



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte,  
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Deputy Mark Ward.  
Dail Eireann,  
Dublin 2.

1<sup>st</sup> March 2022

**PQ Number: 6664/22**

**PQ Question: To ask the Minister for Health the number of children that are on the ASD spectrum that also have mental health difficulties that have been referred to CAMHS; the number that were deemed an inappropriate referral in 2019, 2020 and 2021, in tabular form; and if he will make a statement on the matter. -Mark Ward**

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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.

### **Services for Children with ASD**

Mental health disorders are often described on a continuum of severity, ranging from mild to moderate to severe. A number of factors are taken into account when defining whether someone has a moderate to severe mental disorder and these include the diagnosis, formulation, the duration of the symptoms and level of functioning in daily living. In practice the term “moderate to severe” means that the mental health disorder is severe enough to cause substantial distress to the child or their family or others. The child or adolescent would have a significant impairment in functioning in various aspects of their life including development, family relationships, school, peers, self-care and play or leisure activities.

The diagnostic assessment and interventions for children and adolescents with autism is within the remit of HSE Primary Care and Children's Disability Network Teams. There are some children and adolescents with complex needs/disability who may also present with a moderate to severe mental health disorder at the same time. Where the child or adolescent presents with a moderate to severe mental health disorder, it is the role of CAMHS to provide appropriate multi-disciplinary mental health assessment and treatment for the mental health disorder. This may involve joint working or shared care with other agencies including HSE Primary Care, Children's Disability Network Teams and other agencies supporting children and adolescents. When information indicates that there is more than one service that could best meet the child or adolescent's needs, consultation should take place with the other service to determine which is the most appropriate or whether a joint approach to assessment and intervention is indicated.



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### **Referral and Access to CAMHS**

When deciding if a child or adolescent needs to attend CAMHS, a number of factors are considered by the CAMHS Team. These include consideration of the child or adolescent's clinical presentation, their level of social and family support and the availability of resources and treatment options at primary care level or within community networks. It is the role of the CAMHS team to decide if the child or adolescent reaches the threshold for community CAMHS i.e. whether their mental health disorder is moderate to severe.

### **Types of Referrals Accepted to CAMHS**

This list hereunder gives some guidance on what constitutes a moderate to severe mental health disorder. However this is an operational guideline and not a clinical guideline and therefore it is not an exhaustive list. It is also important to note that not all children and adolescents will fit neatly into a diagnostic category.

- Moderate to severe anxiety disorders
- Moderate to severe Attention Deficit Hyperactive Disorder (ADHD/ADD)
- Moderate to severe Depression
- Bipolar Affective Disorder
- Psychosis
- Moderate to severe Eating Disorder
- Suicidal ideation in the context of a mental disorder.

### **Types of Referrals Not Accepted to CAMHS**

CAMHS is not suitable for children or adolescents where their difficulties are related to learning and/or developmental problems, social problems or mild to moderate mental health problems. There are many services available to respond to these issues for children and adolescents, for example HSE Primary Care Services, HSE Disability Services, TUSLA, Jigsaw, National Educational Psychology Services (NEPS) and local Family Resource Centres.

CAMHS do not accept the following children or adolescents where there is no evidence of a moderate to severe mental health disorder present:

- Those with an intellectual disability. Their needs are best met in HSE Social Care/HSE Disability Services for the diagnosis and treatment of intellectual disability. However those children or adolescents with a mild intellectual disability with moderate to severe mental disorder are appropriate to be seen by CAMHS.
- Those with a moderate to severe intellectual disability and moderate to severe mental disorder. Their needs are best met by CAMHS Mental Health Intellectual Disability (MHID) teams, if present.



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- Those whose presentation is a developmental disorder (examples of these could include Dyslexia or Developmental Coordination Disorder). Their needs are best met in HSE Primary Care services and/or Children's Network Disability Teams.
- Those who require assessments or interventions relating to educational needs. These needs are best met in services such as Children's Network Disability Teams or the National Educational Psychology Service (NEPS).
- Those who present with child protection or welfare issues, where there is no moderate to severe mental disorder present. These needs are best met by Tusla.
- Those who have a diagnosis of autism. The diagnosis and treatment of autism remains the remit of HSE Primary Care and Children's Network Disability Teams.

#### Community CAMHS Waiting times

Waiting lists for CAMHS services are not broken down by referral query therefore our waiting list data is generic to child and adolescent mental health difficulties. 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. This may impact on wait times for cases that are considered, by a clinician, to be less severe. The CAMHS referral teams meet every week to review all referrals and to assess the risk to the young person. Waiting lists vary according to Community Healthcare Organisation (CHO) where although some areas have relatively short waiting lists regrettably waiting times are longer in other counties. 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

The following information provides the total referrals for Community CAMHS 2019 to 2021, including referrals not meeting the criteria.

#### **2021 data subject to validation.**

<b>2019</b>			
<b>CHO</b>	Referrals Received	Referrals Accepted	Referrals not meeting criteria for CAMHS
CHO 1	1478	1095	383
CHO 2	1867	1257	610
CHO 3	1856	1391	465
CHO 4	2395	1520	875
CHO 5	2194	1393	801



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CHO 6	2018	1641	377
CHO 7	2215	1642	573
CHO 8	3206	2294	912
CHO 9	1602	957	645
<b>Total</b>	<b>18831</b>	<b>13190</b>	<b>5641</b>

2020			
CHO	Referrals Received	Referrals Accepted	Referrals not meeting criteria for CAMHS
CHO 1	1366	1109	257
CHO 2	1663	1138	525
CHO 3	1699	1292	407
CHO 4	2317	1625	692
CHO 5	1863	1179	684
CHO 6	1875	1492	383
CHO 7	2370	1745	625
CHO 8	2913	2098	815
CHO 9	1370	853	517
<b>Total</b>	<b>17436</b>	<b>12531</b>	<b>4905</b>

2021			
CHO	Referrals Received	Referrals Accepted	Referrals not meeting criteria for CAMHS
CHO 1	1739	1309	430
CHO 2	1999	1412	587
CHO 3	1876	1419	457
CHO 4	2555	1512	1043
CHO 5	2331	1324	1007
CHO 6	2603	1864	739
CHO 7	3841	2766	1075



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CHO 8	3746	2483	1263
CHO 9	2123	1184	939
<b>Total</b>	<b>22813</b>	<b>15273</b>	<b>7540</b>

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

Yours sincerely,

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