



Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte
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Deputy Fergus O'Dowd.
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

09th May 2023

PQ Number 19565/23: To ask the Minister for Health the steps he and his Department have taken to address CAMHS waiting lists across the country given that figures from that the CAMHS waiting list almost doubled nationally between 2019 and 2022 from 2,327 in 2019 - the last year before the pandemic - compared to 4,293 in 2022; and if he will make a statement on the matter.

PQ Number 19566/23: To ask the Minister for Health if he has sought an explanation/report from his Department and/or the HSE over the scenario where the CAMHS waiting list almost doubled nationally between 2019 and 2022 from 2,327 in 2019 - the last year before the pandemic - compared to 4,293 in 2022; and if he will make a statement on the matter.

PQ Number 19567/23: To ask the Minister for Health the explanation his Department and/or the HSE have provided for the doubling of the CAMHS waiting nationally between 2019 and 2022 from 2,327 in 2019 - the last year before the pandemic - compared to 4,293 in 2022; and if he will make a statement on the matter.

Fergus O'Dowd

Dear Deputy O'Dowd,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

I propose to answer the following Parliamentary Questions **19565/23**, **19566/23** and **19567/23** in the same response.

CAMHS provide specialist mental health services 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 multi-disciplinary mental health teams. CAMHS referral teams meet on a weekly basis to review all referrals and to assess the risk to the young person. There are two types of referral to CAMHS; 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; this is often within 24 to 48 hours. Severity of presenting symptoms affect waiting times - where waiting times for those with high risk presentations are shorter. This in turn may impact on wait times for cases that are considered, by a clinician, to be less severe.



Waiting lists vary across Community Healthcare Organisation (CHO) areas. While some areas have relatively short waiting lists, regrettably waiting times are longer in other CHO's. Factors such as availability of specialist CAMHS clinicians, current vacancies and difficulties in recruiting in an international context can impact on wait times in various areas. CAMHS waiting 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 specialist CAMHS.

The table below demonstrates the number of referrals received and accepted by CAMHS for the period 2020 to 2022, the increased demand for services has resulted in an increase in wait times.

| CHO | 2020 | | | 2021 | | | 2022 | | |
|--------------|--------------------|--------------------|------------|--------------------|--------------------|------------|--------------------|--------------------|------------|
| | Referrals Received | Referrals Accepted | % | Referrals Received | Referrals Accepted | % | Referrals Received | Referrals Accepted | % |
| CHO 1 | 1,366 | 1,109 | 81% | 1,739 | 1,309 | 75% | 1,761 | 1,265 | 72% |
| CHO 2 | 1,663 | 1,138 | 68% | 1,999 | 1,412 | 71% | 1,921 | 1,237 | 64% |
| CHO 3 | 1,699 | 1,292 | 76% | 1,876 | 1,419 | 76% | 2,029 | 1,401 | 69% |
| CHO 4 | 2,317 | 1,625 | 70% | 2,555 | 1,512 | 59% | 2,776 | 1,369 | 49% |
| CHO 5 | 1,863 | 1,179 | 63% | 2,331 | 1,324 | 57% | 2,038 | 990 | 49% |
| CHO 6 | 1,875 | 1,492 | 80% | 2,603 | 1,864 | 72% | 2,648 | 1,852 | 70% |
| CHO 7 | 2,370 | 1,745 | 74% | 3,240 | 1,932 | 60% | 2,883 | 1,676 | 58% |
| CHO 8 | 2,913 | 2,098 | 72% | 3,746 | 2,483 | 66% | 3,840 | 2,382 | 62% |
| CHO 9 | 1,370 | 853 | 62% | 2,123 | 1,184 | 56% | 1,866 | 914 | 49% |
| Total | 17,436 | 12,531 | 72% | 22,212 | 14,439 | 65% | 21,762 | 13,086 | 60% |

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



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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.

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:



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- 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.

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.

Service Improvement in CAMHS

Significant work is underway within CAMHS to offer the best possible service to young people, and many changes have been implemented. The HSE is actively working to reduce the CAMHS waiting list and there are a number of service improvement initiatives taking place as a result of the Maskey Report and Mental Health Commission Interim report as well as a specific waiting list initiative that commenced in 2022 and will continue into 2023. In 2022, 750 additional young people were seen from the waiting list following additional once-off funding being made available from June to December. For 2023, new additional funding has been secured, again on a once-off basis and it is hoped that this additional resource will help with further reducing the waiting lists in CAMHS.

In addition, the HSE committed to establishing a National Office for Youth Mental Health in the National Service Plan 2023 in order to enhance and guide the development of youth mental health services in Ireland. Currently, the recruitment process for the new role of Assistant National Director (A.N.D.) Child and Youth Mental Health is at an advanced stage. This key role will be supported by a dedicated team to



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provide leadership, operational oversight and delegated management of all service delivery across child and youth mental health services. The A.N.D. will be responsible for managing and coordinating service planning activities, partnership and capacity building, the development of service plans, and setting of service standards right across child and youth mental health services in Ireland. In addition, the recruitment process for the new role of National Clinical Lead for Youth Mental Health is also near completion.

In recent years, the HSE have advertised nationally and internationally for CAMHS professionals, and have engaged with international recruitment agencies with little success due to worldwide shortages in the field. In order to address this, the HSE is seeking to fully utilise opportunities offered by telehealth technologies to mitigate recruitment challenges and modernise delivery of mental health care. National Mental Health have committed to a programme of work to inform the development of the CAMHS Telehealth Hub initiative 2021-2024 on a phased basis, which is informed by testing and monitoring. This body of work includes:

- The development of a pilot Model of Care for CAMHS hubs
- Pilot testing and implementation of CAMHS hubs across a number of sites, incorporating a rural/urban mix (2022-2024)
- Monitoring and evaluation of pilot site implementation (2022-2024)
- Monitoring and evaluation of key outcomes for service users, families and carers

Despite the significant service improvement initiatives outlined above, it is important to note that specialist CAMHS are not suitable for everyone. Young people with mild to moderate mental health difficulties can access support at Primary Care level either through the HSE or through a range of organisations fully or partially funded by the HSE. Organisations that provide education and other support/clinical interventions at primary care level for young people and their families include;

1. Jigsaw who are funded by the HSE to provide early intervention mental health services which focus on the needs of 12-25-year-olds. Staffed by fully-trained professionals across a number of disciplines, Jigsaw provide a range of community based mental health services for young people experiencing mild to moderate mental health difficulties. During the pandemic they adapted their service models to ensure continuity of support by delivering therapeutic interventions by phone and online.

2. Text 50808, funded by the HSE, was formally launched in June 2020. The service provides immediate support for people going through mental health or emotional crisis. By the end of the year the service was providing over 5,000 'conversations' per month to support people of all ages.

3. The HSE also support online counselling providers MyMind.org and Turn2Me who provide counselling and psychotherapy to young people.



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4. **SpunOut.ie** provide articles and information for young people on many different topics including mental health on their website spunout.ie

Further information can also be found by consulting with the CAMHS Operational Guideline (2019) which is available here: <https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/operational-guideline/>

I trust this information is of assistance to you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tony Mc Cusker', written over a light grey circular stamp.

Tony Mc Cusker
General Manager
National Mental Health Services