

The impact of the South Kerry CAMHS review and Maskey report on child and adolescent psychiatrists' work motivation and stress levels

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Abstract

Aims

Concerns identified in the Maskey report following an external review of South Kerry CAMHS, were reported widely and often negatively by the media with calls for an all-Ireland CAMHS independent review. The impact of this immediate and widespread lack of confidence in CAMHS on psychiatrists working in the service has not been examined.

Method

A study specific questionnaire, enquiring about potential impacts from the Maskey report was designed and sent with the help of the College of psychiatry Ireland by email to all senior registrars and consultants in CAMHS (n=160). Participants were asked to rate changes to their motivation and stress levels since the Maskey report and to rate media reporting and changes in perceived public perception of CAMHS.

Results

102 psychiatrists (response rate 63.8%) participated in the study. Since the publication of the Maskey report, 67 (65.7%) psychiatrists reported a decrease in their motivation and 82 (80.4%) reported an increase in their stress levels at work. The majority felt that pursuant on the Maskey report, the wider public and patient/caregiver perceptions of CAMHS decreased. Reduced motivation was significantly associated with increased stress levels, views that the media reporting was unbalanced, and workload was unmanageable. Higher stress was significantly associated with work poorer patient/caregiver perception of CAMHS.

Discussion

Following the Maskey report there has been an increase in stress levels and a decrease in motivation among child and adolescent psychiatrists in Ireland. In addition to longstanding adverse working conditions, negative media press and worsening patient and caregiver perception of CAMHS contributed to these adverse effects. Recommended improvements to CAMHS will require not only dedicated resourcing but need to be championed by a motivated staff force. Addressing these issues is essential for both patient safety and to prevent further issues with recruitment and retention of psychiatrists.

Introduction

Inadequate resourcing and staff retention issues have long been linked to CAMHS within Ireland. However specific clinical concerns within a Child and Adolescent Mental Health Services (CAMHS) in South Kerry led to an independent review of all open cases between July 2016 to June 2020.¹ The review was led by Dr Sean Maskey, an external and independent CAMHS consultant psychiatrist from the UK. The review was completed in September 2021, and the Health Service Executive (HSE) published the findings (referred to as 'the Maskey report') on the 26th of January 2022.

The Maskey report found that there were 240 children whose care did not meet acceptable standards.¹ In Dr Maskey's view, there was clear evidence of significant harm caused to 46 children whose files were reviewed. The report highlighted key contributory factors including clinician's long working hours, unequal workload across members of the multidisciplinary team (MDT) and overall poor staffing levels. A subsequent all Ireland review of CAMHS by the Mental Health Commission (MHC) extended these concerns nationwide.²

Following the Maskey report, the Health Service Executive (HSE) issued apologies to those affected and a state compensation scheme has been devised.³ There has been widespread media reporting and the development of caregiver support groups. The seriousness of concerns listed in the Maskey report and the impact of the predominantly negative media reporting on child and adolescent psychiatrists and indeed families is not known. CAMHS already has high burnout rates amongst consultants⁴ and MDT members^{2,5} as well as staffing, recruitment, and retention issues.^{2,4} Given negative and unrealistic public perception has been linked to higher rates of burnout and turnover intention among psychiatrists, it is possible that the low staffing issues identified as contributory might be perpetuated.⁵ Exploring the impact of the Maskey report and associated media coverage is key given the already challenging situation and workforce issues faced by CAMHS.

This study's primary aim was to explore if the Maskey report has impacted child and adolescent psychiatrists' work motivation and stress levels. The study's objectives were: 1) To

identify changes of child and adolescent psychiatrist's motivation and stress levels since the publication of the Maskey report. 2) To examine associations of changes in motivation and stress levels with demographic and work-related contributory factors (workload, work equity and staffing levels) outlined in the Maskey report. 3) To explore any associations of changes to motivation and stress levels with the psychiatrists' perceived public and media perception of CAMHS.

Method

The study was cross-sectional and quantitative in design. An anonymous researcher-devised questionnaire was distributed electronically via Google Forms by the College of Psychiatrists of Ireland (CPI) to all consultants, clinical fellows and senior registrars working in child and adolescent psychiatry (n=160). Participants were invited to complete the questionnaire which took approximately 10-15 minutes. A reminder email was sent four weeks later (April-May 2023). All responses were anonymised. The strengthening the reporting of observational studies in epidemiology cross-sectional checklist was used when writing the report.

The researcher-designed questionnaire included demographic details such as job role and work setting. Participants were asked to rate changes to their motivation and stress levels since the Maskey report. For ease of completion, responses to questions used a six-point Likert Response Scale (significantly increased, increased, slightly increased, no change, slightly decreased, decreased, significantly decreased). Participants were also asked to rate perceived changes to public perception of CAMHS services since the report, perception of media reporting and their personal views on their workload, equity of workload across the MDT and staffing levels. All responses to questions used a six-point Likert scale. Workload, equity of workload across the MDT and staffing levels variables were chosen as they represented key contributory factors reported in the Maskey report.¹

Statistical analysis was carried out using Statistical Package for the Social Sciences (SPSS) version 22.0. Descriptive data were calculated for each variable. Associations between psychiatrists' motivation and stress levels with demographic factors, impact on public perception of CAMHS as well as their views on workload, equity of workload and staffing levels within their own service were analysed using Pearson's chi-squared test. Fisher's exact test statistic was used when expected frequencies were observed to be less than 5. To control for problems associated with multiple comparisons (and likelihood of a Type I error: rejecting the null hypothesis when it is true: and the false discovery rate), the Bonferroni correction procedure was used to maintain the family-wise error rate.⁶ Bonferroni correction is applied to all chi-squared tests for association for each of the dependant variables.

Results

Demographics

One hundred and two psychiatrists participated in the study giving a response rate of 63.8%. The participant's demographics are listed in Table 1.

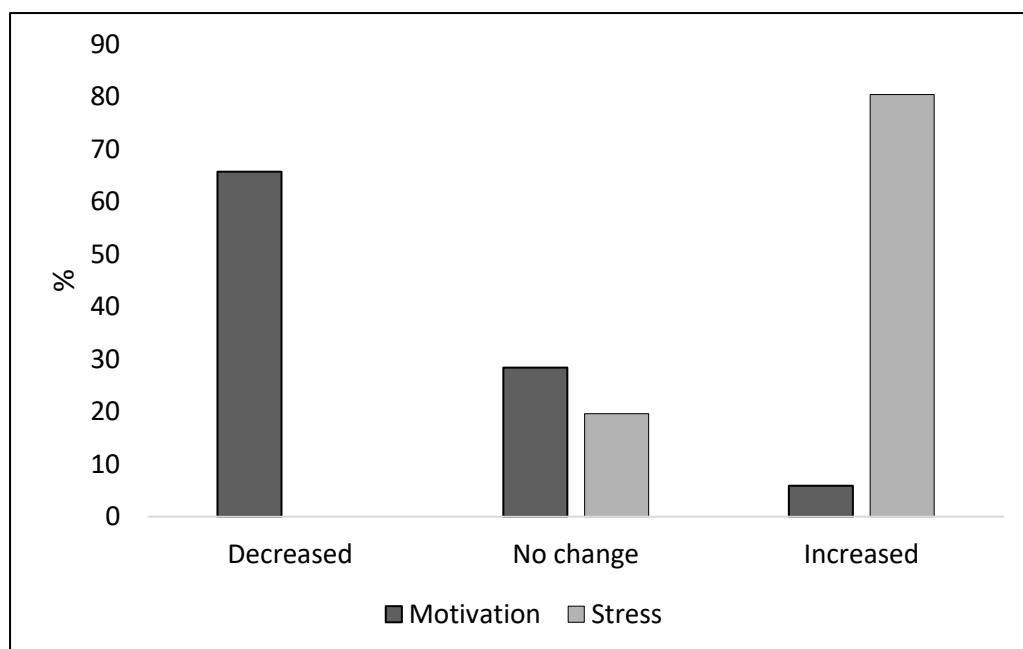
Table 1. Demographics of participants

Demographics	n (%)
Role	
Consultants	70 (68.6%)
NCHDs	32 (31.4%)
Work setting	
Outpatient CAMHS	90 (88.2%)
Inpatient	4 (4.0%)
Liaison	8 (7.8%)
Public/private setting	
Public	93 (91.2%)
Private	9 (8.8%)

Changes to work motivation and stress levels since the publication of the Maskey report

Since the publication of the Maskey report, most psychiatrists reported a decrease in their motivation at work (n=67, 65.7%), just under a third of psychiatrists reported no change to their motivation at work (n=29, 28.4%) and six psychiatrists (5.9%) reported an increase in their motivation at work. Additionally, most psychiatrists reported an increase in their stress levels at work (n=82, 80.4%), twenty psychiatrists (19.6%) reported no change to their stress levels at work and no psychiatrists reported decreased stress levels at work (see Graph 1).

Graph 1. Psychiatrist's motivation and stress since the publication of the Maskey report.



Clinicians' perspective on the impact of the Maskey report and the issues which it highlighted.

Most clinician's felt that the Maskey report had worsened both patient/caregiver wider perception of CAMHS (n=94, 92.2%) as well as patient/caregiver perspectives of the service they were attending (n=71, 69.6%). Most clinicians felt that the media reporting was imbalanced i.e., overwhelmingly negative reporting about CAMHS (n=89, 87.3%). Most clinicians described their workload as unmanageable (n=64, 62.7%), staffing levels below average (n=80, 78.4%) and that the equity of workload in their service as unfair (n=60, 58.8%).

Table 2. Perspective of clinicians on the impact of the Maskey report publication and the issues which it highlighted.

Perspectives of clinicians	n (%)
Impact of the Maskey report on patient/caregiver wider perception of CAMHS	
Improved	5 (4.9%)
No change	3 (2.9%)
Worsened	94 (92.2%)
Impact of the Maskey report on patient/caregiver perspectives of their own service	
Improved	7 (6.9%)
No change	24 (23.5%)
Worsened	71 (69.6%)
Balance of media reporting on the Maskey report and CAMHS	
Balanced	8 (7.8%)

Neither balanced nor imbalanced	5 (4.9%)
Imbalanced (i.e., overwhelmingly negative reporting of CAMHS)	89 (87.3%)
Workload in their service	
Manageable	34 (33.3%)
Neutral	4 (3.9%)
Unmanageable	64 (62.7%)
Equity of workload in their service	
Fair	23 (22.5%)
Neutral	19 (18.6%)
Unfair	60 (58.8%)
Staffing levels in their service	
Above average	7 (6.9%)
Average	15 (14.7%)
Below average	80 (78.4%)

Clinicians' motivation post-Maskey

There was an association with decreased motivation post Maskey and increased stress levels at work ($\chi^2=34.24, p<0.001$), which remained significant after applying Bonferroni corrections. There were no associations between demographic factors (role/work setting). There was an association with decreased motivation post-Maskey and perception that media reporting of CAMHS was imbalanced and overwhelmingly negative ($\chi^2=16.18, p=0.003$) which remained significant after applying Bonferroni corrections. There was also a significant association between decreased motivation and unmanageable workloads ($\chi^2=26.95, p<0.001$). There was no association between motivation and patient/caregiver perception of their own or other CAMHS service, equity of workload nor staffing levels.

Clinicians' stress levels post-Maskey.

There was a significant association between increased stress levels and unmanageable workloads ($\chi^2=11.81, p=0.003$), unfair equity of workload ($\chi^2=10.89, p=0.004$), and low staffing levels ($\chi^2=23.58, p<0.001$). These all remained significant after applying Bonferroni corrections. There was a significant association with increased stress levels and participants feeling that the Maskey report has worsened patient/care-giver views of the CAMHS they attended ($\chi^2=15.11, p=0.001$), which remained significant after applying Bonferroni corrections, but not when examining patient/caregiver perception of other CAMHS. Unlike changes in motivation, there was no association between changes in stress levels and

perception of media reporting. There was also no association between other demographic factors (role/work setting) and patient/caregiver wider perception of CAMHS.

Discussion

Most doctors working in child and adolescent psychiatry reported decreased motivation and increased stress levels at work following the publication of the Maskey report. This is concerning given that Ireland already has significant challenges regarding recruitment and retention of psychiatrists² and consultant occupancy in the discipline of psychiatry remains the lowest of all specialties in Ireland.⁷ Studies both before and after Covid has highlighted high levels of burnout among psychiatrists and child psychiatrists.⁴ This is of concern given the known association between low morale, high stress levels and clinical errors.⁸ CAMHS cannot afford further losses of clinicians and it is important these underlying and potentially aggravating factors are addressed for a safe and effective service for young people.

The Maskey report was covered widely in news outlets with CAMHS falling under the spotlight. CAMHS was described as “quite possibly broken” in the Irish Examiner,⁹ “inefficient and unsafe” in the Independent,¹⁰ “not fit for purpose” by the Irish Medical Times¹¹ and that “making it the service it aspires to be will take a herculean effort.”⁹ Children’s Health Alliance stated that the Maskey report “demonstrates failures at all levels: clinical failure, management failure, oversight failure and administrative failure.”¹² Many articles included negative and emotive quotes from politicians with the Taoiseach, at that time, Michaél Martin describing it as a “damning indictment” on mental health services¹³ and the Ombudsman for Children, Niall Muldoon, describing CAMHS’s “lack of consistency, dangerous.”¹⁴ Additionally, there articles have been published detailing caregivers’ poor experiences with CAMHS.¹⁵

Whilst it is important to identify shortcomings in healthcare services for improvements to be made, studies have found that negative media press can affect doctors’ motivation, and this appears to be the case in this study. Psychiatrists who found the media reporting overwhelmingly negative and unbalanced were more likely also to admit to lower levels of motivation. Continuing negative press was found to contribute significantly to the decline of general practice in the UK.^{16,17} Negative media press may be a barrier to improving recruitment and retaining out existing mental health workforce.

Most psychiatrists felt that the public, patient, and caregiver view on CAMHS had worsened since the Maskey report and there was a significant association between negative patient/caregiver views on their CAMHS with increased psychiatrists’ stress. Similarly, other studies have demonstrated a link between poor patient satisfaction with doctor burnout and poor job satisfaction.¹⁸ This is concerning as poor patient satisfaction may lead to nonadherence to treatment and dropout¹⁹ as well as clinician burnout.¹⁸ In addition, negative

parental perceptions of CAMHS have been found to be a barrier in accessing the service for their children.²⁰ CAMHS needs to regain the trust of patients and their caregivers to ensure that they continue to seek help when they need it.

Increased stress levels since the Maskey report were significantly associated with low staffing levels within the psychiatrist's workplace. The MHC's Final Report on all CAMHS in Ireland confirmed that many CAMHS are working at less than 60% of recommended staffing and some less than 50%.² Recruitment and retention of mental health professionals has been a longstanding issue with both difficulties filling existing posts and many recommended posts not being approved or funded. Additionally, there were significant associations between increased stress, decreased motivation and unmanageable workloads as well as low staffing and unmanageable workload. This suggests a toxic cycle between psychiatrists taking on additional work to account for the low staffing issue, increasing stress levels, reducing motivation, possibly leading to either sick leave or intention to change jobs, as has been reported by over 60% of psychiatrists in prior studies.⁴ The MHC stated that recruitment and retention issues are unlikely to be resolved unless incentives are provided such as better training and research opportunities, career progression, and supportive management.²

This is the first study to examine the direct impact of the Maskey report on psychiatrists' motivation and stress levels at work. The study was strengthened by a good response rate, which represents child and adolescent psychiatrists working in Ireland. The cross-sectional design and self-report nature of the survey means that causality cannot be inferred and there is a risk of responder recall bias. The authors are committed to further studies with both qualitative and quantitative data to further explore the impact of the Maskey report on psychiatrists and caregivers' views of CAMHS, personal challenges experienced when working or attending CAMHS, and to help identify meaningful solutions for improvement.

In conclusion, the Maskey report has been associated with a significant decrease in motivation and increase in stress levels among doctors working in all child and adolescent mental health in Ireland. The contributory role of the very negative media reporting and worsening of patient and caregiver perception of CAMHS needs further study. Low motivation and high stress levels are linked to longstanding challenges in CAMHS including unmanageable workloads, unequal equity of workload and poor staffing levels. These issues need to be addressed for both patient safety and to prevent further issues with recruitment and retention of psychiatrists. The authors welcome the recent publication of the Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services² and the position of a lead dedicated for CAMHS and hope that the recommendations in infrastructure, resources and clinical governance are prioritized.

Declarations of Conflicts of Interest:

None declared.

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