Irish Association of Social Workers (IASW) submission on the progress of the implementation of a Vision for Change

6th February 2012.

Dear Ms McGuinness,

The IASW welcomes the opportunity to contribute to this review of progress in implementing Vision for Change. This report was prepared by Sheila McKenna, Sarah Houston and Declan Coogan from Special Interest Group in Child and Adolescent Mental Health Services (CAMHS) in the Irish Association of Social Workers.

New developments
The following new developments and funding arrangements are encouraging:

- The establishment of new in-patient child and adolescent mental health services in Cork and Galway
- The on-going development of the Jigsaw model of youth mental health promotion and service, which complements the specialist CAMHS teams
- The development of day programme services for children and adolescents is continuing steadily.
- The continuing funding for community response to suicide such as Teen Line, Pieta House and LGBT Lives
- The ASIST training that is available nationally

Social work posts and its contribution to CAMHS teams
Having started from a very low base prior to 2008, the number of social workers and social work posts in CAMHS has risen. Social workers are now well represented on teams and the most recently published HSE Third Annual Child and Adolescent Mental Health Service Report in 2011 stated that social workers constituted 17.5% of clinical staff on CAMHS teams nationally.

Social Workers in Child and Adolescent Mental Health Services (CAMHS) work in partnership with service users, colleagues on multi-disciplinary teams and professionals in other services to identify needs, to facilitate emotional support and effective interventions for children, young people and their families. The guiding principle is one of empowerment in the promotion and maintenance of the clients’ positive mental health. The ability to work in and with the whole context or situation is an important distinguishing characteristic of Social Work practice.

An essential part of the work includes a collaborative assessment and diagnostic process with the client, the family and other relevant members of the child’s network such as teachers and community support personnel. Follow up work is primarily focussed on providing therapy and counselling services. Another core element of Social Work within
CAMHS is in facilitating therapeutic and psycho-educational groups for children, adolescents and parents. We also respond to requests from schools, residential childcare units and child protection social workers for support and consultation around the management of mental health issues.

Social workers are well represented in the development of services and policy at national level through input on for example the Specialist CAMHS Advisory Group, National Clinical Programme Mental Health and the Guidance Document on the Admission of Children to Approved Centres under the Mental Health Act (2001).

**Effect of the moratorium on recruitment on CAMHS teams**

Unfortunately, the HSE moratorium on recruitment has had a significant impact. Many posts, including social work posts, are left vacant when a staff member leaves the service. This affects the delivery and on-going development of services for the service users. The 5th Report of the Vision for Change Implementation Group (2011) reported that the vast majority of community mental health teams are incomplete - 30% of CAMHS teams are not fully staffed and over 1,000 posts have been left vacant through 2010. *Vision for Change* recommends 22 clinical staff on community CAMHS teams per 100,000 population. In 2011 staffing levels (clinical and administrative) were at 42.1% of the level recommended per 100,000 population in *Vision for Change*. This has had an impact on waiting lists and the amount of time children and families in distress must wait before seeing a mental health professional on a CAMHS team. The highest ratio of clinical staff was 10.74 per 100,000 and the lowest 6.9 per 100,000 of the four HSE areas. This highlights the gaps between best practice and policy recommendations and the realities of daily service provision.

**Outstanding service issues to be addressed**

CAMHS teams are currently providing support to 1.5% of young people under the age of 18 years old, as opposed to the 2% recommended in *Vision for Change*. Fully staffed CAMHS teams would be in a position to provide a level of service as recommended in *Vision for Change*.

According to the Third Child and Adolescent Mental Health Service Report (2010-2011), published in November 2011, between October 2010 and September 2011,

- 655 (35%) children were waiting less than 3 months,
- 475 (25%) were waiting 3 -6 months,
- 479 (25%) were waiting between 6 months-1 year
- 288 (15%) had waited more than a year.

Both the *Vision for Change* policy and the HSE policy in the Third Child and Adolescent Mental Health Service Report (2010-2011) recognise that good outcomes are most likely when the child and their family receive a response from CAMHS teams that is timely and
well-co-ordinated. It is not acceptable that 65% of referrals to CAMHS teams involved a wait of more than 3 months before the commencement of an initial assessment.

One of the priorities for the development of CAMHS services under the Vision for Change policy should be the allocation of additional resources to teams to bring them to the recommended levels and research into initiatives that might reduce the length of time between referral and initial assessment.

While certain gaps between Vision for Change and current service provision are acknowledged, there is little attention given to the range of therapeutic expertise, which again affects the quality of service provision and outcomes for service users.

Vision for Change states that “A range of therapeutic expertise should be available within each team, including play therapy, family therapy and structured therapeutic programmes (individual and group) according to the needs of service users” (p.88). Many teams around the country do not have the full range of disciplines recommended. In 2011 there were teams without a number of either social work, psychology, nursing, speech and language therapy or occupational therapy input. This highlights the unacceptable reality that whether or not a child or family receives the full range of multi-disciplinary services is dependent on where the child or family lives, not on need.

Children with Autistic Spectrum Disorders (ASD) as primary presentation to CAMHS still account for more than any other group with the exception of those with attention and anxiety disorders, with a wide variation across geographical areas. Therefore CAMHS teams are still taking a much more active role in the assessment and support of such children than that recommended by Vision for Change. It is also the case that the role of CAMHS with children whose parents have mental health problems, especially in terms of close liaison and co-operation between CAMHS and Adult Mental Health services, has not been well developed nationally.

Vision for Change recommended a multidisciplinary model of management of mental health services in each super catchment area. The appointment of executive clinical directors with responsibility for each super catchment area is to be welcomed. However there has been little progress in establishing multidisciplinary management teams. In addition at this point local health managers in the HSE manage resources and hold decision making authority for HSE mental health services. It is unclear if or when the responsibility for resources and decision making will pass to the mental health management teams. The composition and recruitment of these management teams is still unclear but such teams should reflect the full range of multi-disciplinary expertise.

Vision for Change calls for the development of more accessible and responsive child and adolescent mental health services to facilitate engagement of children and young people. The Young People and Mental Health National Survey (HSE/ Millward-Browne Lansdowne 2009) found that there is near universal use of the internet by young people
with their usage focused on video and social networking and on line chat. Such findings indicate opportunities and raise questions about the effective use of community based mental health services of the internet to promote positive mental health and engagement with services. The same survey also found that while six out of ten adolescents believe that the family most help and support mental health, isolation most threatens mental health.

This could suggest that one of the new priorities for the development of CAMHS under the Vision for Change policy would include research into and a more proactive approach to the use of technologies and the internet by CAMHS which could help reduce the stigma of involvement with mental health services and reduce the isolation that most threatens youth mental health.

The 5th Report of the Vision for Change Implementation Group (2011) noted that there have been no new services for people who are homeless and have mental health difficulties, no new services for people with eating disorders and no new services for people with substance misuse and mental health problems. These are very concerning findings and will have an impact on the mental health of children and families. As a matter of priority, the Department of Health, the Department of Children and Youth Affairs and the HSE should develop a co-ordinated response to address these serious concerns.

Social workers in CAMHS are part of a highly skilled and qualified profession promoting empowerment, equality and social justice for individuals, families and communities to enhance well-being and promote positive mental health. Social work assessment and intervention is based on a systematic body of knowledge and practice methods, within the context of enabling legislation and positive mental health policy. It is our hope that the full implementation of the youth mental health sections of Vision for Change will meet the needs and the rights of children, young people and their families to a mental health service that effectively responds to the challenges of addressing mental health difficulties in the community and in in-patient settings.

References:


http://www.dohc.ie/publications/vision_for_change_5th/hse_nat_reg/final_5th_annual_report.pdf?direct=1


Regards,

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Ineke Durville
President