



**INCLUSION IRELAND**

National Association for People with an Intellectual Disability

**Submission to the HSE  
on the Child and Adolescent Mental  
Health Service (CAMHS) Standard  
Operating Procedure**

**February 2018**

**This document is written in font 12 Verdana in line with Inclusion  
Ireland plain English guidelines.**

## **1. About Inclusion Ireland**

Established in 1961, Inclusion Ireland is a national, rights based advocacy organisation that works to promote the rights of people with an intellectual disability.

Inclusion Ireland uses a human rights-based approach to its work which is underpinned by the values of dignity, inclusion, social justice, democracy and autonomy.

## **2. Introduction**

It is widely documented that people with intellectual disabilities experience a higher instance of mental health difficulties than the general population<sup>1</sup>.

As the national organisation for people with intellectual disabilities, Inclusion Ireland welcomes the opportunity to contribute to the HSE's review of the Child and Adult Mental Health Services, Standard Operating Procedure.

This submission provides observations from our advocacy work with families of children and adolescents with intellectual disabilities and mental health difficulties and makes recommendations for consideration in the review of the Standard Operating Procedure.

## **3. Key Issues**

### **3.1 Lack of Access to Service**

A Vision for Change states that children with a mild intellectual disability should be seen by mainstream CAMHS. According to CAMHS SOP, children and adults with moderate to severe intellectual disability should be seen by 15 child and adolescent Mental Health and Disability (MHID) teams across the country.

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<sup>1</sup> Mental Health Commission (2014). Annual Report

Families have reported to Inclusion Ireland that the SOP is not working as intended meaning that their child is often excluded from accessing a service:

- Two teenage boys (separate cases) in HSE Dublin North East both began to engage in serious challenging behaviour. Parents were referred to CAMHS who would not offer either child a service as their intellectual disability was more than 'mild'.
- A mother of a young boy in HSE Dublin North East required the services of CAMHS. The boy self-harmed and on one occasion had an episode of self-injuring behaviour that resulted in attendance at a hospital emergency department. He was referred to CAMHS who would not offer him a service as he was not "severe" enough.
- A social worker in HSE West contacted Inclusion Ireland when she referred a young boy (13) to CAMHS. The boy is out of school due to serious behaviour issues. The professionals the boy is engaged with believe that there may be an underlying mental health issue. CAMHS would not take the referral due to age grounds and disability grounds.

As outlined in the case studies above, there is sometimes confusion or disparity as to whether an issue a child has relates to disability or mental health.

The SOP should address how the Mental Health and Intellectual Disability Teams interact with the Community CAMHS teams. If young people are to be refused a service in Community CAMHS it needs to be clear where and how they can access a service through CAMHS-MHID teams.

In the context of the chronic understaffing that exists in MHID teams across the country, in many cases the SOP is directing young people with

an intellectual disability & mental health issue towards a service that does not exist. Additionally, inpatient CAMHS excludes children with a moderate, severe or profound intellectual disability and does not specify what the process is for children who need an in-patient service.

There is an obligation on HSE Mental Health services to be proactive in ensuring they do not discriminate against any one grouping they work with. At present one could argue that the chronic understaffing of MHID is not in line with the public sector duty<sup>2</sup> and is in effect, discriminatory.

### **3.2 Mental Health and Autism**

The SOP recognises that “children/young people with autistic spectrum disorder (ASD) experience co-morbid mental health disorders. The role of CAMHS in relation to autism can then best be defined as “consultation on difficult diagnoses and specialist episodic treatment of acute mental disorders”<sup>3</sup>.

However, families have reported difficulties in accessing CAMHS where their child with autism is experiencing mental health issues, such as anxiety, which is often experienced by persons with ASD:

- A mother in Cork contacted Inclusion Ireland when she could not get an appointment with CAMHS for her 11-year-old daughter who has anxiety issues and also has Autism Spectrum Disorder. The family have been waiting for 1.5 years for support with the issue.

The SOP should clarify the procedure by which children with autism and mental health issues can access CAMHS.

### **3.3 Transitions between services**

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<sup>2</sup> As provided for under the Irish Human Rights and Equality Commission Act 2014

<sup>3</sup> HSE. CAMHS Standard Operating Procedure, p15.

The practise of discharging children with intellectual disability/autism from the early intervention teams when they reach school age, with a requirement to go back through application and assessment if they want to access the school age team or other specialist team, causes difficulties and delays.

Because the child is again outside the system, a request for CAMHS becomes a new application rather than a seamless, interagency referral from another team.

This can cause unnecessary problems and distress particularly where the difficulty is an acute or episodic behavioural or mental health concern, which possibly could be resolved quickly with access to prompt advice or intervention.

Children with a disability should maintain access to their key specialist team, even if only for efficient administration/referral purposes and should be able to transfer as needed, to school age team or other specialist service.

There is good information in the SOP about how young people should transition to adult services, but no information surrounding difficulty when a young person approaching 18 wants to engage with the service for the first time. This can result in difficulties, as described below:

- A parent in HSE Dublin North East requested the service of CAMHS. Her daughter had self-harmed and had spoken of suicide. CAMHS said they would not take the case as she was almost 17. Adult services would not take the case as the child was not yet 18. It was only due to a threat of a complaint under the Health Act that the child was seen.

### **3.4 Accessible Information and Service User Involvement**

There is good information in the SOP about service user involvement particularly when it comes to Individual Care Plans (ICP) and transitioning

to adult services. However young people with intellectual disabilities and autism often require information to be made accessible to them in Plain English or Easy to Read format. This should be detailed in the SOP.

## **4. Recommendations**

It is the view of Inclusion Ireland that children and adolescents with intellectual disabilities and autism should be considered more comprehensively in the SOP.

- The SOP should address how the MHID teams interact with the Community CAMHS teams to ensure all children with a disability and/or autism and mental health issues can access a service. In doing so, the SOP should make reference to how CAMHS fulfils its public sector duty
- Accessible information should be developed for children and adolescents with intellectual disabilities in all aspects of service user involvement, including all plans, transitions and reviews; this could include easy to read and plain English information
- Clear guidelines for inter-agency working should be outlined so that waiting times can be reduced and children and young people can transition easily in and out of services
- An annual report should be published by the HSE on CAMHS so that information is available publicly on how the SOP is being implemented.

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