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**College of Psychiatrists of Ireland reacts to the Mental Health Commission Interim Report on some CAMHS services. Welcoming the report, the College calls for urgent and emergency action to address too many and concerning shortfalls and inadequate actions in CAMHS and other areas of Ireland's Mental Health Service.**

The College welcomes and supports this interim report\*. However, we are concerned that it does not adequately take account of poor governance structures and support systems, and the significant doctor recruitment and retention crisis in our mental health services at present.

Decades of poor resourcing, wholly insufficient funding, lack of basic ICT that includes electronic data management and patient record systems, and no meaningful implementation of official plans to either recruit or retain doctors in psychiatry, have led to the situation we are facing today, particularly in CAMHS.

Despite the College calling for inspection of community mental health services, including CAMHS, this has not occurred as it has for approved centres. Regrettably, had the necessary inspections and reviews taken place years before now, the distressing and upsetting situation for all those waiting for and in CAMHS, including serious shortfalls identified by the Maskey Report\*\* into South Kerry CAMHS, would have been uncovered and highlighted for action before now.

The service provided by CAMHS is equivalent to hospital level, consultant led and multi-disciplinary team care in the community for children and adolescents with moderate to severe mental illnesses. Consultant CAMHS psychiatrists are central to this. The same support structures, and patient/ family-friendly appropriate clinic buildings, are needed for consultants and multidisciplinary teams practicing in both these service locations. This would ensure that best evidenced practice, driven by appropriate expertise, is the foundation of the patient-centred care provided.

This includes, at a minimum, integrated governance structures, involving consultant child and adolescent psychiatrists at

- (i) national level, driving policy
- (ii) within the local management and community care organisations planning and operating the services, and
- (iii) at the front line leading and directing the multi-disciplinary team.

Medical administration systems and adequate personnel are also required, specifically, full multidisciplinary team staffing as documented in national policy (*A Vision for Change 2006*) over the past two decades. As the interim report outlines, this does not exist consistently in the community, nationwide.

Child and Adolescent Psychiatrists are highly trained practitioners who spend at least seven years in psychiatry training after qualifying from university medical school as doctors. At least three years will have been spent specialising in Child and Adolescent Psychiatry. These specialist doctors (consultants) are experts by training and experience and must be included in the corporate level

HSE management structures as well as at local service level and as frontline team leaders. This must also incorporate being supported in their frontline clinical posts by adequate infrastructure.

At present, throughout the four psychiatric specialties recognised by the Medical Council, there are approximately 495 consultant psychiatrist posts in Ireland, and 25% of those are currently unfilled or staffed on a temporary basis or with non-specialists. Even if we filled every post in the country, we would still need double the amount of specialist psychiatrists to satisfy demand. In the meantime, circa between 276 and 350 specialist psychiatrists will retire or leave the services over the next ten years.

Simply put, in the current situation that faces consultants in their own services and when asked to extend themselves to cover other positions needing support, our doctors are overworked, underappreciated, and working under unsustainable pressure in a system that does not appear to value the hugely important work they do, and ultimately patients will be negatively impacted as a result of not being seen or receiving less than optimal treatment and supports.

The HSE has concentrated on the development of clinical programmes and other specific campaigns but, over recent years, the HSE has not placed emphasis on the maintenance and improvement of the community mental health team structure. The capacity and function of these teams has been undermined as a result of this inattention, and governance changes have led to a lack of focus on functionality and resilience of those teams.

Reviews and regulation are critically important but cannot have the desired effect if we do not have the doctors available to staff these crucial services, and the appropriate ICT, clinical and managerial structures nationwide, to include child and adolescent psychiatrists.

As called for continuously, a Mental Health Service Director and a Mental Health Lead for Children (who is a highly trained and experienced specialist psychiatrist), are now more than ever urgently required together with immediate meaningful discussion. A selection of child and adolescent psychiatrists must be included to plot the way forward for services in the aftermath of this report.

Urgent emergency level planning, supports and resourcing with clear immediate actions and accountability to rectify the serious deficits in CAMHS and the wider Mental Health Services are required.

#### **Editors' note**

*The College of Psychiatrists of Ireland is the professional and training body for psychiatrists in Ireland and represents 1,100 professional psychiatrists (both specialists and trainees) across the country. The College advocates for the highest standards required for our mental health services. Children and adults in Irish society deserve no less.*

*\* Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services, Interim Report*

*\*\*Report on the Look-Back Review into Child & Adolescent Mental Health Services County MHS Area A*

**ENDS**

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