



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Deputy Mark Ward.
Dail Eireann,
Dublin 2.

25th March 2022

PQ Number: 8178/22

PQ Question: To ask the Minister for Health if he will provide details on the pathways of mental health care for children and adolescents in Ireland; 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.

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. Approximately 2% of the population would be expected to require support from the service and the 73 multi-disciplinary CAMHS Teams. The HSE has continued to invest in enhanced services for children and young people with mild to moderate mental health difficulties who do not need to access specialist mental health services. These include Jigsaw and other funded agencies in the community and voluntary sector.

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.

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



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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. 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.

There are some children and adolescents with complex clinical issues who may present with a number of difficulties and 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 HSE 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.

In order to ensure a person-centred pathway to meet the needs of children with a complex disability and their families, the HSE and TUSLA have collaborated to agree a revised Joint Working Protocol (2020) to promote best outcomes for children known to either or both agencies

Referral Response Times

There is a high demand for CAMHS services. 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.

Referral and Access to CAMHS

Children or adolescents referred to Community CAMHS must fulfil the following criteria:

- Under 18 years old, and
- Consent for the referral has been obtained from parent(s), and
- Presents with a suspected moderate to severe mental health disorder, and
- Comprehensive treatment at primary care level has been unsuccessful or was not appropriate in the first instance.



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The CAMHS Operational Guidelines (COG) – see link hereunder, outlines the criteria for referrals to CAMHS.

<https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/operational-guideline/camhs-operational-guideline-2019.pdf>

The CAMHS Operational Guidelines ensure that:

- The delivery of services by child and adolescent mental health teams is carried out in a consistent and transparent manner nationally
- To ensure that the care and treatment offered reflects the identified clinical needs of the child.
- To ensure that children and young people who access treatment programmes for similar clinical presentations will receive a level of clinical care that is consistent across all CAMH services.
- To provide clear direction and information for CAMHS teams and other partner services about CAMH service provision.

Types of Referrals Accepted to CAMHS

Moderate to Severe Mental Disorders

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 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.

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



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- Suicidal ideation in the context of a mental disorder

Types of Referrals Not Accepted to CAMHS

Exclusion Criteria: CAMHS is not suitable for children or adolescents where their difficulties are related to learning problems, social problems, behavioural 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.
- 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.

CAMHS inpatient services operate a 24/7 model currently. These services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders associated with significant



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impairment and / significant risk to themselves or others. These are specialised units and not all young people would be suitable for admission.

A referral to an In-Patient CAMHS unit can only be processed if the referral is made by a Consultant Psychiatrist in Community CAMHS, a paediatric hospital or an Adult Mental Health Service.

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

Yours sincerely,

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