



## Communications of the European Society for Child and Adolescent Psychiatry

### Address for Correspondence related to ESCAP Communications:

Professor Dr. med. Beate Herpertz-Dahlmann  
University Hospital Aachen, Department of Child and Adolescent Psychiatry,  
Psychosomatics and Psychotherapy  
Neuenhofer Weg 21, D - 52074 Aachen, Germany  
E-Mail: bherpertz-dahlmann@ukaachen.de

From July 6th–10th the ESCAP congress takes place in Dublin, Ireland. The Irish society for child and adolescent psychiatry invites us all to take part and presents the situation of child and adolescent psychiatry in Ireland in the following newsletter.

### The Irish Society for Child and Adolescent Psychiatry

Brendan Doody

The total population for the republic of Ireland in April 2011 was 4,588,252 persons, an increase 8 % compared with 2006. The proportion of the population under 18 years at 25 % (1,148,687 persons) is the highest in Europe; the EU-27 average is 19 %. The UNICEF report on child well-being (2013) ranked Ireland 10th out of 29 developed countries.

The College of Psychiatrists of Ireland is the professional body for psychiatrists in Ireland and the sole body recognized by the Irish Medical Council and the Health Service Executive (Public Health Service) for competence assurance and training in Psychiatry. The college is responsible for all aspects of postgraduate training in psychiatry in Ireland.

The main specialities in psychiatry are represented by college faculties. The child and adolescent faculty promotes through the work of its members the mental well-being of young people and their families by contributing to and using an established knowledge base to inform clinical practice, medical training and public policy. There are approximately 90 consultant child and adolescent psychiatrists in the republic of Ireland, the vast majority work in the public health sector.

Training of psychiatrists occurs in two 'specialist' stages—basic training consists of an initial foundation year (FY) and usually another 3 years of basic specialist

training (BST). BST gives trainees experience across the life span. The higher specialist trainee selects further training in either adult or child and adolescent psychiatry. Higher specialist training (HST) usually lasts for 3 years. Satisfactory completion of specialist training confers eligibility for inclusion on the specialist division of the medical register maintained by the Irish Medical Council.

Assessment is a continuous process throughout training. It is designed to inform trainees on their progress, to guide their development and to demonstrate learning outcome attainment. Assessment consists of work place based assessments, portfolio completion, supervisor reports, annual review of progress and the college BST examination. Award of certificate of completion of BST (CCBST) depends on successful completion of all of the above. In HST there is no exam but the other assessment methods pertain to obtain a certificate of completion of higher specialist training (CCHST).

The college aims to address not only relevant Irish issues for its members but issues for psychiatry in general, for mental health services and ultimately for services users in Ireland. It endeavors to learn from other organisations both in Ireland and abroad with the broader aim of promoting good mental health and mental ill health practice for all those involved in the mental health services both service users and care professionals alike.

Many members of the college were integrally involved with other health care professionals in developing Ireland's blueprint for developing mental health services, 'A Vision for Change'. The college fully supports 'A Vision for Change' and urges the government at all times possible to ensure it will be implemented in full to give Ireland the mental health services it deserves.

In 2006 the department of health and children published *Vision for Change Policy Document*. It sets 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. Up to that time child and adolescent mental

health services (CAMHS) had been organised for young people up to the age of 16 years. It was recognised that existing Specialist CAMHS required significant extra resources in order to extend its services up to the age of 18 years.

Key to this is the development of 107 multidisciplinary teams, based on the 2011 census population, of which 63 are currently in place, 58 community teams, 2 adolescent day service teams and 3 paediatric hospital liaison teams. Further recommendations are contained in the policy concerning inpatient services (a total of 106 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. *Vision for Change* (2006) recommends that there should be two child and adolescent community mental health service (CAMHS) teams for each sector of 100,000 population with individual child and adolescent community mental health teams comprising of the following: one consultant child and adolescent psychiatrist, one doctor in training, two psychiatric nurses, two clinical psychologists, two social workers, one occupational therapist, one speech and language therapist and one child care worker.

In 2012 the total staffing of the 58 existing community teams was 461.94 whole time equivalents, which was 38 % of the community CAMHS staffing level as recommended in a vision for change. There was variation in the distribution and disciplinary composition of the workforce across teams and regions.

In September 2012 the number of active cases attending community CAMHS teams was 16,664 which represents 1.45 % of the under 18 years of age population. In the course of the month of November 2011 a total of 8,479 cases were seen by community CAMHS teams, the primary diagnosis/problem was recorded.

- The ADHD/hyperkinetic category (35.7 %) was the most frequently assigned primary presentation followed by the anxiety category which accounted for 18.7 %.
- The ADHD/hyperkinetic category peaked in the 4–9 years age group at 43.8 % of cases in this age group, dropping to 23.3 % of adolescents in the 15 years and older age group.
- Depressive disorders increased with age, accounting for 21.6 % of the 15 years and older age group.
- Deliberate self harm, which increased with age, accounted for 7 % of the primary presentations of the 15 years and older age group, however deliberate self harm/suicidal ideation was recorded as a reason for referral in 28 % of the new cases seen.
- Eating disorders increased with age, accounted for 5.6 % of the primary presentations of the 15 years and older age group.

- Males constituted the majority of primary presentations apart from emotional disorders (49.5 %), depression (36.5 %), deliberate self harm (28.1 %), and eating disorders (12.6 %).

There are four HSE inpatient units with a total of 66 beds and two private inpatient units with a total of 26 beds. There were 427 admissions of children and adolescents in 2012. Of this total 321 (75 %) admissions were to child and adolescent inpatient units and 106 (25 %) to adult units. Of the 432 admissions of children and adolescents in 2011 females accounted for 56 % of admissions. Thirty-nine percent of all admissions were aged 17 years on admission, 25 % were aged 16 years, 19 % were aged 15 years, 9 % were aged 14 years, 6 % were aged 13 years, 2 % aged 12 years, and 1 % aged less than 12 years.

In 2011 depressive disorders accounted for 35 % of all admissions. The next largest diagnostic category was neuroses at 13 %, followed by schizophrenia and delusional disorders at 12 %, eating disorders at 10 %, and behavioural and emotional disorders of childhood and adolescence at 6 %. The diagnosis of mania accounted for 5 % of admissions.

The average length of stay was significantly longer in the child and adolescent units, at 48.3 days (median 39 days), than in adult units at 9.9 days (median 5 days). Twenty-five percent of admissions to adult units were discharged within 2 days of admission and 64 % within 1 week. Sixty percent of admissions to child and adolescent units were for periods longer than 4 weeks.

In 2013 a total of 230 additional staff are to be recruited to Community CAMHS, increasing the number of teams, which will bring the staffing to 59 % of the *Vision for Change* recommended level. New additional inpatient facilities in the public sector, including a secure adolescent unit, are at varying stages of development.

Further investment is required in the development of specialist mental health intellectual disability, eating disorder, forensic and substance misuse services. The health service executive publishes an annual report on child and adolescent mental health services.

<http://hse.ie/eng/services/Publications/services/Mentalhealth/camhs20112012annualreport.pdf>

Dr. Brendan Doody  
Clinical Senior Lecturer, Trinity College Dublin  
Clinical Director, HSE Linn Dara CAMHS  
Dr. Steevens Hospital  
Steevens Lane  
Dublin 8  
e-mail: [brendan.doody@hse.ie](mailto:brendan.doody@hse.ie)