The Psychological Society of Ireland
Cumann Síceolaithe Éireann

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05 May 2022

Dr Siobhán Ní Bhriain
National Clinical Director and Lead for Integrated Care
Office of National Lead for integrated Care
Office of the CCO
Dr Steevens' Hospital
D08 W2A8

Re: CAMHS-ID - Mental Health Services for Children with Intellectual Disabilities: National Model of Service document, HSE

Dear Dr Siobhán Ní Bhriain,

We appreciate your letter (dated Tuesday 22 March 2022), received with thanks. A subgroup of PSI members and representatives from Heads of Psychology Services Ireland met recently in relation to the National Model of Service (MoS) document Mental Health Services for Children with Intellectual Disabilities (CAMHS-ID).

We welcome the review of the CAMHS-ID MoS. It was agreed that we would write back to you with a more comprehensive response to our letter of Wednesday 09 February last in the hope that we might be able to assist the review by the Chief Clinical Officer's Clinical Forum and the final version of the CAMHS-ID Model of Service.

We would like to state again that we welcome the development of a model of service for children with an intellectual disability. We feel it is very important that disability services across the HSE are strengthened and integrated within existing mental health, disability, and primary care systems. The guiding principles of CAMHS ID (pages 15-16) are welcome. The document is very strong on promoting the rights and needs of this vulnerable population and strongly advocates for the collaboration and integrated care, which will be the key to ensuring the best outcomes for people with disabilities and a mental health disorder. Other positive features of the document include:

- Use of the learnings from the Tower Hamlets visit in London is also welcome; however, it is only one model and seems likely to have developed out of a specific context with its own local specialities and nuances. We would caution against the risk of generalising from one specific context to an Irish context. Also, the Adult MHID document gives greater details on the learnings compared to this document, leaving out some key elements such as shared responsibilities (page 18).

Directors: Vincent McDarby (President), Anne Kehoe (President Elect), Megan Gaffney (Past President),
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- The section of specialist populations and those with complex needs and children with a mild ID and ASD is welcomed.
- While the document refers to the CAMHS Standard Operational Procedure (SOP, 2015), this document only names GPs and other medics as referrals sources. This is contrary to the more up-to-date CAMHS Operational Guidelines (COG, 2019). For clarity and consistency, the CAMHS ID team should be consistent with existing HSE policies.
- The referral and discharge process is also significantly limited and has no vision of integrated care across the different care groups.
- While the document refers to working with CDNTs, evidence of how this should work in Section 5 is absent. There is no reference to co-production of shared care plans; it does not reference the HSE Joint Working Protocol of PCC, Disability and CAMHS services (2017), the Integrated Care Forms and how CAMHS ID can play an integrated role in these HSE forums.
- In terms of role descriptions for MDT members, these are quite prescriptive, and do not refer to the nuance in developing specialist mental health interventions for children with complex needs. Clinicians require integration of knowledge and skills of specialist mental assessments and treatments and have the ability to adapt these appropriately for young people with an intellectual disability.
- There is a reference to inpatient treatment. As far as we are aware there are no MHID CAMHS specialist beds in Ireland currently.
- Overall, Section 5-7 does not reflect the guiding principles as set out in the beginning of the document.
- The voice of the service user should be at the core of this document and embedded in the CAMHS-ID MoS. While section 2.5.2 references service users and family consultation it is lacking detail and we are unsure if the final draft was shared with Inclusion Ireland and if they had sight of the final draft of the CAMHS-ID MoS. We believe that it is essential that Inclusion Ireland is invited to feedback on the document, and we need to ensure that their concerns and suggestions are incorporated into the final CAMHS-ID MoS.
- The experience of the service users and their families, and their ongoing involvement and input, needs to be an integral part of the CAMHS-ID MoS to ensure they are central to the design and delivery of the service.

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It is the view of the PSI that the CAMHS-ID MoS document, as it currently stands, promotes a medical model of support, it is not child and family centred and does not have an integrated vision of care at its core.

The 'Vision for Change' policy document (2006) recommends a 'shared governance model':

> RECOMMENDATION 9.2: The cornerstone of mental health service delivery should be an enhanced multidisciplinary Community Mental Health Team (CMHT), which incorporates a shared governance model, and delivers best-practice community-based care to serve the needs of children, adults and older people (p80).

'Sharing the Vision' (2020) recommends a review of existing clinical leadership models of governance:

> The engagement for this policy indicates that models of leadership for the CMHTs should be reviewed in line with international practice. Clinical leadership, as described in AVFC 2006 –16, was vested in the consultant psychiatrist role, in keeping with the requirements of legislation. Consideration should be given to amending legislation to facilitate the delivery of a shared governance model.

- Such a 'shared governance' and 'distributed responsibility' model of Mental Health Service will lead to a more effective and accessible service for families that are more consistent with client centred, recovery-oriented models of practice with people using mental health services.

- A centralised model of clinical responsibility ('ultimate clinical responsibility of the Consultant Psychiatrist') is not in keeping with current models of practice (MHC, 2010, page 20).

- The appointment of a 'Clinical Lead' should not be based on privilege of profession without due regard for competencies required.

- A more appropriate model, and reflective of how negligence cases are settled (e.g., with our State Claims Agency), is one of distributed clinical responsibility whereby responsibility is distributed among the involved team members according to their role and contribution.

- In CAMHS-ID Services there needs to be parity of esteem among colleagues in multidisciplinary teams.

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- The PSI believes that the appropriate clinical governance structure is a 'distributed' model of responsibility, where responsibility is distributed among the involved team members according to their role and contribution. This model emphasises mutual accountability and the notion of 'being in the boat together' with regard to achieving team goals.

- Good clinical governance allows for a model of clinical responsibility that recognises that each individual clinician carries clinical autonomy (and responsibility) with regard to their own specific treatment/intervention. The MHC document 'Teamwork within Mental Health Services in Ireland' (2010) articulates this well and the principles should be incorporated into the revised CAMHS-ID MoS.

- The PSI believes that the post should be discipline non-specific, the post holder must be an experienced mental health professional, with the necessary clinical skills and possesses the requisite organisational and interpersonal skills for the role.

The recently published 'Mental Health Services for Adults with Intellectual Disabilities: National Model of Service' (HSE, 2021) has a chapter on governance for Mental Health Intellectual Disability (MHID) teams that is supportive of the above. Section 7 of the model of service outlines all the different areas of governance for MHID teams, covering accountability, communication, and monitoring.

- Each head of discipline (for example, area director of nursing, principal psychologist) holds responsibility for ensuring that each team member operates to the highest clinical standard (7.1 Team governance).

- In-keeping with 'A Vision for Change', each member of the MHID team takes responsibility for the delivery of care in a collaborative and respectful manner, always adhering to a sense of parity of esteem. Clinical governance will be seen as a multidisciplinary activity requiring collaboration across disciplines, supported by the local professional management structures. In addition, all members of the team must adhere to their individual professional code of ethics, and the level of individual clinical responsibility associated with their job description, and their scope of practice (7.2 Clinical responsibility).

The PSI recommends that the Clinical Governance structure, as outlined above, is reflected within the amended CAMHS-ID MoS.

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In conclusion, we believe that the original proposed model of care will provide a very poor service to children with intellectual disabilities and mental health needs in this country and needs to be re-drafted. We are happy to meet with you directly at a time that suits to discuss the above and assist in any way we can. We look forward to hearing back from you.

Yours sincerely,

Dr Vincent McDarby
President
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