



Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte  
Ospidéal Naomh Lómáin,  
Baile Phámar Baile Átha Cliath 20.  
R: [PQReps.NatMHOPS@hse.ie](mailto:PQReps.NatMHOPS@hse.ie)

Head of Operations, Mental Health Service  
St Loman's Hospital,  
Palmerstown, Dublin 20.  
Email: [PQReps.NatMHOPS@hse.ie](mailto:PQReps.NatMHOPS@hse.ie)

Deputy David Cullinane.  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

16<sup>th</sup> August 2022

**PQ Number: 41248/22**

**PQ Question: To ask the Minister for Health the standard procedure for ensuring the needs of children with disabilities are met by HSE Mental Health services where there are overlaps in care and care needs; and if he will make a statement on the matter. -David Cullinane**

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Dear Deputy Cullinane,

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.

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.

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. There are joint working protocols between TUSLA and the HSE which outlines the respective roles/processes in these complex cases – see attached documents.



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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.

Services need to agree on the roles and responsibilities of each service in supporting the child, including which service has lead responsibility for coordination of care.

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

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 CAMHS services.
- To provide clear direction and information for CAMHS teams and other partner services about CAMHS service provision.

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**

#### ***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.



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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 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.



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## Referral Criteria

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.

Further information can be found in the CAMHS Operational Guideline available here:

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

and the Joint Protocol for Interagency Collaboration Between the Health Service Executive and Tusla – Child and Family Agency to Promote the Best Interests of Children and Families

<https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/hse-tusla-2020-joint-protocol-for-interagency-collaboration-between-the-hse-and-tusla.pdf>

I trust this information is of assistance to you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tony Mc Cusker', written in a cursive style.

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**Tony Mc Cusker**  
**General Manager**  
**National Mental Health Services**