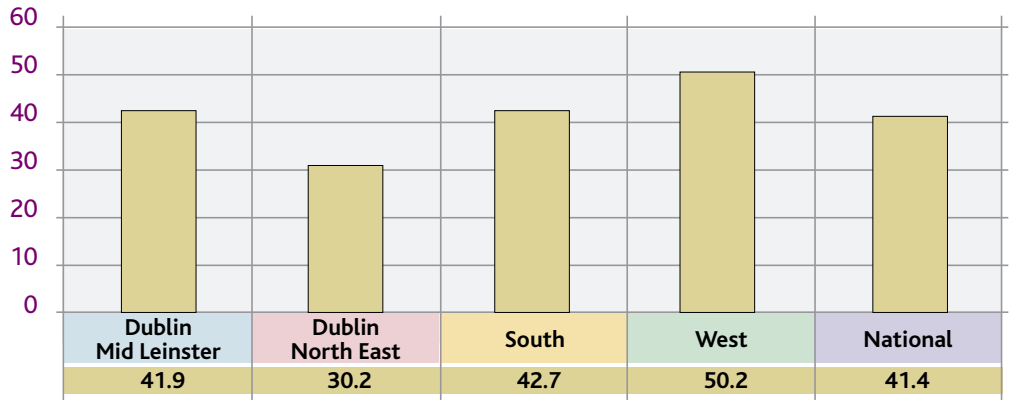
HSE Region	>18 yrs.	Caseload	Percentage
Dublin Mid Leinster	290,493	5,454	1.88%
Dublin North East	225,749	2,708	1.20%
South	267,849	3,189	1.19%
West	251,943	4,729	1.88%
Total	**1,036,034***	**16,080**	**1.55%**

* 2006 census

3.6 Community CAMHS caseload per clinical whole time equivalent (WTE)

- In September 2011 the number of active cases per clinical whole time equivalent was 41.4.
- The number of active cases per clinical WTE was highest in the West (50.2) and lowest in Dublin North East (30.2). See Figure 3.8

Figure 3.8 The number of active cases per clinical WTE in September 2011



3.7 Cases discharged

From October 2010 to September 2011, 7,746 cases were discharged by Community CAMHS teams:

- 85.2% of the cases closed were discharged to care of the General Practitioner or Primary Care Team.
- 9.5% to a community based service.
- 3.7% to another CAMH service.
- 1.6% to an Adult Mental Health Service.

Table 3.3 Cases closed and discharged by Community CAMHS teams

HSE Region	GP/PCT	OTHER COMMUNITY SERVICE	Other CAMH Service	Adult Mental Health Service
Dublin Mid Leinster	84.1%	9.6%	5.1%	1.2%
Dublin North East	82.0%	13.8%	2.8%	1.4%
South	87.5%	6.5%	3.3%	2.7%
West	88.4%	7.5%	2.7%	1.4%
Total	**85.2%**	**9.5%**	**3.7%**	**1.6%**

Clinical Audit November 2010

In the month of November 2010 the third annual clinical audit was carried out by 55 community CAMHS Teams which recorded information on a total of 7,907 cases seen in the course of the month. Results from 2010 were compared with those from 2009.

4.1 Source of referral

As a secondary specialist service children and young people are referred to community CAMHS teams from a number of sources.

Table 4.1 Source of referral to community CAMHS teams (2010)

Source of Referral	Mid Leinster	North East	South	West	% 2010	% 2009
General Practitioner	66.9%	58.2%	64.7%	72.5%	65.8%	62.8%
Child Health Services	6.0%	11.0%	10.5%	6.9%	8.5%	8.0%
A & E Department	1.3%	0.8%	7.5%	2.3%	3.0%	4.9%
Education	11.7%	10.5%	3.4%	3.1%	7.2%	9.7%
Primary Care Services	1.7%	5.1%	4.9%	6.9%	4.5%	4.6%
Social Services	2.7%	1.7%	2.3%	1.9%	2.2%	3.1%
Youth Justice	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Learning Disability Services	0.0%	0.4%	0.8%	1.1%	0.6%	0.4%
Adult Mental Health	0.0%	0.4%	0.8%	0.0%	0.3%	0.5%
Voluntary Agencies	1.0%	0.8%	0.4%	0.0%	0.6%	0.1%
Self referral	3.3%	1.3%	0.0%	0.8%	1.4%	3.5%
Medico legal	0.0%	0.8%	0.8%	2.3%	0.9%	0.3%
Other	2.3%	4.2%	2.3%	1.1%	2.4%	2.0%
Other CAMHS	3.0%	4.6%	1.9%	1.1%	2.6%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100%

A total of 77.3% of referrals were received from general practitioners, child health services and A & E departments. Educational services were the next largest source of referral with 7.2%, primary care services 4.5% (community psychology, speech and language therapy, occupational therapy) and social services (community social work) accounting for 2.2% of referrals. Self referral accounted for 1.4%. Adult mental health services, other child and adolescent mental health services, learning disability services, voluntary services, medico legal and other accounted for the remaining 7.4%. As in 2009 referrals from educational services were much higher in the Dublin Mid Leinster and Dublin North East regions.

4.2 Case profile

During the period of measurement a total of 7,907 cases were seen by the 55 teams. 6,836 (90.2%) of these cases were returns and 771 (9.8%) were new cases.

4.3 Number of appointments offered

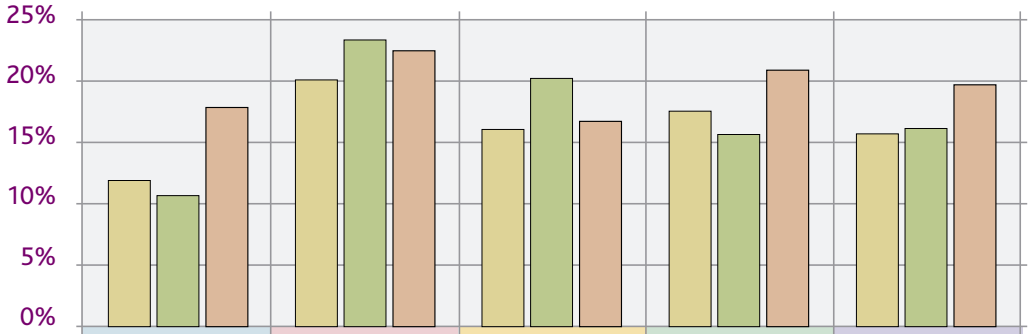
During the period of measurement a total of 14,859 appointments were offered. A total of 11,953 appointments were attended, with a resulting non-attendance rate of 19.6%. In November 2009 the overall non-attendance rate was 16.1%.

Table 4.2 Attendance at appointments by HSE regions

	Dublin Mid Leinster		Dublin North East		South		West		Total	
Appointments	**2009**	**2010**	**2009**	**2010**	**2009**	**2010**	**2009**	**2010**	**2009**	**2010**
Attended	4243	4787	2140	2495	1240	1966	2569	2705	10192	11953
Not Attended	496	1034	664	739	316	395	479	738	1955	2906
Total Number	4739	5821	2804	3234	1556	2361	3048	3443	12147	14859
Non-Attendance Rate %	10.5%	17.8%	23.7%	22.9%	20.3%	16.7%	15.7%	21.4%	16.1%	19.6%

The non-attendance rate was highest in Dublin North East at 22.9%, decreasing from 23.7% in 2009. Next highest was the West at 21.4%, increasing from 15.7% in 2009. The non-attendance rate in Dublin Mid Leinster was 17.8%, which was greater than the 10.5% recorded in 2009. The lowest rate was in the South at 16.7% which was lower than the 20.3% recorded in 2008.

Figure 4.1 Appointments offered % DNA rate by HSE regions



	Dublin Mid Leinster	Dublin North East	South	West	National
Nov-08	12.1%	20.1%	16.2%	17.5%	15.9%
Nov-09	10.5%	23.7%	20.3%	15.7%	16.1%
NOV-10	17.8%	22.9%	16.7%	21.4%	19.6%

4.4 Location of appointments

The majority of appointments took place in the clinic (94.2%) with a small percentage taking place in the home (1.5%). A significant number of school visits were recorded (2.9%). The difference in hospital appointments across the regions reflects the presence of dedicated hospital liaison teams in each of the three Dublin paediatric hospitals.

Table 4.3 Location of appointments by HSE regions

Location of Appointments	Dublin Mid Leinster	Dublin North East	South	West	% 2010	% 2009
1. Clinic	96.4%	94.3%	90.4%	92.9%	94.2%	92.5%
2. Home	0.9%	0.8%	2.9%	2.2%	1.5%	1.2%
3. Hospital	0%	1.2%	1.3%	0.9%	0.7%	2.1%
4. School	2.4%	3.2%	3.7%	2.8%	2.9%	3.6%
5. Other	0.3%	0.4%	1.7%	1.2%	0.7%	0.6%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

4.5 Clinical inputs

The number of recorded clinical inputs is greater than the number of appointments as members of the multidisciplinary team will frequently work jointly with a child and family as clinically indicated with an average of 1.42 clinical inputs per appointment.

Table 4.4 Clinical inputs by HSE regions

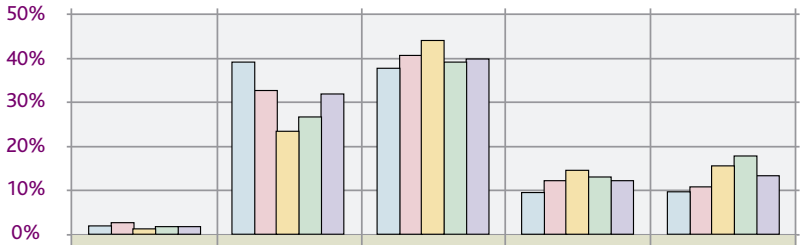
Clinical Inputs	2010	%	2009	%
Dublin Mid Leinster	7050	**41.4%**	7901	**49.6%**
Dublin North East	3435	**20.2%**	2737	**17.2%**
South	2691	**15.8%**	1867	**11.7%**
West	3842	**22.6%**	3419	**21.5%**
Total	**17,018**	**100%**	**15,924**	**100%**

4.6 Age profile of cases seen

Both the Dublin Mid Leinster and Dublin North East regions had a younger age profile than the South or the West reflecting the history of service development in these regions.

Adolescents from the 15 year old age group are most likely to be attending the community CAMHS teams, followed by children aged 10 to 14 years. Adolescents aged 16/17 years of age constituted 13.7% of the caseload aged less than 18 years. Ninety-nine cases, 1.3% of the total caseload, were over 18 years of age.

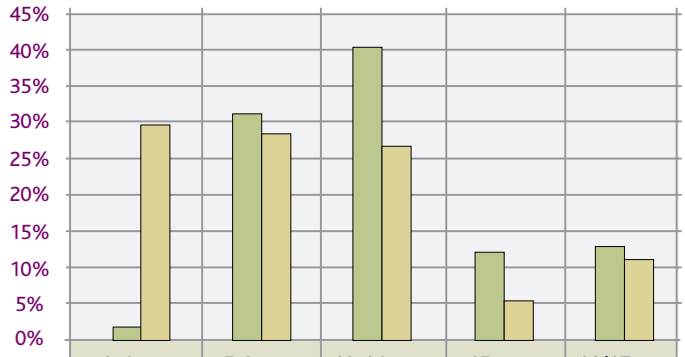
Figure 4.2 Caseload age profile by region



	0-4 yrs	5-9 yrs	10-14 yrs	15 yrs	16/17yrs
Dublin Mid Leinster	2.3%	35.0%	39.8%	10.5%	12.4%
Dublin North East	2.4%	33.3%	43.4%	10.8%	10.2%
South	1.5%	27.9%	40.4%	12.8%	17.3%
West	2.1%	26.8%	40.6%	13.7%	16.7%
National	2.1%	31.2%	41.1%	11.9%	13.7%

When compared to the age profile of the child population as recorded in the 2006 census, the profile of the CAMHS caseload shows most variance around the 0 to 4 year old and the 15 year old age groups (Figure 4.3).

Figure 4.3 Age of caseload compared to age groups in the population (0 to 17 years)



	0-4 yrs	5-9 yrs	10-14 yrs	15 yrs	16/17yrs
CAMHS Caseload (2010)	2.1%	31.2%	41.1%	11.9%	13.7%
Population (2006 Census)	29.2%	27.8%	26.4%	5.6%	11%

4.7 Ethnicity

- The ethnic profile of children and adolescents attending the service changed little form 2009 and was largely reflective of the ethnic makeup of young people in the community as recorded in the census of 2006 with the exception of the Irish Traveller community (Table 4.5)
- 90.1% of children and adolescents attending were from a white Irish ethnic background. The proportion in the population 0-19 years is 88.4%.
- 3.4% were from a white any other white ethnic background, highest in the South at 4.6%. The proportion in the population 0-19 years is 4.1%.
- The white Irish Traveller community accounted for 2.9% of cases, highest in the West region at 6.5%. The proportion in the population 0-19 years is 1%.
- Children from a Black ethnic background accounted for a total of 2% of all children attending. The proportion in the population 0-19 years is 1.7%.
- Children from an Asian ethnic background accounted for a total of 0.8% of all children attending. The proportion in the population 0-19 years is 1%.

Table 4.5 Ethnic Background

Ethnic Background	Dublin Mid Leinster	Dublin North East	South	West	Total 2010	Total 2009	Census 0-19 yrs 2006
White: Irish	90.4%	93.1%	89.6%	87.6%	90.1%	89.8%	88.4%
White: Irish Traveller	1.7%	0.6%	2.6%	6.5%	2.9%	2.9%	1.0%
White: Roma	0.2%	0.7%	0.3%	0.2%	0.3%	0.2%	*
White: Any other White background	3.2%	2.6%	4.6%	3.2%	3.4%	3.6%	4.1%
Black / Black Irish: African	2.5%	1.6%	1.3%	1.1%	1.7%	1.9%	1.6%
Black / Black Irish: Any other Black background	0.3%	0.5%	0.1%	0.3%	0.3%	0.2%	0.1%
Asian / Asian Irish: Chinese	0.5%	0.1%	0.4%	0.2%	0.3%	0.3%	0.2%
Asian / Asian Irish: Any other Asian background	0.5%	0.6%	0.3%	0.3%	0.5%	0.6%	0.8%
Other	0.8%	0.2%	0.6%	0.6%	0.6%	0.5%	1.3%
Not Stated							2.4%
	100%	100%	100%	100%	100%	100%	100%

** Not recorded*

4.8 Children in the care of the HSE or in contact with social services

Ten percent of children (795) who attended community CAMHS teams in November 2010 were in contact with social services, a further 3% (238) had a history of contact with social services. Of this number 68% (539) were reported to be in contact only with social services, 11% (84) were in relative foster care, 15% (118) were in non-relative foster care and 7% (54) were in residential care (Table 4.6).

The figures were largely consistent across the four regions and showed a decrease from the findings of the 2009 survey where 14% of cases seen were in the care of the HSE or in contact with social services.

Table 4.6 Children in the care of the HSE or in contact with social services

Social Services	DML	%	DNE	%	South	%	West	%	Total	%
Contact with Service	185	62.7%	80	72.7%	130	67.0%	144	73.5%	**539**	67.8%
Foster Care - Relative	41	13.9%	13	11.8%	18	9.3%	12	6.1%	**84**	10.6%
Foster Care - Non Relative	49	16.6%	11	10.0%	35	18.0%	23	11.7%	**118**	14.8%
Residential Unit	16	5.4%	6	5.5%	6	3.1%	9	4.6%	**37**	4.7%
High Support Unit	3	1.0%	0	0.0%	3	1.5%	6	3.1%	**12**	1.5%
Special Care Unit	1	0.3%	0	0.0%	2	1.0%	2	1.0%	**5**	0.6%
Total	**295**	**100.0%**	**110**	**100.0%**	**194**	**100.0%**	**196**	**100.0%**	**795**	**100.0%**
% of All Cases Seen	2603	11%	1670	7%	1579	12%	2055	10%	**7907**	10%
History of Contact	95	3.6%	30	1.8%	35	2.2%	78	3.8%	**238**	3.0%

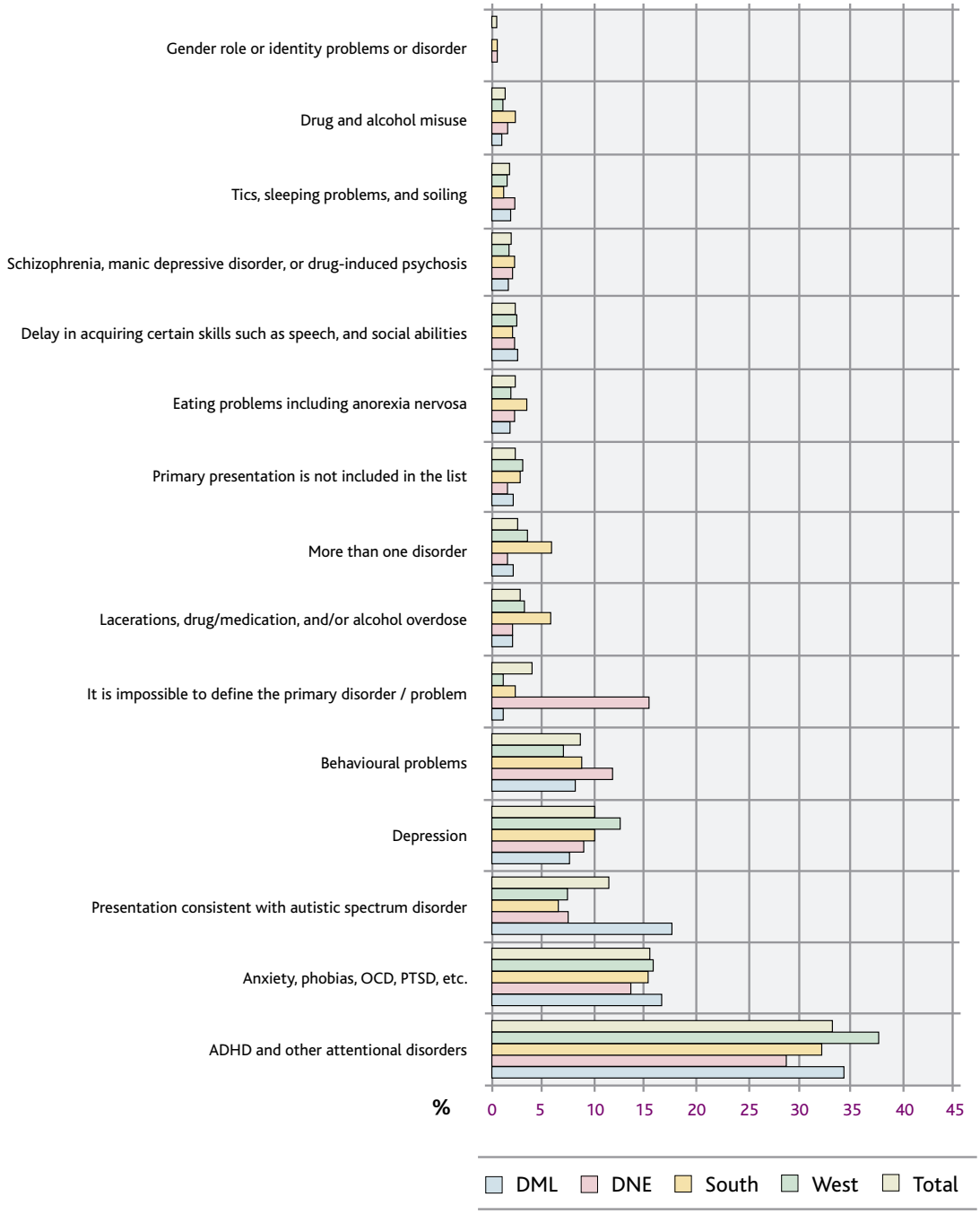
4.9 Primary presentation

The primary presentations of 7,907 cases were recorded by gender and age. For the purpose of the audit only one disorder / problem was entered for each case (Figure 4.4).

- **Hyperkinetic disorders/problems** included ADHD and other attentional disorders, 2,677 (33.9%) cases.
- **Depressive disorders/problems** included depression, 792 (10%) cases.
- **Anxiety disorders/problems** included anxiety, phobias, somatic complaints, obsessional compulsive disorder, post traumatic stress disorder, 1,207 (15.3%) cases.
- **Conduct disorders/problems** included oppositional defiant behaviour, aggression, anti social behaviour, stealing, and fire-setting, 691 (8.7%) cases.
- **Eating disorders/problems** included pre-school eating problems, anorexia nervosa, and bulimic nervosa, 184 (2.3%) cases.
- **Psychotic disorders/problems** included schizophrenia, manic depressive disorder, or drug-induced psychosis, 108 (1.4%) cases.
- **Deliberate self harm** included lacerations, drug/medication and alcohol overdose, 266 (3.4%) cases.
- **Substance abuse** referred to drug and alcohol misuse, 70 (0.9%) cases.
- **Habit disorders/problems** included tics, sleeping problems, and soiling, 91 (1.2%) cases.
- **Autistic Spectrum Disorders/problems** referred to presentations consistent with autistic spectrum disorder, 873 (11%) cases.
- **Developmental disorders/problems** referred to delay in acquiring certain skills such as speech, and social abilities, 152 (1.9%) cases.

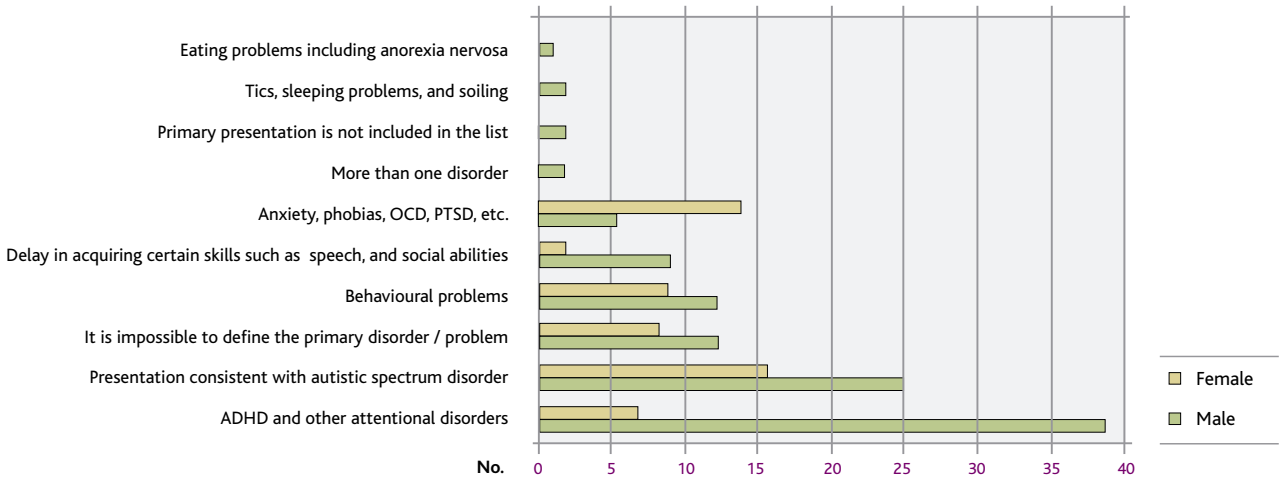
- **Gender Role / Identity disorder/problems** referred to gender role or identity problems or disorder, 12 (0.2%) cases.
- **Not possible to define** was only to be used if it was impossible to define the prominent disorder, 359 (4.5%) cases.
- **Other** was to be used when Primary presentation was not included in the list, 179 (2.3%) cases.
- **More than one disorder/problem** was only to be used if there was more than one prominent disorder, to the extent that it is not possible to identify one **primary** presenting disorder / problem, 246 (3.1%) cases.

Figure 4.4 Primary presentation by region (2010)



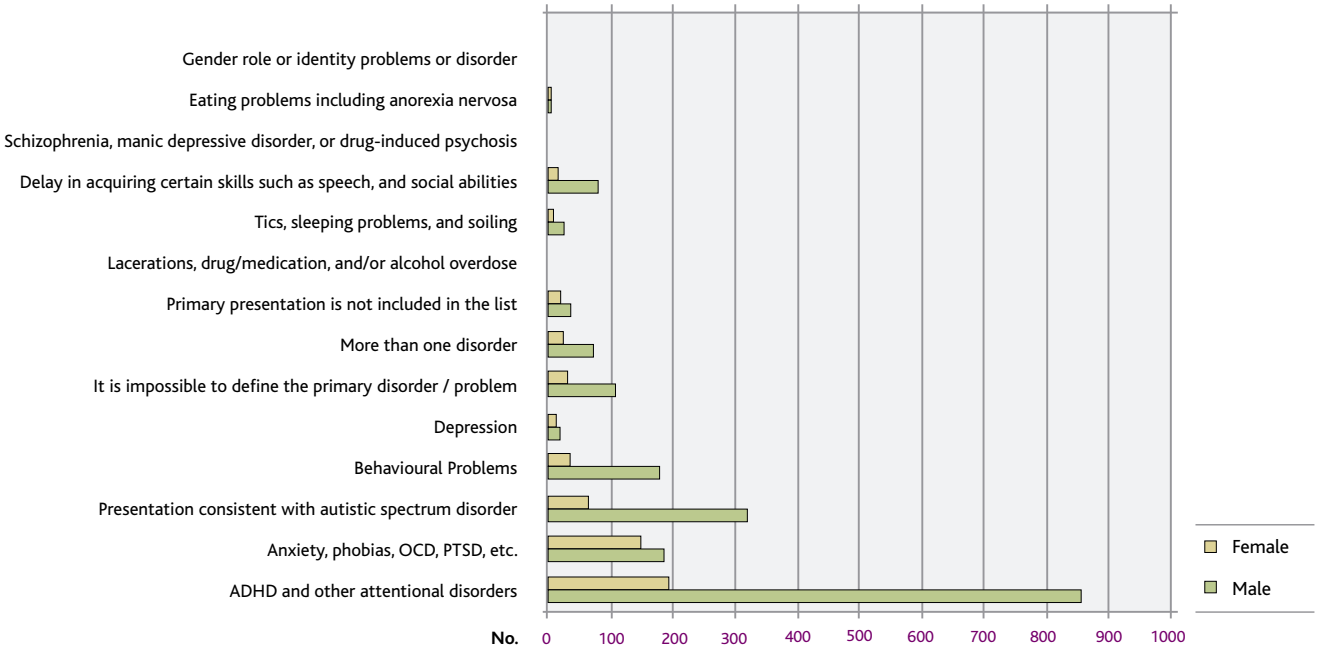
- The ADHD and other attentional disorders (33.9%) was the most frequently assigned primary presentation overall and in each of the regions.
- The Anxiety category was the next largest accounting for 15.3% of primary presentations.
- The Autistic spectrum disorder category was more frequently assigned in Dublin Mid Leinster, accounting for 18.6% of primary presentations.

Figure 4.5 Primary presentation by age group (0 – 4 years)



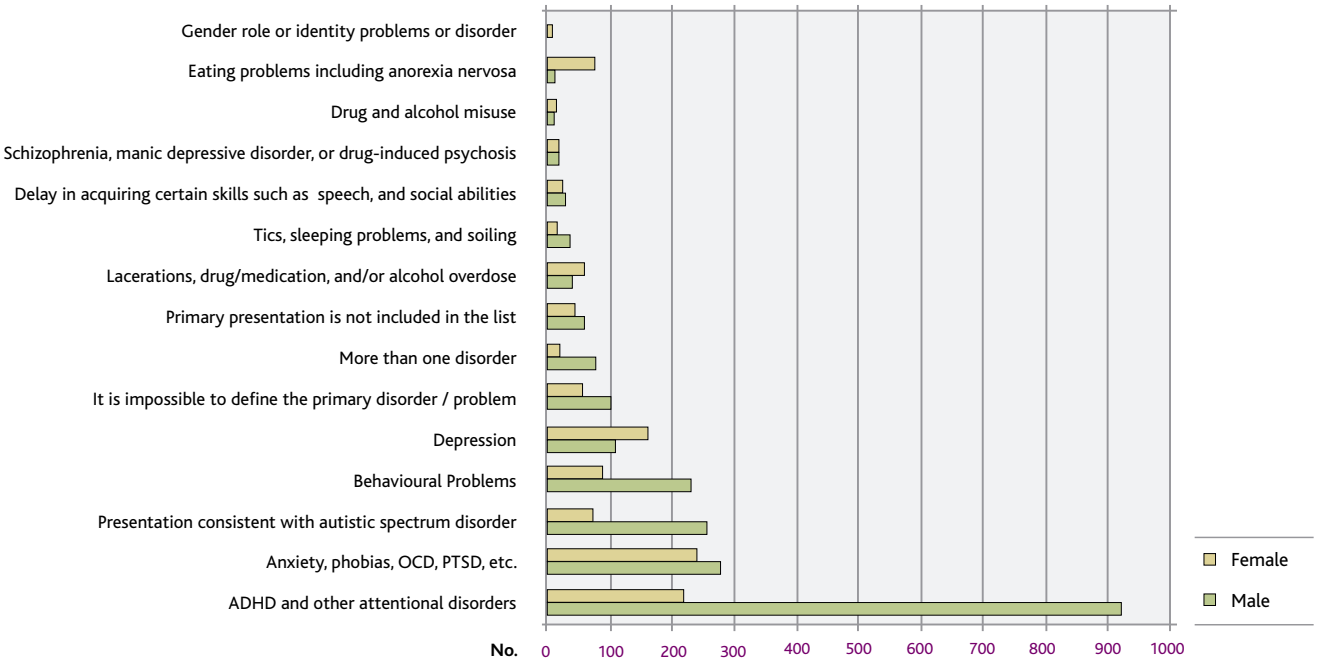
- In the 0 to 4 year old age group males comprised 66% (110) of the 166 children seen presenting with ADHD or other attentional disorders, a presentation consistent with autistic spectrum disorder or behavioural problems predominantly.
- Girls accounted for 34% (56) of the presentations, most frequently with a presentation consistent with autistic spectrum disorder or an anxiety problem or disorder.

Figure 4.6 Primary presentation by age group (5 - 9 years)



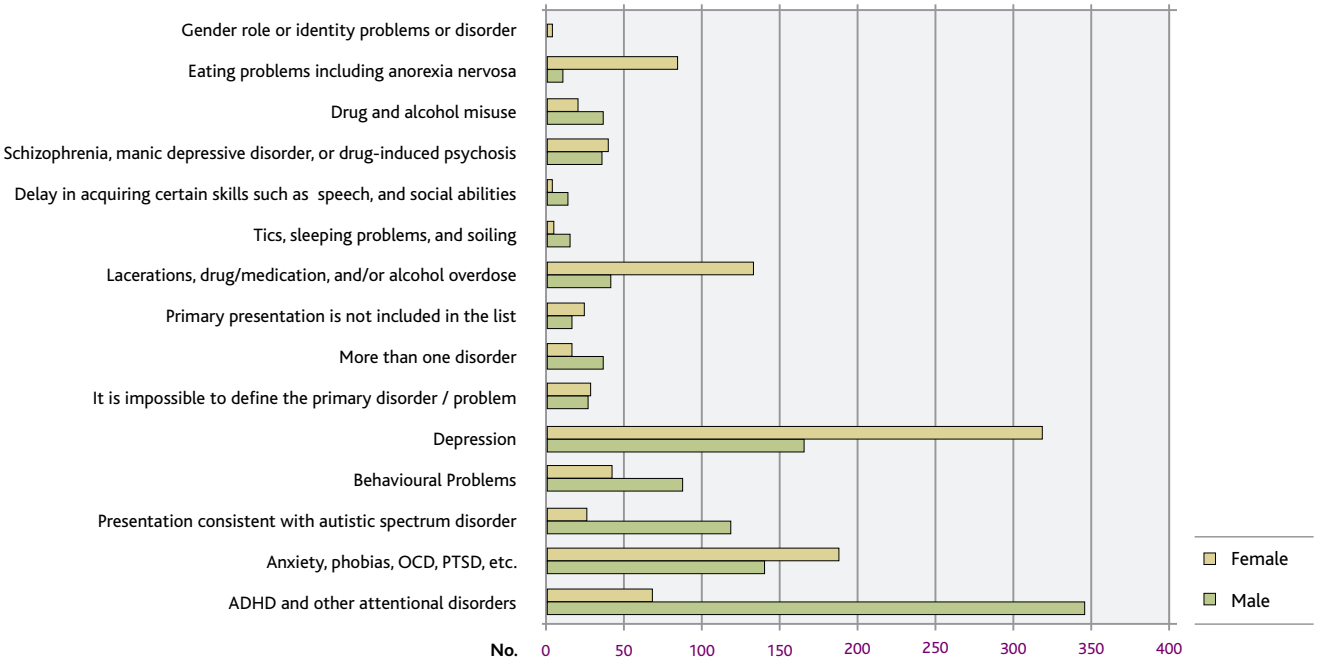
- Boys account for 77% (1,868) of children seen in the 5 to 9 year old age group. ADHD and other attentional disorders account for 46% of primary presentations in boys of this age group.
- 17% (309) of boys seen in the 5 to 9 year old age group had a primary presentation consistent with autistic spectrum disorder.
- Girls account for 23% (569) of children seen in the 5 to 9 year old age group. ADHD and other attentional disorders account for 34% of primary presentations in girls of this age group.
- The male to female ratio for ADHD or other attentional disorders is 4.5:1.

Figure 4.7 Primary presentation by age group (10 - 14 years)



- Boys account for 67% (2,152) of children seen in 10 to 14 year old age group. ADHD and other attentional disorders is by far the most frequent presentation, depression and anxiety disorders were increasing in frequency.
- Girls account for 33% (1,054) of children seen in this age group. Anxiety and depressive disorders (38%) occur with the greatest frequency, the frequency of ADHD and other attentional disorders increased to 21% from 18% in 2009.

Figure 4.8 Primary presentation by age group (15 to 17+ years)

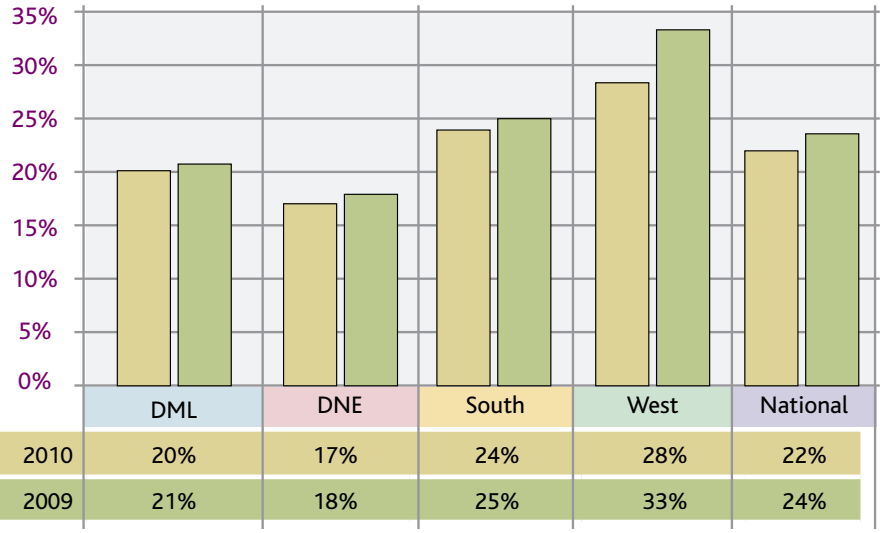


- Boys account for 52% (1,088) of children seen in the 15 to 17+ year old age group. ADHD and other attentional disorders continue to predominate but the rates of emotional disorders including depressive and anxiety disorders was increased.
- Girls account for 48% (1,010) of children in this age group. Depression was the most frequent primary presentation, followed by anxiety disorders, self harm and eating disorders.

4.10 Suicidal ideation /deliberate self harm

As deliberate self harm or suicidal ideation may be present in a number of different primary presentations the CAMHS teams were asked to record the number of new cases including re-referred cases seen in November where the reason for referral to CAMHS included a history of suicidal ideation or deliberate self harm (Figure 4.9).

Figure 4.9 Suicidal ideation / deliberate self harm as part of reason for referral



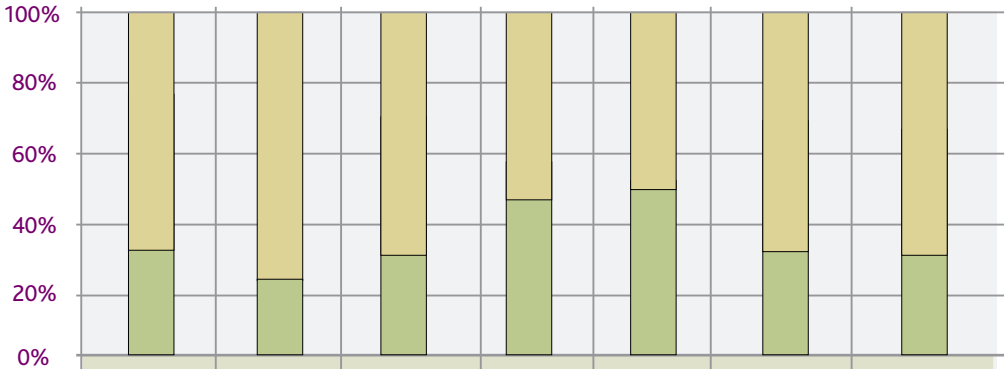
	DML	DNE	South	West	National
2010	20%	17%	24%	28%	22%
2009	21%	18%	25%	33%	24%

In 22% of the new cases the reason for referral to CAMHS included suicidal ideation or deliberate self harm.

4.11 Gender profile of cases and primary presentations

Males accounted for 66.2% of all children seen and were in the majority in each of the age groups (Figure 4.10).

Figure 4.10 Gender by age group (2010)



	0 to 4 yrs	5 to 9 yrs	10 to 14 yrs	15 yrs	16/17 yrs	Total 2010	Total 2009
Male	66.3%	76.7%	67.1%	53.6%	50.5%	66.2%	67.9%
Female	33.7%	23.3%	32.9%	46.4%	49.5%	33.8%	32.1%

Males constituted the majority of primary presentations apart from Psychotic Disorders (49.1%), Depression (37.6%), Deliberate Self Harm (28.9%) and Eating Disorders (14.7%), (see Figure 4.11 and Table 4.7).

Figure 4.11 Primary presentation by gender (2010)

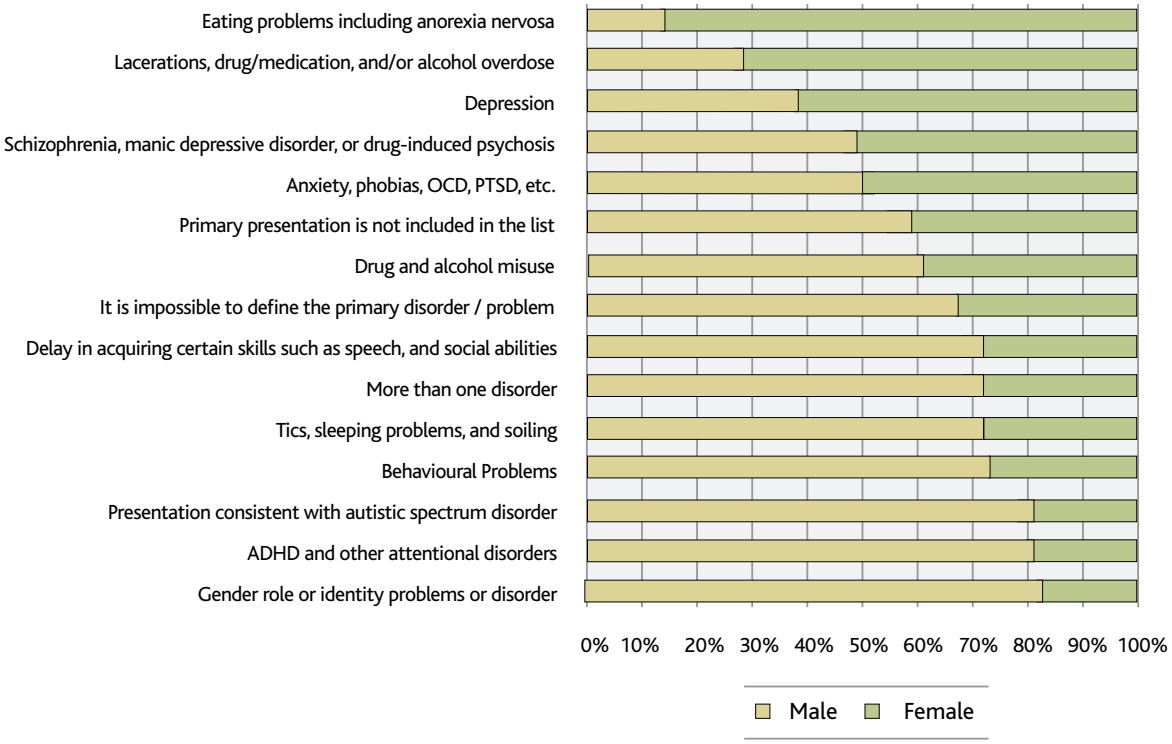


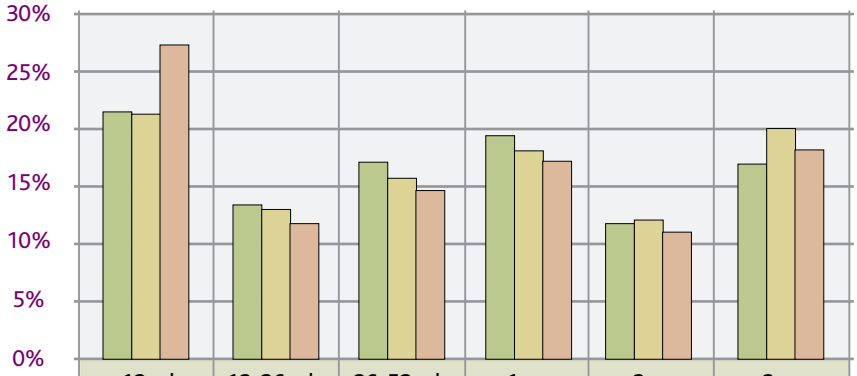
Table 4.7 Primary presentation by gender (2010)

Primary Presentation	Male %	Female %
Gender role or identity problems or disorder	83.3%	16.7%
ADHD and other attentional disorders	81.5%	18.5%
Presentation consistent with autistic spectrum disorder	81.1%	18.9%
Behavioural Problems	74.4%	25.6%
Tics, sleeping problems, and soiling	73.6%	26.4%
More than one disorder	72.4%	27.6%
Delay in acquiring certain skills such as speech, and social abilities	72.4%	27.6%
It is impossible to define the primary disorder / problem	67.4%	32.6%
Drug and alcohol misuse	61.4%	38.6%
Primary presentation is not included in the list	59.2%	40.8%
Anxiety, phobias, OCD, PTSD, etc.	50%	50%
Schizophrenia, manic depressive disorder, or drug-induced psychosis	49.1%	50.9%
Depression	37.6%	62.4%
Lacerations, drug/medication, and/or alcohol overdose	28.9%	71.1%
Eating problems including anorexia nervosa	14.7%	85.3%

4.12 Length of treatment

The length of treatment measures how long a case had been seen for up to being seen in the course of the month of November (Figure 4.12).

Figure 4.12 Length of treatment (2010)



	<13 wks	13-26 wks	26-52 wks	>1 year	>2 yrs	>3 yrs
Nov 08	21.5%	13.4%	16.8%	19.7%	11.9%	16.7%
Nov 09	21.3%	13%	15.5%	18.1%	12.1%	20%
Nov 10	27.0%	12.3%	14.9%	17.0%	11.0%	17.8%

- 27% of cases were in treatment less than 13 weeks.
- 12.3% of cases were in treatment from 13 to 26 weeks.
- 14.9% of cases were in treatment from 26 to 52 weeks.
- 17% of cases were in treatment greater than 1 year.
- 11% of cases were in treatment greater than 2 years.
- 17.8% of cases were in treatment greater than 3 years.
- 45.8% of cases were in treatment greater than 1 year.

4.13 Day services

A total of 37 children and adolescents attended St. Joseph's Adolescent & Family Day Service at St. Vincent's Hospital, Fairview and Dunfillan Young Person's Unit at St. John of God Lucena Clinic Rathgar, Dublin, in the month of November 2010. Fourteen new cases commenced attendance during the month. Twelve were referred from community CAMHS teams and 2 of the cases included suicidal ideation or a history of deliberate self harm as a reason for referral. Twelve of the young people had commenced attendance within 2 to 4 weeks of referral and one had waited more than 8 weeks. A total of 12 young people were on a waiting list to commence attendance, 11 had been waiting less than 4 weeks and 1 more than 8 weeks.

Table 4.8 Age and gender profile (2010)

Age	Male	Female	Total
< 12 years	3	1	4
12 / 13 years	4	3	7
14 / 15 years	11	8	19
16 / 17 years	3	3	6
18 years		1	1
Total	**21**	**16**	**37**

Twenty-six (70%) of children attending the day programmes were aged 14 years or older. There were a greater number (57%) of males than females attending. Two children (6%) had previously been admitted for inpatient treatment and 5 (14%) had contact with HSE social services.

Table 4.9 Primary presentation (2010)

Primary Presentation	%
Depression	20%
Presentation consistent with autistic spectrum disorder	17%
Anxiety, phobias, OCD, PTSD, etc.	13%
ADHD and other attentional disorders	13%
Lacerations, drug/medication, and/or alcohol overdose	10%
Eating problems including anorexia nervosa	10%
Behavioural Problems	7%
It is impossible to define the primary disorder / problem	7%
Delay in acquiring certain skills such as speech, and social abilities	3%
	100%

Depression (20%) was the most frequent primary presentation. Information on primary presentation was returned for 30 cases.

Table 4.10 Duration of treatment

Duration of treatment	No.
< 2 month	23
2 – 3 months	5
3 – 6 months	3
> 6 months	6
Total No.	**37**

Twenty-three (62%) of the young people had attended for less than 2 months.

4.14 Paediatric hospital liaison services

A total of 92 new cases were seen by the liaison teams at the three Dublin paediatric hospitals.

Table 4.11 New cases seen by paediatric liaison teams

Paediatric Hospital	New Cases	Suicidal ideation / Deliberate Self harm	%
Temple St. Children's University Hospital (CUH)	84	14	17%
Our Lady's Hospital for Sick Children, Crumlin (OLHSC)	18	6	33%
National Children's Hospital, Tallaght (NCH)	17	6	35%
Total	**119**	**26**	**22%**

In 26 (22%) cases including a history of suicidal ideation or deliberate self harm as a reason for referral to the liaison service.

A total of 316 children and adolescents were seen by liaison services in November 2010. The much larger size of the liaison team at Temple St. Children's University Hospital was reflected in the greater number seen by that service. Seven children were in contact with or in the care of HSE social services.

Fifty-four percent of the children were male, 35% were between the age of 10 and 14 years and 30% were over the age of 14 years.

Table 4.12 Age and gender profile (2010)

Age	0 – 4 yrs		5 – 9 yrs		10 – 14 yrs		15 yrs		16 / 16+ yrs	
Gender	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
CUH	27	20	28	18	44	43	12	22	16	11
OLHSC	0	0	3	0	5	5	1	4	4	6
NCH	4	1	10	1	9	5	1	7	7	2
Number	31	21	41	19	58	53	14	33	27	19
2010	16%		19%		35%		15%		15%	
2009	9%		29%		40%		11%		11%	

A total of 497 out patient appointments, consultations on the ward or in the A & E department took place in November 2010. Sixty-nine percent took place in the out patient department, 26% on the ward and 5% in the A & E department. The non-attendance rate at out patient appointments was 10%.

Table 4.13 Appointments / consultations (2010)

Appointments / Consultations	Children's University Hospital	Our Lady's Hospital for Sick Children	National Children's Hospital	Total	%
Attended appointments OPD	284	18	43	345	69%
Consultations on the ward	53	27	48	128	26%
Consultations in A & E Dept.	13	11	0	24	5%
Total	**340**	**56**	**91**	**497**	**100%**
No. of OPD Appts. not attended	28	0	11	39	10%

The most frequent primary presentation was presentation not listed (20.6%) followed by ADHD and other attentional disorders (15.2%), anxiety problems/disorders (14.2%), autistic spectrum disorder (8.6%), and deliberate self harm (8.9%).

Table 4.14 Primary presentation hospital liaison services (2010)

Primary Presentation	Children's University Hospital	Our Lady's Hospital	National Children's Hospital	Total No.	%
ADHD and other attentional disorders	46	0	2	48	15.2%
Depression	7	9	6	22	7.0%
Anxiety, phobias, somatic complaints, OCD, PTSD	37	4	4	45	14.2%
Oppositional defiant and other behavioural problems	2	1	0	3	0.9%
Eating problems, anorexia nervosa, bulimia	2	3	3	8	2.5%
Psychotic problems/disorders	11	2	0	13	4.1%
Lacerations, drug/medication, and/or alcohol O/D	13	7	8	28	8.9%
Drug and alcohol misuse	4	0	2	6	1.9%
Tics, sleeping problems, and soiling	11	0	5	16	5.1%
Presentation consistent with autistic spectrum disorder	19	1	14	34	10.8%
Delay in acquiring certain skills such as speech, etc.	14	0	3	17	5.4%
Gender role or identity problems or disorder	0	0	0	0	0.0%
It is impossible to define primary disorder/problem	3	0	0	3	0.9%
Primary presentation is not included in the list	64	1	0	65	20.6%
More than one disorder, impossible to assign single primary presentation	8	0	0	8	2.5%
Totals	**241**	**28**	**47**	**316**	**100%**

SECTION 5 Inpatient Child and Adolescent Mental Health Services

5.1 Inpatient services child and adolescent mental health services

The aim of admission to a child and adolescent in-patient unit is to:

- Provide accurate assessment of those with the most severe disorders.
- Implement specific and audited treatment programmes.
- Achieve the earliest possible discharge of the young person back to their family and ongoing care of the community team.

In-patient psychiatric treatment is usually indicated for children and adolescents with severe psychiatric disorders such as schizophrenia, depression and mania. Other presentations include severe complex medical-psychiatric disorders such as anorexia / bulimia. Admission may also be required for clarification of diagnosis and appropriate treatment or for the commencement and monitoring of medication. The increasing incidence of the more severe mental health disorders in later adolescence increases the need for inpatient admission.

As Adult Mental Health Services were responsible for the care of the 16/17 year age group, the majority of admissions of young people under the age of 18 years were to Adult facilities. *A Vision for Change* (2006) stated that services for children up to the age of 18 years should be provided by Child and Adolescent Mental Health services and admissions from this age group must be to age appropriate facilities. The HSE has made the provision of additional child and adolescent inpatient units a priority, such that all young people under the age of 18 years are admitted to such age appropriate facilities.

The Mental Health Commission has set a timeline for achievement of this goal. From July 2009 no admission of children under the age of 16 years, except in specified exceptional circumstances, to adult units was to take place. In December 2010 this age limit increased to include children under the age of 17 years. In December 2011 this is to increase to include all children under the age of 18 years.

In 2007 there were a total of 12 beds available for the admission of children under the age of 18 years. Over the last number of years significant investment in the construction of new inpatient facilities has resulted in significant progress has been made in achieving the targets set out in *A Vision for Change* (2006) with regard to the provision of child and adolescent inpatient facilities.

Table 5.1 HSE inpatient services and bed capacity (2008 to 2012)

Child & Adolescent In-Patient Units	2008	2009	2010	2011	2012
St. Anne's Inpatient Unit, Galway	10	10	10		
New Unit, Merlin Park Hospital, Galway				15/20	20
Warrenstown Inpatient Unit, Dublin	6	6	6	6	6
Interim Adolescent Unit, Palmerstown, Dublin					8
St. Vincent's Hospital, Fairview, Dublin		6	6	6	12
Interim Eist Linn Unit, St. Stephen's Hospital, Cork		8	8		
Eist Linn Unit, Bessboro, Cork				12/20	20
Total No. of Beds	**16**	**30**	**30**	**39**	**66**

5.2 Admission of children and adolescents to inpatient units

There were 435 admissions of children and adolescents in 2010. Of this total 272 (63%) admissions were to child and adolescent inpatient units and 163 (37%) to child and adolescent units. The total number of admissions in 2009 of 435 compared with a total of 367 in 2009 and 406 in 2008.

Table 5.2 Place of admissions by age

Year	Admissions Age (Yrs)	< 12	12	13	14	15	16	17	Total	%
2008	Adult Units	0	3	0	7	17	82	154	**263**	65%
2008	Child & Adolescent Units	8	8	11	28	38	31	19	**143**	35%
2009	Adult Units	0	0	1	1	9	71	130	**212**	58%
2009	Child & Adolescent Units	3	6	15	19	40	38	34	**155**	42%
2010	Adult Units	0	0	1	3	9	49	101	**163**	37%
2010	Child & Adolescent Units	5	6	18	46	49	96	52	**272**	63%

In March 2009 the first phase of development of the adolescent inpatient services at St. Vincent's Hospital, Fairview, Dublin was completed with the opening of a 6 bed adolescent unit. In November 2009 an interim 8 bed child and adolescent unit was opened at St. Stephen's Hospital, Cork this transferred to a refurbished and redesigned built 20-bed unit at Bessboro in March 2011. In January 2011 the child and adolescent unit at St. Anne's, Taylor Hill moved to the new purpose built 20-bed unit at Merlin Park Hospital. Both units are in the process of fully commissioning all of their bed complement and are currently functioning with the approval of The Mental Health Commission at 15 beds (Merlin Park) and 12 beds (Eist Linn).

In the period January to September 2011 inclusive there were a total of 304 admissions of children and adolescents to approved centres, 199 (65%) of these admissions were to child and adolescent units and 105 (35%) to adult units. A further 9 children and adolescents attended Eist Linn, Merlin Park and Warrenstown units as day patients.

Table 5.3 Place of admission

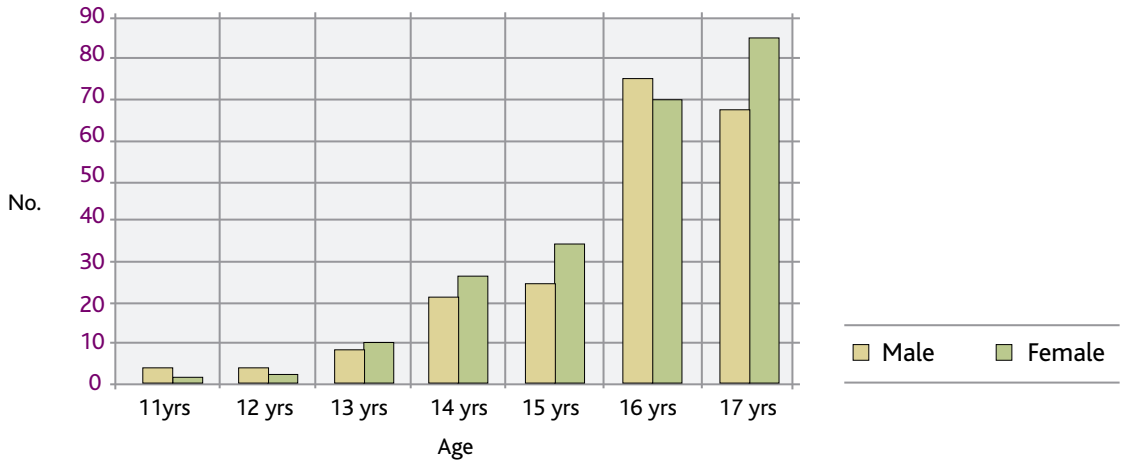
Child and Adolescent Units	2007	2008	2009	2010	2011*
St. Anne's, Galway	32	31	29	33	
Merlin Park Inpatient Unit, Galway					26
St Joseph's, Fairview, Dublin			29	34	34
Warrenstown, Blanchardstown, Dublin	46	42	37	37	30
Eist Linn, St. Stephen's Hospital, Cork			4	44	5
Eist Linn, Bessboro, Cork					18
Private Units	68	70	56	124	86
Total Child	**146**	**143**	**155**	**272**	**199**
Adult Units					
HSE Adult Units	190	223	185	155	104
Central Mental Hospital				1	1
Private Adult Units	28	40	27	7	
Total Adult	**218**	**263**	**212**	**163**	**105**
Total	**364**	**406**	**367**	**435**	**304**

** Jan to Sept 2011*

5.3 Age and gender of admissions (2010)

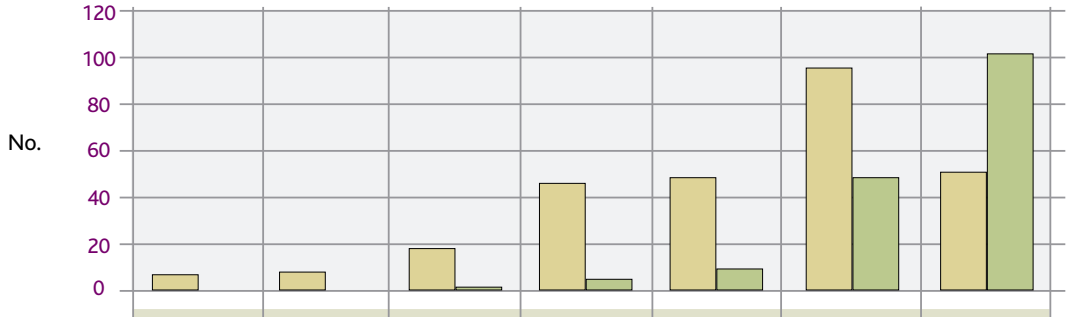
Of the 435 admissions of children and adolescents in 2010 females accounted for 53% of admissions. Thirty-five percent of all admissions were aged 17 years on admission, 33% were aged 16 years, 14% were aged 15 years, 11% were aged 14 years, 5% were aged 13 years, 1% aged 12 years and 1% aged less than 12 years (Figure 5.1).

Figure 5.1 Age and gender of admissions (2010)



Of the 272 (63%) admissions to the child and adolescent inpatient units 19% were aged 17 years on admission, 35% were aged 16 years, 18% were aged 15 years, 17% were aged 14 years, 7% were aged 13 years, 2% were aged 12 years and 2% were aged less than 12 years. Of the 163 (37%) admissions to adult approved centres 62% were aged 17 years on admission, 30% were aged 16 years, 9% (13) were less than 16 years of age on admission. Of this number 9 were aged 15 years on admission, 3 were aged 14 years and 1 was aged 13 years (See Figure 5.2).

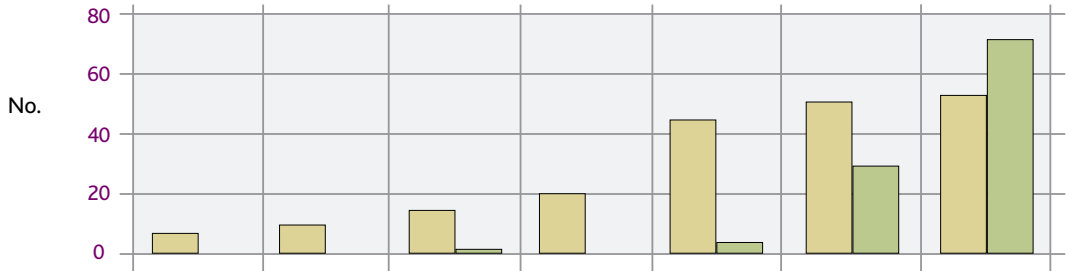
Figure 5.2 Place of admission by age (2010)



	<12 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs
Child	5	6	18	46	49	96	52
Adult	0	0	1	3	9	49	101

In the period January to September 2011 there was a total of 304 admissions of children and adolescents under the age of 18 years. 199 (65%) were admitted to child and adolescent units and 105 (35%) to adult units. The breakdown of the admissions by age is shown in Figure 5.3.

Figure 5.3 Place of admission by age (January to September 2011)



	<12 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs
Child	5	8	15	20	45	52	54
Adult	0	0	1	0	4	29	71

Sixty-five percent (199) of admissions were to child and adolescent units. Of these admissions, 27% (54) were 17 years of age, 26% (52) were 16 years of age, 23% (45) were 15 years of age, 10% (20) were 14 years of age, 8% (15) were 13 years of age, 4% (8) were 12 years of age and the remaining 3% (5) were under the age of 12 years.

Thirty-five percent (105) of admissions were to adult units; 68% (71) of these admissions were 17 years of age, 28% (29) were 16 years of age, 4% (4) were 15 years of age and the remaining 1% (1) was 13 years of age.

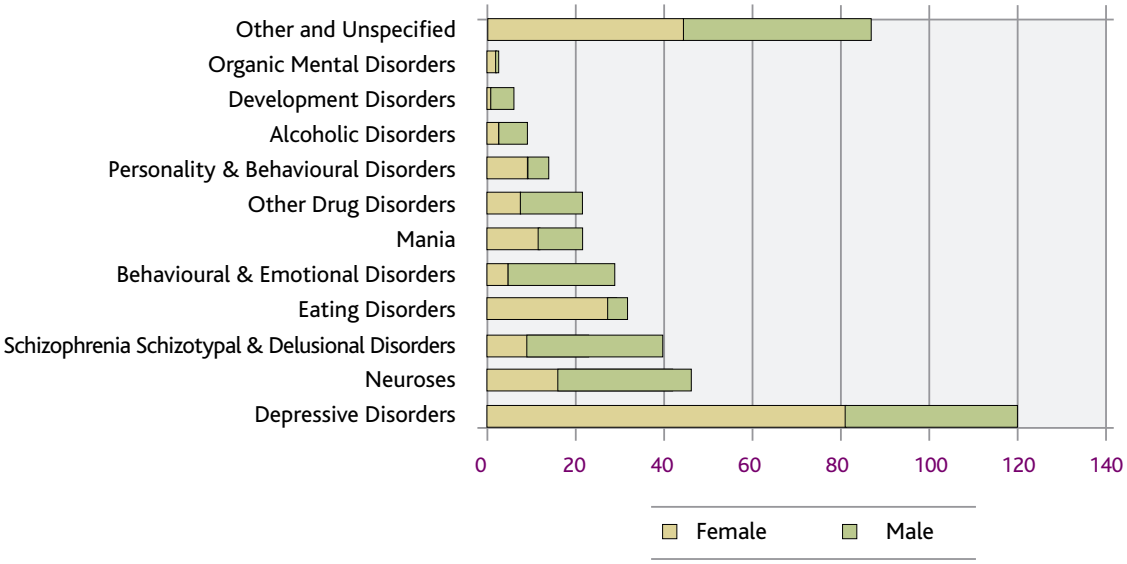
Table 5.4 Admissions to Adult units by service provider (January to September 2011)

Service Provider	No. of units	No. of admissions	%
HSE Dublin Mid Leinster	5 Adult units	20	19%
HSE Dublin North East	5 Adult units	23	22%
HSE South	6 Adult units	26	25%
HSE West	8 Adult units	35	33%
Central Mental Hospital		1	1%
Total	**5**	**105**	**100%**

5.4 Diagnostic categories

Depressive disorders accounted for 28% of all admissions in 2010 (See Figure 5.4). The next largest diagnostic category was neuroses at 11%, followed by schizophrenia and delusional disorders at 9%, eating disorders at 8%, and behavioural and emotional disorders of childhood and adolescence at 6%. The diagnosis of mania accounted for 5% of admissions. A total of 20% of admissions were returned in the other and unspecified category.

Figure 5.4 Diagnostic categories by gender (2010)



In 2010 females accounted for 85% of all admissions with eating disorder, 69% of all admissions with depressive disorders and 50% of all admissions with mania. Males accounted for 73% of all admissions with schizophrenia and delusional disorders, 67% of all admissions with behavioural and emotional disorders of childhood and 63% of all admissions with neuroses.

In 2009 females accounted for 90% of all admissions with eating disorder, 45% of admissions with depressive disorders and male accounted for 42% of all admissions with schizophrenia and delusional disorders. In 2009 there were a total of 41 admissions with eating disorders; in 2010 this had fallen to 34 admissions.

5.5 Duration of admission

The average length of stay (for those admitted and discharged in 2010) was 33.2 days (median length of stay 23.5 days), decreasing from 34.4 days in 2009. The average length of stay was significantly longer in the child and adolescent units, at 47.1 days (median 41 days), than in adult units, at 11.3 days (median 5 days). Thirty percent of children and adolescents admitted in 2010 were discharged within one week of admission.

Table 5.5 Duration of admission (2010)

Admissions	No. of Days	2007	2008	2009	2010
Child & Adolescent unit	Mean	51.3	49.7	61.9	47.1
	Median	39.5	41	58	41
Adult unit	Mean	16	12.1	14.6	11.3
	Median	7	6	6	5
All units	Mean	29.7	24.5	34.4	33.2
	Median	14	13	17	23.5

Sixty-three percent of young people admitted to adult units were discharged within one week of admission, 30% were discharged within two days of admission. Twelve percent were discharged within one to two weeks of admission, and a further 16% within two to four weeks of admission. Eight percent were discharged within four to twelve weeks of admission and a further 1% was discharged after admissions of greater than twelve weeks.

Ten percent of young people admitted to child and adolescent units were discharged within one week, 7% were discharged within one to two weeks of admission, 19% were discharged within two to four weeks, 33% were discharged within four to eight weeks, 19% were discharged within eight to twelve weeks and a further 12% was discharged after admissions of greater than twelve weeks duration.

Figure 5.5 Duration of admission (2010)

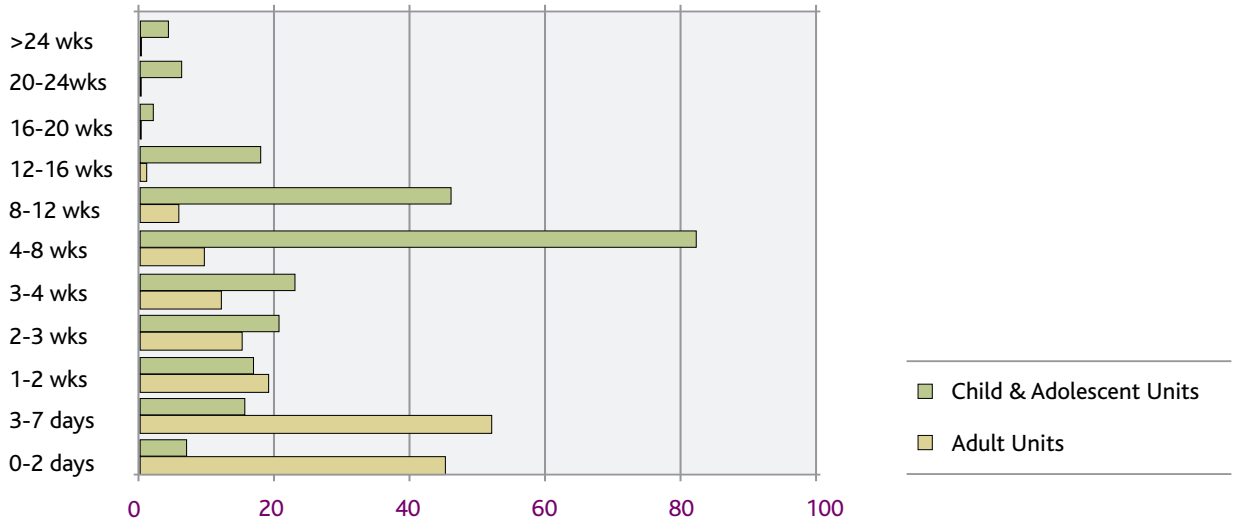


Table 5.6 Duration of admission by diagnosis (2010)

Diagnosis	Number of Discharges	Days	Average	Median
Organic Mental Disorders	3	86	28.7	37
Alcoholic Disorders	8	79	9.8	5
Other Drug Disorders	23	174	7.6	4
Schizophrenia, Schizotypal and Delusional Disorders	39	1,458	37.4	21
Depressive Disorders	114	4,229	37.1	31
Mania	23	1,292	56.2	49
Neuroses	48	1,439	30.0	19.5
Eating Disorders	33	1,569	47.6	32
Personality and Behavioural Disorders	15	170	11.3	2
Development Disorders	5	88	17.6	2
Behavioural & Emotional Disorders of Childhood & Adolescence	24	370	15.4	9
Other and Unspecified	79	2,790	35.3	24
Total	**414**	**13,744**	**33.2**	**23.5**

5.6 Involuntary admissions

There were 16 involuntary admissions of children to approved centres, under Section 25 of the Mental Health Act 2001, in the first 9 months of 2011. Eight of these involuntary admissions were to child units and eight were to adult units. There was one admission to the Central Mental Hospital under The Criminal Law Insanity Act.

There were 14 involuntary admissions of children to approved centres in 2010. One admission was to the Central Mental Hospital under The Criminal Law Insanity Act; the remainder was under Section 25 of the Mental Health Act 2001. In contrast to previous years, the majority (11) of involuntary admissions were to child units and three were to adult units. This represented an increase from a total of 10 involuntary admissions in 2009.

5.7 Development of inpatient services

The HSE continues to progress the development of inpatient services so as to meet the recommendations as set out in *A Vision for Change (2006)*.

Table 5.7 Developments in inpatient services

HSE Region	Capital Project	Cost	Status
West	New 20 Bed Unit at Merlin Park Hospital, Galway	€8.8m	Open 2011
South	New 20 Bed Unit at Bessboro, Cork	€8.2m	Open 2011
Dublin North East	New 12 Bed Adolescent Unit, Dublin	€2.2m	Open 2012
Dublin Mid Leinster	New Interim 8 Bed Adolescent Unit, Dublin New 24 Bed Unit at Cherry Orchard Hospital, Dublin	€0.2m €10.0m	Open 2012 Design stage
National	New 20 Bed Unit in The New Children's Hospital	TBC	Proceeding
National	New 10 Bed Adolescent Secure Unit	TBC	Proceeding

HSE West

The Merlin Park Inpatient Unit opened on January 14th 2011 with a capacity of 10 Beds. The inpatient service transferred from St. Anne's Inpatient Unit (10 beds), Taylor's Hill, Galway. Approval for additional staff was granted and the recruitment process commenced to facilitate the completion of the team and the commissioning of additional inpatient beds. In May 2011 the Mental Health Commission granted permission to increase the inpatient capacity to 12 and in September 2011 this was further increased to the present complement of 15 inpatient places. The Unit plans to have all 20 beds operational during the course of 2012.

Adolescent Unit, Merlin Park Hospital, Galway

HSE South

The Eist Linn service transferred to Bessboro on March 12th 2011 from the interim 8 Bed Unit at St. Stephen's Hospital. The unit comprises of a 20 bed residential facility, and a separate educational facility commissioned by the Department of Education. The age range for the unit is 13 to 17 years. With the recruitment of new staff the service has been able to commission additional beds. It is currently approved by the Mental Health Commission to accommodate a maximum of 12 children and young people. It is planned to bring the unit to its full capacity in 2012 as the necessary posts are filled.

Eist Linn Inpatient Unit, Bessboro, Cork

HSE Dublin North East

The second phase of development of St. Joseph's Adolescent Unit at St. Vincent's Hospital, Fairview is currently under way. The unit currently consists of 6 beds and on completion of the construction work it will move to a 12 bed facility in the building. The existing unit will then be taken over and used by St. Joseph's Adolescent and Family Service. Construction will be completed in the second quarter with the new unit fully functional by the third quarter of 2012.

HSE Dublin Mid Leinster

Approval has been granted to build a 24 bed unit on the Cherry Orchard Hospital site replacing the 6 bed unit at Warrenstown and the planned 8 bed interim adolescent unit to be located at St. Loman's Hospital, Palmerstown. The new building will comprise of an 11 bed unit for children and younger adolescents, an 11 bed unit for older adolescents, a 2 bed intensive care area, and a family apartment (where families can stay on the unit).

The new HSE Linn Dara Community Child and Adolescent Mental Health facility, costing €9m which is due to open in January 2011, is also located in the grounds of Cherry Orchard Hospital and will accommodate a new adolescent day service and 3 existing community CAMHS teams.

Health Capital Plan 2012-2016

Over the years 2012-2016 the government has made a commitment to invest **€1,950m or €390m** per year in health infrastructure. A principal aim is to ensure that high-quality and cost effective care is delivered in the most appropriate settings.

In particular, the funding will support the delivery of three high priority national projects:

1. The new Children's Hospital, and the associated ambulatory & urgent care centre in Tallaght.

2. The replacement of the Central Mental Hospital which dates from 1850 with an appropriate modern facility for treating and caring for patients with mental illness.

3. The development of new radiation oncology facilities.

New Children's Hospital of Ireland

Enabling work will be carried out in 2012 with construction to commence in 2013. It will accommodate the National Specialist Eating Disorder Service with 8 inpatient beds and a 12 bed general inpatient unit.

Central Mental Hospital

The new central mental hospital will be built in Portrane, North Co. Dublin. The development will include a 10 bed secure adolescent inpatient unit. The project will start in 2012 and take five years to complete.

SECTION 6 Community Child & Adolescent Mental Health Service Infrastructure

6.1 Accommodation provided for CAMHS teams

Community CAMHS teams are located in a range of accommodation. The capacity of a CAMHS team to provide service, to expand and develop can be adversely affected by the size and suitability of accommodation available to it and this needs to be taken account of in future development plans.

Table 6.1 Location of community CAMHS teams (2010)

Location of Team	Very good	Good	Adequate	Inadequate	Unsuitable	Total
Rented Premises – Located in the Community	8	1	5	3	1	18
Premises owned by Voluntary Service Provider located in the community	6	1	3	1		11
Hospital Site (+/- Community Building)			2	2		4
HSE Building located in the community – Sole Occupant		2	2	3		7
HSE Building located in the community – Shared	2	1	5	2		10
HSE Building & Rented Premises (in the Community)			1	1	3	5
Total	**16**	**5**	**18**	**12**	**4**	**55**
2010 %	**29%**	**9%**	**33%**	**22%**	**7%**	**100%**
2009%	**28%**	**24%**	**10%**	**24%**	**14%**	**100%**

6.2 Suitability of premises

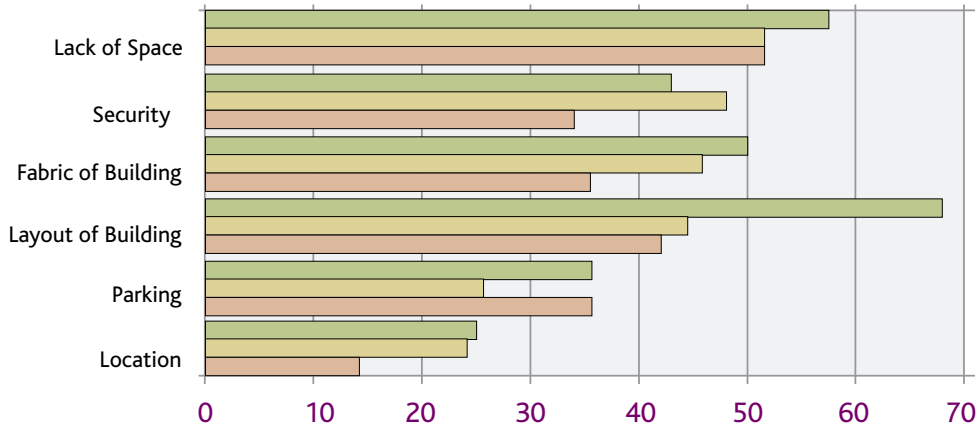
Each team rated the suitability of their premises in order to provide a service:

- 39 (72%) teams rated their premises as adequate, good or very good.
- 16 (28%) teams rated their premises as inadequate or totally unsuitable.
- In 2010 fewer teams reported their accommodation as being inadequate or unsuitable compared with the results from the 2009 survey.

6.3 Difficulties encountered with premises

Layout of the building was the most frequently encountered problem reported by 68% of teams. This was followed by concerns with regard to lack of space security (57%), fabric of the building (50%), security (43%) and parking problems (36%).

Figure 6.1 Difficulties encountered with premises



	Lack of Space	Security	Fabric of Building	Layout of Building	Parking	Location
Nov 10	57%	43%	50%	68%	36%	25%
Nov 09	52%	48%	46%	44%	26%	24%
Nov 08	52%	34%	36%	42%	36%	14%

6.4 Infrastructure developments

Construction is due to be completed in January 2012 on the HSE Linn Dara Child and Adolescent Mental Health facility in the grounds of Cherry Orchard Hospital. It will provide accommodation for the Ballyfermot, Clondalkin and Lucan community CAMHS teams and a new Adolescent Day Service team serving South West Dublin and Co. Kildare. The building also includes a lecture theatre, library and administration section. The projected cost of project is €9m.

Child and Adolescent Mental Health facility at Cherry Orchard Hospital, Dublin

SECTION 7 Demands on Community CAMHS

7.1 Services for young people of 16 and 17 years of age

The Child and Adolescent Mental Health Services were organised, primarily for the 0-15 year's age group. Mental health disorders increase in frequency and severity above the age of 15 years and it was recognised that existing specialist CAMHS would significant extra resources in order to extend services up to the age of 18 years.

A Vision for Change Policy (2006), recommended that Child and Adolescent Mental Health Services take over responsibility in providing mental health service for young people up to the age of 18 years. As outlined earlier in the report additional resources will have to be put in place such that the recommended level of service, as set out in the policy, can be delivered.

During the clinical audit carried out in November 2010 13.7% of the cases seen were aged 16/17 years and 1.3% were over 18 years of age. Teams were asked as to the current arrangements with regard to the 16/17 year age group of young people who previously were the responsibility of Adult Mental Health Services in most areas of the country.

Table 7.1 Arrangements for 16 and 17 year old age group

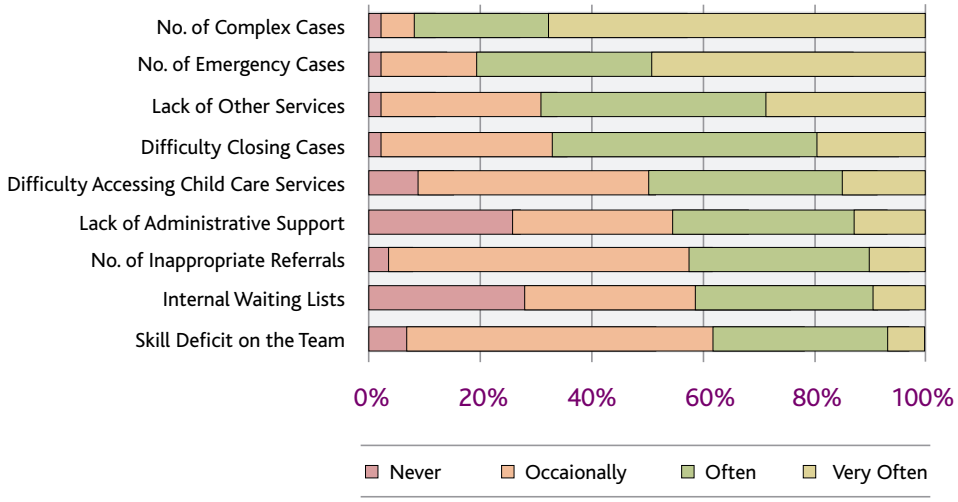
Operational Criteria of CAMHS teams	2008	2009	2010
Continue to see existing open cases beyond their 16th birthday as appropriate. Consider re-referral of previously known cases after their 16th birthday but do not see new cases aged 16 / 17 years	33	37	39
Continue to see existing open cases beyond their 16th birthday as appropriate. Consider re-referral of known cases after their 16th birthday. Consider new referrals of young people over 16 years on a case by case basis	11	5	4
Accept referral of all young people up to and including 16 years of age	1	3	3
Accept referral of all young people up to and including 17 years of age	5	5	9
Total	**49**	**50**	**55**

- The number of teams accepting referrals of young people up to and including 17 years increased from 5 to 9. A further 3 teams accept referrals of young people up to and including 16 years of age. Four teams accept referrals of young people aged 16/17 years in secondary education.
- Child and Adolescent Mental Health Services currently provide a significant level of service to this age group.
- Some young people are transferred to Adult Mental Health Services after their 16th birthday due to the nature of their illness and care / treatment needs (1.4% of the cases discharged by CAMHS teams October 2010 to September 2011).
- As the older age group present with more acute mental health difficulties access to services by younger children to child and adolescent mental health services with less acute presentations may be affected if additional resources are not forthcoming.
- The provision of additional teams is planned to facilitate over time the transfer of responsibility for mental health services for this age group to Child and Adolescent Services as set out in *The Report of the Inpatient Capacity Forum* HSE (2006).
- In the period October 2010 to September 2011, 720 (9.2%) of new cases seen were aged 16/17 years of age.

7.2 Capacity of CAMHS teams to respond to demand

Many factors can affect the capacity of a team to respond to the demand placed on it. CAMHS teams were asked to rate the following factors as to their degree of impact on their capacity to respond to demand.

Figure 7.1 Factors which impact on a team's capacity to respond to demand (2010)



In 2010 Community CAMHS teams rated the number of complex cases, the number of emergency cases and the lack of other services in the area as the factors having the greatest impact on their capacity to respond to demand which can in turn lead to increased numbers on waiting lists and longer waiting times for routine assessments.

7.3 Provision of dedicated ADHD clinics by community CAMHS teams

As children suffering from ADHD account for the largest diagnostic category attending community CAMHS teams dedicated ADHD clinics have developed to meet this demand.

Table 7.2 ADHD Clinics

ADHD Clinic	Dublin Mid Leinster	Dublin North East	South	West	Total
Number	16	5	8	12	41
All Teams	**17**	**11**	**14**	**13**	**55**
2010 %	**94%**	**45%**	**57%**	**92%**	**75%**
2009 %	**88%**	**40%**	**67%**	**92%**	**74%**

41 teams (75%) are employing such dedicated ADHD clinics. Over 90% of teams in the West and in Dublin Mid Leinster run ADHD clinics, while only 45% of teams in Dublin North East and 57% of teams in the South do so.

The majority (61%) of clinics take place on a weekly or fortnightly basis. The majority of the clinics are run by nurses and psychiatrists (including consultants and doctors in training).

Table 7.3 Frequency of ADHD Clinics

Frequency	Number	%
Every week	16	39%
Every 2 weeks	9	22%
Every 3 weeks	0	0%
Every 4 weeks / month	7	17%
Other	9	22%
Total	**37**	**100%**

7.4 Referral protocols and referral forms

A total of 40 (73%) community CAMHS teams had a referral protocol in place and 29 (53%) teams utilised a referral form.

Table 7.4 Referral Protocols

	Dublin Mid Leinster	Dublin North East	South	West	Total
Referral Protocol	12	9	12	7	40
Referral Form	8	11	7	3	29
No. of Teams	**17**	**11**	**14**	**13**	**55**

SECTION 8 Deliberate self harm in children aged from 10 to 17 years

8.1 The National Registry of Deliberate Self Harm

The National Registry of Deliberate Self Harm is a national system of population monitoring for the occurrence of deliberate self harm. It was established, at the request of the Department of Health and Children, by the National Suicide Research Foundation and is funded by the Health Service Executive's National Office for Suicide Prevention.

The Registry collects data on persons presenting to hospital emergency departments as a result of deliberate self harm in the Republic of Ireland. In 2010 the Registry recorded 11,966 presentations to hospital due to deliberate self harm nationally, involving 9,630 individuals. Taking the population into account, the age-standardised rate of individuals presenting to hospital following deliberate self harm in 2010 was 217 per 100,000.

8.2 Hospital presentations of children

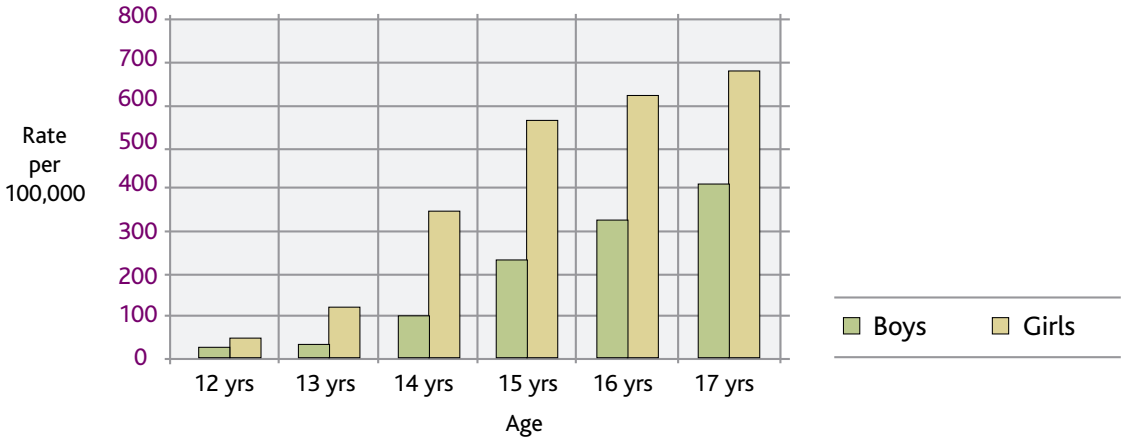
For the period from 1 January to 31 December 2010, the National Registry of Deliberate Self Harm recorded 1,087 deliberate self harm presentations to hospital that were made by 954 children (309 boys and 645 girls) aged from 10 to 17 years which represented 10% of all cases.

Of the recorded presentations for all children aged from 10 to 17 years in 2010, 33% were made by boys and 67% were made by girls. The national rate for all children (aged from 10 – 17 years) presenting to hospital following deliberate self harm in 2010 was 239 per 100,000.

It can be seen from figure 8.1 that deliberate self harm was rare in those aged 12 years and younger. From age 13 to 17 years the rate increased sharply with the female rate of deliberate self harm significantly higher than the rate for males. The male rate was 133 per 100,000 and the female rate was 290 per 100,000.

The increase in the female rate in the early teenage years was particularly striking. For 17 year-olds, the female rate of deliberate self harm was almost 696 per 100,000 and the male rate was 406 per 100,000. This rate implies that 1 in every 144 girls in this age group presented to hospital in 2010 as a consequence of deliberate self harm.

Figure 8.1 Person based rate of deliberate self harm per 100,000 by age and gender, 2010

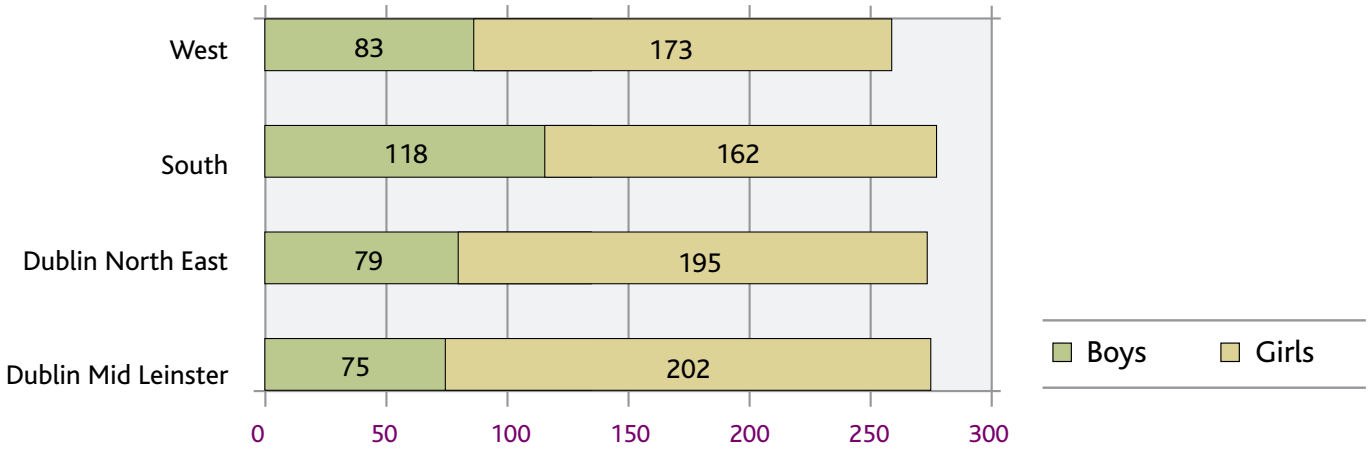


** note that single year of age rates in children aged less than 12 years are not shown as the numbers are too small.*

8.3 Deliberate self harm by HSE Regions

The number of deliberate self harm presentations by girls outnumbered those by boys in all of the four HSE Regions (Figure 8.2).

Figure 8.2 Gender balance of deliberate self harm presentations in children aged 10 to 17 years by HSE Region, 2010

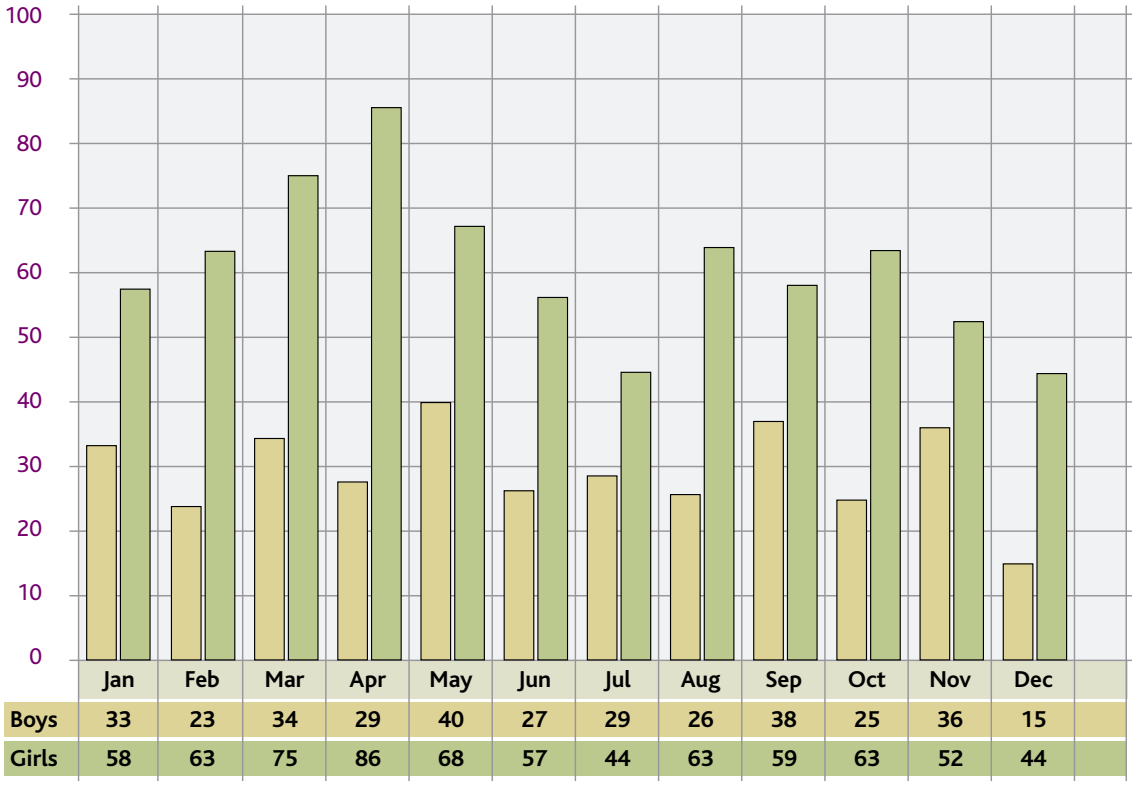


8.4 Episodes by time of occurrence

Variation by Month

There is a clear pattern of deliberate self harm presentations over the course of the year with a late Spring/Summer peak and a pre end of year fall in self harm presentations. In boys the lowest number of deliberate self harm presentations to hospitals in 2010 occurred in December and in girls the lowest number deliberate self harm presentations to hospitals occurred in both July and December. The highest number of deliberate self harm presentations to hospitals for boys occurred in the month of May and for girls it was the month of April. See Figure 8.3.

Figure 8.3 Number of deliberate self harm presentations by month for boys and girls, 2010

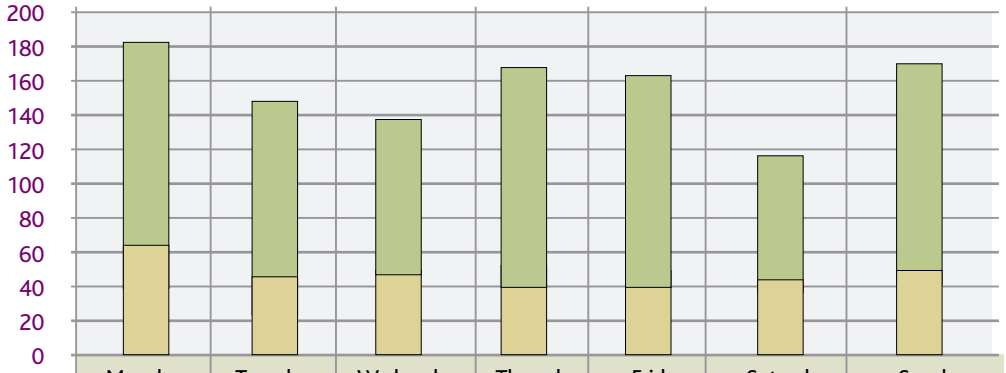


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Boys	33	23	34	29	40	27	29	26	38	25	36	15
Girls	58	63	75	86	68	57	44	63	59	63	52	44

Variation by Day

The number of deliberate self harm presentations was highest on Mondays and Sundays. These days accounted for 32% of all presentations. The number of deliberate self harm presentations was lowest on Saturdays. Saturday accounted for 11% of all presentations.

Figure 8.4 Number of presentations in children aged 10 to 17 years by weekday, 2010

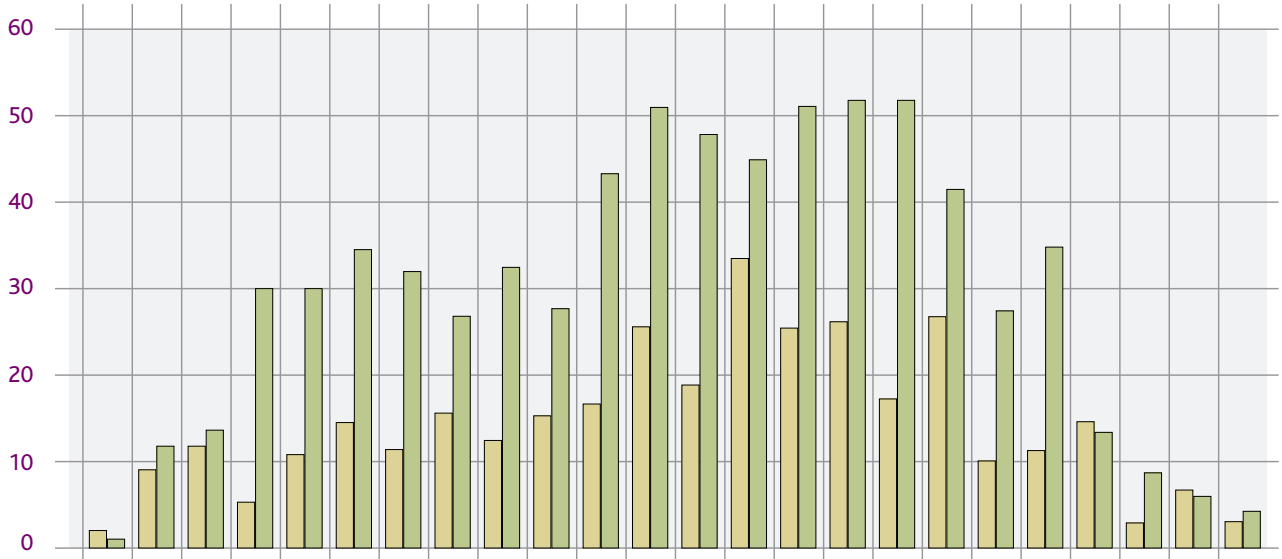


	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boys	62	45	51	56	50	42	49
Girls	121	103	88	110	112	77	121

Variation by Hour

There was a striking pattern in the number of deliberate self harm presentations seen over the course of the day. The numbers for both boys and girls gradually increased during the day. The peak for boys was 9pm and for girls it was 11pm and 12 midnight. Over half (52%) of the total number of presentations were made during the eight-hour period 7pm-3am. This contrasts with the quietest eight-hour period of the day, from 5am-1pm, which accounted for just 15% of all presentations.

Figure 8.5 Number of presentations by time of attendance (24 hour clock) in children aged 10 to 17 years, 2010



Hour	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
Boys	4	9	12	5	11	14	12	16	13	15	17	26	19	33	26	27	18	27	10	11	14	3	7	3
Girls	2	12	14	30	30	34	32	27	33	28	43	51	48	45	51	52	52	41	28	35	13	9	6	4

8.5 Method of self harm

Almost 70% of all deliberate self harm presentations involved an overdose of medication (63% as the most lethal method of self harm employed). Drug overdose was more commonly used as a method of self harm by girls than by boys. It was involved in 60% of male presentations (50% as the most lethal method) and 75% of female episodes (69% as the most lethal method). While rare as a main method of self harm, alcohol was involved in 20% of all cases. Alcohol was significantly more common in male deliberate self harm episodes (27%) than in female episodes (17%).

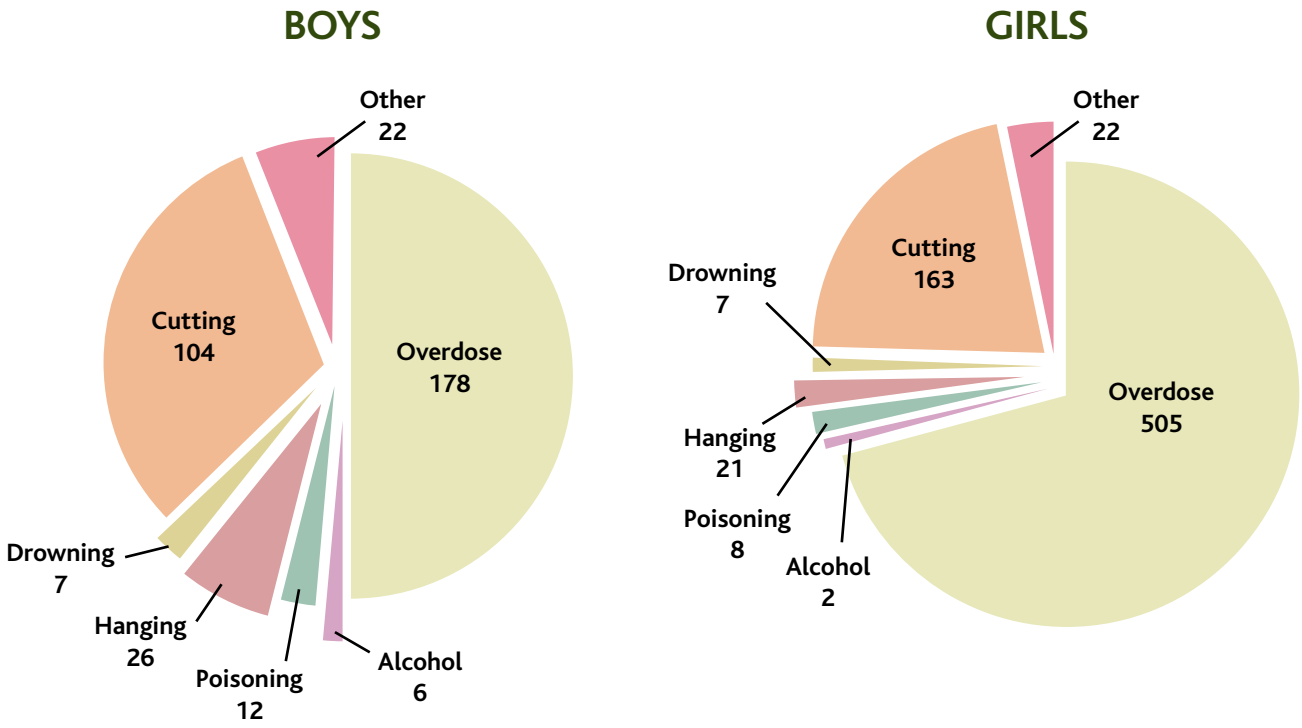
Cutting was the only other common method of self harm, involved in 26% of all episodes. Cutting was significantly more common in boys (31%) than in girls (24%). In 88% of all cases that involved self-cutting, the treatment received was recorded. Approaching half (47%) received steristrips or steribonds, 31% did not require any treatment, 19% required sutures while 3% were referred for plastic surgery.

Attempted hanging was involved in 4% of all deliberate self harm presentations (7% for boys and 3% for girls).

Table 8.1 Methods of self harm involved in presentations to hospital by children aged 10 – 17 years, 2010

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Boys	213	94	12	26	8	110	25	355
	(60%)	(26.5%)	(3.4%)	(7.3%)	(2.3%)	(31%)	(7%)	(100%)
Girls	546	123	8	21	8	172	29	732
	(74.6%)	(16.8%)	(1.1%)	(2.9%)	(1.1%)	(23.5%)	(4%)	(100%)
Total	759	217	20	47	16	282	54	1087
	(69.8%)	(20%)	(1.8%)	(4.3%)	(1.5%)	(25.9%)	(5%)	(100%)

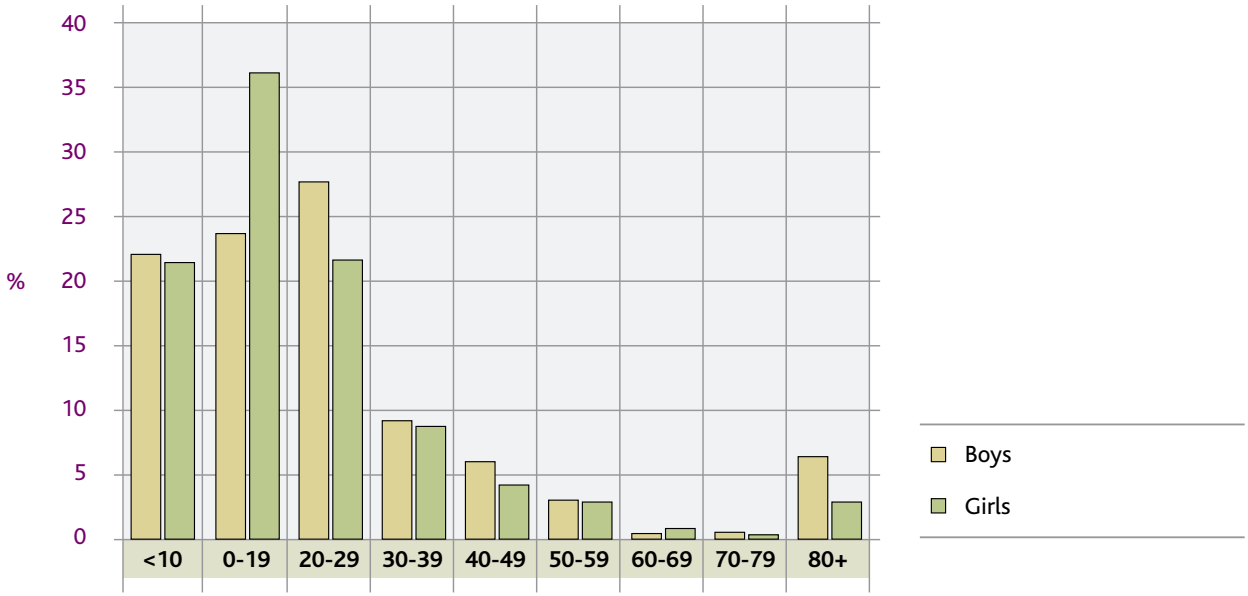
Figure 8.6 Most lethal method of self harm used by gender in children aged 10 -17 years, 2010



8.6 Drugs used in overdose

The total number of tablets taken was known in 57% of all cases of drug overdose. Twenty three was the average number of tablets taken in the episodes of deliberate self harm that involved drug overdose. On average, boys took slightly more tablets in overdose acts than girls (mean: 27 vs. 21). Figure 8.7 illustrates the pattern of the number of tablets taken in drug overdose episodes for both genders.

Figure 8.7 The pattern of the number of tablets taken in male and female acts of drug overdose in children aged 10 to 17 years, 2010

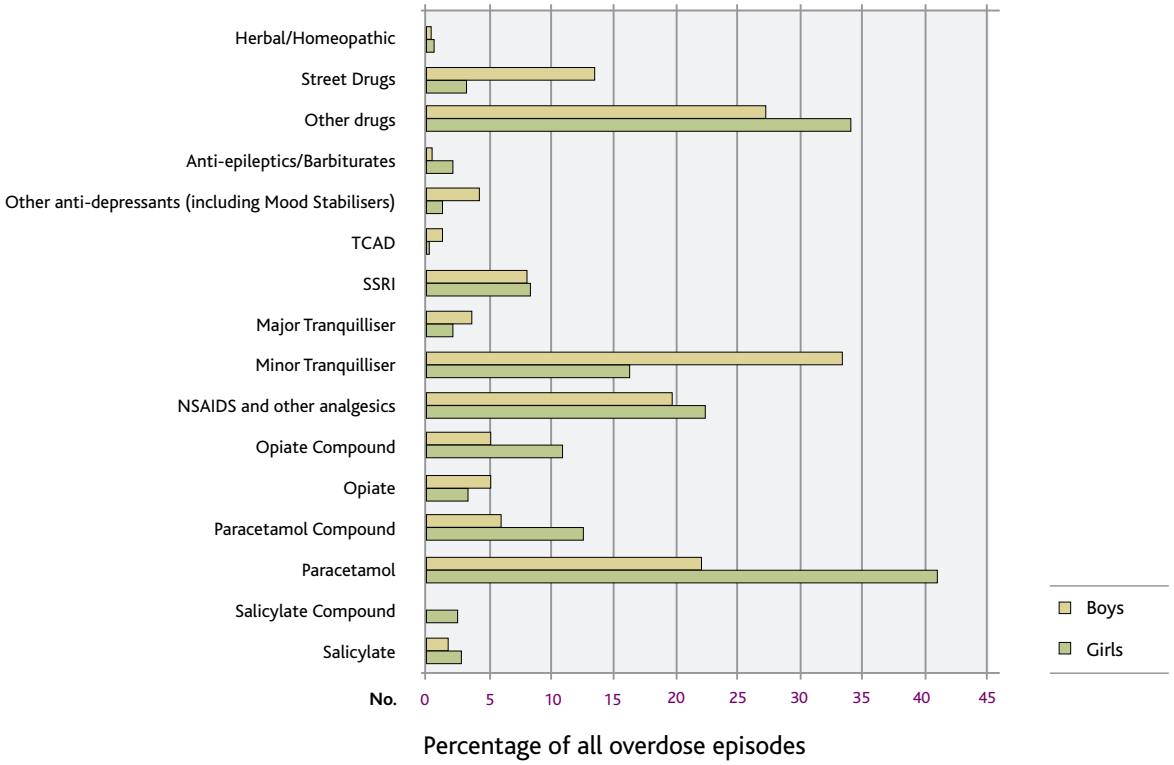


Number of tablets

Figure 8.8 illustrates the frequency with which the most common types of drugs were used in overdose. Paracetamol was the most common type of drug used in overdose, with 46% of overdoses involving paracetamol in some form. Paracetamol was used significantly more often by girls (53%) than boys (28%). 64% of all female overdose acts and 45% of all of all male overdose acts involved an analgesic drug.

Minor tranquillisers were involved in 21% of overdoses and such a drug was used more often by boys (33%) than by girls (16%). A major tranquilliser was involved in 3% of overdose cases. 10% of deliberate overdose acts involved an anti-depressant/mood stabiliser. The group of anti-depressant drugs known as Selective Serotonin Reuptake Inhibitors (SSRIs) were present in 8% of overdose cases. Street drugs were involved in 14% of male and 3% of female intentional drug overdose acts. "Other drugs" were taken in 32% of all overdoses which reflects the wide range of drugs taken deliberately in acts of drug overdose.

Figure 8.8 The variation in the type of drugs used in children aged 10 to 17 years, 2010



Note: Some drugs (e.g. compounds containing paracetamol and an opiate) are counted in two categories

8.7 Recommended next care

In 6% of cases, in children aged 10 to 17 years, the patient left the emergency department before a next care recommendation could be made. Following their treatment in the emergency department, inpatient admission was the next stage of care recommended for 42%, irrespective of whether general or psychiatric admission was intended and whether the patient refused or not.

Of all deliberate self harm cases, 36% resulted in admission to a ward of the treating hospital whereas 6% were admitted for psychiatric inpatient treatment from the emergency department. It may not always be recorded in the emergency department that a patient has been directly admitted to psychiatric inpatient care. Therefore, direct psychiatric admission figures provided here may be underestimates. In addition, some of the patients admitted to a general hospital ward will subsequently be admitted as psychiatric inpatients. In just 1% of cases, the patient refused to allow him/herself to be admitted whether for general or psychiatric care. Most commonly, 51% of cases were discharged following treatment in the emergency department.

Table 8.2 Recommended next care by main method of deliberate self harm in children aged 10 to 17 years, 2010

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
	(n=683)	(n=8)	(n=20)	(n=47)	(n=14)	(n=267)	(n=48)	(n=1087)
General admission	42.9%	25.0%	40.0%	31.9%	50.0%	24.0%	14.6%	36.4%
Psychiatric admission	3.1%	0.0%	0.0%	17.0%	7.1%	9.4%	14.6%	5.7%
Patient would not allow admission	0.7%	0.0%	0.0%	0.0%	0.0%	0.4%	6.3%	0.8%
Left before recommendation	6.6%	25.0%	25.0%	2.1%	0.0%	4.9%	6.3%	6.3%
Not admitted	46.7%	50.0%	35.0%	48.9%	42.9%	61.4%	58.3%	50.7%

Next care recommendations were broadly similar for boys and girls. However, boys more often were discharged following treatment in the emergency department (56% vs. 48%) and girls were more often admitted to a ward of the treating hospital than boys (40% vs. 28%).

Recommended next care varied according to the main method of self harm (Table 8.2). General inpatient care was most common following cases of attempted drowning, drug overdose, self-poisoning, and attempted hanging and less common after, alcohol and cutting and least common after "other methods" of self harm. Of those cases where the patient used cutting as the main method of self harm, 61% were discharged after receiving treatment in the emergency department.

8.8 Repetition of deliberate self harm

There were 954 children aged 10 to 17 years treated for 1,087 deliberate self harm episodes in 2010. This implies that 12% (133) of the presentations in 2010 were due to repeat acts. Of the 954 deliberate self harm patients treated in 2010, 101 (11%) made at least one repeat presentation to hospital during the calendar year.

The rate of repetition varied significantly according to the main method of self harm involved in the deliberate self harm act (Table 8.3). Of the commonly used methods of self harm, "other methods" was associated with an increased level of repetition.

Table 8.3 Repeat presentation after index deliberate self harm presentation by main method of self harm in children aged 10 to 17 years, 2010

	Overdose	Alcohol	Poisoning	Hanging	Drowning	Cutting	Other	Total
Children treated	617	7	18	40	12	219	41	954
No. who repeated	54	0	<5	5	<5	29	10	101
% who repeated	8.8%	0.0%	5.6%	12.5%	16.7%	13.2%	24.4%	10.6%

The lowest repetition rate of deliberate self harm (8%) was found in patients that were treated in the HSE Mid Leinster Region and the highest repetition rate (14%), was found in patients treated in the HSE Dublin / North East Region.

Table 8.4 Repetition by gender and HSE Region in children aged 10 to 17 years, 2010

		Dublin Mid Leinster	Dublin North East	HSE South	HSE West	National
Children treated	Boys	66	70	105	68	**309**
	Girls	173	168	150	154	**645**
	Total	239	238	255	222	**954**
No. who repeated	Boys	8	8	11	13	**40**
	Girls	12	25	14	10	**61**
	Total	20	33	25	23	**101**
% who repeated	Boys	12.1%	11.4%	10.5%	19.1%	**12.9%**
	Girls	6.9%	14.9%	9.3%	6.5%	**9.5%**
	Total	**8.4%**	**13.9%**	**9.8%**	**10.4%**	**10.6%**

SECTION 9 Supporting the Development of Child & Adolescent Mental Health Services

9.1 Monitoring progress and evaluating outcomes

A multidisciplinary Child and Adolescent Mental Health Service Advisory Group was established in 2009 to address and advise on the challenges facing CAMHS which include providing greater clarity about priority groups, developing relationships with primary care and other services by putting in place clear care pathways and agreement about the nature of supports CAMHS provide for other services working with children and young people with mental health problems, improving access for older adolescents who can find it difficult to engage with services, having a stronger focus on outcomes and measuring the quality and effectiveness of interventions through the increased involvement of service users and carers in service development and evaluation.

The Specialist CAMHS Advisory Group reports to Mr. Martin Rogan, Assistant National Director, Mental Health Services and advises HSE Corporate Planning and Corporate Performance on issues relating to child and adolescent mental health services.

This group, in consultation with Child and Adolescent Mental Health Service providers and other stakeholders:

- Continued to develop and refine the minimum dataset for CAMHS that is completed and returned by each team on a monthly basis and reported through HealthStat / Performance Report.
- Developed a suite of key performance indicators linked to the dataset that take into account resource allocation, case mix, demographic and other factors.
- Researched the use of routine outcome measurement across services.
- Fostered service user involvement in the planning and evaluation of services through engagement with youth service user panels.
- Is developing a communication strategy to foster sharing of best practice and service innovation.
- Is addressing manpower planning and training needs through detailed surveys.
- Extended the collection of information from other elements of child and adolescent mental health services.
- Is working with the Mental Health Commission to develop operational guidelines for child and adolescent mental health services based on the Quality Framework Document.

The Fourth Annual Report on Child and Adolescent Mental Health Services will be published in the fourth quarter of 2012.

Membership of the Specialist CAMHS Advisory Group

1. **Dr. Brendan Doody,** Chair, Consultant Child and Adolescent Psychiatrist, Clinical Senior Lecturer, Clinical Director HSE Linn Dara CAMHS.

2. **Ms. Pamela Carroll,** Child Care Leader and Cognitive Behavioural Therapist, HSE Child & Family Mental Health Service, Sligo.

3. **Ms. Lisa Corrigan,** Occupational Therapy Manager, Mater Child & Adolescent Mental Health Service.

4. **Dr. Maura Delaney,** Consultant Child and Adolescent Psychiatrist, Eist Linn Child and Adolescent Inpatient Unit, Cork.

5. **Dr. Michael Drumm,** Principal Clinical Psychology Manager, Mater Child Adolescent Mental Health Service.

6. **Mr. Philip Flanagan,** Business Analyst, HSE Corporate Planning and Corporate Performance (CPCP), Dr. Steevens' Hospital, Dublin.

7. **Dr. Colette M. Halpin,** Consultant Child and Adolescent Psychiatrist, HSE Laois / Offaly CAMHS.

8. **Ms. Sarah Houston,** Social Worker, St. John of God Lucena Clinic Child & Adolescent Mental Health Service.

9. **Ms. Sinead Kennedy,** Speech and Language Therapist Manager, Mater Child and Adolescent Mental Health Service.

10. **Mr. Gordon Lynch,** Advanced Nurse Practitioner, HSE Linn Dara CAMHS, South Kildare.

11. **Dr. Susan O'Hanrahan,** Consultant Child and Adolescent Psychiatrist, HSE Mid Western CAMHS, Co. Clare.

12. **Dr. Antoinette D'Alton,** Consultant Child and Adolescent Psychiatrist, HSE Department of Child and Adolescent Psychiatry, Midland Regional Hospital, Mullingar (Deputising for Dr. Colette Halpin).

Appendix

CAMHS Teams were invited to provide information on service initiatives and developments under a number of headings.

Dublin Mid Leinster

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

A Family Integration Project to target vulnerable families in Dublin 8 has been undertaken. Links have been established with Jigsaw in Clondalkin to provide services to adolescents (Linn Dara CAMHS St. James's & Clondalkin).

A service user satisfaction questionnaire is in use in the department (Longford / Westmeath).

Analysis has taken place of the service user feedback survey (Laois / Offaly).

The team participated in the National Mental Health Commission Collaborative Individual Plan Development (Linn Dara CAMHS Lucan).

The team used the Choice and Partnership Approach (CAPA) (Lucena Wicklow Bray).

Four information mornings were held for all Principals of Junior and Secondary Schools in the catchment area to explain what we do and to receive feedback on what assists them (Linn Dara CAMHS, Ballyfermot).

Feedback has been received on family therapy/ALERT/Incredible Years/social skills groups and ASD parent evenings. Invitations were given to selected service-users to participate in new initiatives (Lucena Team C).

Regular interagency meetings are held with HSE Social Work teams to discuss issues and gain better understanding of each others' work practices and protocols (Lucena Clinic Tallaght, Team 2).

Service user questionnaires were provided for feedback on the waitlist initiative. Service user questionnaires were also used for feedback on a social communication group (Linn Dara CAMHS North Kildare).

The service is devising an ADHD clinic user satisfaction form for circulation in the near future (Linn Dara CAMHS Mid Kildare). A service user information leaflet is under development (Linn Dara CAMHS South Kildare).

1B. MEASUREMENT OF OUTCOME:

Feedback is sought from families and other professionals (Linn Dara CAMHS St. James's & Clondalkin).

Outcomes were measured on the Triple-P parent management group training pre- and post- therapy group (Longford / Westmeath).

HoNOSCA is used for outcome measurement and is recorded at first assessment and discharge (Laois / Offaly).

There is an on going project in relation to outcome measurement (Linn Dara CAMHS Lucan).

Parent evaluation was carried out on the Incredible Years Programmes (Lucena Dun Laoghaire < 12 years).

A feedback form is used for both parents and children who attended group therapy, both pre- and post-. The Parent Stress Index is used (Lucena Wicklow Bray).

We are committed to establishing formal outcome measures (Linn Dara CAMHS Ballyfermot).

Pre- and post- therapy questionnaires are used as indicated, including goal setting scales, social skills measures, SLT re-assessment, Connors, CBCLs, etc. (Lucena Team C).

Regular clinical audit is carried out. Parent evaluation of the Incredible Year Groups also takes place (Lucena Dun Laoghaire < 12 years, Team 2).

Strengths & Difficulties Questionnaires are used pre- and post- intervention and there is review of therapeutic goals on an ongoing basis (Linn Dara CAMHS North Kildare).

1C. RESEARCH / AUDIT PROJECTS:

A safety at work audit was carried out by Dr. Nina Devlin. Teaching and the provision of placements for Dublin University medical students took place. Problem based learning in Child psychiatry was initiated and evaluated by Dr. Norbert Skokauskas and presented internationally. There was training for Senior Registrars on their day release programme (Linn Dara CAMHS St. James's & Clondalkin).

The team is facilitating a research project on the neurocognitive profile (prospective memory) of children with ADHD (Longford / Westmeath).

There is a multi-centre study on the "Working Things Out Group" ongoing with Mater CAMHS (Laois / Offaly).

There is Speech and Language Therapy Research ongoing: ADHD kids: Prevalence of ADHD in parents of children attending. There is also an audit being carried out of electronic patient record and the introduction of same (Lucena Dun Laoghaire < 12 years).

There is evaluation of a parent child psychotherapy process taking place. There is also an evaluation of a psychoeducation training programme for parents of children with Selective Mutism (Lucena Clinic Tallaght, Team 1).

There is research on ADHD/SLT taking place with Trinity College Dublin. Also, parent training for selective mutism is being researched (Lucena Wicklow Bray).

A number of projects are being researched/ audited including the Adolescent Incredible Years Programme, the ALERT Group (OT Research), there is a. Family Therapy Team audit in process and an audit of Medication and team caseload (Lucena Team C).

Biannual team audits are completed that review all open cases, checking that paperwork is up to date, e.g. G.P. letters, reports etc., and that appropriate treatment plans are in place (Lucena Team A).

The team is developing a research protocol to look at extreme demand avoidance in clients with social and communication/ other neurodevelopmental difficulties (Lucena Clinic Tallaght, Team 2).

An audit is being carried out of electronic patient record. A bi-yearly case audit is being introduced. There was a publication / poster by the team entitled "Mental Health Needs of Looked After Children". Parents of ADHD Clinic attenders are being screened for adult ADHD (Lucena Dun Laoghaire < 12 years, Team 2).

An audit on the team's waitlist initiative is ready for submission for publication. There is also an audit of client satisfaction of the ADHD review clinic (Linn Dara CAMHS North Kildare).

Doctoral Psychology is supported (Linn Dara CAMHS Mid Kildare).

Preliminary work is being done on the management of suicide on a CAMHS team (Linn Dara CAMHS South Kildare).

An audit of retained cases of ADHD in > 18 year olds – has been undertaken (Lucena Dun Laoghaire (12 – 15 years).

1D. WAITING LIST OR OTHER INITIATIVES:

There is weekly triage of referrals with direct telephone contact with families and referrers, as necessary, within a week of receiving the referral (Linn Dara CAMHS St. James's & Clondalkin).

Regular active management of the waiting list takes place (Longford / Westmeath).

A registrar was employed for one month at the end of 2010 to address referrals that were received during the period when the waiting list was closed - 30/100 referrals were processed (Laois / Offaly).

There are ongoing initiatives on the team (Linn Dara CAMHS Lucan).

Psychoeducation is offered for parents of children with ASD (Lucena Dun Laoghaire < 12 years).

CAPA was introduced and quarterly psycho education seminars for parents of children with ASD are held (Lucena Wicklow Bray).

We do not have a significant waiting list. At present we are exploring how we might generate specific treatment packages. We are also planning to adapt aspects of the CAPA training (Linn Dara CAMHS Ballyfermot).

There is ongoing active wait list management including increased collaborative working with primary care agencies (Lucena Team C).

A single appointment for specialist assessment of ASD and feedback session were introduced, which has proved more satisfactory for families and more efficient for clinicians. Parental observation of Autism Diagnostic Observation Schedule from an adjoining room with clinician present was also introduced so that simultaneous discussion of the child's observed social and communication strengths and weakness can take place / psycho education (Lucena Clinic Tallaght, Team 2).

Liaison was established with the local Early Intervention Team in relation to the pickup of under fives. Clinical pathways for ASD (including referral) were developed (Lucena Dun Laoghaire < 12 years, Team 2).

Two waitlist initiatives using a solution focussed brief psychotherapy approach were developed. The case co-ordinator role was defined and allocated to every open case. Team training in CAPA was provided and preliminary exploration of application of this model took place. A nominated referral screener role was established - a nominated clinician on the team screens all new referrals and responds to any clinical queries on a daily basis (Linn Dara CAMHS North Kildare).

Referral criteria were widened, initially to GPs and schools and then widened to ?ADHD cases from September 2010 (Linn Dara CAMHS Mid Kildare).

The team is beginning to implement CAPA (Linn Dara CAMHS South Kildare).

The team increased the number of assessments provided. (Lucena Dun Laoghaire (12 – 15 years).

The waiting list decreased – through very focused work (Lucena Wicklow – Bray).

1E. FOR CHILDREN WITH ADHD:

A parents evening is provided and a link with Archways in Clondalkin to provide parenting and children's groups for children with ADHD (Linn Dara CAMHS St. James's & Clondalkin).

A research project, ADHD clinics and care bundles comprising multimodal interventions are offered for children with ADHD (Longford / Westmeath).

There is a wait list initiative for children with ADHD (Laois / Offaly).

An audit took place looking at the use of medications for the treatment of ADHD (Linn Dara CAMHS Lucan).

Psychoeducation groups for children with ADHD are run (Lucena Dun Laoghaire < 12 years).

Education groups for children with ADHD are run by nursing and psychiatry (Lucena Wicklow Bray).

All of the children referred for assessment of ADHD have a school observation by a psychiatrist - this is a new development (Linn Dara CAMHS Ballyfermot).

The ALERT Programme (OT group) is offered (Lucena Team C).

There is an ADHD clinic (Lucena Team A).

The ADHD clinic has been extended, including a psycho-education programme for parents (Lucena Dun Laoghaire < 12 years, Team 2).

An ADHD review clinic happens on a fortnightly basis (Linn Dara CAMHS North Kildare).

The team widened the waiting list to include ?ADHD referrals and continued the ADHD Clinic (Linn Dara CAMHS Mid Kildare).

There is group delivery of information on medication to parents (Linn Dara CAMHS South Kildare).

The team runs a dedicated clinic (Lucena Dun Laoghaire (12 – 15 years).

A clinic takes place in Arklow (Lucena Wicklow – Bray).

1F. GROUPS PROVIDED:

A number of groups are offered by the team including; a group for parents of children with ASD set up and linked with Aspire; Early Years Parents Plus; a group for children with anxiety; and a social skills and communication group (Linn Dara CAMHS St. James's & Clondalkin).

Social communications groups; coping skills for juniors / adolescents; Triple P Parent Management; and social skills groups are all run (Longford / Westmeath).

An adolescent CBT group; social skills groups (SLT led); and the Alert Programme (OT led) are provided (Laois / Offaly).

Several groups are offered including psychoeducation groups for children with ADHD; the Incredible Years Programme; 'Living with ASD'; 'Promoting Emotional and Social Development'; 'Social Use of Language Programme' Groups; and Language Groups (Lucena Dun Laoghaire < 12 years).

The 'Chill Out' Group; the Incredible Years programme (x3); Parenting Groups (3 – 6 yrs) (9 – 12 yrs) (13 – 15 yrs); an Anxiety Group (10 – 12 yrs); and Social Skills Groups(13 – 15 yrs) are all offered (Lucena Clinic Tallaght, Team 1).

A social communication/motor group is run by SLT and OT; parent training is run by psychology and nursing; training for parents of children with ASD; psycho-education group for children with ADHD; and psycho-education groups for children with ASD are provided (Lucena Wicklow Bray).

The team's childcare leader retired in 2009, we also have significantly reduced nursing hours – therefore we have been unable to provide groups (Linn Dara CAMHS Ballyfermot).

The team offers a number of group interventions - social skills; language groups; diagnostic and evaluation groups; parenting; early childhood programme social skills; 'Chill Out' group; ALERT; school transition; psycho-educational groups; organisational groups; and handwriting groups (Lucena Team C).

ASD parents evenings and the Incredible Years Parent group (for 4 different age groups) are established (Lucena Team A).

Parenting groups a social anxiety group for children; psychoeducation groups for young people diagnosed with Asperger's Syndrome; and a psychoeducation meeting for parents of children with recently diagnosed ASD are provided (Lucena Clinic Tallaght, Team 2).

Incredible Years Parent Training groups, school transition groups, and 'Social Use of Language' groups take place (Lucena Dun Laoghaire < 12 years, Team 2).

Group interventions provided included an adolescent resilience focussed group, a social communication parenting group and dyadic therapy for adolescents (Linn Dara CAMHS North Kildare).

A transition group for children moving from primary to secondary school, an anxiety CBT group for primary school aged children, a crisis intervention group for parents of adolescents and a parenting group, based on Parents Plus, have been provided (Linn Dara CAMHS South Kildare).

Occupational therapy offered a group for ADHD - Arousal Levels Organisation and speech and language therapy ran a social communication group (Lucena Dun Laoghaire (12 – 15 years).

Four group interventions were provided – the Incredible Years programme; a group for parents of children with ADHD, a group for parents of children with ASD and a social communication group (Lucena Wicklow – Bray).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

ADOS training for all of the team was provided by Dr. Louise Gallagher. CAPA training was attended. Eating disorders training was attended by 2 members of the team. Children First training was attended by some team members. A weekly review of policies at the team meeting also takes place (Linn Dara CAMHS St. James's & Clondalkin).

A range of training was undertaken on the team including Triple-P, Fairburn Eating Disorder Intervention, Audit Training, Alert Training, Assist (Suicide Intervention) and Solution Focussed Intervention (Longford / Westmeath).

The Locke Programme (1 day course) was attended and a day workshop on eating disorders by Professor Janet Trea – the team has very limited funding for training (Laois / Offaly).

Staff were trained formally in working with immigrant parents. Globe training and CAPA training were also attended (Linn Dara CAMHS Lucan).

Two Masters in CBT are ongoing and one staff member commenced a Masters in Art Psychotherapy. There was also training in the assessment of high risk behaviour and ADOS training (Lucena Dun Laoghaire < 12 years).

Several staff members undertook additional training including advanced Incredible Years Training (x2), Emotional Availability Training (x1) and accreditation for Attachment Training (x1) (Lucena Clinic Tallaght, Team 1).

Psychology attended ADOS training. Asperger's/ high Functioning Autism Training Day was attended by all team members. Incredible Years Mentor Training in Copenhagen was undertaken by a social worker. The Incredible Years Advanced Adolescent Training was completed by psychology (Lucena Wicklow Bray).

CAPA training took place. A cognitive analytic psychotherapist was accredited on the team and an MSc. in CBT was undertaken (Linn Dara CAMHS Ballyfermot).

A number of training inputs were taken up by the team including, 'How to Be inclusive – LGB'; adolescent parenting; attachment; updated Assessment of Need; sensory integration; DCD; mindfulness; and an ASD Conference (Lucena Team C).

The advanced Programme Incredible Years Parent Training was attended by two staff members. The Talk About Social Skills Training (3 days) was attended by one SLT staff member. A 'Speech, Language & Communication Needs in Secondary Schools' training (1 day) was attended by one staff member (Lucena Team A).

Speech and language therapist undertook a specialist diploma course and a psychiatrist on the team attended Prof Sue Bailey's risk assessment and management workshop (Lucena Clinic Tallaght, Team 2).

CBT training and training in risk assessment was undertaken (Lucena Dun Laoghaire < 12 years, Team 2).

Full team CBT training for youths and training in CAPA took place. The CNS is training to be a Supervisor in Marte Meo. The CNS attended training in CHIPPA. The Principal Psychologist and SLT Manager attended training in people management (Linn Dara CAMHS North Kildare).

The full team attended CAPA & CBT training (Linn Dara CAMHS Mid Kildare).

A CAPA workshop was attended by the majority of team. CBT training was provided to the team by Gary O'Reilly. A one day teaching on sexualised behaviour in children was provided to the team by staff from St. Louise's Unit (Linn Dara CAMHS South Kildare).

A Family Therapy Service - dedicated trans team is provided (Lucena Dun Laoghaire (12 – 15 years).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

ASD training was provided for schools in Clondalkin. Marte Meo is provided to the Dublin 15 team. Speech and language therapy was provided to Dublin 10 CAMHS. Liaison was established with the early years initiative in Rialto. Participation is ongoing in the area Child Protection Committee. Termly meetings take place with NEPS (Linn Dara CAMHS St. James's & Clondalkin).

Consultation/ training is provided to occupational therapists in the community. Psychology / OT students rotate through department (Longford / Westmeath).

Talks were given to the Laois Education Centre – Teaching (Laois / Offaly).

Training was provided on mental health issues in teenagers for the general public. Parent education sessions were also provided on the social use of language, sensory strategies for 'sitting still' and sensory integration training (Lucena Dun Laoghaire < 12 years).

The team offered psychoeducation for the fostering association (Lucena Clinic Tallaght, Team 1).

Parent training for selective mutism and an Incredible Years training workshop were provided. The speech and language therapist presented research in Athens (Lucena Wicklow Bray).

There is ongoing training of medical students and family therapy tutorials to the senior registrar (Linn Dara CAMHS Ballyfermot).

There were a number of consultations/ trainings provided including OT in CAMHS nationwide; teacher training; evening seminars; 'Sit Still and Finish your work' (teachers ADHD training); regular students across all disciplines; developing social skill through play; and lecturing (Lucena Team C).

Family therapy training, supervision of CBT therapy, training of NCHDs in psychiatry, lectures to medical students, "Sit Still" (sensory strategies), parent education programmes and Social Use of Language training are all provided by team members (Lucena Dun Laoghaire < 12 years, Team 2).

The Speech and Language Therapy Manager is the Chairperson of the Linn Dara Ethics Committee and the Chairperson of the Board of Management of the Phoenix Park Special School. The Speech and Language Therapy Manager and Principal Psychologist are members of Linn Dara CAMHS' Senior Management Team. The Consultant psychiatrist is involved in the supervision and training of NCHDs. The Principal Psychologist is involved in the supervision and training of psychologists in training. The CNS supervises trainee art psychotherapist and is a supervisor on the HSE Marte Meo training programme (Linn Dara CAMHS North Kildare).

The service responded to a specialist request for psychology assessments 1 day per week for assessment of need. There was an input TENTS=TP Project for implementation of European Guidelines of Management of Post Traumatic Stress (Linn Dara CAMHS Mid Kildare).

The team held a lunchtime presentation to Kildare GPs. On demand consultation is available to fostering social workers. The Consultant presented on CBT to the Senior Registrars. Five FBT workshops were provided to Beechpark staff by the ANP (Linn Dara CAMHS South Kildare).

There is a Family Therapy service - dedicated trans team (Lucena Dun Laoghaire (12 – 15 years).

Incredible Years training was provided (Lucena Wicklow – Bray).

Dublin North East

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

An extensive service wide project has just been completed seeking service user feedback from all cases currently attending to Mater CAMHS (feedback has been sought from children, adolescents and parents). This feedback has been collated and distributed to the teams for discussion. As a result of this Team 'A' is in the process of developing an action plan to address some of the issues brought up from this service user feedback to help improve the service provided. The majority of the issues raised by service users are related to structural and resource issues that are outside of the team's ability to address. Occupational Therapy feedback was obtained from parents in relation to intervention as well as Alert Programme parent and child feedback. Speech and Language Therapy parent feedback was obtained in relation to intervention. Individual feedback was also completed by parents/young people who attended the following groups: Parents Plus, Working Things Out, Attention Deficit Hyperactivity Disorder parents group (Mater Team A).

Departmental Service User Participation and feedback protocol was launched. This survey took place in 2010. Feedback was analysed by the team and an action plan drawn up (Mater Team B).

An extensive service wide project has just been completed seeking service user feedback from all cases currently attending to Mater CAMHS (feedback has been sought from children, adolescents and parents). This feedback has been collated and distributed to the teams for discussion. As a result of this Team 'C' is in the process of developing an action plan to address some of the issues brought up from this service user feedback to help improve the service provided. The majority of the issues raised by service users are related to structural and resource issues that are outside of the team's ability to address (Mater Team C).

Report and Service User Feedback was completed in 2010. Data was reviewed and presented at the Staff Day. Plans to address concerns have been formulated and partially implemented (Mater Team D).

An extensive service wide project has just been completed seeking service user feedback from all cases currently attending to Mater CAMHS (feedback has been sought from children, adolescents and parents). This feedback has been collated and distributed to the teams for discussion. As a result of this Team 'E' in Swords has developed an action plan to address some of the issues brought up from this service user feedback to help improve the service provided. The majority of the issues raised by service users are related to structural and resource issues that are outside of the team's ability to address (Mater Team E).

Have your say – satisfaction survey is being implemented (Louth).

A client feedback survey is in progress (North Meath).

1B. MEASUREMENT OF OUTCOME:

Speech & Language Therapy Manager, Psychology Manager and Occupational Therapy Manager from Mater CAMHS are members of the CAMHS Advisory Group, chaired by Dr. Brendan Doody - this multi-disciplinary working group is examining performance management/outcome with HSE CPCP (Mater Team A, Mater Team B, Mater Team C, Mater Team D). An Individual Intervention/Care Plan was developed in 2010 and is due to be launched in 2011 to be used with all clients attending the service. There is a plan to develop a feedback form with the Service User Group to allow each client to give feedback on their experience of the service (Mater Team A).

The service as a whole is reviewing validated outcome measures through the Best Practice Sub-Committee (e.g. CGAS, HoNOSCA, Service User feedback etc.) (Mater Team E).

Use of ORCS is being investigated by the senior psychologist (Linn Dara CAMHS Castleknock).

Outcome of attendance at ADHD review clinics for older teens is being measured (South Meath).

Outcomes of attendance at ADHD review clinics for older teens are being measured. Identification of unmet needs for ADHD children is in progress (North Meath).

1C. RESEARCH / AUDIT PROJECTS:

Neurofeedback research with ADHD has been completed. Working Things Out (WTO) - Randomised Controlled Trial evaluating CD-Rom group based intervention for adolescents attending Mater CAMHS is being undertaken (Mater Team A).

Team planning days include an audit of our wait list management systems (Mater Team B).

Research investigating parents' experiences of receiving a diagnosis for their child from a clinical psychologist in an Irish child and adolescent mental health service is being undertaken (Mater Team C).

A Wilderness Therapy Project for adolescents in Mater CAMHS is under development (Mater Team D).

Pre/Post measures are completed of all groups run. We are currently updating the ADHD database. Early intervention is being undertaken for early onset anxiety. Community based Cyber bullying research for journal submission is planned for the near future (Mater Team E).

Discharge audit of client satisfaction is being continued. Gaffney, P. (2010) The Teenage Psychotherapy First XI: On learning from the beautiful game, *Counselling Psychology Review*, 25, 1, 6-12, and Larmer, C & Gaffney, P. (2010) *Cognitive Behaviour Therapy with Eating Disorders*, APT Press: Leicester were published (Cavan / Monaghan).

An audit of the ADHD Clinic and of ASD Patients is being undertaken (Linn Dara CAMHS Castleknock).

There is an audit of outcome of the Young Persons Group (Louth).

File note audit to ascertain if HSE guidelines are being followed is being undertaken (Linn Dara CAMHS Blanchardstown).

An audit of 16 year olds and older with ADHD attending CAMHS is being undertaken. An audit of the ADHD Review Clinic is also in progress and we are piloting a new model for Crosslinx intervention with families of parents with mental health problems (South Meath).

An audit of unmet needs of children attending the ADHD clinic is being undertaken, as well as an audit of emergency referrals (North Meath).

1D. WAITING LIST OR OTHER INITIATIVES:

The Team Co-ordinator post has been developed on the team. A referral committee involving two members of clinical staff has been set up to screen and prioritise all new referrals. A multidisciplinary assessment appointment rota has also been established, as well as an urgent appointment rota. Co-ordination of the waiting list and priority appointments has been undertaken by team coordinators and administration staff (Mater Team A).

An initiative to reduce waiting time to first appointment in line with national HSE HealthStat Key Performance Indicators has been implemented. Team planning on a pilot initiative for accepting referrals for 16-18 year olds, including a sub-group to plan service user participation in the development of this service (16-18) is underway. Liaison with local second level schools and your centres has been established (i.e. an initiative to set up outreach appointments) (Mater Team B).

Outreach to local second level schools and local community care social work department is underway. A review of service distribution across Community Care Area 8 is planned for 2011 (Mater Team C).

Outreach to local second level schools and local community care social work department is underway. A review of service distribution across Community Care Area 8 is planned for 2011 (Mater Team D).

As a waiting list initiative: The Parents Plus Programme has been offered to parents of 35 children on the waitlist, 15 are attending currently, the group is ongoing and results are awaited. The role of Waiting List Coordinator has been developed. A team member now assumes responsibility for managing referrals (300-400 p.a.), this commitment can be up to 2 sessions per week. The service development group continues with its current focus on Mental Health Commission Team working Document. Information regarding other services and bibliotherapy list is provided to parents of children on waitlist (particular to needs identified in the referral). Regular meetings with Assessment Of Need Officers take place regarding streamlining the referral process for appropriate referrals. Meet the Managers' meeting is being convened. There is an open invitation for colleagues in community/primary care services to attend for informal presentation and interagency networking (Mater Team E).

Consultant membership is in place of the implementation of the reorganisation of HSE services. There is continued development of a regional specialist Eating Disorder Interest Group. This includes all interested parties from Primary Care Services, Dublin North East including CAMHS teams, St. Joseph's Adolescent in-patient unit and paediatric hospitals such as Temple Street. The Paediatric Liaison Service further developed its role in Our Lady of Lourdes Hospital - we now have a monthly meeting with the Cystic Fibrosis team in addition to the Diabetic team. The purpose of this is to discuss new referrals and complex cases. A business case proposal has been developed in conjunction with the Diabetes team to look at improving the service by incorporating psychological support for the clients at the annual assessments in the most cost effective way possible. A similar proposal is being developed with the Cystic Fibrosis team presently. The accreditation process for An Bord Altranais to assist them in the provision of clinical placements for students, was completed. The Senior Clinical Psychologist is the Mental Health representative on the National Special Care Admissions Panel. The Senior Clinical Psychologist is a member of the Senior Advisory Group, National High Support & Special Care (Cavan / Monaghan).

Waiting list blitz takes place at intervals. The team attended for CAPA Training in October 2010 (Linn Dara CAMHS Castleknock).

A summer initiative took place to address the wait list. A therapeutic summer camp for 5-8 year olds took place. There was a multi agency forum for complex cases. A student nurse placement with Dundalk Institute of Technology was set up (South Meath).

The East Meath Outreach Clinic in Drogheda was established, as well as an Eating Disorder Special Support Group (North Meath).

1E. FOR CHILDREN WITH ADHD:

An ADHD sub-team, ADHD review clinic, and ADHD information day are all in place. A dedicated ADHD parenting group runs for 8 weeks 1-2 times per year (Mater Team A).

Children with ADHD are offered MDT involvement as required (Mater Team B).

A parents group for children with ADHD ran in October - November 2010. Re-organisation of psychiatry reviews into medication clinics is taking place. The introduction of computerised attention tests for assessment of ADHD in 2011 is planned (Mater Team C).

Parents group for children with ADHD is in planning stages and will be offered in our premises on James Joyce Street. Re-organisation of psychiatry reviews into medication clinics is taking place. The introduction of computerised attention tests in 2011 is planned (Mater Team D).

There is a middle years ADHD parenting group. The ADHD database has been updated. We are aiming to develop a specific care bundle for children with ADHD attending the clinic (Mater Team E).

Parenting groups for parents of children with ADHD take place. There is an audit of the ADHD clinic. There has been a reduction of waiting time for new assessments to 3 months. A review of medical protocols for pre-medication work-up has been undertaken (Linn Dara CAMHS Castleknock).

A teacher training course on the management of ADHD is in place, as is the development of an ADHD booklet for parents (South Meath).

Development of ADHD booklet for parents has been undertaken (North Meath).

1F. GROUPS PROVIDED:

The Parents Plus Programme is provided for parents of children aged 5-11 and consists of five three-hour workshops covering positive parenting and positive discipline topics. The course includes helping parents manage difficult behaviour, gain support, build on strengths to develop a close relationship and help children reach their full potential. ADHD Neuroeducational Parents Group is also provided. The occupational therapy department runs the ALERT programme for self-regulation. Working Things Out (WTO) - CBT / Solution focused group intervention for adolescents are provided. Teenage Girls Group - an occupation based group with an emphasis on personal development, life skills and stress management is also provided (Mater Team A).

The following groups are provided: Alert programme, transition to secondary school programme, social skills group, and language group (Mater Team B).

The following groups are provided: Parents Plus Middle Years, Parents Plus Adolescent Programme, and Parents Plus Early Years. Occupational therapy department run the ALERT programme for self-regulation. Working Things Out (WTO) - CBT / Solutions focused group intervention for adolescents is provided. Teenage Girls Group - an occupation based group with an emphasis on personal development, life skills and stress management is provided, as is a language group for narrative and expressive language skills (Mater Team C).

No groups are being offered in our premises due to inappropriate facilities. Clients can access groups in James Joyce Street e.g. Parents Plus, Speech and Language Therapy, Occupational Therapy, Cognitive Behaviour Therapy Group (Mater Team D).

Adolescent PPP (Parents Plus Programme), Middle Years PPP, Waiting list initiative PPP, Occupational Therapy Alert Programme, Occupational Therapy transition to secondary school programme and a group for 6-7 year olds with language impairment are all provided (Mater Team E).

A solution focused parenting group (parental stress index - evaluation sheet) was run from September 2010 to October 2010. A social skills group for 9-12 year olds was run from August 2010 to September 2010 for ADHD and Asperger's clients. A 12-week Dialectal Behaviour Therapy skills group, a 4-week parents DBT skills group (6 participants) and a 7-week DBT Programme (4 participants) were also run (Cavan / Monaghan).

The following groups were provided: Two social skills & friendship groups, an observation group (to assist with diagnostic clarification in complex cases), Two parenting groups for parents of children with ADHD, and a transfer to Secondary School Group for children in 6th class preparing for a transition to secondary school (Linn Dara CAMHS Castleknock).

Diagnostic groups were run (Linn Dara CAMHS Blanchardstown).

Parenting groups for parents of children with ADHD were run twice. Parenting groups for parents of teenagers with ADHD, a therapeutic group for 7-9 year olds, and a therapeutic group for 5-7 year olds were also run (South Meath).

Parenting groups for parents of children with ADHD were run twice. Parenting groups for parents of teenagers with ADHD, therapeutic group for 7-9 year olds and a therapeutic group for 5-7 year olds were also run (North Meath).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

The following training was undertaken: Children's First training, CBT Training, Neurofeedback (Canada), in-house academic programme (shared with Children's University Hospital (CUH), Temple St., once per month for 3 hours from October - June each year), Dyspraxia/DCD, ASIST suicide intervention training (provided by OASIS), Working Things Out, YPAR (Young People At Risk) initiative (Mater Team A).

Training on the team included the following: Post Graduate training in EDS (Eating, Drinking and Swallowing qualification) (SLT), the Consultant and Registrar completed a Masters in Cognitive Behavioural Therapy, attendance at C.P.D. events (e.g. workshops on attachment, general conferences, information sessions, Children's First Refresher, D.C.D. courses, Infant Mental Health training), in-house academic programme (shared with CUH and Temple Street once per month for 3 months from October - June each year) (Mater Team B).

The in-house academic programme (shared with CUH and Temple Street) takes place once per month for 3 months from October - June each year. British Association of Psychopharmacology 2 day update course for psychiatrists was attended March 2010 (Mater Team C).

The in-house academic programme (shared with CUH and Temple Street) takes place once per month for 3 months from October - June each year. Team members also attended Family Therapy and Eating Disorder meetings (Mater Team D).

Training on the team included the following: Psychopharmacology course-Consultant, Young Ballymun Infant Mental Health course - 3 social workers, 2 SSLTs, 1 psychologist, DISCO Training-Senior registrar, Supervision Training-2 psychologists, Central Auditory Processing Disorder-SSLT, Speech Disorder Training-SSLT (Mater Team E).

One Nurse graduated with an MSc. in Mental Health Child & Adolescent and family strand from Trinity College, Dublin on 12th November 2010. One Clinical Nurse Specialist completed her second year of the MSc in Health Care Management in Trinity College, Dublin. One Consultant attended the American Academy of Child & Adolescent Psychiatry on 25th - 30th October. A Consultant and Clinical Nurse Specialist attended an Eating Disorder seminar given by Professor Janet Treasure on 23rd February 2010. All Consultants attended the systems analysis training organised by the clinical indemnity scheme on 25th February 2010. All Consultants attended Professor Sue Bailey's lectures and workshops on forensic issues in relation to child psychiatry on 26th February 2010 organised by the Lucena Foundation. 2 Consultants attended the Asperger's day organised by the Lucena Foundation on 16th February 2010. Team members attended the F.O.I. data and protection courses in June 2010. All team members attended the 2 day ADHD course organised by the Association of Psychological Therapies. CAMHS invited other professionals from the Child Development Team, Enable Ireland etc to avail of the course. One Consultant attended the National ADHD meeting organised by Lilly Pharmaceuticals on 1st September 2010. All team members undertook CPR training on 1st November 2010. Team members undertook Eating Disorder training given by Janice Wedlock on 23rd February 2010. The North East CAMHS Consultants' formed the Irish College of Psychiatry and is chaired presently by Dr. Leo Mestel. One Clinical Nurse Specialist attended training on 'The role of the Occupational Therapy in CAMHS' in the Lucena Foundation. Trauma, Mental Health & Cultural Bereavement training took place on 21/9/10 and 5/10/10 (Cavan / Monaghan).

Training included: CAPA Training, Globe Training for the team for working with multi-cultural families, team training in CBT skills (half-day.) The Senior Psychologist undertook training in Psychodynamic Psychotherapy. A team member attended a course on domestic violence (Linn Dara CAMHS Castleknock).

Drama therapy (Louth).

Training included: cultural awareness training for the whole team, CBT training for whole team, and Choice and partnership training for whole team (Linn Dara CAMHS Blanchardstown).

Training included: networking skills, emotional regulation training (given by Occupational Therapy) and script / story writing as therapeutic tool (South & North Meath).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

Psychology supervision was provided to trainee clinical psychologists. Training for Psychiatry Registrars was provided. Training of Speech and Language Therapy and Occupational Therapy students took place. Residential Staff consultation and training in relation to looked after children was provided. Open day/awareness training (Interagency) was provided. Child Art Psychotherapy (CAP) training involved supervision of students and provision of lectures to students on the

course. Mater Annual Study Day & monthly academic programme took place between Mater CAMHS & CUH, Temple Street. Advanced SI practice Mentoring was provided (Occupational Therapy). ADHD training (Interagency) was provided (Mater Team A).

Presentation to local service regarding CAMHS took place. Presentation to local preschool regarding CAMHS also took place. There was representation and consultation on a number of local committees e.g. Interagency Network, Young Ballymun, Ready Steady Grow and Young Ballymun Jigsaw. There was ongoing consultation with Social Work Department HSE regarding children in care. Consultation with schools regarding multiple clients and Principals Network took place. There was a presentation by the Consultant to local services regarding A.D.H.D. Consultation with local G.P.s took place (Mater Team B).

Lectures were provided to Trinity occupational therapy students on occupational therapy role in child and adolescent mental health. Lectures on occupational therapy in CAMHS were given to the Senior Registrar training programme, School of Postgraduate Medical Training, TCD. Local schools and agencies – consultation was provided. Residential Staff consultation and training in relation to looked after children took place. There were 2 workshops (3 hours each) with 1st and 2nd year Trainee Clinical Psychologist from TCD. Four trainee Clinical Psychologists were on Clinical Placement. Child Art Psychotherapy (CAP) training involved supervision of students and provision of lectures to students on the course. Mater Annual Study Day & monthly academic programme took place between Mater CAMHS & Children's University Hospital, Temple Street. There was a member of the Child Practice trainee committee in Psychiatry (Mater Team C).

Consultation took place with local schools and agencies e.g. Community Care Social Work Department etc. (Mater Team D).

Social Work consults to Fingal Community Childcare Committee took place every 6 weeks. There was regular consultation with Homestart (this is a community based primary prevention initiative for parents of children aged 0-5 years). The Consultant provides 6 weekly staff consultation to emergency children's residential home. The Senior Registrar provides CASC (Comprehensive Assessment of Satisfaction with Care) training to registrars (Mater Team E).

One Clinical Nurse Specialist and 1 Social Worker provided training to medical students on Eating Disorders. One Clinical Nurse Specialist undertook writing up of a two day training course CBT for Eating Disorders. One Clinical Nurse Specialist and 1 Social Worker provided a presentation to transition year students on Eating Disorders. Placements to students on the Masters programme in Child & Adolescent Psychiatry in Trinity College were provided. Two day APT ADHD training was provided to CAMHS/Child Development Team/Enable Ireland. 4 X 3 hours workshops on Child & Adolescent Mental Health were provided to the Doctorate in Counselling Psychology course, TCD. 1 X 2 hour workshop on working with ADHD was given to the Cavan/Monaghan Speech & Language Team (Cavan / Monaghan).

Consultation to schools, G.P.s and Community Care social workers was provided as part of clinical work (Linn Dara CAMHS Castleknock).

A resource teacher workshop took place. Lecture to Nursing programme in Dundalk IT was given (Louth).

Consultation was provided to Aistear Beo Family Centre (Linn Dara CAMHS Blanchardstown).

Consultation was provided to community care psychology. Consultation to Child Protection Services took place. There was regular networking with community services and voluntary groups (South Meath).

Consultation was provided to community care psychology. Consultation to Child Protection Services took place. There was regular networking with community service, voluntary groups. Monthly meetings with Children's Disability Services took place. Consultation was provided on Gender Identity Disorder cases (North Meath).

South

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

Use of pre and post questionnaires for parents attending behavioural management groups and children who attended social skills/anger management group (Waterford / South Kilkenny).

Feedback sought from parents of children attending parenting and eating disorder groups (South Lee Team B).

Feedback questionnaires used with groups. Suggestion boxes located in reception (South Lee West).

Feedback sought from parents on ADHD parenting group programmes and children/adolescents attending social skills group (Brothers of Charity Kerry).

No resources available to follow up planned feedback audit. Ongoing service user collaboration regarding care planning on individual care plans. Advocacy service liaison via integrated mental health services (South Tipperary).

Feedback sought pre and post parenting groups (North Lee West & Youghal).

This service is participating in a multi-site research project, the purpose of which is to seek the views of service users in relation to their attendance at a CAMHS Service. The title of the project is 'An Evaluation of Client Satisfaction with the Child & Adolescent Mental Health Services' (North Lee East).

Information leaflet for the service is in development (Carlow / Kilkenny Two).

Service user Project: Naming our CAMHS team (collaboration with young people). Annual Christmas Focus Group with young People consisting of 4 'stations' based on what groups/ interventions they would like. Views/Contribution are incorporated into an information leaflet for young people. Garden project/ Waiting area: Name, ideas, messages for other young people (South Lee Western Road).

Service User governance sub group established and activities such as suggestion box and analysis of returns is undertaken. Sub group continues to devise ongoing strategies (Carlow / Kilkenny One).

Publication: Service Evaluation and Client Satisfaction – What can we learn from Silence? Emma Pybus (Psychologist in Clinical Training) & B Coughlan. National Institute of Health Sciences, Research Bulletin, Vol 5; (4). December 2010 p40-41 (North Cork).

Considering developing a Feedback Questionnaire (Wexford South).

1B. MEASUREMENT OF OUTCOME:

Use of SDQ / Eyberg / Parenting stress index / CBCL for parenting and social skills groups (Waterford / South Kilkenny).

Using the experience of service questionnaire by CHI (Commission for Health Improvement) (South Lee Team B).

Six monthly audit of services, which includes a measure of progress for each case (South Lee West).

Work still in progress (Brothers of Charity Kerry).

Team currently exploring how this might be possible despite cutbacks (South Tipperary).

Use of a range of Questionnaires (North Lee West & Youghal).

At present we have no formal system of outcome measurement. Clinical governance committee will review this (Carlow / Kilkenny Two).

Qualitative Measurement of outcome of Adolescent Anxiety Art project (Joint with team A). Pre and Post Outcome measures on Social Skills group, parents groups. ADHD Clinic: Pre/ Post measures. Evaluation of Service user views of Parent Support group for anorexia (CAMHS wide in Cork) (South Lee Western Road).

None but considering issue within governance process, we have introduced structured screening and assessment tools such as GADS GAR ADOS TeEACH WISC (Carlow / Kilkenny One).

Service Evaluation and Client Satisfaction – What can we learn from Silence? Emma Pybus (Psychologist in Clinical Training) & B Coughlan. National Institute of Health Sciences, Research Bulletin, Vol 5; (4). December 2010 p40-41. Child and Adolescent Mental Health Professionals' Service Evaluation. Emma Pybus (Psychologist in Clinical Training) & B Coughlan. National Institute of Health Sciences, Research Bulletin, Vol 5; (4). December 2010 p38-39 (North Cork).

It depends on the Questionnaire (Wexford South).

1C. RESEARCH / AUDIT PROJECTS:

Audit of referrals carried out by trainee clinical psychologist. Audit of parenting groups - using outcome measures/clinical indices/parent satisfaction questionnaires, carried out by CNM2 as submission for Masters degree (Waterford / South Kilkenny).

Research on Social Work and Eating Disorder with Trinity College, Dublin. SEYLE Project, which is a health promoting programme for adolescence in European schools. Audit of clinical cases. Setting up CAMHS criteria document (South Lee Team B).

Two audits performed through the year. Additional audit in July 2010 when service moved to new location (South Lee West).

Audit of service users requiring speech/language and OT Assessment (Brothers of Charity Kerry).

NCHD audit of quality of notes/files. Engaged with overall mental health service on possible parallel projects. Exploring regional forum for specific child psychiatry multidisciplinary audit (South Tipperary).

What's in a Name? Service Users agree a name for their local CAMHS team (South Lee Western Road).

Correlation between extra service factors and referral regarding ADHD, project in early developmental stage (Carlow / Kilkenny One).

Service Evaluation and Client Satisfaction – What can we learn from Silence? Emma Pybus (Psychologist in Clinical Training) & B Coughlan. National Institute of Health Sciences, Research Bulletin, Vol 5; (4). December 2010 p40-41. Child and Adolescent Mental Health Professionals' Service Evaluation. Emma Pybus (Psychologist in Clinical Training) & B Coughlan. National Institute of Health Sciences, Research Bulletin, Vol 5; (4). December 2010 p38-39 (North Cork)

One finished on the short self-rating for Attention Deficit Hyperactivity Disorder (Wexford South).

1D. WAITING LIST OR OTHER INITIATIVES:

Regular bimonthly meetings with Community Care Clinical Psychology - to develop closer working relationship and to discuss shared, complex cases (Waterford / South Kilkenny).

Realignment of South Lee catchment area. Validation of the current waiting list (South Lee Team B).

No current involvement in wait list initiative (South Lee West).

Introduction of text messaging reminders in an attempt to reduce DNA's. Fortnightly new patient clinic established. Psychologist provided by HSE for waiting list initiative for 6 months helped team to reduce waiting list (South Lee Team A).

Waiting list initiative carried out by admin staff and clinicians has significantly reduced waiting list numbers and waiting times (Brothers of Charity Kerry).

Awaiting follow up re: HSE waiting list initiative. Currently designing standard referral forms for GP to decrease inappropriate referrals. Consulting with other Community Care services to refine referral pathways to improve efficiency for all. Continued parallel new patient clinics for 6 months until further staff losses made this unsustainable (South Tipperary).

National Waiting List Initiative (North Lee West & Youghal).

Internal Waiting Lists an ongoing issue since July 2009. OT Internal W/L (North Lee East).

Service referral guidelines now being disseminated (Carlow / Kilkenny Two).

1.5 staff appointed under HSE south Waiting list initiative: Took over Coordinator role / liaison around waiting list. New Referral Management system was introduced. Extra New Patient Clinic occurs weekly. Waiting list has been reduced to target. New Clinic base (team moved catchment area and location). Parent and Young People's information sheet developed. Updated database project. Biannual Clinical Audit (Care plan updated etc). Case - holder role introduced (South Lee Western Road).

The service no longer runs a waiting list achieved via clarification of referral criteria to referrers and process to target previous waiting list by generic use of all team members in early assessment stage and a planned increase in assessment slots in the months proceeding this audit, the month of November coincided with the final remnants of past waiting list being cleared, possible by recent appointment of additional staff member (psychologist). After this month no person is on a waiting list to be seen (Carlow / Kilkenny One).

Three Agency Staff employed (1 Senior Occupational Therapist; 1 Senior Speech and Language Therapist; 1 Clinical Psychologist) (North Cork).

Blitzed inherited waiting list of 3 years down to 6 months in the first half of 2010 (Wexford North).

Only 14 people on the Waiting List at this time (February 2011) (Wexford South).

1E. FOR CHILDREN WITH ADHD:

Unfortunately in absence of CNM2 - formal ADHD clinic inactive currently. New cases being screened by Consultant (Waterford / South Kilkenny).

Dedicated ADHD clinic. Parent training groups (South Lee Team B).

Establishment of ADHD Clinic. Social Skills Programme for children with ADHD provided (South Lee West).

Webster Stratton Incredible Years group for parents (South Lee Team A).

Recruitment of Senior Speech and Language Therapist, Senior OT, Senior Psychologist and Social Worker has improved intervention. Summer Camp for children with ADHD (Brothers of Charity Kerry).

Expanded ADHD Clinic despite decreased resources. Collaborating on research project re: biological markers for ADHD. Supporting Barnardos community based group initiative for parenting in context of ADHD (South Tipperary).

Multi-disciplinary ADHD Clinic (North Lee East).

C.N.S. appointed to provide parenting groups, on-going care (Carlow / Kilkenny Two).

ADHD Care Bundle Developed in response to previous audit: Includes Waiting list pack, Post Diagnostic pack, and School and GP information Packs. Access to OT/ Psychology/ Social work now available on request to ADHD Clinic (South Lee Western Road).

Care pathway developed outlining referral criteria including pre referral assessment criteria, generic screening process utilised by all staff members, development of structured assessment for certain cases (TeEACH) to ascertain borderline cases, use of school observation and consultation (Carlow / Kilkenny One).

Met with ADHD support group. Biological research study undertaken (North Cork).

Separate ADHD clinic (Wexford North).

One finished on the short self-rating for Attention Deficit Hyperactivity Disorder (Wexford South).

1F. GROUPS PROVIDED:

Triple P programme x 3 this year. Social skills/anger management x 2. (Waterford / South Kilkenny).

Webster Stratton parenting programme - basic training. Webster Stratton parenting programme - advanced training. Support group for carers/parents of children with eating disorder (South Lee Team B).

Parents Plus Programme provided (May/June 2010) and part group programme in October 2010 (which was cancelled after some weeks). Social Skills Programme provided (April/May 2010). Multi-family Group for Eating Disorders (South Lee West).

Parents Plus for Adolescents ran twice in 2010. FRENDS (CBT for Anxiety/Depression) group. Week-long Art Project for teenagers funded by donation from local Fire Service. Advanced Incredible Years Parenting Programme ran for parents who had previously done Incredible Years. Very well received by parents (South Lee Team A).

2 x Parents Plus Programmes – one for children, one for adults. CBT Anxiety Management Group. 2 x Social Skills Groups for children (Brothers of Charity Kerry).

Professional training to 2 groups of PHN. Supporting Barnardos community based group initiative for parenting in context of ADHD (South Tipperary).

Incredible Years Parenting Group. Parents Plus Adolescent Group. Motor and Social Skills Group (North Lee West & Youghal).

Friends Group (Mid-Years). Sensory Processing Information Group x 3. Teen Group x 2 (North Lee East).

Multifamily Group for Anorexia (Jointly with attendees from 2 other teams). Art / Anxiety Project (Jointly with Mahon CAMHS). Social Skills Group (ADHD). Parenting Groups (Adolescent and Mid years). Friends Group (Jointly with Mahon CAMHS) (South Lee Western Road).

None we have no resource to do this (Carlow / Kilkenny One).

Parent's Plus Adolescent Group. Working Things Out Group (Adolescents) (North Cork).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

Parent plus training. Solution focused Psychotherapy training. Children first training (Waterford / South Kilkenny).

Strengthening Families Programme. Training In Friends Programme. Non-violent resistance training. Family Therapy. CBT. Support and Counselling (South Lee Team B).

Staff have attended (a) Friends Training (b) Foetal Alcohol Syndrome Seminar (c) Multi-Family for Eating Disorders Group (South Lee West).

Mindfulness Training for work with Adolescents. Assist Training -2 day training. Non Violent Resistance Training 1 day training. Training for Facilitation of Strengthening Families Programme 2 day training. Training for Facilitators of FRENDS (6-12 years) 1 day training (South Lee Team A).

Deliberate Self Harm Training. Suicide Assist Training. CBT for Social Phobia. Facts Training. Friends for Life Training. Attachment Training (Brothers of Charity Kerry).

Master in Nursing. Compassionate mind training. CBT training re schemata therapy. Infant mental health endorsement. Medicolegal training (South Tipperary).

Narrative Therapy by S.W. – self financed – 2 day course. World Conference on Infant Mental Health – Germany – self financed. 5 day course (North Lee West & Youghal).

Friends Programme – one day for each clinician (North Lee East).

Post-graduate diploma in Mental Health Nursing completed (Carlow / Kilkenny Two).

ASSIST training (In service for all staff). Non Violent Resistance Workshop (In service for all staff). Multifamily Group for anorexia facilitator training (Consultant). 'Friends' group facilitator training (Psychologist). Sensory Integration training (OT). 'Alert' programme training (OT). Masters in CBT - ongoing (CPN). Masters in Family Therapy - ongoing (Social Worker). Masters in Medical Education - ongoing (Consultant). CBT in Children and Adolescents (Modular) (Consultant). Eating Disorder Forum (Special interest Joint Initiative with HSE (all). Mastering Adverse outcomes (Consultant) (South Lee Western Road).

Marta Meo. Supervision Course. Children first. ADOS and TeEACH assessment (Carlow / Kilkenny One).

Locum Senor Registrar: Family Therapy Training at Institute for Family Therapy (in London). CBT supervision with external Consultant. Clinical Nurse Specialist and Senior Clinical Psychologist: Infant Mental Health (North Cork).

Consultant: Psychoanalytic therapy, Safer Clinical Practice (MPS), Medicolegal training. Psychologist: Completing Masters (Wexford North).

CBT (Wexford South).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

Meeting with Waterford area partnership by team members to explain role of Child Psychiatry Dept. Consultation with schools by speech therapist and occupational therapist (Waterford / South Kilkenny).

As we cater for the mental health needs of children with Intellectual Disability up to the age of 18, we regularly provide consultancy service to community statutory service and voluntary organisations like ASD, Community Care Social Welfare Dept., Early Intervention Service Forum, ISPCC, COPE, special and main stream schools, Community Psychology, Speech & Language therapy and Occupational Therapy. Teaching and supervision is provided to Registrar. Outreach clinic in GP

surgery. Part of induction programme for service (South Lee Team B).

Staff have provided Journal Club to CAMHS Brothers of Charity and feedback from Multi-Family Training (South Lee West).

Regular consultation with local HSE social work team. Consultation and supervision to North Cork Community Psychology. Placement of Graduate Psychology Student. Placement of Art Therapy Student (South Lee Team A).

ADHD presentation to GP's. Overview of service to 6 student BSc. Psychiatry Nurses at ITT. Induction training to new staff members (Brothers of Charity Kerry).

School staff. ASD service. Psychology service community care. Infant mental health training for community mother programme and for NCHD training (South Tipperary).

Educational Session with Speech and Language Therapy Department, City General. Educational Session with Community Care Social Work Department. Educational Session with School (North Lee West & Youghal).

Talk given at the Tourette's Syndrome Ireland, Munster Branch opening. An article submitted for information on Tourette's Syndrome for teachers (North Lee East).

Consultation and Liaison to local general hospital (Carlow / Kilkenny Two).

Induction programme for CAMHS professionals (1 day workshop x2). To GP training Scheme: Introduction to CAMHS. CAMHS Registrars: Child Development, Mental Health Act 2001, Child protection. Consultation service model developed and begun for Primary Care services (South Lee Western Road).

We now provide easy access to social work for case consultation (Carlow / Kilkenny One).

Consultant Child and Adolescent Psychiatrist: Saving and Empowering Young Lives in Europe (EU project). Lecture for Masters in Social Sciences (UCC). Family Centre (for investigation of Sexual Abuse) (North Cork).

Teachers, Principles, CBT (Wexford South).

West

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

Service users in South Galway have been provided with a free phone number and contact to give any feedback regarding the service provided by Health Service Executive West (South Galway).

CAMHS participated in a Multicentred Client Satisfaction Study for CAMHS (The Principal Investigator was Professor Fiona McNicholas, UCD). The team also undertook a Research Project through the Attention Deficit Hyperactivity Disorder Clinic regarding Parent attitudes & practice in the administration of medication. A new information leaflet on Asperger's Syndrome was introduced. This leaflet has been developed by parents of a child with a diagnosis of Asperger's attending the service. The team have increased the opportunities for parental feedback in the running of group programmes. It is planned to use this feedback into future programme development. Meetings with parents of group participants are held at group planning stage, midway through, and at the end of the course of groups (West Galway).

Donegal North CAMHS have introduced Service User feedback forms for children / teenagers in use. The service has Care plans in operation since September 2010 which involve service user agreement (Donegal North).

This team has initiated User involvement in the review of serious incidents to inform the development of their Governance Project (Donegal South).

Each of these CAMHS teams have undertaken audits on consumer satisfaction. In North Galway an audit on Consumer Satisfaction was undertaken (North Galway).

The Limerick team piloted use of Experience of a Service a questionnaire with some clients although they were somewhat disappointed by a poor rate of return (West Limerick).

The Clare team also conducted an audit of Service User Satisfaction (Clare).

The team carried out an audit of service user's views of potential change of location of service (East Limerick).

Liaising with primary care redressed around referrals (North Tipperary).

A significant development in Limerick was Development of 16 - 17 year old CAMHS Team in conjunction with Adult Mental Health. A needs assessment and analysis of 16 - 17 year olds in Limerick City and County was also completed and there was great success in addressing waiting lists in this age group across Limerick (Limerick 16 / 17 years).

CAMHS developed and implemented a Care Plan Policy & written templates which are signed off by children & parents where age appropriate (Mayo South & North).

1B. MEASUREMENT OF OUTCOME:

HoNOSCA and SDQ are now used to measure outcome measures in this service in South always and the Donegal service are planning implementation (South Galway, Donegal North).

Here the Becks Combination Inventory Booklet has been introduced to compare baseline presentations with outcome in young people attending with anxiety / depressive disorders (West Galway).

These teams have introduced Regular Care Plan review and monitoring (Donegal South, Mayo South & North).

All new patients continue to be offered an appointment within 4 weeks except some Attention Deficit Hyperactivity Disorder patients who are offered their appointment when all relevant reports/forms which were sent out on receipt of the referral have been returned (North Galway).

Although follow-up has been hampered by resources the team initiated a piloted use of CGAS / ESQ CHI and Good Based Outcomes (West Limerick).

The 16 / 17 year team audits outcomes in conjunction with Adult Mental Health services (Limerick 16 / 17 years).

1C. RESEARCH / AUDIT PROJECTS:

A survey of CAMHS Organizational Stress was conducted (South Galway).

Research Audit projects here included a Clinical audit of all open cases attending clinic: The Study centre for Multicentred Client Satisfaction Study for CAMHS. Attention Deficit Hyperactivity Disorder Clinic Research Project: Parent attitudes & practice in the administration of medication. Evaluation of use of Mobile Mood Diary for Children with Anxiety & Low Mood (in collaboration with Mark Matthews, UCD) (West Galway).

Attention Deficit Hyperactivity Disorder management and monitoring are being audited again this year (Senior House Office & Senior Registrar). There is also an ongoing audit of referral forms (Donegal North).

CAMHS have introduced Medical monitoring of children on medication (Donegal South).

Cognitive Behaviour Therapy Computer Programme for use with children and young people has been introduced. It was designed by Dr. Gary O'Reilly (UCD) and staff trained in its use are currently using the programme. A paper was prepared for a journal on the benefits of a mobile mood diary for children and adolescents with low mood and anxiety. A team member also helped prepare a statistical database for the Galway Psychology Department (North Galway).

An Audit is under way on diagnoses and interventions for children on autistic spectrum (Roscommon / East Galway).

Took part in CAPSS (UK) surveys (West Limerick).

Audit of Case Notes (Clare).

Six monthly audit of open cases - diagnosis and medication (East Limerick).

There was an Audit of referrals to CAMHS/community psychology from GPs (North Tipperary).

The team had an Audit of staff concerns in relation to moving the CAMHS service to see teenagers up to 18 years (Limerick 16 / 17 years).

There was an internal audit of waiting list and ongoing research re: Attention Deficit Hyperactivity Disorder & family dysfunction (Sligo / Leitrim / West Cavan, Mayo South & North).

1D. WAITING LIST OR OTHER INITIATIVES:

The waiting list has been reduced to zero and all new referrals are seen within one week (South Galway).

A new Speech & Language Therapist was appointed within the last year. There was a multidisciplinary team review of existing Speech and Language Therapy waiting list and updating of same. A Speech and Language Therapy waitlist 'blitz' resulted in clearing of list through individual and group sessions as appropriate. There is now no current wait list for Speech and Language Therapy. There was a multidisciplinary team review of all Autism Spectrum Disorder open cases which identified clinical needs and priorities for therapeutic intervention. The service delivery was re-structured to include multidisciplinary team -facilitated groups to provide diagnostic and therapeutic interventions according to clinical need. A number of evidence-based, semi-structured assessment tools were introduced to facilitate standardization of assessment procedures and equitability in service delivery. These included the Diagnostic, Developmental, and Dimensional Interview (the 3-Di) for Autistic Spectrum Disorder and the Structured Interview for Psychotic Symptoms (SIPS) for the assessment of Psychosis and Prodromes). There was a significant increase in usage of the Autistic Diagnostic Observational Schedule (ADOS) to inform focused Autism Spectrum Disorder assessments. Multidisciplinary team discussion of complex cases was streamlined, resulting in clearer treatment goals and defined action plans. Referral criteria and pathways of referral to relevant services were clarified amongst involved agencies and a document produced for distribution to GP's in the area. This helps to identify the appropriate service for patients and increases efficiency in the referral procedure. To enhance safety within the clinic, individual panic buttons have been installed in all offices, and individual personal alarms are available for staff use. A protocol has been developed regarding panic buttons/ alarms and discussed with all staff (West Galway).

Planning has commenced with Community Care Psychology Service for referral meetings, to allocate referrals more effectively and commence joint group work for waiting list cases (Donegal North).

Donegal CAMHS are developing a Governance project – an interagency and management planning forum to improve service governance, clinical supervision and management (Donegal South).

The "no waiting list" policy has been maintained (North Galway).

The "no waiting list" policy has been maintained (Roscommon / East Galway).

The team has reduced the waiting list from more than 2 years to over one month over last year and are currently preparing to implement the Choice and Partnership Approach (CAPA) (East Limerick).

Preparing to implement the Choice and Partnership Approach (CAPA) and meeting with Area Medical Officers to clarify referral criteria (North Tipperary).

The "no waiting list" policy has been maintained (Limerick 16 / 17 years).

Following an internal audit of waiting list, the team have designated Mondays and Thursdays to processing new assessments (Sligo / Leitrim / West Cavan).

Attention Deficit Hyperactivity Disorder waiting list was been reduced by 20% during 2010 (February – July) although some slippage followed to resource shortages. A written Policy regarding Referral pathways to discharge was agreed to help in more efficient processing of clinical practice (Mayo South & North).

1E. FOR CHILDREN WITH ADHD:

A dedicated outpatient clinic is held every week. Children who need to be seen earlier than necessary are provided slots which are especially saved for urgent cases (South Galway).

Clinical time allocated to the Attention Deficit Hyperactivity Disorder Clinic was increased significantly to reflect need and allow children to be seen for assessment and review without undue delay (from ½ day per week to one full day per week; each clinic involves four multidisciplinary team staff). A pre-clinic multidisciplinary team meeting the week before each clinic was organized to review clinical notes, goals for intervention, and to identify the individual clinic personal most appropriate to meet the child's needs . In addition, all new referrals were reviewed to ensure that all relevant information (e.g. Conner's Questionnaires) were available and reviewed prior to arranging the initial assessment appointment – ensuring the most efficient and effective use the clinic times available. Where more complex needs were identified (e.g. for individual supportive psychotherapy, individual parenting / behavioural management sessions, etc)

separate clinical appointments (i.e. outside the Attention Deficit Hyperactivity Disorder clinic) were arranged to address these issues (West Galway).

New parent-training was piloted on single case currently with a view to group work (Donegal North).

The team continue to operate a specialist Attention Deficit Hyperactivity Disorder clinic (Donegal South).

The team continue to operate their Neurodevelopmental clinic which has run for the past 12 years (West Limerick).

The team continue to operate a specialist Attention Deficit Hyperactivity Disorder clinic and a parenting group for Attention Deficit Hyperactivity Disorder parents (East Limerick).

The team maintains its Routine clinics successfully (Limerick 16 / 17 years).

Attention Deficit Hyperactivity Disorder Clinic – 1½ days per month. Medication Review Clinic (Sligo / Leitrim / West Cavan).

1F. GROUPS PROVIDED:

Many groups were provided throughout the region and these included:

Parent plus Parenting. Teenager reviews. Diagnostic groups (South Galway).

Parents Plus Parenting Groups Multidisciplinary Life Skills Group (including Speech and Language Therapy & Occupational Therapy). Organizational & Fine Motor Skills Group (Occupational Therapy) – 1 group over last year. FRIENDS For Life Group (Cognitive Behaviour Therapy programme for anxiety disorders) – 2 groups over last year. Parents of Young People with Eating Disorders Support Group – monthly meeting facilitated by Dietician / Social Worker. Social Skills Summer Camp (3 weeks) (West Galway).

Social Skills Groups (Donegal North).

Social Skills Groups. Parenting Groups. Occupational Therapy Groups (North Galway).

FRIENDS social skills group. Parenting groups. Education and training group for parents of children with ASD (Roscommon / East Galway).

Cognitive Behaviour Therapy / Experimental group for teenagers attending service (West Limerick).

Cognitive Behaviour Therapy group for depressed adolescents (East Limerick).

Parenting group. Group therapy programmes developed within Mid West CAMHS. Mindfulness based group for adolescent boys. Mindfulness based social phobia group (North Tipperary).

Common Sense Parenting – community based. Anxiety Management (8-11 year olds). After school club (8-12 year olds) (Mayo South & North).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

Professional development and skill straining in the region included:

Storm Training for Forensic Risk Assessment has been done by team members. Registrar has completed Diploma in Clinical Teaching and is now doing MSc. Med Science in Research from National University Galway. Consultant - doing distance learning MBA from Heriot Watt University Edinburgh. Regular monthly case conferences and journal clubs are well attended (South Galway).

M.Sc. in Cognitive Behaviour Therapy for Children & Adolescents x 1. Professional Certificate in Healthcare Management x 1. Diploma in Clinical Teaching x 1. 3-Di Training (Semi-structured interview for the diagnosis of ASD) x 2. Autistic Diagnostic Observational Schedule Training (ADOS) x 1. Cognitive Behaviour Therapy Computer Game for Children with Low Mood & Anxiety Training x 1. CBT for Psychosis Workshop x 5. STORM Training (Skills-based Training on Risk Management) x 1. 'Talk About' Speech and Language Therapy Social Skills Training x 1. FRIENDS For Life Training (Group Cognitive Behaviour Therapy programme for anxiety and depression) x 1. FACTS Training (Forensic Adolescent Consultation and Treatment Service Training) x 1. Freedom of Information Workshop x 2 (West Galway).

One CNM II and one Child Care Leader undertook generic supervisory training (Donegal North).

Cognitive Behavioural Therapy. Family therapy. Psychodynamic supervision (Donegal South).

Cognitive Behaviour Therapy Computer Programme for use with children and young people designed by Dr. Gary O'Reilly. Joint training programme with Dr. Gary O'Reilly (UCD) for 15 staff on using compressed games for children with low mood and anxiety (North Galway).

Regular fortnightly in service training (West Limerick).

Forensic training (Clare).

First Aid. CAPA training (Choice and Partnership Approach). Training on Eating Disorders. AACAP attendance. Forensic Training CAMHS (East Limerick).

Attachment therapy training. Domestic violence training. CAPA training (North Tipperary).

Child protection. Bereavement. CAPA training. Substance misuse (Limerick 16 / 17 years).

Autistic Diagnostic Observational Schedule. Motivational Interviewing. Assist. Storm. Suicide Prevention and self harm. Cognitive Behaviour Therapy for social phobia. Sand play therapy training. Introduction to sensory integration. Bodywork seminar (Sligo / Leitrim / West Cavan).

Children First Training. Storm Training (Suicide Risk Management) 6 members. Regular Skills Lab organised by CAMHS Team. Cognitive Behaviour Therapy in Psychosis with Dr. Elizabeth Lawlor Detect Service 5 members. James Locke Treatment of Eating Disorders 3 members (Mayo South & North).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

Regular monthly case conferences are held. The Consultant teaches medical students in formal lectures in NUG. Team members participate in teaching of medical students when they are allocated for clinical training (South Galway).

Lectures, seminars, and clinical placements (4 groups of 6 students) are provided to NUIG 4th year medical students. CAMHS are also involved in the Setting & correction of child psychiatry question in final year medical examinations. The team includes an External examiner to NUIG SLT students. There is a Social Work student placement and an Occupational Therapy student placement. There are regular Case and Journal Club Presentations. There is In-house ASD Training. Consultation is available to Early Intervention Team, Community Paediatrics, Community Psychology, and NEPS. There is Liaison to Paediatric Team in UCHG re in-patients where appropriate (West Galway).

Team members provide Attachment training and Family Therapy training within the service and to Adult Mental Health, Psychology, Voluntary Organisations, Youthreach and Residential Child Care Services. National training for Public Health Nurses, AMOs, Trainers in Child Emotional / Mental Health (Donegal North).

There are monthly meetings with Social Work, Residential Care, and Outreach staff (training and consultation) (Donegal South).

Consultation is provided to Athru, Multi-disciplinary, Multi-agency Team for Adolescent Perpetrators of Sexual Abuse. There is consultation from a systemic / family therapy perspective to other CAMHS Teams for complex cases. There is training for final year medical students, Social Work students and for Occupational Therapy students. Lectures are delivered to Registrars in University Hospital Galway in Child Psychiatry and Family Therapy (North Galway).

There is On-site teaching of medical, nursing, and Speech and Language Therapy students (Roscommon / East Galway).

The team consults on case by case basis with allied services. Teaching provided to UL students and Junior Medical staff (West Limerick).

Participation in weekly education sessions (Clare).

Two weekly in house CAMHS teaching is done by all disciplines in rotation. Proposal submitted to buy in extern hours with unspent budget (East Limerick).

Training is given to adult mental health service staff, to community professionals – social workers, residential workers, psychotherapists, counsellors. Care presentations are made at academic meeting (Limerick 16 / 17 years).

The team facilitates promotion of positive mental health and training related to Social phobia and school refusal with Sligo Comhairle na nOg and Foroige project workers. Presentations are given to postgraduate nurses on Child & Adolescent Mental Health. Placements are available for Medical students, Occupational therapy students, and Cognitive Behaviour Therapy. Attention Deficit Hyperactivity Disorder education is provided to third level students (Sligo / Leitrim / West Cavan).

CAMHS presentations are made at Irish Association of Foster Parents National Conference in Westport regarding Adolescents & Deliberate Self Harm. Other training and consultation include The Autism Forum, "Reach Out" and the "Edge" Project (Mayo South & North).

Day Service

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

Community meeting on weekly basis. Service comment box (St. Joseph's Adolescent & Family Service).

Service User involvement in review and discharge meetings formalised (Day Hospital, Lucena Clinic).

1B. MEASUREMENT OF OUTCOME:

Audit project on CGAS scores (St. Joseph's Adolescent & Family Service).

CGAS. CBCL's. CXBOLS etc. when appropriate (Day Hospital, Lucena Clinic).

1C. RESEARCH / AUDIT PROJECTS:

Survey of Clozapine use in 16-18yrs Dublin North East. Audit of admission / discharge pathways. Speech and Language Therapy - headed up SLT network nationally for Inpatient Units (St. Joseph's Adolescent & Family Service).

Ongoing (Day Hospital, Lucena Clinic).

1D. WAITING LIST OR OTHER INITIATIVES:

Development of referral form and accompanying referral information booklet. Redesigning intake assessment form. We hosted a vocational open day forum on developing vocational / education links with agencies in our area (St. Joseph's Adolescent & Family Service).

1E. FOR CHILDREN WITH ADHD:

N/A.

1F. GROUPS PROVIDED:

"Working Things Out" – adolescent group (Teaching & nursing staff). Parenting group commenced (parents of young people attending the service) and evaluated currently in the process of developing an on going parent support group (Multidisciplinary Team lead). Mindfulness group (Psychology). Media Matters (Speech and Language Therapy). Nursing education groups – focusing on school re-integration, relapse prevention, anxiety and anger management, managing distress in the home environment etc. During the summer of 2010 as part of the summer programme – groups were held on Cognitive Behaviour Therapy for social anxiety (Nursing). Wilderness adventure groups (MDT). Arts n crafts (Multidisciplinary Team) (St. Joseph's Adolescent & Family Service).

Narrative adolescent group. Mindfulness group. School transitions. Healthy living. Anxiety management / Anger management. Social skills. Cognitive Behaviour Therapy (Day Hospital, Lucena Clinic).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

Eating Disorder Conference in U.K (attended by nursing staff & Consultant). Parents Plus training (Senior Registrar). MSC in Child Art Psychotherapy (UCD) half day every Friday (Psychology). Management training day in SVHF 2/11/10 CNM3 & CNM2. Mastering Adverse Outcome (Senior Registrar). In-service training on hospital campus i.e. Manual handling, standard precautions in hygiene, preceptorship, Storm Training (Nursing x2). Safe management of Self harm (Nursing x2). Safe management of Self harm (Nursing x1). WRAP training (Nursing x2) (St. Joseph's Adolescent & Family Service).

CBT training – Nurse Manager (Day Hospital, Lucena Clinic).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

Case presentations including Obsessive Compulsive Disorder. Preceptorship to nursing students (Nursing). Presentations at academic programme CAMHS & Adult Mental Health (Multidisciplinary Team). Psycho education slot within the Multidisciplinary Team. Presentation to nursing students in DCU (Nursing). Member of the Special Interest Eating Disorder Group (Nursing). Member of FINCAMH (Nursing). Nursing students orientation to role of Speech and Language Therapy in mental health (St. Joseph's Adolescent & Family Service).

Senior Registrar – UCD teaching medical students for one week (Day Hospital, Lucena Clinic).

Liaison Hospital

1A. SERVICE USER INVOLVEMENT / FEEDBACK:

Team is carrying out study of quality of life in young people with Attention Deficit Hyperactivity Disorder, in association with UCD Psychology Dept. Seek feedback from Parents/ Patients at the end of each session on the W82Go Programme. Focus Group for parents in conjunction with CLAPAI (Cleft Lip & Palate Association of Ireland) took place in May 2010. Service User Questionnaire's administered to evaluate the Early Assessment Service. We have initiated the development of service user panels within the department (Children's University Hospital).

1B. MEASUREMENT OF OUTCOME:

BMI measurement in the treatment of young people with anorexia nervosa (National Children's Hospital Tallaght).

W82Go are currently conducting a study of outcomes among 121 children referred to the programme. Report on focus group in conjunction with CLAPAI (Children's University Hospital).

1C. RESEARCH / AUDIT PROJECTS:

Audit of referrals. Supervision of medical student research project on Youth Suicide (National Children's Hospital Tallaght).

Deliberate Self Harm Team is carrying out a RCT of the SPACE Programme for parents / carers of young people with Deliberate Self Harm. Team is carrying out research project looking at prevalence of Attention Deficit Hyperactivity Disorder in young people with phenylketonuria, as many of those attending the Attention Deficit Hyperactivity Disorder clinic in Children's University Hospital have Metabolic Disorders. W82Go are currently conducting a study of outcomes among 121 children referred to the programme. Autism Booklet for preschools/ teachers. Research: Stability of IQ Speech and Language Therapy functioning in children with a diagnosis of Autism Spectrum Disorder (Children's University Hospital).

1D. WAITING LIST OR OTHER INITIATIVES:

Waitlist initiative in neurodevelopmental clinic - Screening of presenting symptoms prior to referral. Use of standardised questionnaires to assist referral process (National Children's Hospital Tallaght).

DSH Team has secured funding for the development of the Manual for the SPACE Programme. SPACE Programme won 2 national awards (Aramarck and Irish Healthcare Award). Waiting list is very short – no need for Waiting List Initiative. The placement on the Attention Deficit Hyperactivity Disorder Team of a trainee in Child Art Psychotherapy has added a valued treatment approach, which is very useful for some children with Attention Deficit Hyperactivity Disorder and associated co-morbidities. Team planning day lead to development of more streamlined approach to multi-disciplinary assessment of new referrals. Increased intake on Early Assessment Service by 30% to reduce waiting times. Tourette's Group (Children's University Hospital).

1E. FOR CHILDREN WITH ADHD:

Please see above and below for details. Regular Parents groups take place for parents of children with Attention Deficit Hyperactivity Disorder (Children's University Hospital).

1F. GROUPS PROVIDED:

Psycho educational group for young people with IDDM (National Children's Hospital Tallaght).

Deliberate Self Harm Team has run 3 cycles of the SPACE Programme in 2010. Team runs Attention Deficit Hyperactivity Disorder Parents' Group each Spring and Autumn. This is run weekly over 10 weeks, in the evening to facilitate attendance. W82Go provides approximately 4-5 groups per year for young people who are obese and their parents. Focus Group for parents in conjunction with CLAPAI (Cleft Lip & Palate Association of Ireland) took place in May 2010. Early Bird Programme. Parents group for parents/carers of children attending the Diagnostic Class (Children's University Hospital).

1G. SKILLS TRAINING UNDERTAKEN BY TEAMS:

CAPA training – team.

ASSIST Training nurse.

Deliberate Self Harm – nurse.

Research Skills – senior registrar.

Manual Handling – nurse.

Defibrillation training – team.

Management of young people presenting with high risk behaviour – consultant (National Children's Hospital Tallaght).

Our Clinical Nurse Specialist has gained a Masters in Cognitive Behaviour Therapy. One of our Senior Social Workers is training in CBT. Autism Spectrum Disorder International Conference to increase our knowledge base and Autism Spectrum Disorder skills. Psychiatrist undertaking Mental Health Tribunal Training (Children's University Hospital).

1H. CONSULTATION / TRAINING PROVIDED BY TEAM MEMBERS:

Service case conference. NCHD teaching sessions. Medical Student teaching. Student nurse teaching session consultant (National Children's Hospital Tallaght).

Regular training/teaching slots to various lay/clinical audience on Child Mental Health, including teacher courses and talks to Secondary School students and University Diploma/Masters Courses (Our Lady's Hospital, Crumlin).

Deliberate Self Harm Team has provided training in management of DSH with TimeWise (HSE specialist foster carer project), and with HSE Child Care Staff in residential settings The Psychologist on the Attention Deficit Hyperactivity Disorder Team, provides consultation about Attention Deficit Hyperactivity Disorder to schools on a regular basis. Consultation provided within the hospital on issue of obesity and some consultation with staff in the other national and European services. Parent & Infant Psychotherapy Group Training undertaken. Academic Programme for staff. 2nd Opinion service for Early Assessment Service – on occasion. Autism Spectrum Disorder Information Booklet to Agencies (Children's University Hospital).

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive