



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte  
Ospidéal Naomh Lómáin Baile Phámar Baile Átha Cliath 20.  
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28<sup>th</sup> July 2021,  
Deputy Mark Ward,  
Dail Eireann,  
Dublin 2.

PQ  
Number: 24049/21

PQ  
Question: To ask the Minister for Health the estimated cost of the increased capacity required to clear current waiting list for mental health counselling at primary care for child and adolescent services; and if he will make a statement on the matter. -Mark Ward

Dear Deputy Ward,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

HSE Primary Care Psychology would be best placed to respond to the estimated cost to clear the current wait list for counselling at Primary Care .

In relation to Mental Health services for young persons, the Mental Health Division published Operational Guidelines in 2015, which were reviewed and updated in 2019. These set out the guidelines that each CAMHS service shall adhere to. <https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/operational-guideline/>

Waiting times for young people to be seen by Child and Adolescent Mental Health Services continue to be an issue in a number of CHO's. A renewed focus on improving capacity and throughput is in place in this area and some improvement is being shown. Waiting lists vary according to Community Healthcare Organisation where although some areas have relatively short waiting lists regrettably waiting times are longer in other counties. Factors such as availability of specialist CAMHS clinicians, current vacancies and difficulties in recruiting in an international context can impact on waiting times in various areas.

There are two types of referral; an urgent referral and a routine referral. Every effort is made to prioritise urgent referrals so that young people with high risk presentations are seen as soon as possible and this is often within 24 to 48 hours. Severity of presenting symptoms affects waiting times - where waiting times for those with high risk presentations are shorter. This may impact on wait times for cases that are considered, by a clinician, to be less severe. CAMHS referral teams meet weekly to review all referrals and to assess the risk to the young person. CAMHS wait lists are also impacted by capacities in other parts of the system including



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primary care psychology and disability services where young people may not receive early intervention and thus their needs escalate necessitating referrals to CAMHS.

There are initiatives underway to increase capacity in primary care psychology services across the HSE. This has included the funding and recruitment by Mental Health of an additional 120 additional psychology assistants to work in primary care in recent years.

The HSE also provides funding to the NGO sector with whom the HSE has significant SLAs in place to provide services on its behalf to young people, these include (Jigsaw, Bodywhys, Foroige etc). An annual review of these SLAs has just been completed. We are currently looking at synergies between different NGOs to ensure they operate at optimal effectiveness with reference to capacity and demand in each NGO. It is hoped that this initiative will reduce access waiting times if these exist in a particular NGO service provider, and will enable CAMHS teams to focus on those presenting with moderate to severe conditions.

Currently, CAMHS teams are meeting referral demands. CAMHS targets were met or exceeded in the domains as per table below.

	2020 Target	Outturn 2020	Outturn 2019	+/-
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams	78%	79.2%	78.4%	+1%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams	72%	74.5%	72.2%	+3.2%
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	<10%	6.6%	8.5%	-1.9%
% of urgent referrals to Child and Adolescent Mental Health Teams	80%	89%	76.3%	+12.7%



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responded to within three working days				
No. of child / adolescent referrals (including referred) received by mental health services	18,128	17,358	18,831	-7.8%

I trust this information is of assistance to you but should you have any further queries please contact me.

Yours sincerely,

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Jim Ryan  
Assistant National Director  
Head of Operations