



From the Editor's Desk

Modernising mental health services and rising mental health challenges in youth

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Our June 2025 issue covers a number of interesting topics including themes related to telepsychiatry, mental health during COVID-19 and a consideration of some of the increasing challenges in child and adolescent mental health services.

Modernising mental health services through telepsychiatry and digital assessments

COVID-19 provided a platform for the development of telehealth and telepsychiatry in Ireland and internationally. Marshall and colleagues (pp. 102–109) report a qualitative appraisal of PERCEPTION, a telehealth intervention for family members of patients experiencing FEP. The study found PERCEPTION to be an acceptable, convenient and safe intervention. The authors suggest that provision of both in-person as well as online interventions might decrease barriers to accessing support for families, which is particularly important given that the study also identified gaps in self-care supports for relatives.

In a separate study, Rowntree and Behan (pp. 152–157) surveyed non-Consultant Irish psychiatrists about telepsychiatry experiences. They report that a large majority (96.7%) were unfamiliar with telepsychiatry prior to the COVID-19 pandemic, and a majority (86.9%) had not received specific training related to telepsychiatry. 54.1% of those surveyed were unaware of published guidelines around use of telepsychiatry, and the commonest concerns of psychiatrists included poor connectivity, medicolegal uncertainty and clinical effectiveness of telepsychiatry. The paper highlights the need for increased education and training for psychiatrists to effectively utilise telepsychiatry options.

Modernising mental health services is addressed further in a letter about digital assessments by Torris and colleagues (pp. 172–174). The Q-interactive is an iPad-based digitalised psychometric assessment tool introduced at an Irish Child and Adolescent Mental Health Service (CAMHS) during the COVID-19 pandemic. The tool was developed to facilitate high-standard neurocognitive and speech and language assessment, while working in compliance with COVID-19 guidelines around social distancing. In their study, the tool was found to be highly acceptable to both service users and clinicians, and hopefully

similar innovative development will continue beyond the pandemic.

COVID-19

O'Mahony and colleagues (pp. 110–117) describe a longitudinal study over a four-year period focusing on the impact of the COVID-19 pandemic on patients with a range of mental disorders. The authors found a particularly large impact among individuals diagnosed with emotionally unstable personality disorder when compared with individuals with anxiety disorders and bipolar affective disorder.

In a further COVID-19-related article, Duggan and colleagues (pp. 118–125) evaluate the differences between pre-pandemic and post-pandemic presentations within two early intervention in psychosis services, finding an increase in presentations post-pandemic, particularly in urban areas. They also report longer duration of untreated psychosis among women post-pandemic and unsurprisingly found a significant rise in telephone consultations during COVID-19.

Evaluation of Irish psychosis admissions and self-harm presentations

Lovett and colleagues (pp. 133–142) also address psychosis care in Ireland by examining the clinical and demographic profile of inpatient psychosis admissions in Ireland. Among 43,963 admissions over a ten year period the authors found that 58% were male with a younger median age at first admission among males (36 years) than females (42 years). Median length of stay for psychosis admissions (20 days) was longer than for other mental health disorders (13 days), and psychosis admissions accounted for 26% of all psychiatric admissions.

In a separate study, Wilson and colleagues profile the characteristics of Irish ED presentations among males presenting with suicidal ideation and self-harm acts from 2018 to 2021. Among 45,729 presentations, males presented with suicidal ideation more commonly than females (56% v. 44%) and less commonly with self-harm (42% v. 58%). Drug and alcohol overdose was the most common method of self-harm among males, and interestingly, a majority of males had no linkage with mental health services.

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Increasing challenges in CAMHS

A topical issue of late has been the increasing prevalence of mental health difficulties in children and adolescents resulting in increased difficulties accessing CAMHS. This may have at least partially contributed to Irish law enforcement (An Garda Síochána) needing to become involved in the first response effort to under-18s in mental health crises. Bond and colleagues (pp. 126–132) report an interesting qualitative study investigating the challenges faced by both Emergency Department (ED) and mental health professionals involved in such situations in a paediatric ED. Challenges identified included a lack of appropriate clinical settings within ED and a knowledge gap among members of an Garda Síochána in relation to Mental Health Act legislation and restraint.

An interesting letter by Jones and colleagues (pp. 170–171) addresses ‘psychiatric boarding’, another important issue in EDs. The authors define psychiatric boarding as follows: ‘Psychiatric boarding occurs when a patient presenting with a primary psychiatric condition is held in, or admitted to, a nonpsychiatric setting, such as the emergency department or medical wards, for a minimum of 18 hours while awaiting psychiatric care or admission to a psychiatric ward’. The negative impacts of this practice are also highlighted including undue stress and anxiety for the patient, potential for inappropriate use of restraints, risks to staff, and suboptimal or inappropriate medication and psychosocial treatments delivered while in ED.

CAMHS have also seen an increase in eating disorder presentations over the last few years, and this issue’s editorial

provides an informative update on eating-related difficulties. Lynch and colleagues (pp. 97–101) describe a pragmatic assessment framework, accompanied by a multi-faceted approach for treatment modalities and support. Future directions for therapeutic research and innovation are highlighted such as medications targeting neurological circuits related to appetite regulation and reward processing, nutrition precision treatments targeting the gut microbiome and virtual reality-assisted therapy.

Learning from history

Finally, improving and innovating our practice in psychiatry can sometimes benefit from appreciating our past by reflecting on the experience and ideas of physicians in ancient times. Brady and Kelly (pp. 158–163) present an interesting historical paper on the approaches of the Greek physician, Asclepiades (124–40 BC), who contributed to thinking in physical healthcare but also had progressive ideas about mental healthcare. His thinking resonates with modern practices including the reduction of confinement of individuals with mental illness where possible, as well as acting ‘safely, swiftly and pleasantly’ when managing both physical and mental illness. Some of these ideas can be considered cornerstones of modern practice, such as providing care as early as possible, and always using an empathic approach for individuals suffering with mental illness.

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