



Oifig an Stiúirthóra Náisiúnta Cúnta  
Oibríochtaí Meabhairshláinte

Ospidéal Naomh Lómáin, Baile Phámar,  
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Deputy Mark Ward.  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

14<sup>th</sup> February 2024

**PQ Number: 50341/23**

**PQ Question: To ask the Minister for Health the average time it takes from the day of referral and to the day of refusal of acceptance to CAMHS; for a breakdown of this by CHO; and if he will make a statement on the matter. -Mark Ward**

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Dear Deputy Ward,

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.

HSE Child and Adolescent Mental Health Services (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.

Further to my response to your **Parliamentary Question 50340/23**, Community CAMHS teams provide a timely response to all referrals received. As per the CAMHS Operational Guideline (COG), when a referral is received from the list of approved referral agents it is screened by a member of the CAMHS team, such as the Team Coordinator, in consultation with the Consultant Psychiatrist. Referrals are screened daily during working hours (Monday to Friday 9.00 a.m. to 5.00 p.m.) All new referrals are discussed at a weekly team meeting. If the referral form does not include adequate information, the CAMHS team may contact the referral agents and other relevant contacts such as parent(s), schools and HSE Primary Care services to ask for additional information. This information can be used to best inform levels of risk, need and functioning in different settings. Consent must be obtained from the parent(s)/guardians prior to contacting other agencies. When a referral has been screened, it is then categorised into:

1. Emergency
2. Urgent
3. Routine
4. Not appropriate for CAMHS

#### **Emergency Referrals**

During office hours CAMHS Community Teams operate from Monday to Friday 9.00 a.m. to 5.00 p.m. CAMHS Community Teams can be contacted during these hours to discuss emergency referrals in consultation with the Consultant Psychiatrist. They 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 or young person is brought to the Emergency Department of the nearest hospital to access a mental health assessment. In many areas of the country a Consultant Child and Adolescent Psychiatrist is on call 24 hours and can be contacted by the Accident and Emergency services if required. Where this is not currently available a child and adolescent can access a mental health assessment through the Emergency Department and be referred, if required, as priority to the Community Team on the next working day.

### **Urgent Referrals**

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 should be responded to within three working days of receipt of referral and seen as soon as possible based on clinical risk. CAMHS teams need to have a mechanism to respond to urgent referrals on a daily basis within working hours (Monday to Friday 9.00 a.m. to 5.00 p.m.) This can be done, for example, by the Team Coordinator or the Consultant Psychiatrist or through a triaging function. » Responding to an urgent referral may mean the direct involvement of the CAMHS team or it may mean, for example, telephone consultation with the parent(s) or other agencies to organise an appropriate response to the referral agent.

### **Routine Referrals**

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 (i.e. parent(s) or other agencies). Routine referrals should be seen within 12 weeks or sooner depending on service demands. Responding to a routine referral means that a letter is sent by the CAMHS team to the child or adolescent and their parent(s) to offer them an initial assessment appointment.

As a point of clarification, no child or young person is refused access to CAMHS, It is the role of the CAMHS team to determine if the child or adolescent reaches the threshold for specialist CAMHS services i.e. whether the child or young persons mental disorder is moderate to severe. The CAMHS Operational Guidelines clearly set out the types of Referrals Not Suitable for CAMHS. These are listed below.

### **Types of Referrals Not Suitable for CAMHS**

CAMHS is not suitable for children or adolescents whose difficulties primarily are related to learning problems, social problems, behavioural problems or mild mental health problems. There are many services available to respond to these needs for children and adolescents, e.g. HSE Primary Care Services, HSE Disability Services, Tusla – The Child and Family Agency, Jigsaw, National Educational Psychology Services (NEPS) and local Family Resource Centres.

CAMHS does not accept the following children or adolescents where there is no evidence of a moderate to severe mental disorder present:

- Those with an intellectual disability. Their diagnostic and support needs are best met in HSE Social Care/HSE Disability Services. 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.



- 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 Disability Network Teams.
- Those who require assessments or interventions that relate to educational needs. Their needs are best met in services such as Children's Disability Network 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. Their needs are best met by Tusla – The Child and Family Agency.
- Those who have a diagnosis of Autism. Their needs are best met in services such as HSE Primary Care and/or Children's Disability Network Teams. Where the child or adolescent presents with a moderate to severe mental disorder and autism, it is the role of CAMHS to provide appropriate multi-disciplinary mental health assessment and treatment for the mental disorder. This may involve joint working or shared care with other agencies including HSE Primary Care, Children's Disability Network Teams, and other agencies supporting children and adolescents.

Nationally, the HSE does not capture data on the average time it takes from the day of referral and to the day of "refusal of acceptance" to CAMHS.

Further information on referral and access to CAMHS can be found by consulting with the CAMHS Operational Guidelines. Please see below:

<https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/operational-guideline/camhs-operational-guideline-2019.pdf>

I trust this information is of assistance to you.

Yours Sincerely,

A handwritten signature in blue ink, appearing to read 'Paul Braham', with a long, sweeping underline.

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**Paul Braham**  
**Senior Operations Manager (Area DON)**  
**National Mental Health Services**