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Deputy Peadar Tóibín,  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

23<sup>rd</sup> November 2022

**PQ Number: 58978/22**

**PQ Question: To ask the Minister for Health the number of new persons added to the CAMHS waiting list in each of the past five years – Peadar Tóibín**

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Dear Deputy Tóibín,

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.

Please see attached Appendix providing information on the number of children and young people on the waiting list for CAMHS for the past five years.

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**