Joint Committee

on

Health

OPENING STATEMENT

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by

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Good morning chairperson and members. Thank you for the invitation to meet with the Joint Committee on Health to discuss access to Child and Adolescent Mental Health Services (CAMHS). I am joined by my colleague(s):

- Dr. Andy Philips, Regional Executive Officer, HSE South West
- Ms. Julie O'Neill, Integrated Healthcare Area Manager, Kerry, HSE South West
- Mr. Donan Kelly, Assistant National Director for Child and Youth Mental Health

Our mental health is influenced by many different factors. While the continued enhancement of specialist mental health services is crucial, the mental health of our young people depends on a broad public health approach that builds on collaboration across health services, the education sector, statutory and voluntary bodies, and within our communities.

The age of onset of mental health difficulties typically falls around the mid to late teenage years and early twenties, and adverse early childhood experiences can be a significant predictor of serious mental health difficulties in later life. In the development of youth mental health services, it is therefore critical that we prioritise the promotion of mental health, intervene early when problems develop, and ensure clear pathways to community-based mental health services for those who need extra supports.

CAMHS is a specialist mental health service for a small proportion of children and young people who have a moderate to severe mental health difficulty. For these children and young people, it is particularly important to have access to integrated and person-centered supports provided by a multi-disciplinary team of skilled professionals.

Last year, our CAMHS teams received over 29,000 referrals, an increase of more than 14% on the previous year. In excess of 230,000 appointments were provided for children and young people in need of support, 8% more appointments than the year before. 69% were seen within 12 weeks. At the end of 2025, there were 4,462 children and young people waiting to be seen, of which 602 had waited 12 months or longer. As a result of targeted initiatives, we have seen a small, but important, decrease in the number of young people waiting 12 months or longer, but CAMHS waiting lists do remain challenged by a growth in demand for services, coupled with the impact of ongoing staff retention and recruitment difficulties.

It is critical that we provide timely access for those who need the support of CAMHS and I fully understand how difficult it can be for families when they have to wait far longer than is reasonable for that support. It can have a tremendous impact on a family when a child or a young person is having mental health difficulties, and on behalf of the HSE, I wish to apologise for those who have experienced shortcomings in accessing our services.

Performance is variable across Health Regions. While some areas have relatively short waiting lists, waiting times are longer in other regions. Factors such as staff vacancies and recruitment challenges can impact on wait times, as well as the extent to which early and lower-level interventions are available in a particular area.

As part of the HSE's Waiting List Action Plan, a recurring funding stream of €3 million has been allocated across the six Health Regions specifically to address the longest waiters on the CAMHS waiting lists. Between 2022 and September last year, an additional 4,712 cases have been seen as a result of this initiative.

Every effort is made to prioritise urgent cases so that referrals of young people with high-risk presentations are addressed as soon as possible. This is often within 24 to 48 hours and last year, 96.3% of all urgent cases were responded to within three working days. The severity of presenting symptoms and risks is always taken into account in terms of waiting times.

There has been a significant investment in youth mental health services and CAMHS over a number of years to meet this increased demand and to develop comprehensive services for children and young people with mental health difficulties. In last two years alone, an additional €32m has been directed to enhance CAMHS services, bringing the total funding in 2025 to approximately €181m with a further €7m allocated for service improvements this year.

Since 2023, an additional 19 additional Whole Time Equivalent (WTE) clinical posts have been added to our workforce. There are currently 75 multi-disciplinary core CAMHS teams in place, which provide critical assessment and treatment services. Alongside these targeted enhancements of capacity in our CAMHS teams, the HSE has invested in specialist teams, including for young people who are experiencing eating disorders or mental health and intellectual disabilities, in digital mental health and in services such as Jigsaw for children and young people with mild to moderate mental health difficulties who do not need to access the specialist mental health services that CAMHS provide.

The HSEs Child and Youth Mental Health Office was established in September 2023 to consolidate, expand and accelerate our overall child and youth mental health improvement programme.

Last year, the Child and Youth Mental Health Office published a targeted action plan to ensure that all children and young people in Ireland have equitable and timely access to high-quality mental health services.

The development of this three-year plan involved extensive engagement and consultation with young people, parents and families as well as a diverse range of stakeholders in health, social care, community and education settings. The plan builds on the wide-ranging service improvement programme already underway and incorporates all recommendations arising from the Maskey Report, the Mental Health Commission's report on CAMHS provision and the audits conducted into prescribing practice and adherence to the CAMHS operational guidelines.

The final report of the North Kerry CAMHS Look Back Review was published on the 18th of February this year. This review was commissioned following concerns identified in the Maskey Report and includes all children and young people who were in the care of the CAMHS service in North Kerry on 21 November 2022.

The report sets out how many young people who attended this team at that time were failed by the mental health services that were provided to them. On behalf of the HSE, I wish to apologise to any child or young person who has not received the standard of care they should expect.

Building on these historical failures, the Look Back Review makes a number of critical recommendations. Importantly, these recommendations relate to issues already identified in the previous reports, which are now being addressed through the implementation of the child and youth mental health action plan.

The findings also reinforce a key message that is coming through from our continued engagements with children, young people and their families, namely the importance of addressing waitlists and ensuring timely access to the full range of multi-disciplinary supports, including talk therapies.

The HSEs action plan covers the full continuum of mental health supports from prevention and early intervention through to specialist services in the community and in-patient settings. The overarching goal is to redesign and deliver services, which are safe, effective, easy to access and offer appropriate supports at all levels of need. This will require a coordinated response involving all aspects of the mental health system, including primary care, disability services, and funded community partners, directed by national mental health policy, and supported by multi-annual investment. There will be a need for continued improvements in staffing levels, service capacity, and enhanced consistency in how care is delivered.

As part of this plan, a single point of access will be introduced across CAMHS, disability services, primary care and community sector supports, such as Jigsaw, Pieta House and the ISPCC. The rollout is ongoing with full deployment this summer, and this will ensure there is ‘no wrong door’ for children, young people and families seeking support from the HSE. Alongside the single point of access, the HSE will invest significantly in building our capacity to conduct autism assessments and interventions. This will be supported by a national protocol, which will launched in the coming months. Supported by digital health records and an integrated children's referral form, these are all initiatives which will make the referral pathway much simpler, faster and easier to navigate.

As was the case with the development of the action plan, it will be crucial that Ireland's children, young people and their families are closely involved in the design, delivery and evaluation of mental health services.

While there is still work to be done to reach the goals set out in the HSEs action plan, a lot has been achieved since the establishment of the Child and Youth Mental Health Office.

Published in December 2025, the updated CAMHS Operational Guideline sets standards for high-quality care and will guide consistency in service delivery throughout the country.

A full Electronic Health Record with electronic prescribing is currently being configured for CAMHS and will be deployed regionally on a phased basis from mid-2026. Addressing a number of important governance issues identified in the Maskey report and by the Mental Health Commission, this will ensure automated data collection and improved data accuracy to ensure accountability, transparency, and continuous quality improvement.

There has been an expansion of crisis services, including through CAMHS hubs and now suicide crisis assessment nurse services for those under 18 years. CAMHS hubs provide brief intensive interventions to children, young people and their families, in times of acute mental health crisis.

A signposting platform called the Navigator Tool was developed in collaboration with SpunOut.

This innovative web-based tool offers anonymous, immediate and personalised access to mental health information, resources and services tailored for youth mental health support.

Child and youth mental health will continue to be a key priority for the HSE, so we can ensure all our young people have the greatest chance to enjoy a healthy life and reach their full potential. Our work will be driven by a strong outcomes focus and a commitment to report on progress in an open way. It is a complex undertaking but building on our consultations and engagements with staff, with young people and with parents, we are confident that we are on the right path.

This concludes my Opening Statement.
Thank you.