



Development of National Standards for Child and Adolescent Mental Health Services Scoping Consultation

Why are we consulting you

The Mental Health Commission (MHC) is developing new National Standards for Child and Adolescent Mental Health Services (CAMHS). This follows a formal request from the Minister for Mental Health, Mary Butler TD, to fast-track the work and improve the quality and consistency of care for children and young people.

The Mental Health Bill 2024 will expand the MHC's role to include regulation of community-based mental health services, including CAMHS. These new standards will be a key part of that framework. The Bill also requires the MHC to develop three Codes of Practice for inpatient care, covering:

- How to assess if a young person aged 16 or over can consent to treatment
- Admission with parental consent when a young person lacks capacity
- Criteria for involuntary admission to an acute mental health centre

As a first step, we are running a scoping consultation to gather views from service users, families, professionals, service providers, and advocacy groups. Your feedback will help shape the standards and ensure they reflect what matters most to children and young people.

How to take part

We encourage you to use this online form to complete the survey. To do so, scroll down to the bottom of this page and click the "Start Survey" button. It will take about 15 minutes to answer all the questions.

If you prefer, you can request a Word version of the survey by emailing standards@mhcirl.ie and we will email it to you. You can fill it in and then email or post it back to us. Our postal address is:

Standards and Quality Assurance,
Mental Health Commission,
Waterloo Road,
Dublin 4,
D04 E5W7.

The consultation closes at **5pm on Friday 28 November 2025**.

If you have questions or need support, please contact standards@mhcirl.ie or call 01 636 2400.

Data Protection and Freedom of Information

The MHC will only collect contact information during this consultation. It will do this to verify an organisation's feedback.

- We will publish the names of organisations who contributed to the consultation. After the consultation, we will include the names and types of organisations that sent us feedback.
- We will not publish the names of individuals who provide survey feedback.

For that reason, it would be helpful if you could inform us if you regard the information you have provided us as being confidential or commercially sensitive.

Important: The Commission is subject to the Freedom of Information (FOI) Act and the statutory Code of Practice in relation to FOI.

Have a question or concern?

If you have any concerns about your data, please contact the Commission's Information Governance Manager at dpfoi@mhcirl.ie.

Support

In the MHC, we appreciate and recognise that a public consultation process can be difficult for some people. If you need or would like support, we suggest reading this: [Urgent Help and Support | Mental Health Commission](#).

This page provides key links and contact details for:

- services and organisations that offer immediate or urgent support, and
- organisations that offer general and specialised ongoing support.

Concerns about a particular service

If you have an issue of concern about a particular service, you can report that concern to us. For more information, visit: [Reporting a Concern | Mental Health Commission](#)

About you

Which of the following best describes you? (Please tick all that apply)

- ☐ I am a person who is over 18 who has used CAMHS
- ☐ I am a parent or guardian of someone who is using or has used CAMHS
- ☐ I am a carer for a young person who is using or has used CAMHS
- ☐ I am a family member of someone who is using or has used CAMHS
- ☐ I am an advocate or support worker
- ☐ I work in CAMHS or another mental health service
- ☐ I work in education, youth work, or social care
- ☐ I am a policymaker or work in government
- ☐ I am a member of the public with an interest in youth mental health

- ☒ Other (please specify): On behalf of the Irish Medical Organisation – trade union and representative body for all doctors in Ireland

Staff Only

What type of mental health service do you work in?

- ☐ In-patient Adult
- ☐ In-patient Child and Adolescent Mental Health Services (CAMHS)
- ☐ Community Residence
- ☐ Community Mental Health Team - Adult
- ☐ Community Mental Health Team – Child and Adolescent Mental Health Services (CAMHS)
- ☐ Other (please specify): _____

Please specify your role:

- ☐ Psychiatrist
- ☐ Clinical Psychologist
- ☐ Social Worker
- ☐ Occupational Therapist
- ☐ Speech and Language Therapist
- ☐ Mental Health Nurse
- ☐ Manager (for example, Registered Proprietor Nominee, Area Director of Nursing, Clinical Director, Executive Clinical Director, Integrated Healthcare Area Manager, Regional Executive Officer – please specify):

- _____
- ☐ Healthcare Assistant
- ☐ Other (please specify):
- _____

Content

1. What values and principles should guide how children and young people are supported by CAMHS?

- The services provided by CAMHS should be guided by the rights stipulated within the Convention on the Rights of the Child. Article 3 (3) of the Convention on the Rights of the Child states that “States Parties shall ensure that the institutions, services and facilities responsible for the care or the protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.”¹
- Young people and their families should be empowered to make decisions about their own mental health and treatment, however, the principle of ‘best interests’ should be included. Medical Practitioners are obliged to act in the best interests of patients at all times and particularly when caring and treating for children and young people. There may also be situations where patients place themselves or others at risk, and in such circumstances the best interest of the patients and other should be considered
- The IMO would like to see a clear and unambiguous definition of “A Child” that is consistent across all health care services. Under the Mental Health Act 2001, for the purpose of admission to child and adolescent mental health services, a child is defined as a young person under the age of 18 (unless married). On the other hand, paediatric emergency departments (including the New Children’s Hospital) are only accessible to children under the age of 16. Therefore, emergency presentation of children between the ages of 16-17 years occurs at the adult general hospitals, most of which, if not all, have no child psychiatry cover yet admission of this age category to adult psychiatric units is a national scandal. All children must be treated in facilities that are most appropriate to their age.

2. What do you think are the most important things the standards should cover to make services better for children and young people?

¹ <https://www.unicef.org/child-rights-convention/convention-text>

- The standards must clearly define what “a Child” is and this definition must be adopted across all health services. At present, too many children ages 16 and 17 receive mixed messages regarding what mental health services they can avail of.
- Access to CAMHS has reached a critical point with under-resourcing and difficulties recruiting and retaining medical staff leaving children and families particularly vulnerable. Therefore, standards must assure the appropriate resourcing of CAMHS, including appropriate consultant and multidisciplinary team staffing, and provision of inpatient beds based on population need.
- The consultant psychiatry and multidisciplinary team staffing deficits across our community and hospital based mental health teams are well-documented. The consultant clinical lead plays a key role in ensuring quality of care, providing clinical governance, leadership and expertise to the multi-disciplinary team, however, staffing levels fall far below those required to deliver a fit-for-purpose mental health service. As of 2024, there were 570 approved Consultant Psychiatry posts of which just 73% are filled on a permanent basis. Of that 570, only 130 posts were approved for Child Psychiatry with just 68% of posts permanently filled. Furthermore, psychiatry only made up 12% of the total approved Consultant posts in 2024. It is estimated that 276 consultants will leave the publicly funded workforce in the next five years which is concerning as the number of consultant psychiatrists required by 2030 is 825 and there were only 175 NCHDs in Higher Specialist Training psychiatry posts in 2024.
- Similarly, inadequate funding and difficulties in recruiting and retaining key staff are leading to long delays for young people accessing services and a large variation in the service provided both across and within CHOs. Only 73 of 102 required community teams are in place, with staffing levels at just 60 pc of the numbers recommended in *A Vision for Change* back in 2006 (Irish Independent, 2025). Since 2006, the population has grown by 20% and the mental health of Children has declined leading to increased demand on services.
- General Practitioners are often the first point of contact for those suffering from mental illness. International best-practice suggests that the majority of emotional and psychological problems, such as anxiety disorders and mild to moderate depression, can be adequately managed by GPs in the community, while a small percentage require referral to specialist mental health clinics. Standards must lay-out clear and consistent referral pathways across health regions to a Child Psychiatrist where the GP has serious concerns about a child and in their clinical judgement feels the urgent opinion of a specialist is required.
- At present, in-patient beds are available only in the major urban centres of Cork, Dublin, and Galway. Therefore, treatment options are far from the homes of patients in more remote areas in the country. Concerningly, there are no beds available in the country’s North-west, South-west, South-east, Midland regions, or Midwest. To date, there has been no assessment of psychiatric inpatient bed capacity requirements.

- Standards must ensure that CAMHS services are available 24/7 including appropriate out-of-hours and on-call arrangements in place.

3. How can the standards help ensure CAMHS are easy to find and accessible to children and young people who need them?

- CAMHS Services must be adequately resourced with clear and consistent referral pathways in place from General Practice and from Emergency Departments where a medical practitioner has a reasonable concern and is seeking help from a suitably qualified person for an assessment. The system as currently structured does not work and is neither patient centric nor GP or emergency service centric.
- As mentioned, GPs are often the first contact for young people experiencing mental health illness and while the majority of mild to moderate emotional and psychological issues can be treated in General Practice without referral, GPs across the country report mounting difficulties in referring young people with serious mental illness to CAMHS with significant variation in referral acceptance criteria, waiting times and access to services. Resource issues in CAMHS services raised the threshold for acceptance and patients are regularly referred back to the GP without assessment and where options for treatment in the community are limited. Often the only recourse for urgent patients is through emergency out-of-hours services or ED's.
- GPs must be able to refer patients to CAMHS services for assessment when they recognise symptoms of severe mental health disorders in the same way as a GP makes a referral to cancer services where they suspect a potential cancer diagnosis.
- In addition, accessing CAMHS services, disability services, Occupational Therapy and other community care services is extremely fragmented. There should be a one-door policy for referrals across community / primary care services.
- For patients with mild to moderate mental illness, programmes must be available within communities with direct access, on GP referral, to publicly funded counselling, psychotherapeutic and occupational therapy services and supports in the community.
- In the absence of clear referrals pathways to CAMHS services, the majority of Emergency CAMHS presentations take place within the Emergency Department. These departments are wholly unsuitable locations for anyone in a mental health crisis.
It should be clear which services are available to young people and their families including which hospitals provide what treatment and what times those services are available. The majority of ED's do not provide CAMHS services or out-of-hours CAMHS services. This should be publicised so there is no confusion for families seeking treatment for their children. Additionally, there should be a bypass

protocol put into place so that patients requiring CAMHS services are not brought by ambulance to hospitals that do not have acute psychiatry services.

- At present, some CAMHS centres do not accept ED referrals. This creates confusion for medical professionals as it is unclear whether a patient is required to be admitted to a CAMHS centre under the Mental Health Act. As there is no clear guideline in place in referring ED patients to CAMHS centres, doctors are forced to sometimes spend hours calling different facilities to see if a patient can be admitted.

4. How can the standards help ensure that CAMHS give children and young people the support they need?

- To ensure that CAMHS provide children and young people the support they need, when inspecting Mental Health Services, the Mental Health Commission and the Inspector of Mental Health Services should assess the budget allocation received by that service to ensure that services are adequately funded in line with population needs. Inspections should also include an assessment of:
 - o Appropriate staffing levels within services and HSE recruitment services
 - o Additional resources should be in place where the need is greater, especially in those living in deprivation or other marginalised situations
 - o effects of national policy and legislation on individual approved centres, including external factors that affect a centres ability to comply with regulations
- The MHC must ensure that regulation and inspection of CAMHS services is robust and carried out regularly as a means to maintain adequate services for children.
- The register of approved centres should contain a list of services provided by each centre.

5. How can the standards help young people transition from CAMHS to adult services when they need them after they reach 18?

A clear pathway is required to support young people transitioning from CAMHS services to adult services to stop young people from falling through the gaps including patients who may have complicated medication requirements or may be neurodivergent.

Once it is decided that a child will require a transition to adult services contact should be made with the appropriate service. A standardised transition process including case conference should be defined within standards, taking into account different diagnoses which may require different transition process.

6. What should the standards say about how children, young people, and their families are involved in decisions about their mental health care?

Young people and their families should be consulted with and empowered to make decisions about their own mental health and treatment, in line with standard practice and the Principles laid out in the Medical Council Guide to Professional Conduct and Ethics for registered Medical Practitioners 9th Ed.

7. What should the standards say about how young people, mainly aged 16 and over, are involved in decisions about their mental health care, consent, and their capacity to make choices?

There must be a consistent approach to consent and capacity across both mental health and general health services. Consideration must be given to cases in which a 16 or 17-year-old is a parent and can make medical decisions about their child, but not themselves.

8. How can the standards help make CAMHS welcoming and inclusive for children and young people from different backgrounds, cultures, and communities, including those from minority groups and those with disabilities?

To help make CAMHS more welcoming and inclusive for children and young people from different backgrounds, cultures, and communities, including those from minority groups and those with disabilities, there must be additional resources distributed to health services in marginalised communities to tackle health inequalities.

Standards should be formed through an inclusion health approach. Inclusion health is a service, research, and policy approach focused on addressing the health equities faced by socially excluded population and stigmatised populations. Some of the populations that inclusion health aims include are those in poor living conditions (those facing poverty or homelessness), those with migrant status, minoritised ethnic groups, and those with other social factors such as addiction, incarceration.

In considering inclusion health, the standards should be trauma-informed, accessible, culturally competent, strengths-based, and should have clinical continuity. Staff should all be trained in these.

Design

9. How should the standards be designed so they stay useful over time, don't become outdated, and do not limit how services grow and improve?

The standards should be subject to regular review so they stay useful over time and do not become outdated or are limited in how they can grow and improve. During reviews of standards, new initiatives, legislation and use of technology to assist in service development and provision should be considered. There should also be a requirement for frequent reporting in service staffing, waiting times, and the volume of service users with triggers for action based on specific parameters.

10. How should the standards be designed so they are practical, easy to use, and drive ongoing service improvement in real-life situations?

Standards should be clear and concise and easy-to-use in a busy clinical environment. Case studies anonymised showing how service should work would also be useful for service users and those referring to service.

11. Which organisations, individuals, or communities should we invite to help develop the standards to ensure diverse voices are heard?

Consultation with the medical profession including the IMO and relevant specialist training bodies to ensure that specialist services are of the highest standard for the sickest and most vulnerable patients.

Lived experience

12. If you are a current or former CAMHS service user or a family member, what type of service did you use?

- ☐ Inpatient care
- ☐ Support from a community mental health team
- ☐ Other type of service (please specify):

13. If you are a current or former CAMHS service user or a family member, can you share examples of services that you received that worked well for you?

14. If you are a current or former CAMHS service user or a family member, can you share examples of services that you received that should be improved?

15. Is there anything else you would like to share that will be useful and help us develop the standards?

The Independent Review by the Inspector of Mental Health Services (2023) highlighted significant deficits in relation to the Provision of Child and Adolescent Mental Health Services in the State. Inadequate funding and difficulties in recruiting and retaining key staff leading to long delays for young people accessing services and a large variation in the service provide both across and within CHO's (now regional health areas). The report also highlighted clear evidence of silos in the provision of services to children a need to better integrate CAMHS into the wider health services.

Many of the findings reflect widespread issues across community mental health services including:

- Particular challenges in recruiting and retaining consultant psychiatrists.
- A crucial need to integrate mental health services more effectively into the wider health system. For example, patients seeking help at the Emergency Department for acute self-harm require access to liaison psychiatry and age-appropriate inpatient care. Similarly, individuals with long-term mental illnesses often have multiple coexisting health issues.

The IMO are calling for a review of the current model and governance of community-based mental health services is conducted to ascertain its impact on staffing levels, and patient care and to facilitate better integration of specialist mental health services within the larger health system.

Urgent engagement with representative bodies is needed to address the recruitment and retention issues across CAMHS and community mental health services.

Codes of Practice (Applicable to inpatient child and adolescent mental health services)

16. What are the key areas that the Code of Practice on assessment of the capacity of a child aged 16 years or older to consent to admission, care and treatment should cover?

Guidance should be clear and unambiguous.

17. What are the key areas that the Code of Practice on admission with parental consent of a child aged 16 years or older lacking necessary capacity should cover?

Guidance should be clear and unambiguous.

18. What are the key areas that the Code of Practice on criteria for involuntary admission of a child to a registered acute mental health centre should cover?

Guidance should be clear and unambiguous.

Thank you for taking the time to complete this survey.

Would you like to take part in a focus group or interview?

We're running sessions to hear more from people with experience of CAMHS. If you're interested, please email standards@mhcirL.ie with your name, age (if under 18) and contact details by **5pm Friday 28 November 2025**.

Also, if you think your service is doing a great job and could be a good example for others, we would love to hear from you. We may arrange a site visit to learn more from what you're doing.