



CHO1: Sligo/Leitrim/West Cavan; Cavan/ Monaghan; and Donegal

<b>CHO 1: (i) Sligo/Leitrim/West Cavan; (ii) Cavan/Monaghan; and (iii) Donegal</b>		
<p><b>Per Capita Funding:</b> €78.80</p> <p><b>Teams:</b> 8 teams required. 8 teams in place.</p> <p><b>CAMHS ID Service:</b> No CAMHS-ID service in CHO1</p> <p><b>CAMHS Liaison team:</b> No CAMHS Liaison team</p> <p><b>CAMHS day hospital:</b> No CAMHS day hospital</p> <p><b>Total waiting list:</b> 447 (March 2023)</p> <p><b>no electronic clinical records</b></p> <p><b>Average age</b> of young people referred into the service was 14</p> <p><b>Average wait time</b> from referral to assessment is three months.</p> <p><b>Average wait time for high risk reasons:</b> Suicidal intent (35 days); suicidal ideation (80 days); eating disorder (60 days); deliberate self-harm (60days)</p> <p><b>Out of hours service:</b> Yes in Donegal; Sligo/Leitrim and West Cavan None in Cavan Monaghan</p>	<p><b>Review of clinical files:</b> some children and young people had not been reviewed regularly or had adequate monitoring of medication</p> <p><b>Risk management:</b> clinical risk was poorly identified and managed within the governance structure, leading to concerns about the safety and well-being of children</p> <p><b>Training:</b> medical and nursing staff have defined funding for training. Health and social care professionals (HSCPs) do not. Difficulties in obtaining funding to maintain and develop skills to meet the needs of young people.. Family Therapy Skills training has been approved for all CAMHS staff in CHO 1 in 2023. Risk training has been rolled out across all areas of CAMHS.</p> <p><b>Eating disorder services:</b> No Eating Disorder Teams in CHO 1. 2 clinical nurse specialist (CNS) for CBT in Eating Disorders covering two teams with a 0.5 Whole Time Equivalent dietician covering all three teams. Sligo/Leitrim/West Cavan do not have a clinical nurse specialist/advanced nurse practitioner and the dietician specialising in eating disorders post is vacant, with an active recruitment process ongoing.</p> <p><b>No team offers Family Based Therapy (FBT) for eating disorders.</b> FBT is the most important evidence-based intervention for children and young people with eating disorders</p>	<p><b>Good practice:</b></p> <p>One area had a Care Opinion Feedback Digital Platform since 2022 with staff members assigned to monitor and respond</p> <p>One area had a Young Person’s Advisory Group facilitated by two staff members</p> <p>In Cavan/Monaghan a database for all children and young people on medication has been developed.</p>



CHO 2: Galway, Roscommon and Mayo

<b>CHO 2: (i) Galway; (ii) Roscommon; and (iii) Mayo</b>		
<p><b>Per Capita Funding:</b> €93.90</p> <p><b>Teams:</b> 9 teams recommended. 6 teams in place</p> <p><b>CAMHS ID Service:</b> Galway and Roscommon CAMHS-ID has one consultant psychiatrist with 1.7 WTE nursing staff and 0.9 WTE psychologist. The team is severely under resourced. There should be at least three fully resourced teams.</p> <p><b>CAMHS Liaison team:</b> No CAMHS Liaison team in CHO 2. A CAMHS Liaison Clinical Nurse Specialist (CNS) in Mayo, since January 2023</p> <p><b>Total waiting list:</b> 311 (Jan 2023)</p> <p><b>There is no integrated patient management system or electronic files.</b></p> <p><b>Average age</b> of young people referred into the service was 14</p> <p><b>Average wait time</b> from referral to assessment is two months</p> <p><b>Average wait time for high risk reasons:</b> suicidal ideation (45 days); eating disorder (30days); deliberate self-harm (69 days)</p>	<p><b>Out of hours service:</b> Fully functioning out of hours service</p> <p><b>Review of clinical files:</b> Good processes in monitoring medication are in place.</p> <p><b>Risk management:</b> Risk identification and management were well understood by the Community CAMHS teams and the inpatient unit staff. There was evidence that risks are well identified and documented.</p> <p><b>Training:</b> A voluntary performance appraisal takes place for consultant psychiatrists. Medical and nursing have funding in place to avail of training and to continue with Continuous Professional Development (CPD). This is in order that they can remain registered with their respective regulatory bodies. There is no funding for CPD for health and social care professionals.</p> <p><b>Eating disorder services:</b> No Eating Disorder team as yet, as there was no consultant psychiatrist due to problems in recruitment. The recently recruited psychologist, social worker, clinical nurse specialist, occupational therapist and Non Consultant Hospital Doctor (NCHD) to the Eating Disorder team were all embedded in the community CAMHS teams and work exclusively with children and young people with Eating Disorders while waiting for the team to begin functioning. Family Based Therapy (FBT) was available as an intervention for eating disorders as was Enhanced Cognitive Therapy (CBT-E).</p>	<p><b>Good practice:</b> CAMHS CONNECT Team A CAMHS hub is a hybrid model of service delivery where children and young people can be seen at home, on a CAMHS site or through telepsychiatry. CAMHS hubs are aimed at children and young people who need more than what a standard community mental health team can offer but who do not need to be in hospital. The CONNECT Team provides a CAMHS Hub, located in Castlerea, County Roscommon with an assertive outreach service and site (Platform 93 /4) in Galway. The Connect Team offers a 24- hour, seven-day service, and crisis support at weekends.</p> <p>An Advanced Nurse Practitioner (ANP) commenced in an eating disorder role and does outreach support work including intensive support for parents and young people (meal preparation, coaching, modelling, meal support, social eating and re-integrating, linking with school). The ANP also provides advice for CAMHS teams.</p>



### CHO 3: Clare, Limerick and North Tipperary

<b>CHO : (i) Clare (ii) Limerick; and (iii) North Tipperary</b>		
<p><b>Per Capita Funding:</b> €78.80</p> <p><b>Teams:</b> 8 teams recommended. 6 in place. A 7<sup>th</sup> team has been approved.</p> <p><b>CAMHS ID Service:</b> CAMHS ID team in place but not fully staffed.</p> <p><b>CAMHS Liaison team:</b> No CAMHS liaison team</p> <p><b>CAMHS day hospital:</b> No CAMHS day hospital but approval for new one</p> <p><b>Total waiting list:</b> 376 (Feb 2023)</p> <p><b>No digitalisation of clinical files</b></p> <p><b>Average age</b> of young people referred into the service was 14</p> <p><b>Average wait time</b> from referral to assessment is 2 months</p> <p><b>Average wait time for high risk reasons:</b> Suicidal intent (4 days); suicidal ideation (15 days); eating disorder (21 days); deliberate self-harm (49 days)</p> <p><b>Out of hours service:</b> No out of hours service</p>	<p><b>Governance:</b> There was a CAMHS Management Team, but this was not functioning as a management team. Neither the consultant psychiatrists nor psychologists attended and some of the members were not working in CAMHS. No clinical director for CHO 3 CAMHS.</p> <p><b>Risk management:</b> staff appeared to be unaware of the risk management process. Serious concerns about the capacity of some CAMHS teams in CHO 3 to provide a safe service for young people. Staffing levels across the CAMHS teams were low. Serious concerns about children who had been lost to follow-up. It is difficult to see why this should had happened, apart from serious deficiencies in clinical governance, including lack of clinical audit and lack of adequate oversight and risk management.</p> <p><b>Training:</b> Due to low staffing levels, it was difficult for the line managers to release staff for training . While medical and nursing staff had ringfenced budgets for Continuous Professional Development (CPD), the other team members did not .</p> <p><b>Eating disorder services:</b> no regional Eating Disorder team in CHO 3. Five of the six teams had no family-based therapy. CBT-E (Cognitive Behavioural Therapy – Enhanced) was available in only one team. There was 0.2 WTE dietician on one team only, but there was access to a private dietician if required.</p>	<p><b>Good practice:</b></p>



CHO 4: Cork, Kerry

<b>CHO : (i) Cork; and (ii) Kerry</b>		
<p><b>Per Capita Funding:</b> €88.60</p> <p><b>CAMHS ID Service:</b> no dedicated CAMHS-ID service but one consultant works three days per month on site to review children in CAMHS ID in Kerry. An additional consultant provides two evening telemedicine clinics per month.</p> <p><b>CAMHS Liaison team:</b> Liaison team in Cork but not in Kerry</p> <p><b>CAMHS day hospital:</b></p> <p><b>Total waiting list:</b> 1,142 (April 2023)</p> <p><b>no electronic patient records records</b></p> <p><b>Average age</b> of young people referred into the service was 14</p> <p><b>Average wait time</b> from referral to assessment is 4 months</p> <p><b>Average wait time for high risk reasons:</b> Suicidal intent (60 days); suicidal ideation (70 days); eating disorder (45 days); deliberate self-harm (190 days)</p>	<p><b>Out of hours service:</b> Emergency cover is provided until 9pm at the Emergency Departments in Cork University Hospital and the Mercy University Hospital. There is no out-of-hours CAMHS service in Kerry</p> <p><b>Quality Improvement:</b> It was evident that audits of caseloads and medication audits were being conducted by the community CAMHS teams following the Maskey Report. There were also audits of waiting lists to ascertain which children were on the waiting list for the longest period of time and arrange an assessment for them</p> <p><b>Risk management:</b> The identification and management of risk was strongly criticised by Dr Maskey in his report. We found that, while risk training had taken place, there was still some confusion within teams as to whether a risk should be notified to their line manager or through the clinical lead (consultant psychiatrist) or both. We frequently found that once a risk had been escalated that the team were not informed of what was to happen next. Many teams stated that they did not get feedback and had no idea what actions were being taken</p> <p><b>Eating disorder services:</b> The Eating Disorder team was one of three in Ireland which had been set up as part of the National Clinical Programme for Eating Disorders . It covered Cork and Kerry</p>	<p><b>Good practice:</b></p> <p>CAMHS Hubs provide a seven-day service as an alternative to inpatient admission. They are aimed at children/young people who need more than the standard community mental health team can offer but who can stay at home in the evenings.</p> <p>Both Kerry teams had a good working relationship with Community Disability Network Teams (CDNTs), which are well established, and were able to share care in a number of complex cases.</p> <p>The Eating Disorder Team is operating and seeing children and young people with Eating Disorders from across CHO 4.</p> <p>Clinical coordinators are in place in Kerry.</p>



CHO 5: Waterford, Wexford, Carlow, Kilkenny and South Tipperary

<b>CHO : (i)Waterford; (ii) Wexford; (iii) Carlow; (iv) Kilkenny; and (v) South Tipperary</b>		
<p><b>Per Capita Funding:</b> €62.60</p> <p><b>Teams:</b> 8 teams, there should be 10</p> <p><b>CAMHS ID Service:</b> 1 psychiatrist, no team</p> <p><b>CAMHS Liaison team:</b> no liaison teams</p> <p><b>CAMHS day hospital:</b> no day services but one team ran a successful day programme</p> <p><b>Total waiting list:</b> 340 (March 2023)</p> <p><b>no electronic clinical records</b></p> <p><b>Average age</b> of young people referred into the service was 14</p> <p><b>Average wait time</b> from referral to assessment is ? (info not provided)</p> <p><b>Average wait time for high risk reasons:</b> Suicidal intent (10 days); suicidal ideation (68 days); eating disorder (61 days); deliberate self-harm (68 days)</p>	<p><b>Out of hours service:</b> An out-of-hours service was available in Wexford and Waterford operated on a one in two rota (two consultant psychiatrists covering out of hours alternately) on a 24-hour basis and 365 days a year. <b>No formal out-of-hours service provided in Carlow, Kilkenny, and South Tipperary CAMHS</b></p> <p><b>Clinical audits:</b> very few clinical audits carried out in CHO 5. Teams were aware of the importance of regular clinical audits such as medication audits, but said that due to the poor staffing of teams, all time was spent on assessments and</p> <p><b>Risk management:</b> Some risks had been identified, such as lack of staff and poor facilities. A number of teams appeared confused about how they escalated local risk</p> <p><b>Eating disorder services:</b> info not provided</p>	<p><b>Good practice:</b></p> <p>Carlow Kilkenny teams offered play therapy by staff trained in play therapy.</p> <p>Consultation and training had been provided to schools and community groups in the area of sensory regulation and attachment in one team in Carlow Kilkenny.</p>



CHO 6: Southeast Dublin, East Wicklow and Dun Laoghaire.

<b>CHO 6: (i) Southeast Dublin; (ii) East Wicklow; and (iii) Dun Laoghaire</b>		
<p><b>Per Capita Funding: €69</b></p> <p><b>Teams:</b> eight clinical teams in CHO 6, serious staff deficiencies in the individual teams</p> <p><b>CAMHS ID Service:</b> one team available</p> <p><b>CAMHS Liaison team:</b> 3 CAMHS liaison teams, there should be 4</p> <p><b>CAMHS day hospital:</b> None at present – plans for one.</p> <p><b>Total waiting list: 855</b></p> <p><b>no electronic clinical records</b></p> <p><b>Average age</b> of young people referred into the service was 15</p> <p><b>Average wait time</b> from referral to assessment is (info not provided as varies)</p> <p><b>Average wait time for high risk reasons:</b> Suicidal ideation (26 days); eating disorder (48 days); deliberate self-harm (9 days)</p> <p><b>Out of hours service:</b> Available through emergency services in hospitals</p>	<p><b>Review of clinical files:</b> most teams found it difficult to find time out of their clinical time to complete audits, each clinical team in Lucena CAMHS routinely audited caseloads, activities and documentation.</p> <p><b>Risk management:</b> has an electronic Risk Management System and risks are regularly reported to the CHO 6 Head of Service in Mental Health and the Mental Health Quality and Patient safety Oversight Committee and if required are escalated to the Chief Officer. Risks are discussed at the Integrated Management Reporting meeting, with the risk register submitted before each meeting.</p> <p><b>Eating disorder services:</b> one family based treatment (FBT) team that works across some teams but has a seven month waiting list, and there is no access to a community eating disorder team. One team has no access to FBT, dietetics or enhanced cognitive behaviour therapy (CBT-E) Funding is available for a CAMHS Eating Disorder Hub based in Mount Carmel, which should alleviate some pressure on the CAMHS teams. A CHO 6 Eating Disorder team commenced in January 2023, modelled on the Linn Dara Eating Disorder Team in CHO 7. There is an urgency in setting up this team</p>	<p><b>Good practice:</b></p> <p>The CAMH service used the Mental Health Information System (MHIS) which was used throughout the St John of God Mental Health Services. This allows electronic medical records, scheduling appointments, and reporting of data for the purposes of audits, KPIs, monitoring of children and young people on medication and service planning at all levels. This contributed significantly to the efficiency of the service. The implementation of the MHIS was demonstrated in action during our review of the service and was impressive. CHO 6 stated MHIS is currently at risk of collapse due to a lack of longstanding investment and funding in the MHIS system, resulting in its reliance on unsupported and outdated technology to operate and that this has been escalated to the Chief Executive Officer.</p> <p>2. The processes for identification, documentation and escalation of risk was embedded in the teams and aided by the information technology available.</p>



CHO 7: SouthWest Dublin, Kildare, West Wicklow

<b>CHO : (i) SouthWest Dublin; (ii) Kildare; (iii) West Wicklow</b>		
<p><b>Per Capita Funding:</b> €125.50</p> <p><b>Teams:</b> 8 teams</p> <p><b>CAMHS ID Service:</b> 2 teams in place  <b>CAMHS Liaison team:</b> In Tallaght and Crumlin childrens hospitals</p> <p><b>Total waiting list:</b> 364 (March 2023)</p> <p><b>IT:</b> Uses FIOS as its CAMHS database. CAMH Services in CHO 7 currently utilise paper-based records to detail care and interventions.</p> <p><b>Average age</b> of young people referred into the service was 14</p> <p><b>Average wait time</b> from referral to assessment is 2 months</p> <p><b>Average wait time for high risk reasons:</b> eating disorder ( 45 days); deliberate self-harm (95 days)</p> <p><b>Out of hours service:</b> out-of-hours psychiatry liaison service to CHI Tallaght Hospital at weekends from 9:00 a.m. to 7:00 p.m.</p>	<p><b>Risk management:</b>  Risks are initially managed at the service level locally and escalated if required to the Quality and Patient Safety (QPS). The risk register is reviewed quarterly by the QPS committee and if necessary, can be escalated to the area management team and then to the Chief Officer</p> <p><b>Eating disorder services:</b>  Dedicated eating disorder team. Eight of inpatient specialist which cater for level 4 care and treatment (most intensive treatment setting), for children and adolescents with severe and complex eating disorders</p>	<p><b>Good practice:</b></p> <p>There was a dedicated eating disorder team which covered all teams in CHO 7.</p> <p>The dedicated ADHD team (ADMIRE) was also available across teams for treatment of children and/or to provide consultations for teams through their ADHD clinics.</p> <p>There was a dedicated DBT team.</p> <p>In conjunction with University College Dublin, Family Therapy was available across all teams if indicated.</p> <p>The FOIS IT system is used for management of case files and auditing but does not provide electronic clinical files.</p>



CHO 8: Louth, Meath, Laois, Offaly, Longford and Westmeath

<b>CHO : (i)Louth, Meath, Laois, Offaly, Longford and Westmeath</b>		
<p><b>Per Capita Funding:</b> €78.40</p> <p><b>Teams:</b> 12 teams in place</p> <p><b>CAMHS ID Service:</b> 1 partially staffed CAMHS ID team, 2 fully staffed recommended</p> <p><b>CAMHS Liaison team:</b> no liaison teams</p> <p><b>Total waiting list:</b> 605 (March 2023)</p> <p><b>IT:</b> No patient information system in Louth/Meath. The Midlands CAMHS uses MAISY software which enables a database of open cases (outdated but can produce reports). No electronic patient records.</p> <p><b>Average age</b> of young people referred into the service was 14</p> <p><b>Average wait time</b> from referral to assessment is 3-4 months</p> <p><b>Average wait time for high risk reasons:</b> Suicidal intent (11 days); suicidal ideation (55 days); eating disorder (46 days); deliberate self-harm (30 days)</p>	<p><b>Out of hours service:</b> There is no out-of-hours on-call service in Louth/Meath. There is a 24 hour, seven days a week on-call service in the Midland area involving all CAMHS consultants in the Midland CAMHS Teams.</p> <p><b>Review of clinical files:</b> There was evidence of regular case file audits and audits of referrals. There was limited IT systems and difficult to identify files for auditing and in some cases identify the actual open caseload.</p> <p><b>Risk management:</b> It was evident from the teams that risk training had taken place. The risk register is reviewed quarterly by the Quality and Patient Safety (QPS) Committee and if necessary, risks can be escalated to the area management team and then to the Chief Officer.</p> <p><b>Eating disorder services:</b> No eating disorder team in either Louth/Meath or the Midlands CAMHS services. Limited access to a dietician but where available, private dietetics were sourced to work with children/ young people who required their input. Family Based Therapy (FBT) available in some teams but only 11% of young people received. A review in Louth Meath in May 2023 suggests that the percentage receiving FBT is closer to 65% in that area.</p>	<p><b>Good practice:</b> The provision of two YAMHS teams to assess and treat young people aged 16 and 17 who present to CAMHS in the Midlands mental health service has been very successful. .</p> <p>A wide range of interventions, including cognitive behaviour therapy, play therapy, behavioural family therapy, family-based treatment of eating disorders, WRAP, decider groups, attachment-based family treatment, OCD and anxiety-based treatment, parenting groups; and dialectical behaviour therapy (DBT).</p>





CHO 9: Dublin North City and County

<b>CHO : (i) Dublin North City and Council</b>		
<p><b>Per Capita Funding: €67.30</b></p> <p><b>Teams:</b> 8 teams</p> <p><b>CAMHS ID Service:</b> There is no dedicated CAMHS-ID team in CHO 9.</p> <p><b>CAMHS Liaison team:</b> The CAMHS Liaison team are based in CHI Temple St Hospital is governed by Children’s Hospital Ireland and not CHO 9/DNCC.</p> <p><b>CAMHS day hospital:</b> Day Hospital has a permanent location in North Dublin City</p> <p><b>Total waiting list:</b> 251 (March 2023)</p> <p><b>IT:</b> Has an automated patient management system, FIOS. No electronic clinical records</p> <p><b>Average age</b> of young people referred into the service was 15</p> <p><b>Average wait time</b> from referral to assessment is 4 months</p> <p><b>Average wait time for high risk reasons:</b> Suicidal intent (4 days); suicidal ideation (205 days); eating disorder (105 days); deliberate self-harm (21 days)</p>	<p><b>Out of hours service:</b> Through the emergency departments of hospitals</p> <p><b>Governance:</b> CHO 9/DNCC CAMHS has a robust Governance Structure</p> <p><b>Review of clinical files:</b> Audits are carried out by the CAMHS teams but the lack of staff and absence of any comprehensive IT structure to have a patient management system hampers clinical audit.</p> <p><b>Risk management:</b> Risk identification and management are well understood by the Community CAMHS teams and the inpatient unit staff</p> <p><b>Training:</b> Medical and nursing staff have funding in place to avail of training. There had been no funding for CPD for health and social care professionals. The HSE National HSCP Office now provide a grant to HSCPs for CPD Training of €250 and CHO DNCC set up a fund to also provide €250 funding for each HSCP working in the area on a two year pilot.</p> <p><b>Eating disorder services:</b> The CAMHS Eating Disorder team in CHO/ DNCC has National Clinical Programmes funding approval for 10 posts (9.5 WTE).There is good progress in recruitment for the team</p>	<p><b>Good practice:</b> CAMHS Made Simple: booklet 7 Dublin North City and County (CHO 9) provided prior to, Assessment Development And Well Being Assessment was introduced with input from young people.</p> <p>A Youth Mental Health Services Coordinator was recruited in 2022 to support the ongoing improvement in child and youth mental health services.</p> <p>Good levels of oversight, supervision and strong governance with overall commitment to quality improvement.</p> <p>There is a CAMHS day hospital and inpatient unit within CHO 9/DNCC and there is a CAMHS Liaison team in Temple St Children’s Hospital.</p>