Enhanced Transition Plan

Recommendations and implementation plan to support transition from HSE Child and Adolescent Mental Health Services to HSE Adult Mental Health Services

Prepared by the Youth Mental Health Transitions Specialist group to support the implementation of Sharing the Vision

Sharing the Vision
A Mental Health Policy for Everyone

Rialtas na hÉireann
Government of Ireland

Contents

List of Abbreviations

AMHS	Adult Mental Health Service (inclusive of Clinical Care Programmes for adults)
CAMHS	Child and Adolescent Mental Health Service
CHO	Community Healthcare Organisation
COG	Child and Adolescent Mental Health Services Operational Guideline (2019)
CYMHO	Child and Youth Mental Health Office, HSE
FCS	Family, Carers and Supporters
ICCMS	Integrated Community Case Management System
RHA	Regional Health Area
StV	Sharing the Vision, A Mental Health Policy for Everyone

Executive Summary

Sharing the Vision, *A Mental Health Policy for Everyone* (StV) is Ireland's ambitious national mental health policy to enhance the provision of mental health services and supports across a broad continuum from mental health promotion to specialist mental health delivery during the period from 2020 to 2030. The vision embodied in StV is to create a mental health system that addresses the needs of the population through enhancing the inclusion and recovery of people who have complex mental health difficulties. It promotes a vision where service providers should work in partnership with service users and their families to facilitate recovery and reintegration through the provision of accessible, comprehensive, and community-based mental health services.

Governance and oversight of implementation progress of the policy is provided through the National Implementation Monitoring Committee (NIMC) supported by a Reference Group of Service Users.

A number of specialist groups were formed to address the implementation of the complex recommendations contained in the policy. One of these is the *Youth Mental Health Transitions Specialist Group* which was established in September 2021 with a focus on implementation of StV Recommendation 36:

Appropriate supports should be provided for on an interim basis to service users transitioning from CAMHS to GAMHS. The age of transition should be moved from 18 to 25, and future supports should reflect this.

The specialist group focused its work into two separate, but interrelated workstreams:

Workstream 1: Development of an enhanced transitions plan (including implementation plan) to support individuals transitioning from CAMHS to AMHS at 18 years.

Workstream 2: Development of a reconfiguration plan, including prioritised and phased recommended actions, in order to plan for the provision of age-appropriate specialist mental health services up to age 25.

In recognition of the challenges currently faced and reported by young people who make the transition from CAMHS to AMHS at the age of 18, the specialist group has developed the recommendations in this report. These recommendations build on the transition guidelines outlined in the Child and Adolescent Mental Health Services Operational Guideline (2019) (COG) and will enhance the transition experience for young people.

All the recommendations in this document were mapped against the vision and ethos of Sharing the Vision and also the recommendations of the Maskey report.

The recognition of the need for change and improvement in child and youth mental health has been the subject of much focus in recent years and especially since the publication of the Maskey report. Since the initiation of this work the need for ongoing and meaningful engagement with all relevant stakeholders has been a core focus for the specialist group.

Engagement with all stakeholders working in and engaged with mental health services to understand their realities, concerns and future visions and hopes has been a key influencer of the recommendations contained in this report.

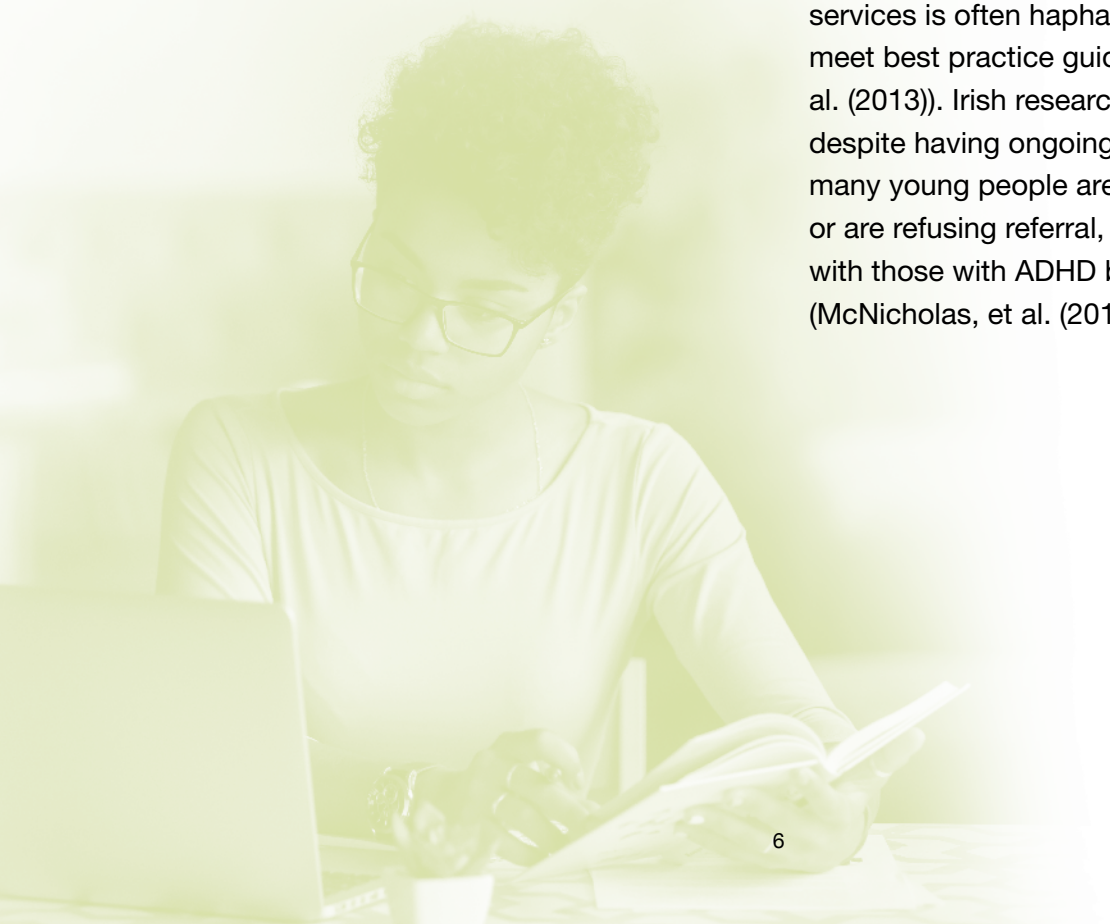
Listening to, exploring and understanding young peoples' experiences of CAMHS and the transition from CAMHS to AMHS ensures the voice of those using services is heard and incorporated into service planning and design. Quantitative and qualitative data and narratives from young people who have accessed CAMHS and made the transition to AMHS was an invaluable source of information to assist with developing the recommendations. The specialist group are grateful to our colleagues in SpunOut for commissioning and facilitating the research and consultations with young people, and especially to the young people who participated. The sharing of experiences and consideration of the recommendations contained in this report was hugely valuable and deeply appreciated by all involved in this work.

Section 1
Background and Context

Many mental health disorders have their onset between 16 and 25 years of age (Solmi et al. (2022)) meaning that those who transition from CAMHS to AMHS are a particularly vulnerable group in terms of their age and risk of disrupted care (Cannon et al. (2022)). The transition to adulthood is an extremely challenging period of life in which young people are maturing physically, personally, mentally and socially. There is growing recognition that it is a critical time in which mental health issues can develop.

In a 2021 update of Better Outcomes Brighter Future (BOBF), the national policy framework for children and young people in Ireland 2014 to 2020, the percentage of 15 to 24 year olds displaying optimal levels of mental health had decreased from 21% in 2015 to 12% in 2021. The percentage with probable mental health problems had increased from 10% to 20% during this time (Better Outcomes, Brighter Futures (2021)). Many young people experience disengagement from care on reaching the child to adult mental health service boundary, occasionally with adverse impact on health and wellbeing (Appleton et al. (2019); Leavey et al. (2019)). It would be beneficial to reduce the need for detrimental transitions at critical points in a young person's development (McGorry et al. (2013)).

Research from developed countries indicates that seamless transition from CAMHS to AMHS is not the norm (Paul et al. (2013); Singh and Tuomainen (2015)) There is a lack of written transition policies and protocols and formal interactions between child and adult services are rare (Singh et al. (2021)). In Ireland research indicates that the transition process from child to adult mental health services is often haphazard and does not meet best practice guidelines (McNamara et al. (2013)). Irish research also suggests that despite having ongoing mental health needs, many young people are not being referred, or are refusing referral, to adult services, with those with ADHD being most affected. (McNicholas, et al. (2015)).



Studies indicate that young people who actually experience a planned and purposeful transition process that addresses their psychosocial and medical needs, report an improvement in their mental health and functioning (Singh et al. (2010)).

The HSE CAMHS Operational Guideline (2019) (COG) was developed to provide consistency and transparency in how HSE CAMHS are delivered throughout the country and contains guidance on transition to Adult Mental Health Services (Section 4.23). It recommends creation of a transition plan, that the process of transition planning should begin at least six months before the young person's 18th birthday and joint working between CAMHS and AMHS should be considered in the initial weeks of handover to aid a smooth transition. Key people in the transition and overlying governance structures are also proposed. This guidance acknowledges how the differences in services can be a significant change for the young person and their family, carers and supporters. However, the lack of corresponding guidance in AMHS is a challenge to implementing this guidance.

While the total number of young people transitioning from HSE CAMHS to HSE AMHS is relatively small, it is on the rise. In 2019 3% of those leaving CAMHS moved to AMHS but this had increased to 5.3% by 2022 equating to a 1.77-fold increase in cases from 376 in 2019 to 666 in 2022.

Section 2
Methodology

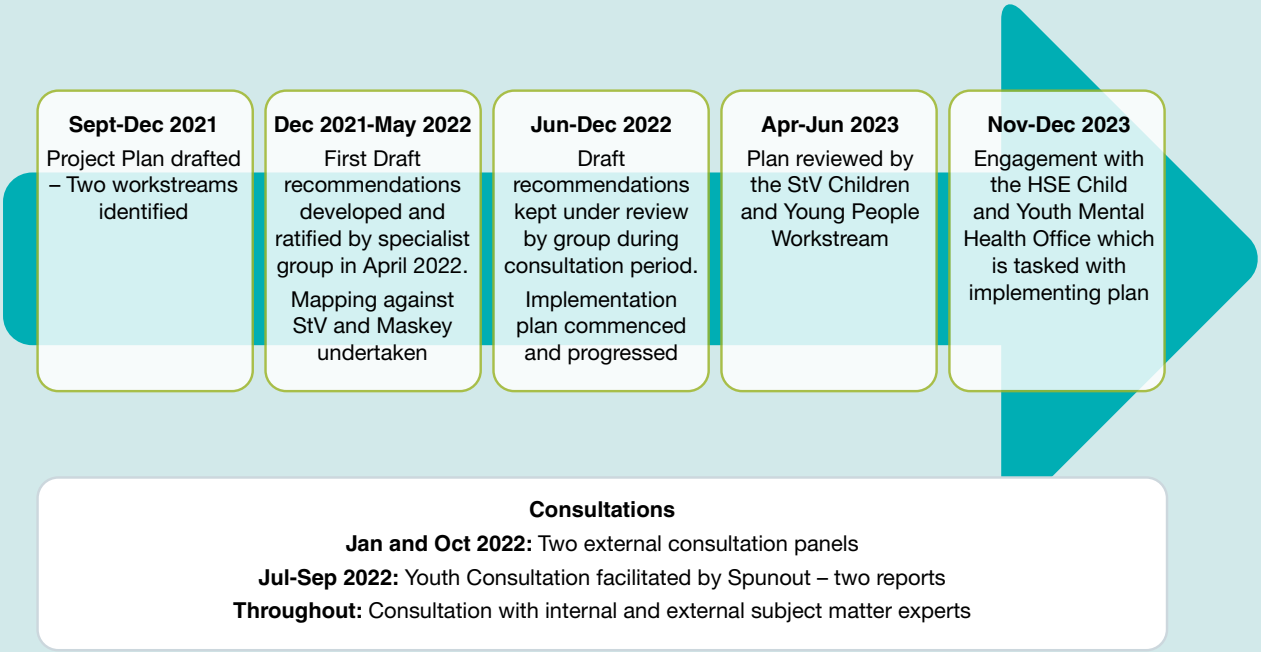
The Youth Mental Health Transitions Specialist Group was established by the HSE in September 2021 at the request of the NIMC Steering Committee to progress Recommendation 36 of StV. This recommendation states *Appropriate supports should be provided for on an interim basis to service users transitioning from CAMHS to GAMHS. The age of transition should be moved from 18 to 25, and future supports should reflect this.*

The specialist group was chaired by Mark Smyth, Senior Clinical Psychologist and co-chaired by Paul Braham, HSE National Mental Health Operations. The group included a mix of mental health professionals with expertise and remit in the area of both CAMHS and AMHS (See Appendix 1: Membership).

The specialist group agreed a plan of work to progress Recommendation 36 which involved the establishment of two workstreams. Workstream One, chaired by Paul Braham, has focused on the development of this enhanced transitions plan (including implementation plan) to support individuals transitioning from CAMHS to AMHS at 18 years. Workstream Two, chaired by Mark Smyth, developed a proposed reconfiguration plan for the provision of age-appropriate specialist mental health services up to age 25.

Two working groups, made up of membership from within the specialist group and with oversight provided by the full specialist group, have progressed these workstreams independently and in parallel with each other.

Figure 1 Overview of process Workstream One



Timeline Overview of Workstream One

December 2021: First meeting of Workstream One working group.

January 2022: The working group hosted a consultation workshop with stakeholders, facilitated by the Department of Health, to explore barriers, enablers and service improvement proposals. Thematic analysis of the workshop outputs was conducted, and four themes agreed: 1. Service Design Accessibility, Continuity of Care, Alignment and Integration, 2. Knowledge and Training, 3. Recovery, Consultation and Advocacy and 4. Governance, Quality and Improvement (See Appendix 2).

January to April 2021: Workstream One members began to outline recommendations under these thematic groupings.

April 2022: The first draft of recommendations was ratified by the wider specialist group.

May 2022: A mapping of alignment with Sharing the Vision and with the Maskey Implementation Plan was carried out and an in-person workshop held in June to begin drafting an implementation plan.

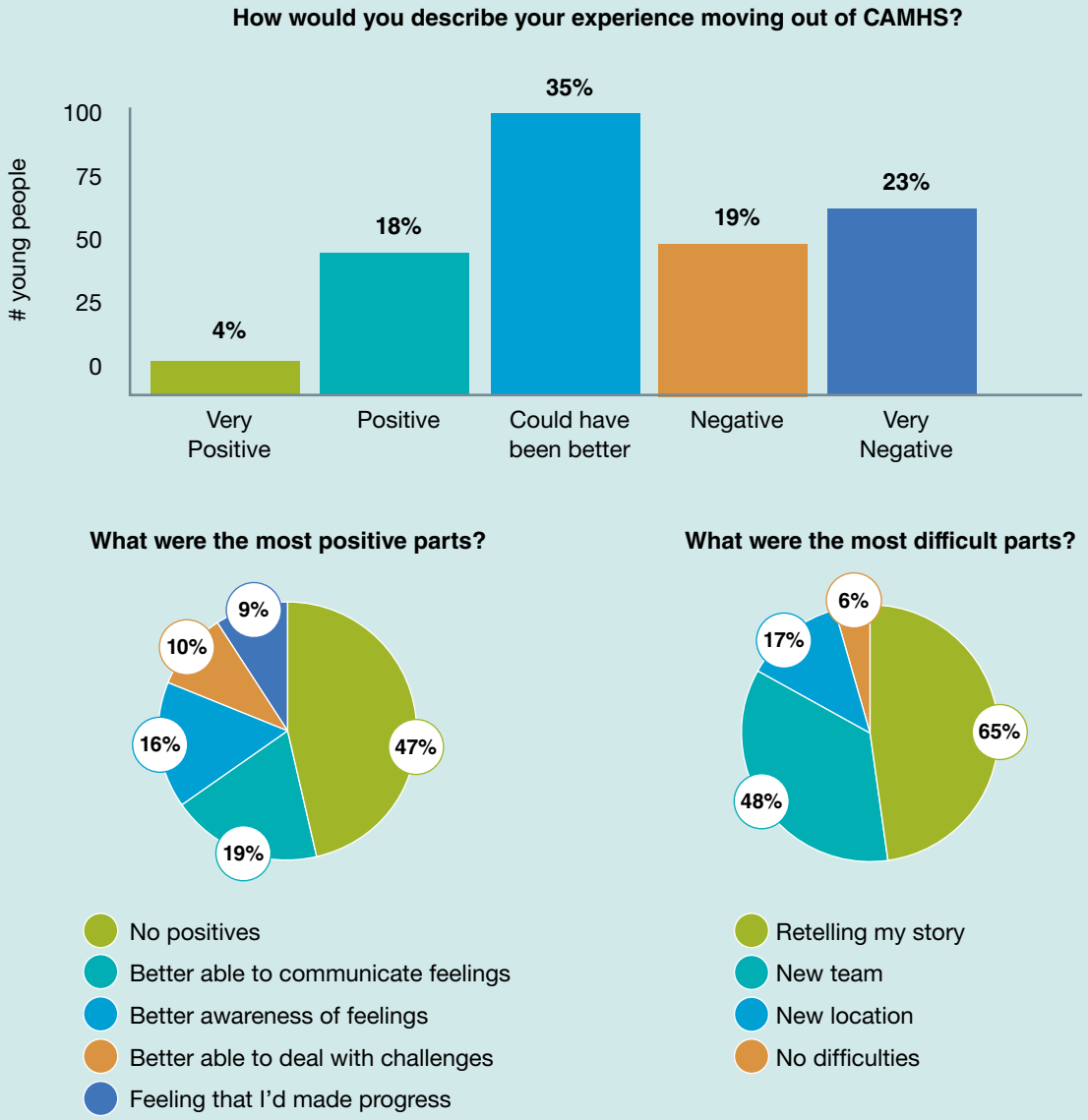
May to September 2022: Consultation with young people was facilitated by Spunout. An online survey co-produced with Spunout was targeted at young people between 18-25 years who had been referred to and attended CAMHS. There were 1,391 responses to the survey. Demographic information was collected and the questionnaire contained questions directly exploring experiences of making the transition from CAMHS to AMHS. A subset of 262 respondents answered these questions and identified the positive and negative aspects they experienced while transitioning from CAMHS to AMHS (See Figure 2).

There were further questions exploring insights about the steps that could be taken to improve the transition from CAMHS to AMHS. A subset of 506 young people answered these questions. Four themes emerged from this part of the questionnaire *1. More information and communication 2. A managed transition 3. Greater discussion of options after CAMHS, and 4. Shorter waiting lists.*

Follow-up focus groups were undertaken with young people drawn from a pool of respondents to the quantitative survey. Three stages of selection brought ten people together across two focus groups. The focus groups were conducted online with the groups being recorded and then transcribed. The focus groups enabled a deeper understanding of how respondents felt and how they perceived the transition experience. Many felt they were battling to access the service in CAMHS and that they then faced a second battle when they went to AMHS. The lack of perceived linkage between the two services served to reinforce this perception. The focus groups were then presented with the draft recommendations from the specialist group and the draft recommendations received positive feedback from the focus groups.

October 2022: Following the endorsement of the recommendations by the focus groups, the specialist group hosted another stakeholder group consultation workshop on the recommendations, with independent facilitation this time provided by the Centre for Effective Services (CES). There was good uptake from invited participants (80% uptake) and thematic analysis of outputs was completed. Throughout the process there was also consultation with subject matter experts in the field of youth mental health.

Figure 2 Transitioning from CAMHS to AMHS



October 2022 – February 2023: The outputs and findings from the consultations with young people, stakeholders and with subject matter experts greatly informed the recommendations and associated implementation plan that Workstream 1 members developed. The plan was ratified by the wider specialist group in October 2022 and by NIMC in February 2023.

April – June 2023: The plan was reviewed and updated with additional implementation detailing around timelines and action leads by the StV Children and Young People Workstream

November – December 2023: Engagement with the identified implementation lead, the newly established (October 2023) HSE Child and Youth Mental Health Office (CYMHO) took place and implementation detail was reviewed and updated.

Section 3
Principles and Recommendations

In this *Enhanced Transition Plan* there are three overarching principles and three recommendations to improve transition from CAMHS to AMHS, with detailed implementation goals (n=10) and actions (n=22) underpinning these.

Figure 3. Overall structure of Enhanced Transition Plan

Figure 4. Organising Framework for Enhanced Transition Plan.

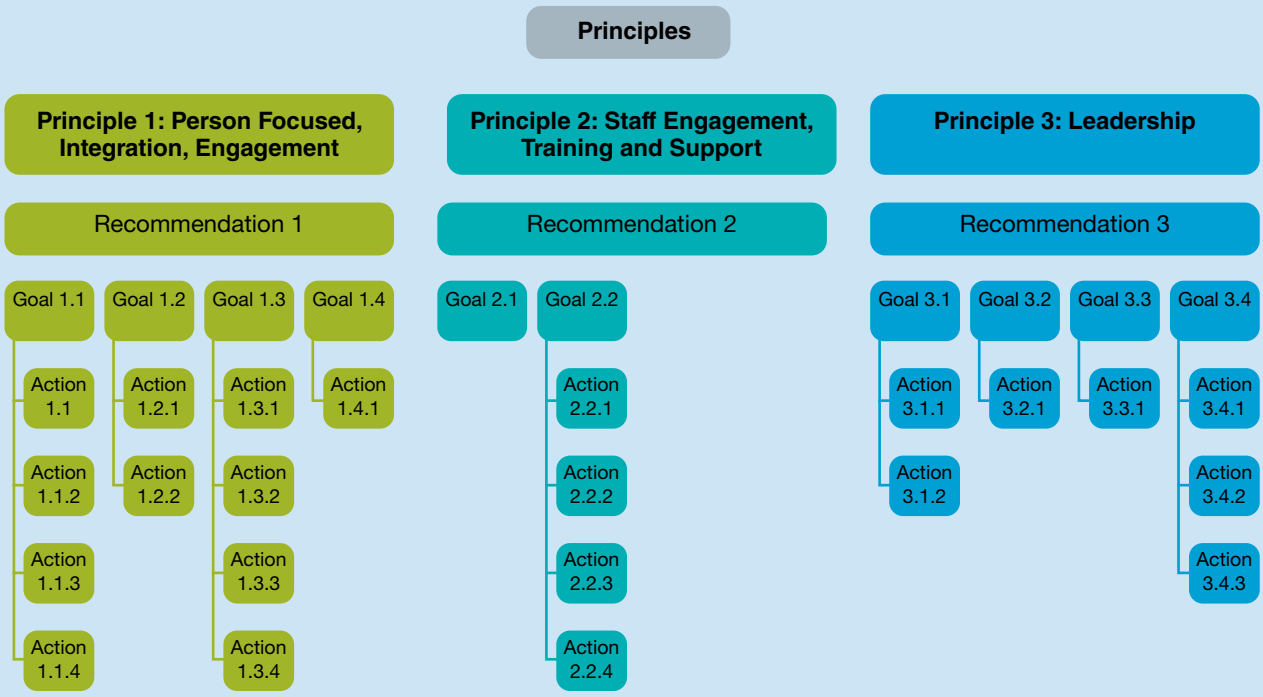


Figure 5. Enhanced Transition Plan Recommendations

Principle: Person focused, Integration, Engagement

Recommendation 1

Moving from CAMHS to AMHS should be treated as a continuation of care, place the young person at the centre and transitional care plans should be co-produced with young people and, where appropriate, their support network

Principle: Staff Engagement, Training and Support

Recommendation 2

It is the responsibility of all staff to effectively collaborate to ensure a smooth transition for all young people and put in place relevant supports and enabling structures

Principle: Leadership

Recommendation 3

Area management teams should have responsibility for ensuring all young people experience a smooth transition between CAMHS and AMHS and this should be evidenced by standardised reporting of performance and person-centred outcomes

Section 4

The Implementation Plan

Recommendation 1
Goals & Implementation Actions

Table1: Overview Recommendation 1

Principle 1: Person focused, integration, engagement

Recommendation 1

Moving from CAMHS to AMHS should be treated as a continuation of care, place the young person at the centre and transitional care plans should be co-produced with young people and, where appropriate, their support network

Four Goals

1.1 Moving between CAMHS and AMHS should be treated as a continuation of care and not as a new referral. Clinical files should transfer with the young person at point of transition

1.2 The plan for transition between CAMHS and AMHS should be co-produced with young people and with the young person's consent, their families, carers, supporters as appropriate and they should be consulted regularly throughout the transition process

1.3 There should be a co-working arrangement between CAMHS and AMHS to support flexibility around optimal timing of transition

1.4 Formal communication channels and structures between CAMHS and AMHS should be established.

Goal 1.1

Moving between CAMHS and AMHS should be treated as a continuation of care and not as a new referral. Clinical files should transfer with the young person at point of transition

Why: *Continuation of care without the need for a young person to be re-referred*

Four Actions:

No.	Action	Action Lead	Timeframe	Action Partner
1.1.1	Existing transition guidance (Section 4.23 CAMHS Operating Guideline (2019)) and any future transition guidance should be jointly implemented by both CAMHS and AMHS	HSE Mental Health Operations/HSE Child and Youth Mental Health Office	12mths	CHO/RHA*
1.1.2	Resourcing of the development of electronic patient records	HSE Mental Health Operations/HSE Child and Youth Mental Health Office/ICCMS	3yrs	HSE Office of the Chief Information Officer (OoCIO)
1.1.3	To achieve commonality in documentation to support smooth transition from CAMHS to AMHS local working groups may be required in the short-term to: • Review and, where required, re-design clinical files to achieve commonality between services • Deliver education sessions to address current differences in Individual Care Plans (ICPs) between CAMHS and AMHS Agree process to retain file identifier and summary in CAMHS	HSE Quality and Patient Safety (QPS)	12mths	CHO/RHA*
1.1.4	As appropriate, where required, there should be involvement of additional specialist services to support the transition e.g. clinical care programmes, addiction services etc.	CHO/RHA*	12 Mths	HSE Mental Health Clinical Programmes

Goal 1.2

The plan for transition between CAMHS and AMHS should be co-produced with young people and with the young person's consent, their families, carers, supporters as appropriate and they should be consulted regularly throughout the transition process

Why: *Young people and their families, carers, supporters are central to transition planning decision making*

Two Actions:

No.	Action	Action Lead	Timeframe	Action Partner
1.2.1	Family, carers and supporters should be informed of the guidance on the transition process and of their role throughout by both CAMHS and AMHS teams.	CHO/RHA*	Ongoing	CAMHS AMHS HSE Mental Health Engagement and Recovery
1.2.2	Signposting to other supports should be provided to young people and family, carers and supporters when approaching age to transition, to include information on local AMHS and alternative community supports e.g. education, employment, social prescribing etc.	CAMHS AMHS	Ongoing	Voluntary and Community Sector

Goal 1.3

There should be a co-working arrangement between CAMHS and AMHS to support flexibility around optimal timing of transition

Why: *Flexibility in timing of transition e.g. when a young person is engaged in an ongoing therapeutic intervention in CAMHS, it may be best to remain with CAMHS until the course of therapy is complete or if a young person is still in full time education it may be best to remain with CAMHS until formal education examinations are complete etc.*

Four Actions:

No.	Action	Action Lead	Timeframe	Action Partner
1.3.1	Implement Section 4.23 of the COG (2019) and this should apply to both CAMHS and AMHS in line with COG Section *4.23.2 Joint working between CAMHS and adult mental health services should be considered in the initial weeks of handover to aid a smooth transition from one service to the other. These services operate in a different way to each other and this can be a significant change for adolescents and their parent(s).*	CHO/RHA*	Ongoing	HSE Mental Health Operations/ HSE Child and Youth Mental Health Office
1.3.2	The transition process should be coordinated as outlined in the COG Section 4.23.3: *The adolescent's Consultant Psychiatrist and key worker will be responsible for initiating a handover to the adult mental health service and ensuring that appropriate information is shared in accordance with the General Data Protection Regulation, 2016/679 and the Data Protection Act, 2018 and the consent of the parent(s).* This is supported through Sharing the Vision Recommendation #28: *All service users should have a mutually agreed key worker from the CMHT to facilitate coordination and personalisation of services in line with their co-produced recovery care plan.*	CHO/RHA* CAMHS AMHS	18mths	HSE Mental Health Operations/ HSE Child and Youth Mental Health Office
1.3.3	With consent of the young person, there should be continued inclusion of education establishment if appropriate.	CAMHS AMHS	Ongoing	
1.3.4	With consent of the young person, there should be continued family, carer and supporter involvement throughout the transition period.	CAMHS AMHS	Ongoing	Advocacy/Peer Support

Goal 1.4

Formal communication channels and structures between CAMHS and AMHS should be established.

Why: *There needs to be guidance in place as to what is expected in a transition process e.g. when should transition meetings take place etc. Processes should begin before the 18th birthday.*

One Action:

No.	Action	Action Lead	Timeframe	Action Partner
1.4.1	A transition meeting between CAMHS and AMHS should take place and local protocols should be developed to outline the timing, process, administrative requirements and roles and responsibilities for these meetings and should consider COG Section 4.23.4: *The information required for a transition includes as a minimum a detailed referral letter or a copy of the ICP, a risk assessment, a record of all medication, details of any physical health needs, and a summary of all MDT interventions*	CHO/RHA* CAMHS AMHS	12mths	HSE Mental Health Operations/ HSE Child and Youth Mental Health Office

Recommendation 2
Goals & Implementation Actions

Principle 2: Staff engagement, Training & Support

Recommendation 2

It is the responsibility of all staff to effectively collaborate to ensure a smooth transition for all young people and put in place relevant supports and enabling structures.

Two Goals

2.1 There should be dedicated responsible persons identified within CAMHS and AMHS to support coordination of transition between services.

2.2 Training supports should be provided where there are identified staff training requirements to support transition between services and to support continuity of care once transitioned.

Goal 2.1

There should be dedicated responsible persons identified within CAMHS and AMHS to support coordination of transition between services.

Why: *Identified persons with responsibility for managing the transition process within both CAMHS and AMHS are required to ensure enhanced transition guidance is implemented and ensure young people and their families, carers, supporters are central to the process of transition.*

Goal 2.2

Training supports should be provided where there are identified staff training requirements to support transition between services and to support continuity of care once transitioned.

Why: *Training supports to be identified and available for staff to support transfer of care*

Four Actions:

No.	Action	Action Lead	Timeframe	Action Partner
2.2.1	Survey of AMHS staff to map current knowledge gaps which are barriers to supporting successful transfer of care from CAMHS to AMHS	HSE Mental Health Operations/HSE Child and Youth Mental Health Office /MH HOS/ ECD/ CD	12mths	
2.2.2	There should be partnership between the HSE Mental Health Services and the College of Psychiatrists of Ireland, the National HSCP Office and relevant Nursing body to deliver training for staff in youth mental health	HSE Mental Health Operations/HSE Child and Youth Mental Health Office	Ongoing	College of Psychiatrists of Ireland/ National Health and Social Care Professions Office/Nursing and Midwifery Planning and Development Unit/Third Level Institutions
2.2.3	Engagement with other specialist services e.g. Clinical Care Programmes, Disability Services etc. with a view to identifying training supports to cascade skills in this area	HSE Mental Health Operations/HSE Child and Youth Mental Health Office	18mths	HSE Mental Health Clinical Programmes/ HSE Disability/ Addiction services
2.2.4	Engagement with CAMHS and AMHS to integrate ring-fenced education delivery where relevant to supporting transition	CHO/RHA*	12mths	HSE Mental Health Operations/HSE Child and Youth Mental Health Office

Recommendation 3
Goals & Implementation Actions

Principle 3: Leadership

Recommendation 3

Area management teams should have responsibility for ensuring all young people experience a smooth transition between CAMHS and AMHS and this should be evidenced by standardised reporting of performance and person-centred outcomes.

Four Goals

3.1 There should be development of agreed transition guidance in AMHS to complement the transition process outlined in the CAMHS Operational Guidelines.

3.2 Clinical oversight of all transitions should be provided within the mental health teams

3.3 Area management teams should have responsibility to ensure implementation of and adherence to the transition guidance including oversight of key performance metrics

3.4 There should be an emphasis on person-centred outcome evaluation with development of a standardised set of performance indicators (PIs) for quantitative and qualitative measure of intended outcomes

Goal 3.1

There should be development of agreed transition guidance in AMHS to complement the transition process outlined in the CAMHS Operational Guidelines.

Why: *Development of transition guidance to support transfer of care and inform local transition policies*

Two Actions:

No.	Action	Action Lead	Timeframe	Action Partner
3.1.1	A HSE working group to ensure transition guidance for AMHS, which reflects the process outlined in the COG, is implemented (Linked to Goal 2.1)	HSE Mental Health Operations/HSE Child and Youth Mental Health Office	12mths	CHO/RHA*
3.1.2	Continuation of care from CAMHS to AMHS should be reflected in any revised Service User Journey (SUJ) Framework for AMHS	MHER/ HSE Mental Health Operations/ HSE Child and Youth Mental Health Office	18mths	

Goal 3.2

Clinical oversight of all transitions should be provided within the mental health teams

Why: *Provides clinical oversight for a smooth transition of young people between mental health services. Under StV there is a move to shared governance arrangements (Recommendations #25, #33) and governance structures will need to reflect future states as they evolve.*

One Action:

No.	Action	Action Lead	Timeframe	Action Partner
3.2.1	Agree governance structures and local guidance for the transition process within CAMHS & AMHS which has an identified pathway for escalation of transition issues or problems (in line with COG Section 4.23.5: *If there are any challenges during the transition process, this should be escalated to the Area Mental Health Management Team in the relevant CHO area.*	CHO/RHA*	12mths	HSE Mental Health Operations/ HSE Child and Youth Mental Health Office

Goal 3.3

Area management teams should have responsibility to ensure implementation of and adherence to the transition guidance including oversight of key performance metrics

Why: *The area management teams play a key role in providing leadership to ensure implementation of and adherence to nationally and locally agreed transition guidance.*

One Action:

No.	Action	Action Lead	Timeframe	Action Partner
3.3.1	It is the role of the area management team to implement and measure adherence to transition guidance based on agreed Key Performance Indicators	CHO/RHA*	12mths	HSE Mental Health Operations/ HSE Child and Youth Mental Health Office

Goal 3.4

There should be an emphasis on person-centred outcome evaluation with development of a standardised set of performance indicators (PIs) for quantitative and qualitative measure of intended outcomes

Why: *To measure impact of service, establish targets, set priorities, and identify service improvement needs and resource requirements. The quality of the transition should be measured as well as quantitative measures.*

Three Actions:

No.	Action	Action Lead	Timeframe	Action Partner
3.4.1	Electronic patient records to track discharge destinations of young people (Linked to Action 1.1.2)	HSE Mental Health Operations/HSE Child and Youth Mental Health Office / ICCMS	3yrs	Office of the Chief Information Officer (OoCIO)
3.4.2	Development of patient reported outcome measures (PROMs) and experience measures (PREMS) to capture experience of the transition from CAMHS to AMHS	HSE Mental Health Operations/HSE Child and Youth Mental Health Office	18mths	HSE Mental Health Engagement and Recovery/ HSE Quality and Patient Safety (QPS)
3.4.3	Performance Indicators identified specific to transition of young people from CAMHS	HSE Mental Health Operations/HSE Child and Youth Mental Health Office	18mths	HSE Quality and Patient Safety (QPS)

*CHO/RHA = Mental Health Heads of Service/Executive Clinical Director/Clinical Director

Appendices

Appendix 1: Membership of the Youth Mental Health Transitions Specialist group

Workstream One Membership		
Name	**Role**	**Representing**
Paul Braham	Workstream Chair	National HSE Mental Health Operations
Dr. Amanda Burke	Workstream Member	CAMHS/Psychiatry
Prof. Mary Cannon	Workstream Member	Youth Mental Health Research
Emer Clarke	Workstream Member	Communications/ National HSE Mental Health Operations
Eimear Kealy	Project Manager	Service Improvement Lead, National HSE Mental Health Operations
Fiona McKernan	Workstream Member	HSE Mental Health Engagement and Recovery
Brian O'Malley	Workstream Member	Nursing
Mark Smyth	Workstream Member (Chair of Specialist group)	CAMHS/ Psychology

Specialist Group Membership (Alphabetical Listing)		
Name	**Role**	**Representing**
Paul Braham	Project Sponsor & Vice-Chair	National HSE Mental Health Operations
Dr. Amanda Burke	Specialist Group Member	CAMHS/Psychiatry
Dr. Trisha Byrne	Specialist Group Member	CAMHS Faculty, College of Psychiatrists of Ireland
Prof. Mary Cannon	Specialist Group Member	Youth Mental Health Research
Derek Chambers	Specialist Group Member	Policy Implementation Lead, National Mental Health Operations
Emer Clarke (Sep 2021 – Dec 2022) Sandra Hogan (Jan 2022 – Present)	Specialist Group Member	Communications & Engagement, National HSE Mental Health Operations
Mairead Doyle	Specialist Group Member	Dietetics/CAMHS Inpatient
Dr. Michele Hill	Specialist Group Member	Psychiatry – 3rd Level
Eimear Kealy	Project Manager	Service Improvement Lead, National HSE Mental Health Operations
Kevin Kelly (Sep 2021 – Mar 2023) Dr. Lisa Corrigan (Mar 2023 – Present)	Specialist Group Member	Department of Health
Odhran McCarthy	Specialist Group Member	Psychology/MHS
Fiona McKernan (Sep 2021 – July 2023) Jessica Curtis (July 2023 – Present)	Specialist Group Member	HSE Mental Health Engagement and Recovery
Gillian O'Brien (Sep 2021 – Nov 2022) Conor Boksberger (Nov 2022 – Present)	Specialist Group Member	Youth Mental Health (Jigsaw)
Dr. Karen O'Connor	Specialist Group Member	HSE Clinical Programmes/AMHS/ Psychiatry
Brian O'Malley	Specialist Group Member	Nursing
Ian Power	Specialist Group Member	Youth Advocacy
Jim Ryan (Sep 2021 – Sep 2023) Dervila Eyres (Sep 2023 – Present)	Executive Sponsor	Head of HSE National Mental Health Operations
Michael Ryan	Specialist Group Member	HSE Mental Health Engagement and Recovery
Mark Smyth	Project Sponsor & Chair	CAMHS/Psychology
Margaret Sorohan	Specialist Group Member	National Human Resources Lead, National HSE Mental Health Operations
Siobhan Wells	Specialist Group Member	Occupational Therapy/CAMHS

Appendix 2: Workshop Themes

a. Service Design:

Accessibility, Continuity of Care, Alignment and Integration

- Acceptance criteria
- Transition Coordinator
- Transition window, flexibility
- Shared Care
- Liaison and Communication channels between CAMHS and AMHS

b. Knowledge and Training

- Roles
- Training

c. Recovery, Consultation and Advocacy

- Experience of young people
- Youth Representation
- Experiences of Family, Carers and Supporters (FCS)
- Recovery education and forward planning

d. Governance, Quality and Improvement

- Oversight
- Management structures
- Supervision (including Clinical)
- Resources and Budgets
- Performance measurement (KPIs)
- Outcomes (PREMs, PROMs etc)
- Legal and Consent

References

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Sharing the Vision

A Mental Health Policy for Everyone

Rialtas na hÉireann
Government of Ireland