IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann
10 Fitzwilliam Place, Dublin 2, Ireland

IMO Submission to the Mental health Commission on the Draft National Standards for Child and Adolescent Mental Health Services (CAMHS) – 21st August 2026

Gaps and Missing Areas

Are there any important topics or issues missing from the draft standards? Please tell us where you think additional information, clarification or standards are needed.

Where possible, please identify the relevant theme, standard statement number, standard feature number or page number.

- **Standard 2.5 Safe medication management follows best practice. AND**
- **Standard 2.7 Safe medication management is overseen by the relevant clinical and multidisciplinary team specialists.**

  When medications require a child/young person to have a cardiovascular or medical assessment before treatment can be considered, it should be the responsibility of the prescribing team to have supports in place to facilitate that assessment within their service. At present, many CAMHS services inappropriately refer the patient back to the GP for these assessments where GPs are not equipped to interpret paediatric ECGs in this context. Furthermore, GPs are not adequately resourced to take on the work of a secondary team care plan. The team should also be responsible for the providing physical monitoring of the child on the medication, whether within their team or on an arrangement with cooperation with paediatric teams.

- **Standard 3.1 : Services manage referrals in a timely, transparent and risk-based manner, ensuring clear communication and timely access to assessment and care.**

  Standard 3.1 does not guarantee that a child/ young person will be given an assessment on referral by their GP. If a GP is concerned about the child and considers the child to be in the moderate to severe category and requests an assessment in CAMHS, this should almost always be facilitated as GPs are not mental health specialists. If, on assessing the child, the consultant is of the opinion that the child should be supported in General Practice that is acceptable, but the assessment should occur as best practice. As it stands, CAMHS referrals are rejected even though the GP has concerns that the opinion of a specialist is required, leaving GPs in a clinically invidious position with an often vulnerable child.

- **3.2 3 Effective interagency coordination and collaboration support children and young people throughout their care, including those with complex needs, intellectual disability or who are neurodivergent.**

  At present, there is a separate process for those with an intellectual disability. Patients with an intellectual disability will not be seen under the CAMHS umbrella and this stigmatises them further in society. There should be a one-door policy for referrals across community services.

- **Standard 5.1.2 "referral and care pathways are clearly defined, communicated and consistently applied across services and relevant agencies,"**

  The IMO is concerned that there is still no clear and consistent referral pathway for children who present at Emergency Departments who require psychiatric assessment and admission to CAMHS.

  The majority of Emergency Departments outside of the major metropolitan areas do not have CAMHS services or CAMHS out of hours liaison services while others experience difficulties in referring young people from the ED to CAMHS inpatient centres.

  In metropolitan areas, Paediatric Emergency Departments will often admit young people while waiting for a CAMHS assessment, however Paediatric Emergency Departments 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, which have no child psychiatry cover or CAMHS liaison Service at all.

  The latest figures form the NSRF show that in 2024 there were over 1,500 presentations to Irish hospitals for self-harm by young people under the age of 18 with 44% of all presentations for self-harm taking place between 6pm and 2am. An absence of clearly defined referral pathways means many children and young people in crisis are left waiting in Emergency Departments wholly inappropriate to their needs while others may be discharged without having received an assessment at all.

- All Emergency Department should have a dedicated CAMHS liaison service, supported by an out-of-hours CAMHS Team. This service should be accessible 24/7 via a single point of contact."– this is recommended by both the Independent Review of the Provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services – MHC and the National Clinical Programme for Self-Harm and Suicide-related ideation.
  Where no CAMHS Service exists, this should be widely publicised frequently 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, similar to the NAS protocols for paediatric and obstetric bypass to ensure the patient is brought to right service first time.
- There is an urgent requirement to increase the number of CAMHS inpatient units nationally and outside of the Dublin area for children and young people in crisis that require admission - Currently there are just 45 inpatient CAMHS beds operational nationally of which 23 are in Dublin.
- A consistent definition of a child is required across our health services, ensuring that all children are treated in facilities that are appropriate to their age – we are at odds with respect to International guidelines and legal definitions in Ireland where legally a child is anyone under 18 years of age.

Clarity and Accessibility

Are the standards clear and easy to understand?
Please let us know if any wording, structure or terminology could be improved.

Where possible, please identify the relevant theme, standard statement number, standard feature number or page number.

Putting the Standards into Practice

How do you think these standards could be applied in practice?

Please tell us about any factors that could support or challenge implementation.

Significant deficits exist across community and inpatient CAMHS services.

- As per the National Doctors Training and Planning *Medical Workforce Analysis Report 2025-2026,* of 136 total approved posts for Child and Adolescent Psychiatry approximately two-thirds are filled on a permanent basis, while 28 were filled on a temporary locum basis and 15 were vacant.
- Only 73 of 102 required community teams were in place, with staffing levels at just 60 percent of the numbers recommended in *A Vision for Change* in 2006 (Irish Independent, 2025).
- Just 45 CAMHS inpatient beds are currently operational compared to 100 recommended under AVFC. Concerningly, there are no beds available in the North-West, South-West, South-East, Midlands, or Mid-West regions.

Urgent investment is needed across community and inpatient Child and Adolescent Mental Health Services to ensure that standards are implemented.

- 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:
    - Appropriate staffing levels within services and HSE recruitment services
    - 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.
- A clear procedure must be put in place where standards are not met.

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 (mhcirl.ie)

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.

Concern 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