



Oifig an Stiúrthóir Cúnta Náisiúnta,
Foireann Míchumais Náisiúnta, An Chéad
Urlár - Oifigí 13, 14, 15, Áras Phlásóg na Rós,
Coimpléasc Gnó na hOllscoile, Páirc
Náisiúnta Teicneolaíochta, Caladh an
Treoigh, Luimneach

Office of the Assistant National
Director, National Disability Team,
First Floor- Offices 13, 14, 15,
Roselawn House, University Business
Complex, National Technology Park,
Castletroy, Limerick.

30th June 2025

Deputy Micheál Carrigy,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: miceal.carrigy@oireachtas.ie

PQ: 33287/25

To ask the Minister for Health the current average waiting time for children referred to CAMHS and community disability network teams to be seen by a psychologist or psychiatrist; the number of children currently on waiting lists for these services, broken down by CHO area; the steps being taken to reduce these waiting times; and if she will make a statement on the matter.

PQ: 33288/25

To ask the Minister for Children; Disability and Equality the current average waiting time for children referred to CAMHS and community disability network teams to be seen by a psychologist or psychiatrist; the number of children currently on waiting lists for these services, broken down by CHO area; the steps being taken to reduce these waiting times; and if she will make a statement on the matter.

Dear Deputy Carrigy,

Thank you for your Parliamentary Questions referenced above, which have been forwarded to me for direct reply.

Childrens Disability Services

In line with the Progressing Disability Services model, all 93 CDNTs, aligned to 96 Community Healthcare Networks (CHNs) across the country, are in place and are providing services and supports for children aged from birth to 18 years of age.

Each CDNT covers a specific geographical area and holds a waiting list for children with complex needs residing in that area.

The model of service for all CDNTs is family-centred and based on the needs of the child. This includes universal, targeted and specialised supports and interventions, as appropriate to the individual child and family. It is based on the objectives of empowering and supporting parents and others who are with the child on a daily basis to facilitate the child's developmental needs.

The CDNTs are currently providing services and supports for 43,000 children and strategies and supports for urgent cases on the waitlist where staffing resources allow.

Waiting List for the Childrens Disability Services

Historically the number of children waitlisted for children's disability services provided by section 38 and section 39 providers has not been available nationally. The establishment of CDNTs in 2021 has facilitated the collection of this data. A National Information Management System for all 93 CDNTs is being rolled out and when implemented, will provide current data on waiting lists and other details for all CDNTs.

Pending full roll-out to all 93 CDNTs, manual data collection is currently in place nationally as an interim measure.

The table below is the validated data for the end of May 2025 activity reports. This shows the number of children that are waiting for an initial contact with a CDNT in the 6 Regional Healthcare Areas (RHAs).



It is important to note that in line with best practice guidelines, CDNTs use a multidisciplinary approach to assessment and intervention. In this context, the CDNTs do not collect activity data by individual discipline (such as psychology, SLT, Physiotherapy, OT etc) as this does not align with the interdisciplinary model of care. So in this context, discipline-specific data is not available.

May 2025

National CDNT Interim Metrics (May2025)	HSE West and North West	HSE Midwest	HSE South West	HSE Dublin and South East	HSE Dublin Midlands	HSE Dublin and North East	Total
No. of children waiting 0-3 months for an initial CDNT contact @ month end	291	165	160	170	227	270	1283
No. of children waiting 4-6 months for an initial CDNT contact @ month end	128	133	130	145	232	258	1026
No. of children waiting 7-12 months for an initial CDNT contact @ month end	135	266	103	283	345	284	1416
No. of children waiting over 12 months for an initial CDNT contact @ month end	324	614	212	2135	2243	2274	7802
Total no. of children on the CDNT waiting list @ month end.	878	1178	605	2733	3047	3086	11527

In addition, 1,416 children (&/or their parents) who are on the CDNT waiting list participated in one or more individual and/or group intervention appointments during May 2025.

Reducing waiting lists for Children's Disability Services

The National Access Policy

The National Policy on Access to Services for Children & Young People with Disability & Developmental Delay ensures that children are directed to the appropriate service based on the complexity of their presenting needs i.e. Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties arising from their disability. Children may access supports from a Children's Disability Network Team or from Primary Care or from Child and Adolescent Mental Health Services (CAMHS) depending on the complexity of their needs.

Children who require a diagnostic assessment usually access these assessments through children's disability services (Children's Disability Network Teams – CDNTs or equivalent). However, some children will access these assessments through Child & Adolescent Mental Health Services (CAMHS) or through Primary Care.

Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People

The HSE's Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People is a targeted Service Improvement Programme to achieve a quality, accessible, equitable and timely service for all children with complex needs as a result of a disability and their families.

The Roadmap, has four Working Groups which report into a Service Improvement Programme Board every month, which in turn reports to the Roadmap Oversight Group which was chaired by the Minister of State.

Working Group 1: Integrated Children's Services – has responsibility for the implementation of National Access Policy (NAP) and the Primary Care, Disability, CAMHS Joint Working Protocol (JWP), Equity of Access to Aids and Appliances across all CHOs; and the Review of HSE Tusla Joint Protocol.

Working Group 2: Service Access and Improvement – has responsibility for Waitlist Management and Services; Optimising Teams Efficiencies, Effectiveness and Governance; AONs overdue for completion; and the development of a National Capital plan to enable all staff of a CDNT to be co-located.

Working Group 3: Workforce – has 21 actions dedicated to Retention of specialised CDNT staff, Recruitment of new graduates and experienced staff for all CDNTs Deployment of Students/Trainees/New Graduates; and Development of Existing Staff.



Children's Disability Network Team vacancies are reported on through an annual survey to capture the full workforce across the HSE, Section 38 and Section 39 funded teams. The survey captures staffing levels across various disciplines and grades, providing a snapshot of the workforce across 93 teams. The latest Children's Disability Network Teams workforce survey available was conducted on 9th April 2025.

While there is no CDNT fully staffed, this survey demonstrated an overall national increase of an additional 8% in staffing in Children's Disability Network Teams (CDNTs) workforce, compared to the workforce as of the last workforce review in October 2024. This means there is an overall reduction in unfilled posts from 29% (October 2023) to 18% (April 2025) and an overall growth in workforce of +414.5 WTE since October 2023. The continued increase in staffing and reduction in vacancies is a welcome and needed increase, however there is an acute need for sustained improvement in the workforce profile to meet the needs of children with disabilities and their families and to address the lengthy waiting lists for services.

To address the vacancy rate there continues to be sustained workforce recruitment and retention initiatives.

National Disability Authority Review

In addition to the above measures, the HSE has commissioned the National Disability Authority (NDA), an independent statutory body providing evidence-informed advice and research to Government on disability policy and practice, to complete the 3-part review as follows:

1. Review of CDNT service model in operation
2. Determine optimal staffing for CDNTs
3. Review of the National Therapy Service in 16 Special Schools Pilot.

The Project Outline has been agreed between the HSE, National Disability Authority, DCEDIY and Minister of State. The Review commenced in February and will be completed by end of 2025.

Child and Adolescent Mental Health Services

HSE Child and Adolescent Services (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.

The CAMHS Operational Guideline (2019) outlines the referral and access criteria for 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. When a referral is received it is screened by a member of the CAMHS team in consultation with the Consultant Psychiatrist. All new referrals are discussed on a weekly team meeting.

When a referral has been screened, it is categorised into:

- Emergency
- Urgent
- Routine
- Not appropriate for CAMHS

Community CAMHS teams provide a timely response to all referrals received, dependent on their categorisation. For Emergency Referrals CAMHS Community Teams can be contacted during office hours to discuss emergency referrals in consultation with the Consultant Psychiatrist who can provide advice and consultation when the emergency or crisis is due to a diagnosed or suspected mental disorder. Outside of these hours, or in an emergency situation where no Community CAMHS Team is available, it is advised that the emergency services are contacted or that the child/young person is brought to the Emergency Department of the nearest hospital to access a mental health assessment.

An urgent referral is one where there is a clear and present level of acute symptoms of mental disorder and where there is a strong likelihood of considerable deterioration in mental state if left untreated. Urgent referrals are usually responded to within three working days of receipt of referral and seen as soon as possible based on clinical risk.

A routine referral is one where there are clear and present levels of acute symptoms of moderate to severe mental disorder which have been ongoing but can be managed in the short-term by the child or adolescent's support network. Routine referrals should be seen within 12 weeks or sooner depending on service demands.



A key focus of the [2024-2027 Child & Youth Mental Health Action Plan](#) is the development of child and youth integrated crisis response pathways, including the development of CAMHS liaison services, CAMHS hubs, youth cafes and on call provision nationally, that will allow young people experiencing a mental health crisis access to services 24/7.

The table below provides the latest available information on the number of children and young people waiting to be seen by CAMHS as at end of **May 2025**. Please be advised that this data is preliminary and subject to change and amendment pending ongoing review and validation. Age range is not captured.

	Total No. waiting to be seen	<= 12 weeks No.	> 12 <= 26 weeks No.	>26 <=39 weeks No.	>39 <=52 Weeks No.	>52 Weeks No.
National Total	4,437	1,629	979	666	450	713
HSE Dublin & Midlands	780	347	180	87	70	96
HSE Dublin & North East	1,050	266	247	197	124	216
HSE Dublin & South East	666	378	174	74	33	7
HSE Mid-West	186	75	38	34	28	11
HSE South West	1,063	230	175	159	129	370
HSE West & North West	692	333	165	115	66	13

A key priority for the HSE is addressing long patient wait times and ensuring timely access to treatment and care. As part of a multi-annual approach to managing waiting lists, Waiting List Action Plans (WLAP) have been developed by the Department of Health and the HSE setting out ambitious targets to improve waiting lists and waiting times by delivering additional activity across acute hospitals and community settings.

A key component of the WLAP for 2025 is the development of Regional Plans, which are essential to tailor national strategies to local need. The development of Regional Plans are crucial for integrating community-based services, such as Child and Adolescent Mental Health Services (CAMHS) to ensure seamless transitions of care and to reduce waiting lists with a focus on reducing the longest waits, while recognising clinical autonomy on managing clinical risk.

Regional Plans are crucial to ensure that the right care is delivered in the right place at the right time in line with the objectives of *Sláintecare*. Regional plans provide enable:

- **Local Adaptation** by allowing a detailed assessment of service performance, consideration of local factors with a clear understanding of local challenges.
- **Integrated Care:** The reconfiguration of the Health Service Executive (HSE) into six health regions facilitates the delivery of integrated health and social care, designed around people and their communities.
- **Flexibility:** To develop and deliver a range of initiatives that meet local and regional need.
- **Accountability:** Will help to ensure accountability for the implementation of the plan at local level.

The WLAP for 2025 acknowledges the need to address CAMHS waiting lists across the country. Currently plans are under discussion with the 6 Regional Health Authorities, indicating a collaborative approach to improving access to CAMHS. The allocation for CAMHS W/L initiative in 2025 is €3 million. Budget allocation across the 6 Regions will be based on the <18 population per region.

Yours Sincerely,

General Manager, Disability Services, Transformation & Programme Coordination, Access & Integration.