



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Deputy Noel Grealish,
Dail Eireann,
Dublin 2.

20th October 2021

PQ Number: 47646/21

PQ Question: To ask the Minister for Health the total number of young people who are currently on waiting lists to be seen by the child and adolescent mental health services nationally by the length of time waiting and age cohort; the amount by which the waiting lists have increased since the start of the Covid-19 pandemic; the number of young people currently availing of these services nationally; and if he will make a statement on the matter - Noel Grealish

Dear Deputy Grealish,

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.

CAMHS provide specialist mental health service to those aged up to 18 years, who have reached the threshold for a diagnosis of moderate to severe mental health disorder that require the input of a multi-disciplinary mental health teams, such as moderate to severe anxiety disorders, moderate to severe depression, Bi Polar Affective disorder, Psychosis, moderate to severe eating disorders, self-harm that require the input of a multi-disciplinary mental health team.

Community CAMHS refers to child and adolescent mental health services that are delivered in outpatient and day hospital settings, with the majority of CAMHS interventions being delivered in the community, close to people's homes. CAMHS community mental health teams (CMHTs) provide clinical assessment, formulation, diagnosis and multi-disciplinary interventions to children and adolescents based on their identified needs. They are also responsible for providing advice, information and support to parents in order to help them to support children and adolescents with moderate to severe mental disorders at home.

Community CAMHS

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.

CAMHS wait lists are also impacted by capacities in other parts of the system - where young people may not receive early intervention and thus their needs escalate necessitating referrals to CAMHS.



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In CAMHS 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.

The reasons for differences around the country relate to availability of specialist CAMHS clinicians, current vacancies and difficulties in recruiting in an international context. CAMHS wait lists are also related to capacities in other parts of the system where young people may not receive early intervention and thus their needs escalate necessitating referrals to CAMHS. 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.

As a result of the recent cyber-attack on HSE systems, the latest set of full data for the number of children waiting to be seen by CAMHS is from March 2021. Table 1 provides data on **'total number of young people who are currently on waiting lists to be seen by the child and adolescent mental health services nationally by the length of time waiting and age cohort'**

Waiting list data collected nationally does not capture data on age range

Table 1: Waiting list for Community CAMHS at March 2021:

	Total	<= 12 weeks No.	> 12 <= 26 weeks No.	>26 <=39 weeks No.	>39 <=52 Weeks No.	>52 Weeks No.
National Total	2,384	972	668	352	222	170
CHO 1	188	99	49	24	16	0
CHO 2	48	41	7	0	0	0
CHO 3	346	118	72	48	30	78
CHO 4	582	162	182	100	96	42
CHO 5	226	115	64	27	16	4
CHO 6	0	0	0	0	0	0
CHO 7	165	100	33	16	6	10
CHO 8	570	251	152	91	41	35
CHO 9	259	86	109	46	17	1



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'The number of young people currently availing of these services nationally' –

At March 2021 there is a case load in Community CAMHS of 20, 491

"The amount by which the waiting lists have increased since the start of the COVID-19 pandemic"

CAMHS data shows a reduction in the number of referrals accepted for mental health services.

In 2020, whilst there was a reduction in referrals on 2019 figures (5%), there was a 10% increase in face to face appointments.

CAMHS services received 4, 905 referrals (28.1%) which were deemed inappropriate and these referrals returned to the referral agent, who was advised as to the reason for decision and in some cases the referral agent will be sign posted to the appropriate service.

In many cases during the pandemic, face to face clinical work continued in community CAMHS with the appropriate measures in place, in addition to phone and video appointments.

CAMHS Waiting List

In 2021, the most recent available full data is for March 2021, due to the ongoing impact of the recent cyber-attack on HSE systems.

In 2021

- 2, 625 children were on the waiting list – an increase of 34 from the February 2021 figure, but 191 less than same period March 2020
- 2, 199 referrals were received in March, 1, 539 referrals accepted, 1, 367 CAMHS appointments were offered and 1, 292 new referrals were seen. YTD 5, 317 referrals were received which is a 10% increase on March 2020 figures of 4, 828 referrals received
- 94% of urgent referrals to CAMHS teams were responded to within 3 working days (target 90%)
- 94.7% of referrals were offered a first appointment within 12 months
- 5.5% did not attend their appointment, and excluding these, 77.6% were seen within 12 weeks

In 2020

- 17, 436 referrals received (5%) less than 2019 figure
- 12, 531 referrals accepted
- 4, 905 (28%) referrals deemed inappropriate for CAMHS treatment
- 2, 755 children on the waiting list – with 57% of these waiting less than 12 weeks - 18% (428) above the same period 2019 (2, 327)
- Number of new (including re-referred) referrals seen is 10,456 which is 6.1% below the same activity level in 2019 (11, 139) and this can be attributed to the reduction in referrals
- Did Not Attend rate was 6.6% in 2020 - a reduction on rate of 8.5% in 2019
- 10, 233 cases were discharged from Child and Adolescent Mental Health Services (compared with 12, 660 in 2019)



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- 79.2% of referrals accepted were offered an appointment within 12 weeks – (target is 78%) - slight increase on rate of 78.4% in 2019
- 86.4% of urgent referrals to Child and Adolescent Mental Health Teams were responded to within three working days , which is above target of 80%
- Of those waiting, 266 are waiting longer than 12 months compared to 212 (increase of 25%)

In 2019

- 2, 327 children on the waiting list
- There were 18, 831 referrals to CAMHS, with 13, 190 referrals accepted by CAMHS teams
- 5, 641 referrals were deemed inappropriate for CAMHS – with the referrer advised as to the reasons and most appropriate service
- 78.4 % of referrals accepted were offered an appointment within 12 weeks – (target is 78%)

In relation to those waiting over 12 months, this may be attributable to the fact that referrals are categorised as either urgent referral or routine. 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 primary care psychology and disability services where young people may not receive early intervention and thus their needs escalate necessitating referrals to CAMHS.

Initiatives are 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. In addition, the recent establishment of the CAMHS Eating Disorder Teams in the Community to help those presenting with Eating Disorders.

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,

Jim Ryan
Assistant National Director - Head of Operations
National Mental Health Services