



Oifig an Stiúirthóra Náisiúnta Cúnta  
Oibríochtaí Meabhairshláinte

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Deputy Pauline Tully  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

9<sup>th</sup> April 2024

**PQ Number: 57306/23**

**PQ Question: To ask the Minister for Health if, in line with Action 93 of the Autism Committee's Final Report, he has plans to initiate meetings between CAMHS and disability services to establish how best to provide mental health services to autistic children, taking into account the current lack of capacity within CDNTs to provide multi-disciplinary supports including mental health interventions; and the estimated first- and full-year cost, respectively, of implementing this proposal. -Pauline Tully**

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Dear Deputy Tully,

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.

#### **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.

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.

The CAMHS Operational Guidelines (2019), set out the criteria for the types of referrals suitable for CAMHS and the types of referrals not suitable for CAMHS.

**Section 4.2** of the CAMHS Operational Guideline (2019), set out the referral and access criteria. Children or adolescents referred to community CAMHS must meet the following criteria:

- The child or adolescent is under 18 years old
- Consent for the referral has been obtained from the parent(s)
- The child or adolescent presents with a suspected moderate to severe mental disorder
- Comprehensive treatment at primary care level has been unsuccessful or was not appropriate in the first instance



### **Types of Referrals Suitable for CAMHS**

The list below gives some guidance on what constitutes a moderate to severe mental disorder. However, it is important to note that the CAMHS Operational Guideline is not a clinical guideline, therefore not all children or young person will fit neatly into a diagnostic category:

- Moderate to severe Anxiety disorders
- Moderate to severe Attention Deficit Hyperactive Disorder/ Attention Deficit 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 Suitable for CAMHS**

CAMHS is not suitable for children or adolescents whose difficulties primarily are related to learning problems, social problems, behavioral 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 primary diagnosis of Autism. Their needs are generally best met in services such as HSE Primary Care and/or HSE Disability Services. Where the child or adolescent presents with more complex needs, for example, with a moderate to severe mental disorder and autism, it is the role of CAMHS to work with disability teams to treat the mental health disorder associated with the primary diagnosis of autism

### **Joint working between CAMHS and Disability Services**

The HSE already have a number of mechanisms and pathways set up to ensure meetings take place between CAMHS and disability services. These services are working in close alignment to establish how best to provide mental health services to autistic children.



The *Joint Working Protocol: Primary Care, Disability and Child and Adolescent Mental Health Services* (2017) recommends a co-operative and collaborative culture between Primary Care, Disability and Child and Adolescent Health Services based on clarity of roles and responsibilities and a collaborative approach to service delivery. An important aspect of this joint working is that all services facilitate children/young persons' accessing the appropriate service as early as possible to prevent multiple referrals and/or re-referrals in order to facilitate timely access to appropriate supports.

Primary Care, Children's Disability services and CAMHS aim to make the referral process as seamless as possible by collaborating to provide comprehensive information to families and other referrers and by communicating with all relevant parties effectively and efficiently. When information indicates that there is more than one HSE service that could best meet the child or young person's needs, consultation should take place with the other service to determine which is the most appropriate or whether a joint approach to assessment and intervention is indicated.

The Integrated Children's Services Forum (ICSF) in each CHO area provides a formal, regular mechanism for services to meet and discuss individual children whose needs are not clear or those children who may require some level of joint assessment or intervention. In situations where differences arise in relation to the management of a case and a local joint decision cannot be agreed, the practitioners from the different services must make every effort to resolve them so that appropriate interventions can proceed. Where this cannot be agreed, the matter must be escalated by the Chair of the ICSF to the relevant CHO Heads of Service(s). The Chief Officers in each CHO area are responsible for the implementation of this protocol at operational level.

Further information on *The Joint Working Protocol: Primary Care, Disability and Child and Adolescent Mental Health Services* can be found here:

<https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/documents/hse-joint-working-protocol-between-primary-care-disability-and-child-and-adolescent-mental-health-service.pdf>

In addition, following the commissioning and publication of the Review of the Irish Health Services for Individuals with Autism Spectrum Disorder (the Review) in November (2017) the HSE has initiated a Service Improvement Programme for the Autistic Community comprising of a number of Service Improvement Projects. The Programme will aim to respond to the need for greater awareness amongst clinicians and the general public regarding both the autistic community and the support for Service Providers working with people with autism.

The Service Improvement Programme for the Autistic Community work streams are as follows:

- The identification of a Standardised Assessment/Pathway approach for use in all services dealing with the assessment of those with autism to ensure that every assessment is of an acceptable and agreed standard, regardless of which service is being accessed
- Building Awareness of the autistic community and the services and supports available to those with autism, both within the Service User, Family Member and Carer communities and within the Service Providers themselves

The HSE was successful in securing funding in budget 2024 to continue the development single point of access or central referral system for children and young people. This process will ensure that those children who require services receive the care that they need in the most appropriate setting regardless of the complexity of need or source of referral. This will involve working collaboratively



with all services involved with children and young people including primary care and disability services, as well as external agencies including statutory and voluntary agencies.

The HSE is unable to give estimated first- and full-year costs, respectively, of implementing Deputy Tully's proposal.

I trust this information is of assistance to you.

Yours sincerely,

A handwritten signature in black ink that reads "Sarah Hennessy".

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**Sarah Hennessy**  
**General Manager**  
**Child and Youth Mental Health Office**