



Submission to the Mental Health Commission

To inform the development of National Standards
for Child and Adolescent Mental Health Services



NPC

SUPPORTING PARENTS
SUPPORTING CHILDREN

NPC Vision

The National Parents Council want to see an Ireland where every child has the opportunity to reach their full potential

NPC Mission

The National Parents Council exists to ensure that all parents are supported and empowered to become effective partners in their children’s education. NPC will work to increase the capacity and capability of the education sector, to achieve true partnership and deliver better outcomes for all children and young people.

Values

NPC knows that when parents and schools work together, children do better. Therefore, NPC believes that in order to achieve this parents must feel:

Engaged: Parents must be actively engaged in the education of their children.

Supported: Parents’ involvement in children’s education must be supported by the attitudes, beliefs and practices of all members of the school and broader education community.

Partners: Parents must be viewed as partners in facilitating children’s learning and be supported in this role by the school and broader education community.

Valued: Parents should be viewed as full partners in the decisions that affect their children and their family.

Welcomed: Parents should be welcome in the school, and their support and assistance sought as a valuable resource to support children’s education in the school.

Connected: All communication and dialogue with parents must be regular, open, two-way and meaningful.

National Parents Council

Key Activities

SERVICE DELIVERY

NPC's services are developed to empower parents so that they can support their children in all aspects of education.

HELPLINE

The NPC helpline is a national confidential service for parents. The helpline staff listen and give information and support to parents to help them make the best possible decisions for and with their children.

TRAINING AND DEVELOPMENT

The NPC Training and Development programme is a national programme of training, development and support for parents. The purpose is to empower parents to play an active part in their child's education at every level.

WEBSITE

The NPC's website www.npc.ie aims to provide parents with information regarding education at early years, primary and post primary levels.

ADVOCACY

NPC engages in awareness-raising activities and campaigning and lobbying at a national level on the objectives of its Strategic Plan.

REPRESENTING PARENTS

NPC represents the voice of parents through representation on external bodies and other mediums. NPC consults with parents and brings parents' views to bear on education policy.

BUILDING PARTICIPATION

NPC builds participation strategies and activities to ensure parents and children are an integral part of the work of NPC.



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Introduction

The National Parents Council (NPC) is delighted to share parents' perspectives on the development of national standards for Child and Adolescent Mental Health Services (CAMHS), with the Mental Health Commission. This report addresses key domains relevant to the development of future CAMHS standards, including referral pathways, waiting times, service delivery, inpatient care and aftercare. While the findings are informed by parents' experiences, they are presented here to identify the standards parents believe are necessary for a consistent and child-centred mental-health service. The evidence base for these standards comes from a survey, an in-person consultation and two online focus group discussions with parents.

The findings presented in this report are based on the results from the survey and focus groups conducted by the NPC in January 2026. The survey was sent to all parents on the NPC mailing list who had consented to receive such invitations. Those who completed the survey were invited to participate in either the in-person consultation or online focus groups, depending on their preferences. The survey was available from January 20 to January 27, 2026, during which a total of 477 parents completed it. The in-person consultation took place on January 24, 2026, with 2 participants, while the online focus groups were held on January 26 and January 28, 2026, with a total of 62 parents attending. The opinions of all parents involved in the survey, the in-person consultation and the online focus groups will be shared in this report.

The findings outlined below are drawn from parents' reported experiences of accessing services. They represent parents' perspectives and aspirations for improvement and are not intended as a review of current service provision.



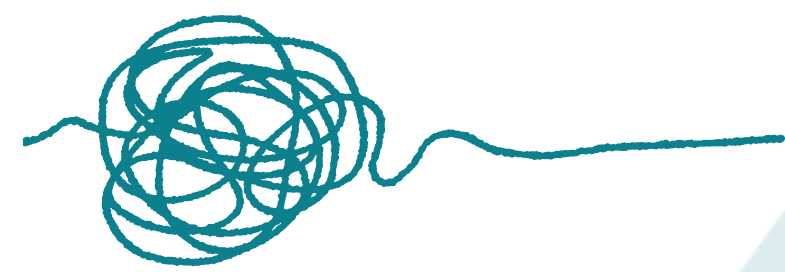
Surveys

A survey was shared with parents to gather their views on the development of new national standards for CAMHS. The survey included a mix of multiple-choice questions, rating and ranking scales, and open-ended questions. This allowed parents to select responses that reflected their opinions while also providing space to share detailed comments.

Parents were asked about key aspects of CAMHS standards, including referral pathways, waiting times, access to community mental health supports, the need for a fully resourced 24/7 emergency service, and how CAMHS should support children with more than one diagnosis, while also ranking the standards they felt were most important—such as clear information, coordinated services, supportive staff, and a safe environment—and identifying guiding values like respect, child-centred care, equality, and inclusion, along with priorities for improvement including increased staffing, clearer treatment plans, and better support for families.

The main results of the surveys, including key points and parents' opinions, will be shared in this report.

Focus Group



In January 2026, three consultations were conducted to gain in-depth insights into the development of national standards for CAMHS.

The consultations included a small in-person focus group held on January 24, consisting of two parents, and two online focus groups that took place on January 26 and January 28, with a total of 62 parents participating.

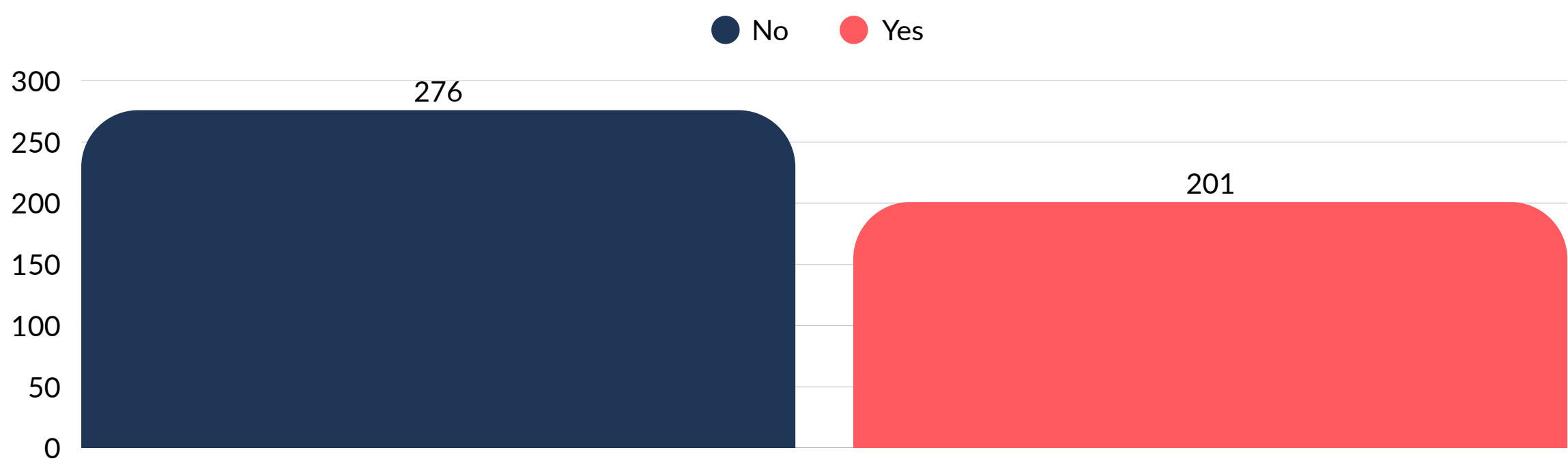
NPC began the sessions by outlining the purpose of the focus groups and surveys, highlighting their role in enhancing the effectiveness of national standards for CAMHS.

During the discussions, parents in the focus groups were asked a series of questions designed to provide deeper insights into their experiences and perspectives on CAMHS. The questions focused on the following areas:

1. What should the standards be regarding access to services?
2. What should the standards be regarding service delivery?
3. What should the standards be regarding inpatient services?
4. What should the standards be regarding aftercare?

Survey Findings

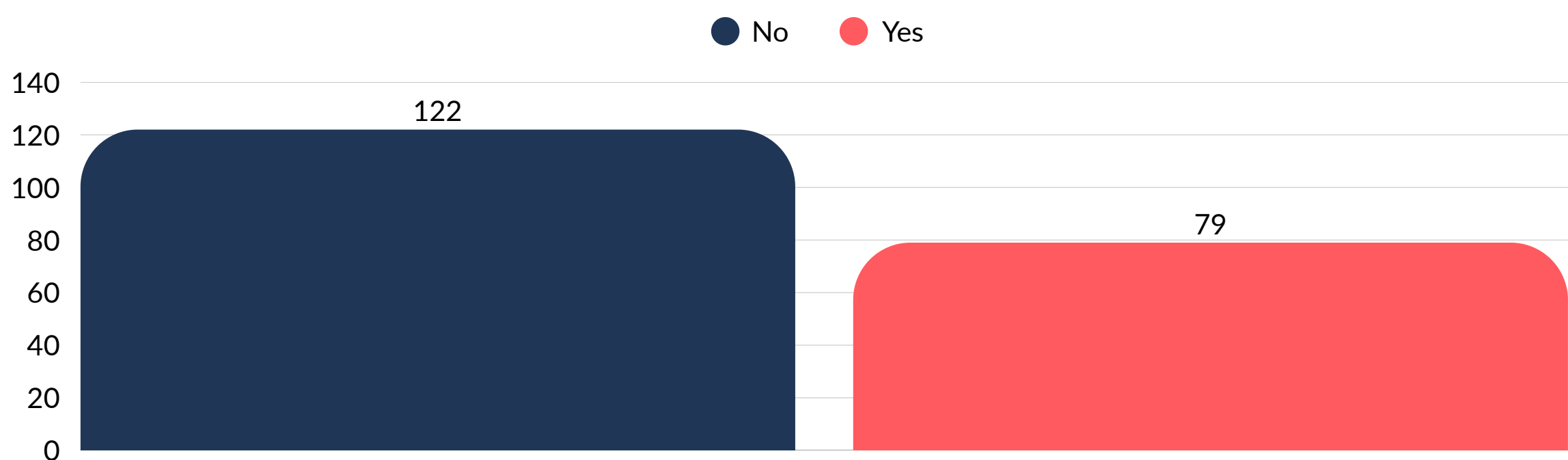
Q 1 When parents were asked whether their child had been referred to CAMHS, Over half of parents (58%) indicated that their child had not been referred, while a smaller proportion reported that a referral had been made (see Figure 1).



(Figure 1)

Has your child been referred to CAMHS?

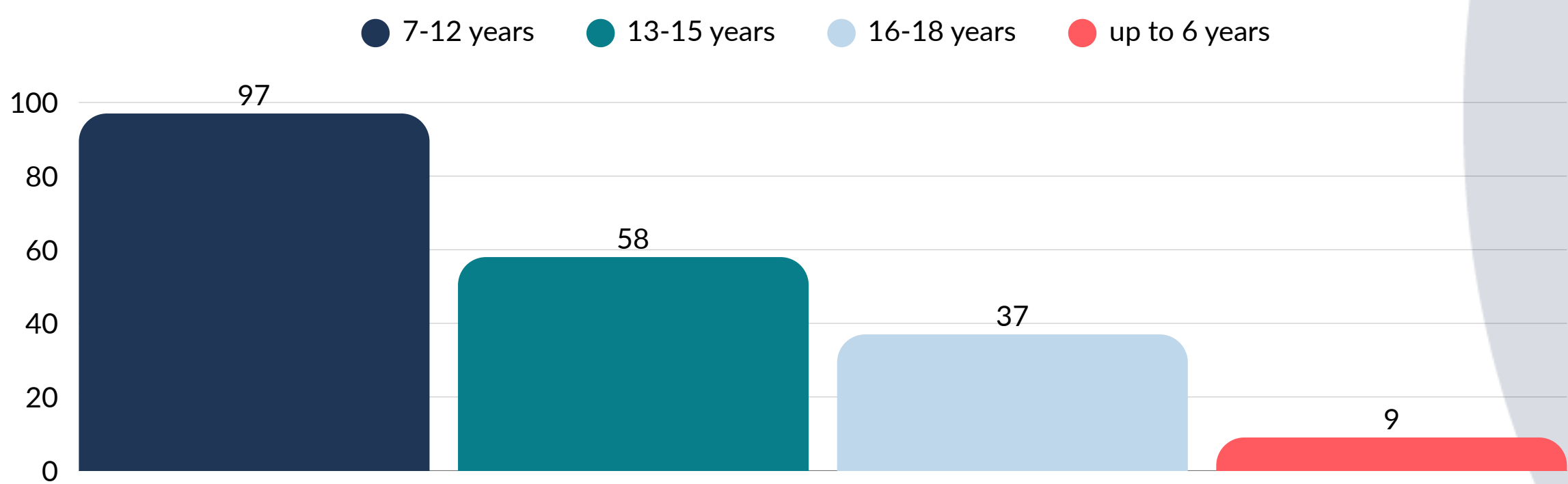
Q 2 Parents who reported that their child had been referred to CAMHS were then asked whether their child had received any support from the service. The majority (61%) indicated that their child had not received support, while a smaller proportion reported that support had been provided (see Figure 2).



(Figure 2)

Has your child received support from CAMHS?

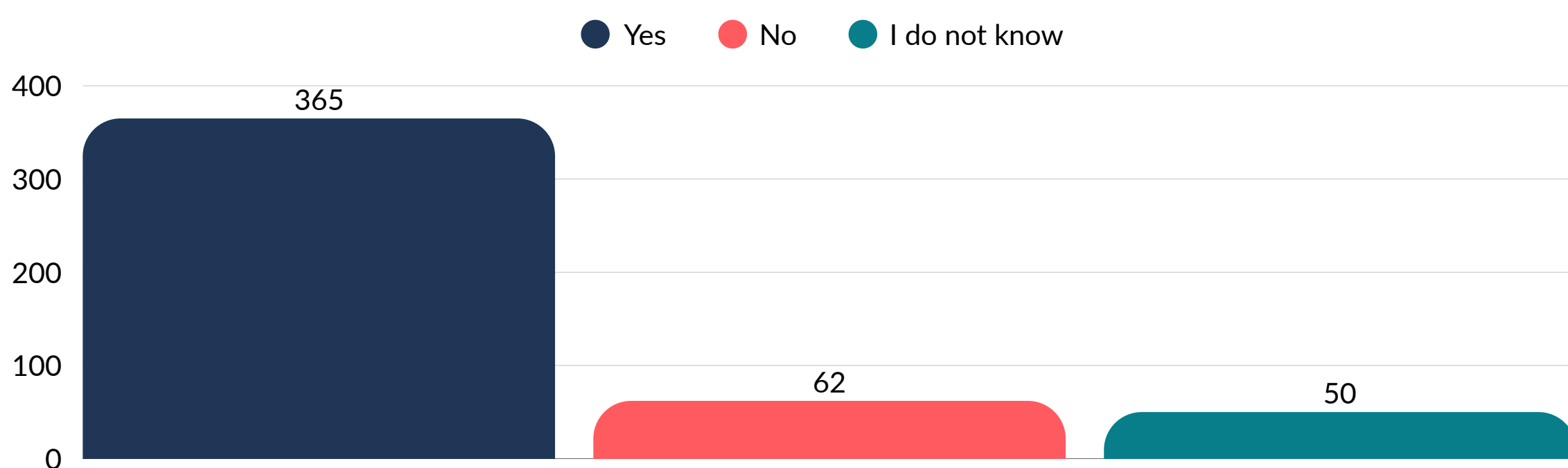
Q 3 Parents who answered whether their children had received support from CAMHS were also asked about the age of their children. The largest group were children aged 7–12 years, followed by those aged 13–15 years, then children aged 16–18 years, with the smallest group being children up to 6 years (see Figure 3).



(Figure 3)

What age is your child?

Q 4 Parents were informed that referrals to CAMHS can currently be made by a range of professionals, including General Practitioners (GPs), paediatricians, consultant psychiatrists, Emergency Department doctors, Tusla, senior clinicians in voluntary and community services, community medical doctors, and educational psychologists. When asked whether they agreed with this referral structure as a standard for referral, the majority of parents indicated that they agreed, while a smaller group disagreed. A further group of parents noted that they were unsure (see Figure 4).



(Figure 4)

Currently referrals to CAMHS can be made by several professionals, do you agree with this ?

When parents were asked who they felt should be able to make a referral, some parents strongly believed that referral pathways to CAMHS as a standard should be far broader. Emphasising that parents, as the people who know their children best, must be able to refer directly. They also argue that schools should be empowered to refer, including teachers, principals, guidance counsellors and SEN teams, because they see children daily and are often the first to identify concerns.

Some parents also stressed that allied health professionals such as OTs, SLTs, physiotherapists, counsellors, psychotherapists, play therapists, and public or private psychologists should be able to refer, as they frequently work closely with children and can recognise emerging needs sooner.

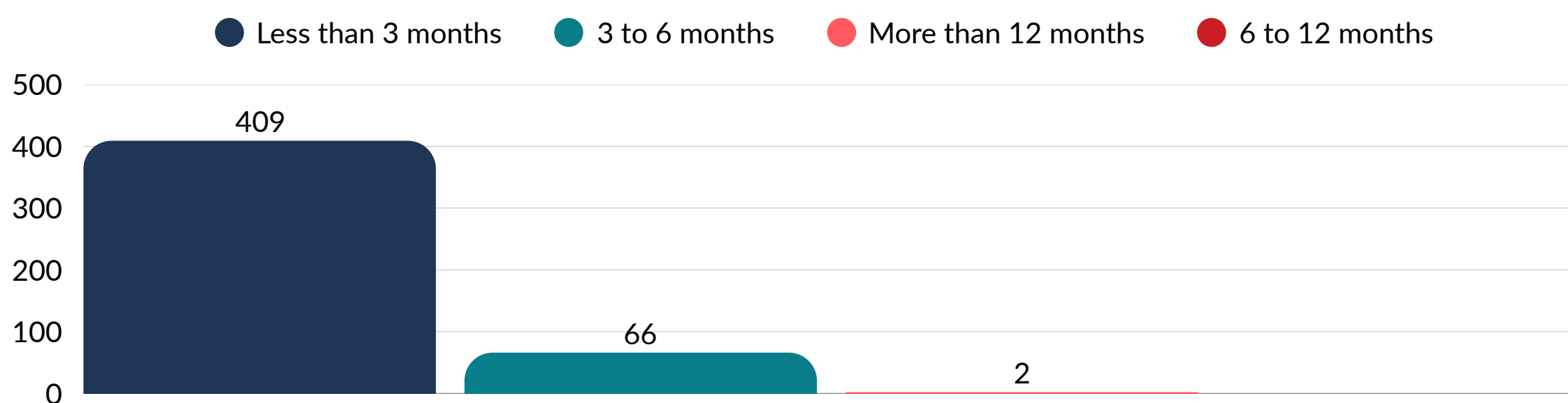
Respondents highlighted that CDNT and primary care clinicians should also be accepted referrers, along with social workers, youth workers, public health nurses and community or disability services. Feedback highlights the need for clear national criteria, reduced reliance on single-gatekeeper models and referral pathways that support timely and fair access to services.

Overall, the consultation findings suggest that a flexible, multi-pathway referral standard that allows qualified professionals and responsible adults who know the child well to request support would help families access the right services more easily and without unnecessary delay.

*This is a summary of the parents' voices; please refer to the appendix for full answers.



Q 5 When parents were asked what they felt was a reasonable amount of time to wait for an appointment with CAMHS, the vast majority indicated that a wait of less than three months would be acceptable as a standard. A smaller group felt that waiting three to six months was reasonable, while very few parents selected more than twelve months, and almost none considered a wait of six to twelve months to be acceptable (see Figure 5).



(Figure 5)

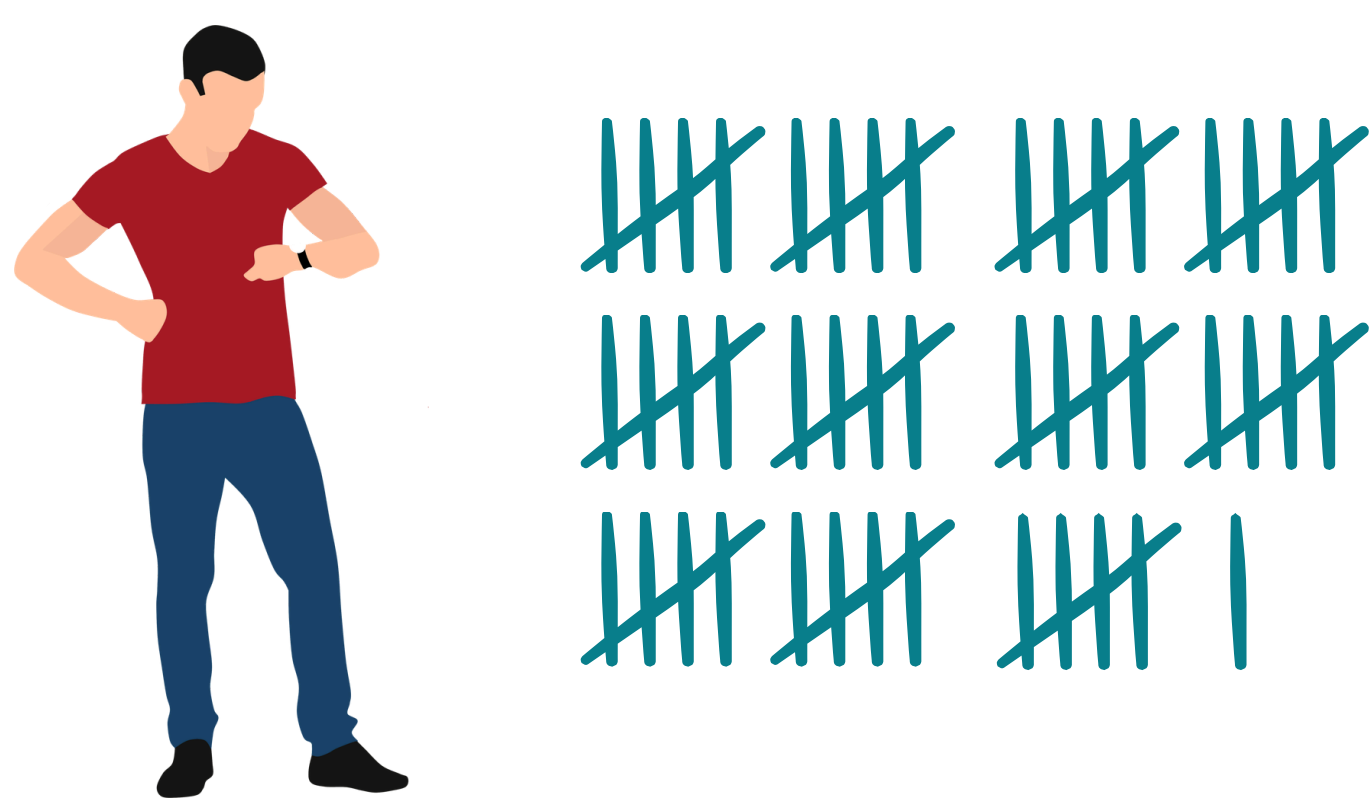
What do you think is a reasonable amount of time to wait for an appointment with CAMHS?

When considering standards for access and waiting times, feedback shows that children’s mental health services can be difficult to access due to restricted referral routes and long delays.

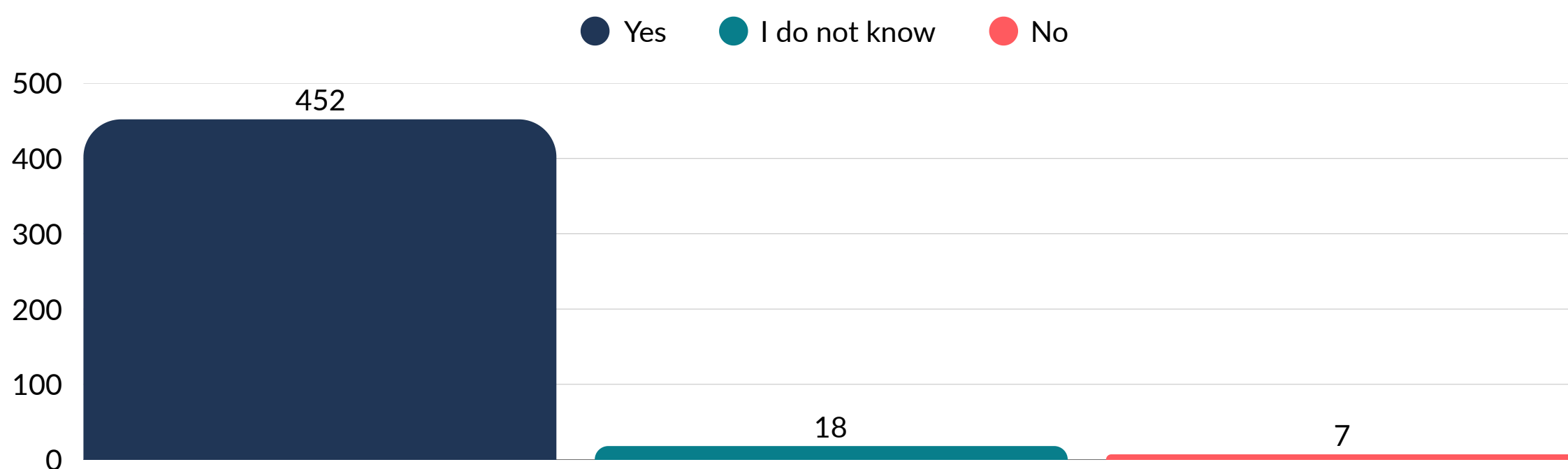
Consultation responses highlight that waiting times are often very long, sometimes lasting many months or longer, even when children are experiencing significant distress or urgent needs. A strong standard would prioritise early intervention and timely access to support, with clear communication and transparent processes so families understand what to expect.

Feedback also points to the need for consistent criteria, fewer repeated assessments and a more straightforward pathway that focuses on the child’s needs rather than service boundaries. Overall, the findings suggest that a child-centred access and waiting time standard should promote flexible referrals and set expectations for timely, meaningful support so children receive help before difficulties escalate.

*This is a summary of the parents' voices; please refer to the appendix for full answers.



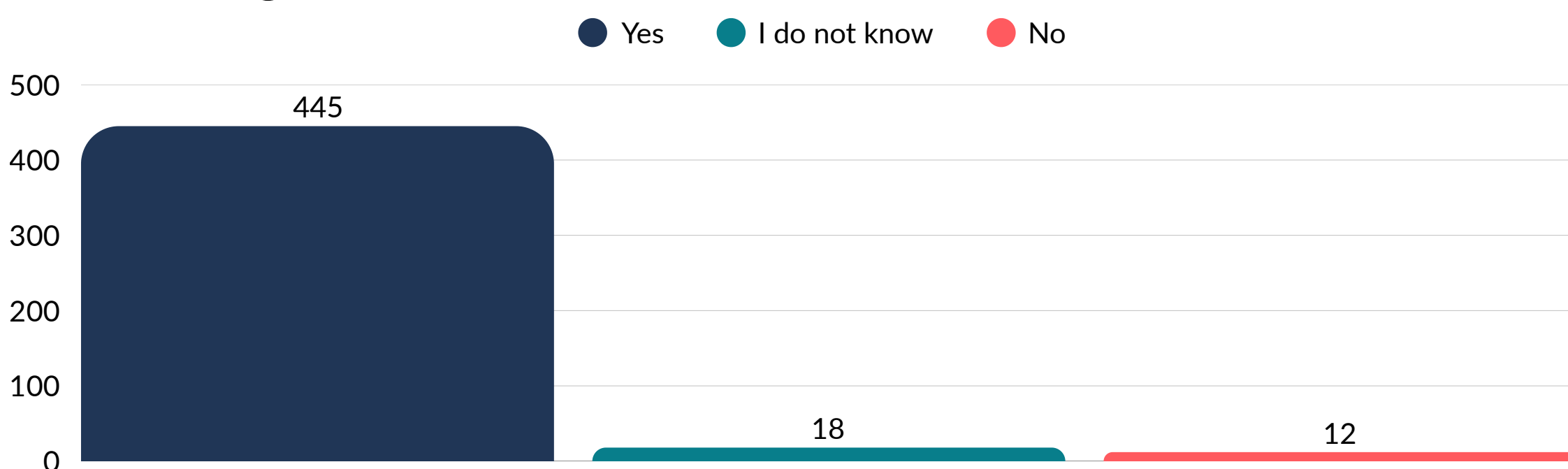
Q 6 Parents were asked whether, as a standard, all children experiencing mental health difficulties should be supported by a community mental health team where appropriate. The majority agreed with this statement, only a very small number disagreed. A further group of parents indicated that they were unsure (see Figure 6).



(Figure 6)

As a standard should all children who are experiencing mental health difficulties be supported by a community mental health team where appropriate?

Q 7 Parents were asked whether they felt there should be a fully resourced emergency CAMHS service available 24 hours a day, 365 days a year for children and young people. The vast majority of parents expressed that such a service should be in place, as a standard, while only a very small number disagreed. A further group of parents indicated that they did not know (see Figure 7).

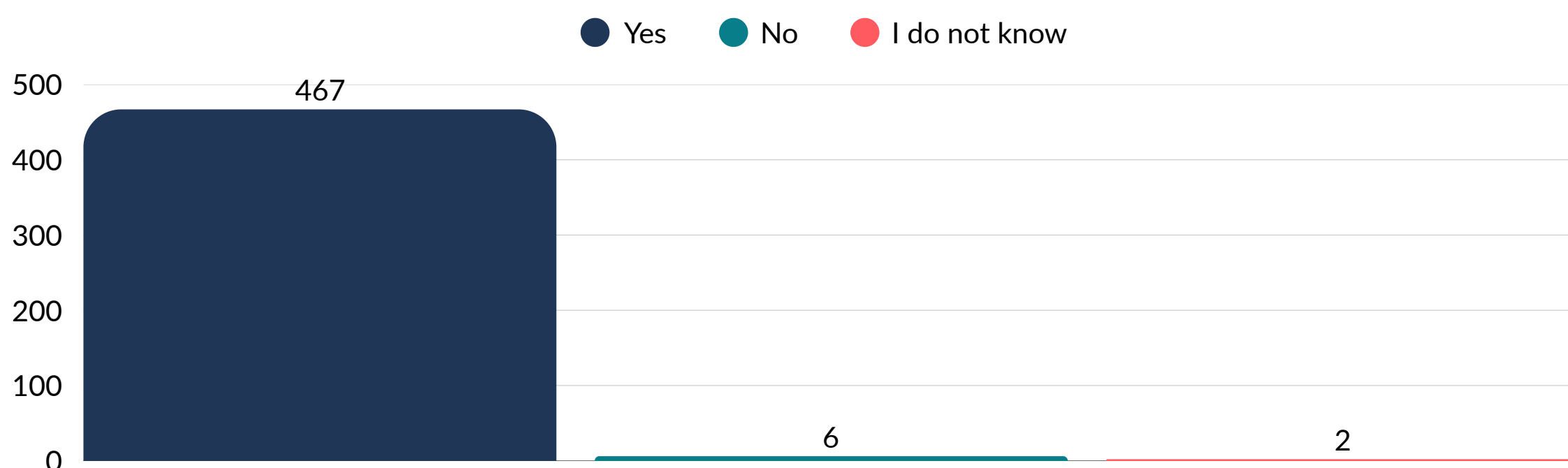


(Figure 7)

Do you think there should be a fully resourced emergency 24/7, 365 days CAMHS for children and young people?



Q 8 Parents were asked whether they felt that CAMHS should support children and young people holistically when presenting with more than one issue, such as having both ADHD and an eating disorder. Almost all parents agreed that children should be supported for all presenting difficulties rather than just one. Only a very small number disagreed, and a smaller group indicated that they did not know (see Figure 8).



(Figure 8)

Sometimes children can present with more than one diagnosis (e.g. ADHD and an eating disorder), currently some CAMHS services will only work with one of these at a time. Do you think CAMHS should support children and young people holistically when presenting with more than one issue?

When considering standards for holistic support, feedback shows that children should receive care that looks at all of their needs together, rather than focusing on only one diagnosis at a time. A clear standard would recognise that many children experience more than one difficulty and that these challenges often overlap and affect each other.

Consultation responses indicate the importance of services working in a joined-up way so that children are not excluded from support because they also have autism, ADHD or another additional need. A strong holistic standard would promote coordinated care from one team or through clear collaboration, helping families avoid being passed between services or left without support.

Feedback also highlights the need for early, consistent and compassionate intervention, clear communication with families and pathways that prevent unnecessary delays or gaps in care. Overall, the findings suggest that a holistic care standard should ensure children receive coordinated, whole-child support that addresses their full range of needs in a timely and meaningful way.

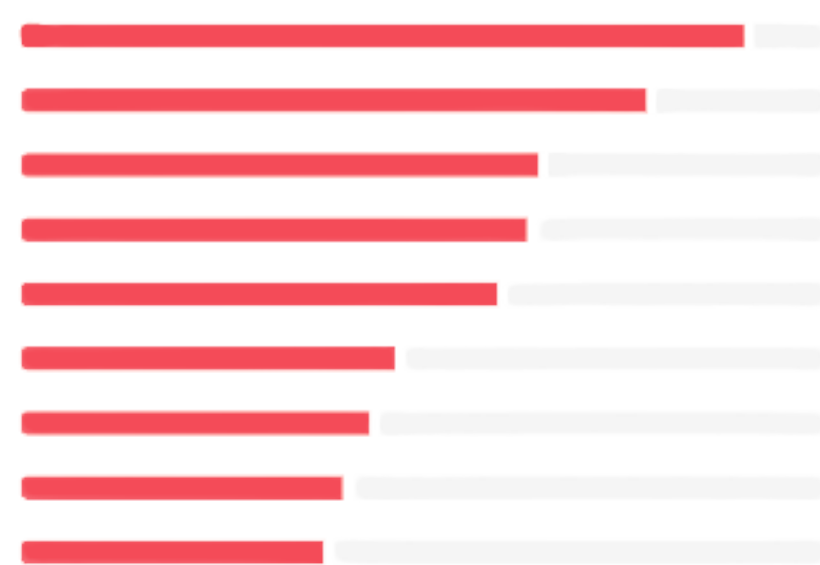
*This is a summary of the parents' voices; please refer to the appendix for full answers.



Q 9

Parents were asked to rank a set of standards in order of importance when accessing CAMHS services, with 1 placed at the top of the list as the most important and 9 placed at the bottom as the least important. The three standards ranked as most important were reasonable waiting times, followed by a simple referral process, and helpful and supportive staff. Below is the full list of the rankings (see Figure 9).

- 1. Reasonable waiting times
- 2. Simple referral process
- 3. Helpful and supportive staff
- 4. Well co-ordinated services
- 5. Comfortable and safe environment for children
- 6. Clear treatment plan
- 7. Working in Partnership with children and young people
- 8. Working in Partnership with parents
- 9. Clear information that it is easy to understand



(Figure 9)

Rank the following standards in order of importance when accessing CAMHS services, from 1 (at the top of the list) being the most important to least important 9 (at the bottom of the list):

When thinking about what other standards should be included, feedback shows that every part of children’s mental health services matters and needs to work well together. A clear set of standards would support fully staffed and well-trained teams, shorter waiting times, and better cooperation between community mental health services, disability services, primary care, schools and other providers involved in a child’s care. It would also mean clear and consistent rules about who can be referred and how services decide to accept children for support.

Responses highlight the importance of care that looks at the whole child, not just one diagnosis. Joined-up working between services would help avoid families being passed from one place to another or left without help.

Feedback also points to the need for clear communication with families and consistent staff so children can build trusting relationships, accessible crisis supports, and early help before problems become more serious. Standards would encourage services to work in partnership with parents and carers, valuing their knowledge and involvement in their child’s care.

Overall, the consultation findings suggest that clear, practical and coordinated standards that are supported by well-resourced teams would help make services more consistent, compassionate and easier for families to understand and access.

*This is a summary of the parents' voices; please refer to the appendix for full answers.



Q 10 Parents were asked to rank a set of values and principles in order of importance when CAMHS is delivering their services, with 1 placed at the top of the list as the most important and 8 at the bottom as the least important. The three values ranked as most important were respect and dignity, followed by child-centred care, and safety and protection. Below is the full list of the rankings (see Figure 10).



(Figure 10)

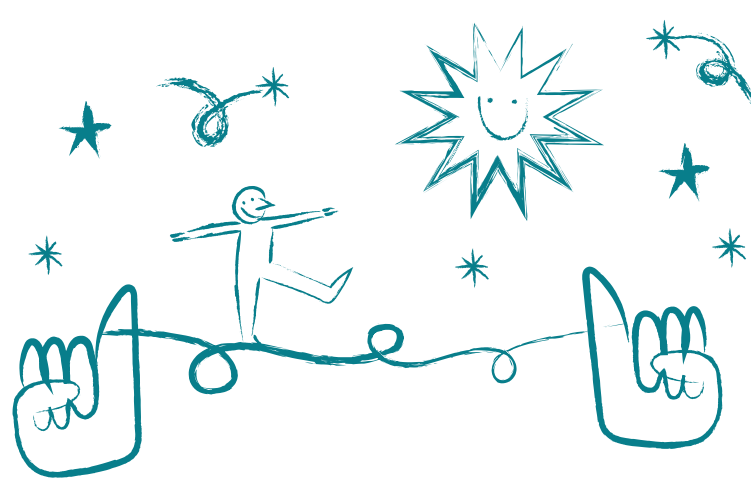
Please rank the values and principles that you think should guide CAMHS in delivering their services, from (1) at the top of the list, being the most important to least important (8) at the bottom of the list:

When parents were asked if they had any other values or principles they felt were important, they repeatedly said that all of the listed values should be treated equally and should not be ranked, because each one is essential to a safe, fair and effective service. Parents stressed the importance of genuine parent involvement, good communication, respect, continuity of staff, and professionals who are well trained, well supervised and fully resourced.

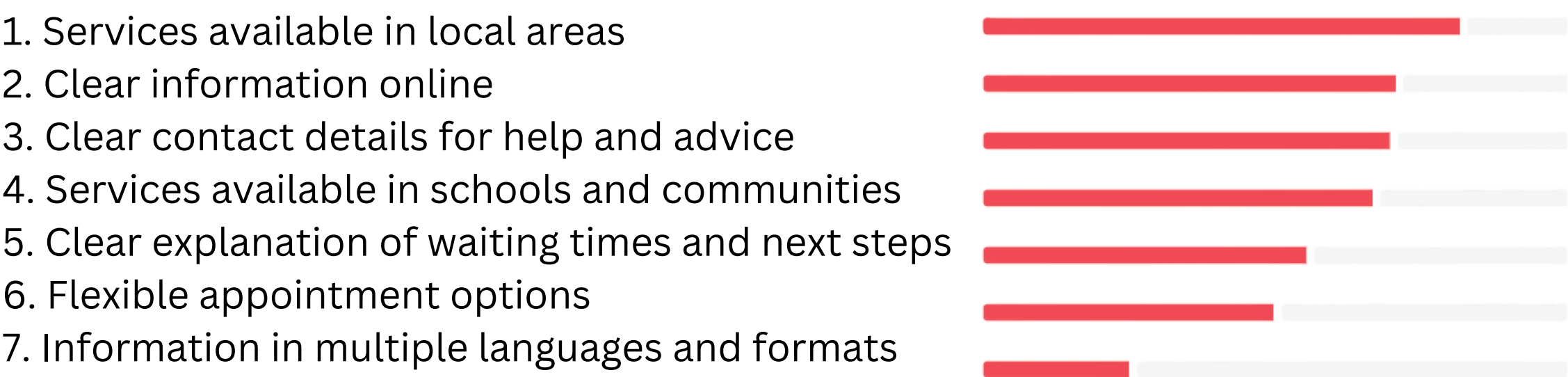
Many emphasised the need for equality, inclusion, cultural sensitivity, neuro-affirming practice, trauma-informed care and collaboration across services, especially with schools, disability networks and primary care. They highlighted that children must be listened to, treated with dignity, and met by consistent adults they can build trust with. Parents also called for transparency, accountability, clear pathways, timely access, early intervention, and proper follow-up, as well as support for parents themselves so they are equipped to help their child.

Across all responses, parents were clear that these values are not optional extras but minimum standards, and that failing in any one of them undermines the whole system and puts children at risk.

*This is a summary of the parents' voices; please refer to the appendix for full answers.



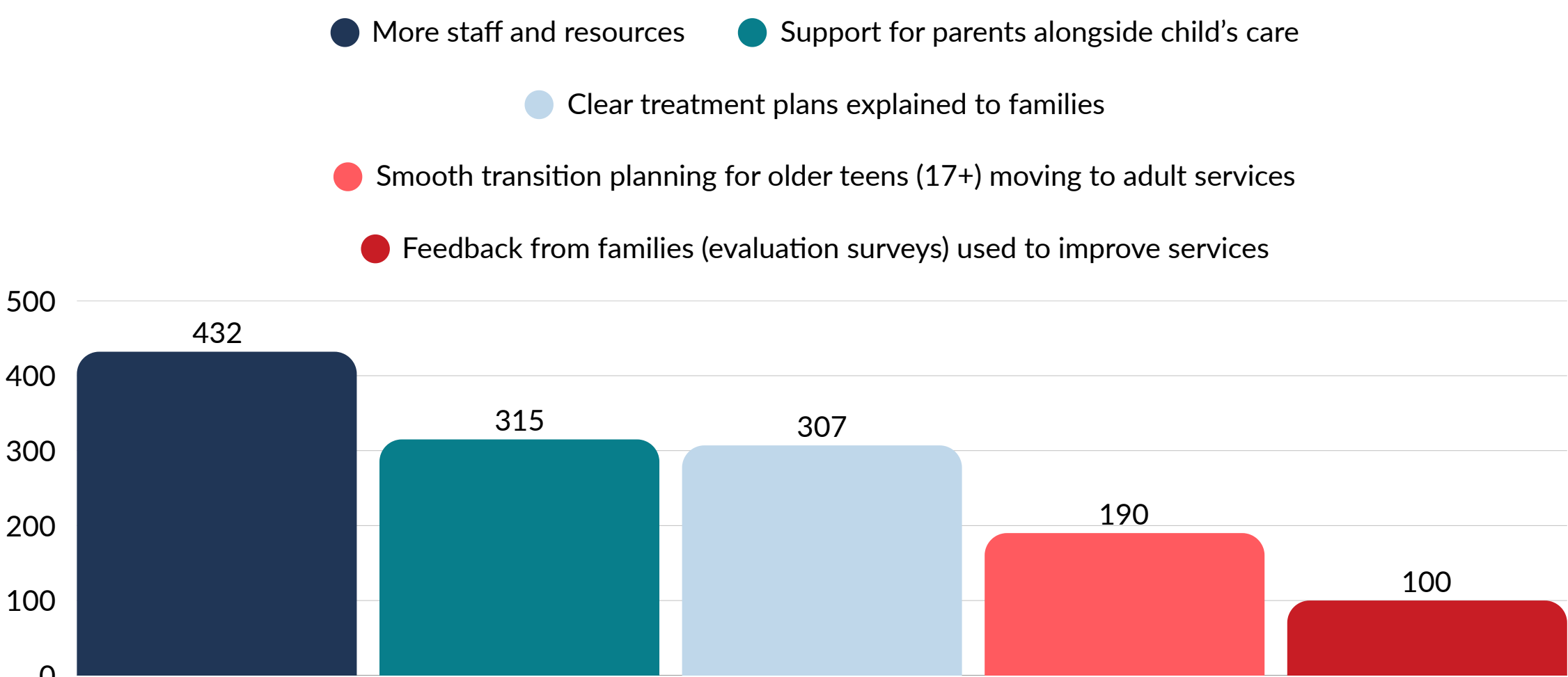
Q 11 Parents were asked which factors would help them the most in accessing CAMHS services and were invited to rank these from 1, placed at the top of the list as the most important, to 7 at the bottom as the least important. The three supports ranked as most important were services available in local areas, followed by clear information online, and clear contact details for help and advice. Below is the full list of the rankings (see figure 11).



(Figure 11)

Which of these would help you the most in accessing CAMHS services? Please rank them from (1) at the top of the list, being the most important to least important (7) at the bottom of the list:

Q 12 Parents were asked which factors they felt would most improve the standards of service that children and young people receive from CAMHS, and were invited to select the three most important. The most frequently chosen priorities as standards included more staff and resources, support for parents alongside the child’s care, and clear treatment plans explained to families. Other parents highlighted the importance of smooth transition planning for older teens moving to adult services, as well as using feedback from families to support ongoing service improvement (see figure 12).

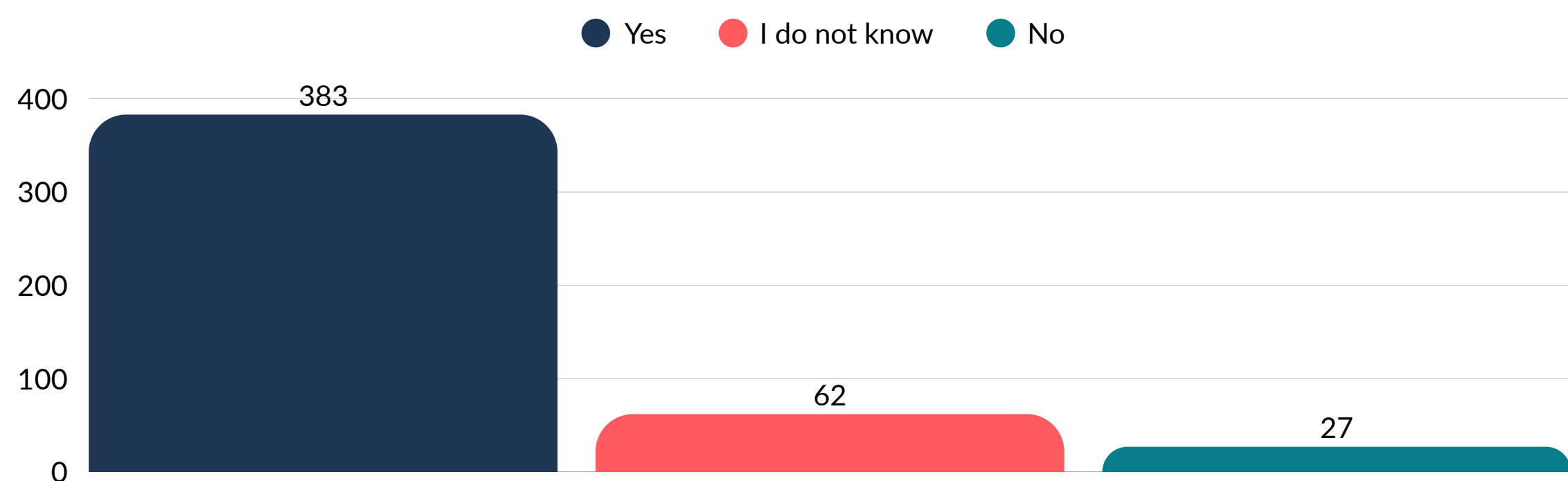


(Figure 12)

Which of the following could improve the standards of service children and young people receive from CAMHS? Please pick the three most important in your opinion:



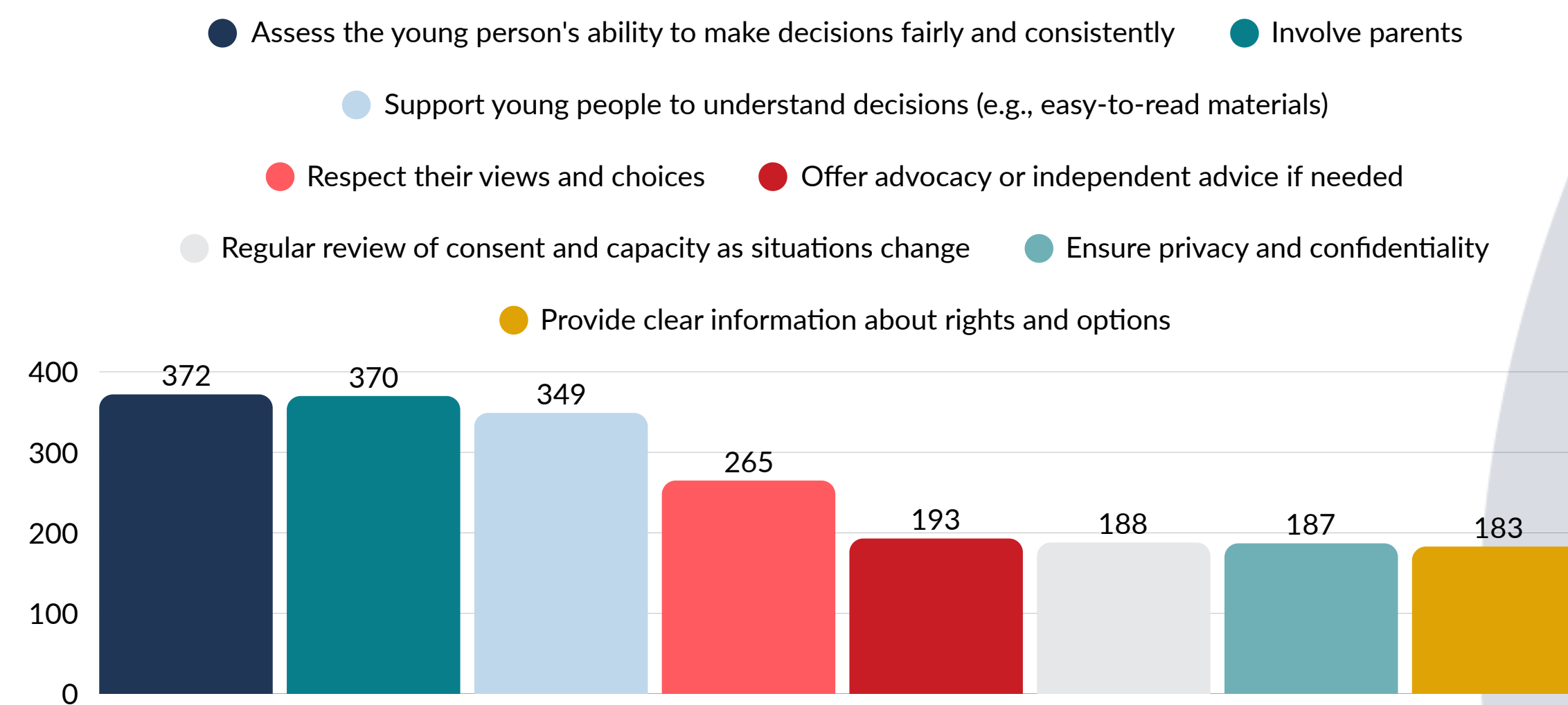
Q 13 Parents were asked whether national standards should ensure that anyone under the age of 18 is admitted to a paediatric department. The large majority agreed with this statement, while a much smaller number did not agree. A further group of parents indicated that they did not know (see figure 13).



(Figure 13)

Do you think national standards should ensure anyone under 18 should be admitted to a paediatric department?

Q 14 Parents were asked how decisions about consent and capacity should be handled for young people aged 16 and over and were invited to choose the five most important factors. They could select more than one option. The most frequently selected priorities were assessing the young person's ability to make decisions fairly and consistently, involving parents, and supporting young people to understand decisions. These were followed by factors such as respecting their views and choices, offering advocacy or independent advice, regular review of consent and capacity as situations change, ensuring privacy and confidentiality, and providing clear information about rights and options, which were selected by smaller groups of parents (see figure 14).

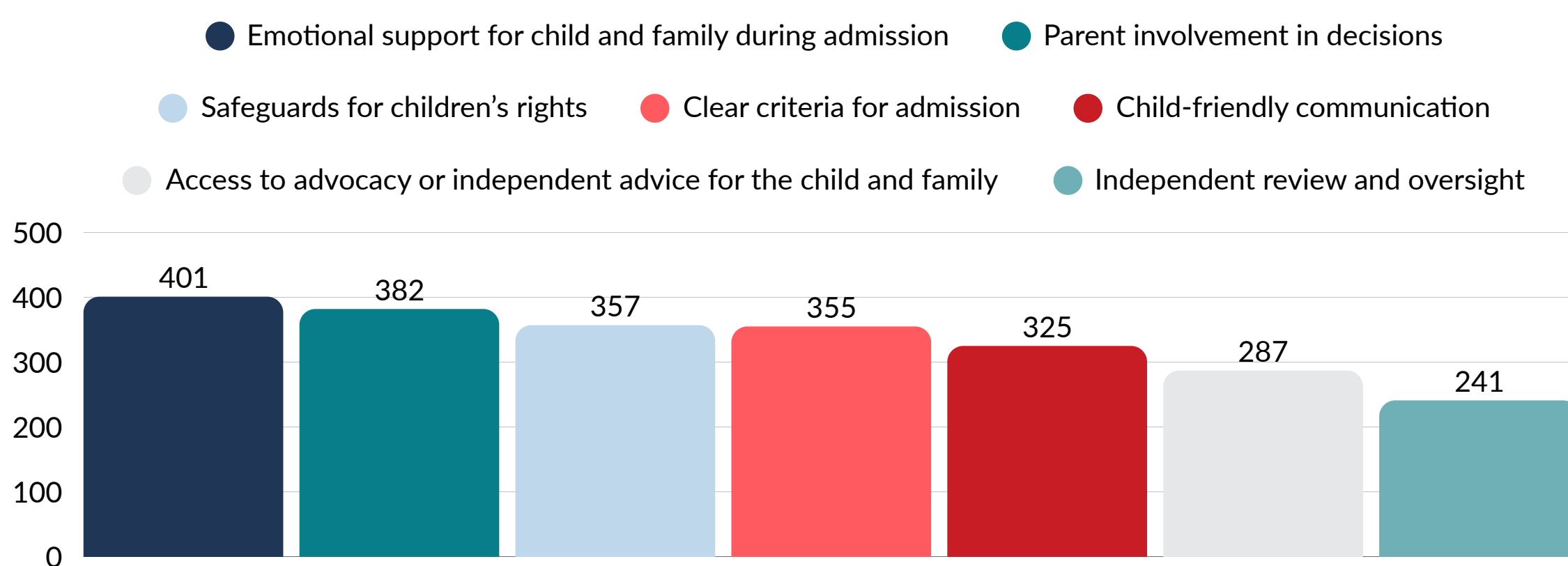


(Figure 14)

For young people aged 16 and over, how should decisions about consent and capacity be handled? Please pick the five most important in your opinion:



Q 15 Parents were asked what the Code of Practice should cover in situations where a child is admitted for mental health treatment without agreeing (involuntary admission). They could select more than one option. The most frequently selected priority was ensuring emotional support for the child and family during admission, followed closely by parent involvement in decisions, and safeguards for children’s rights. These were followed by the need for clear criteria for admission and child-friendly communication. Smaller groups of parents also highlighted the importance of access to advocacy or independent advice for the child and family, as well as independent review and oversight to ensure fairness and transparency (see Figure 15).



(Figure 15)

What should the Code of Practice cover for involuntary admission of a child?

When setting standards for involuntary admission, parents felt that services must ensure that children, including autistic and neurodiverse children, can access safe and appropriate care. Standards should prioritise safe, age-appropriate spaces, trauma-informed approaches, and flexible decision-making that goes beyond rigid procedures.

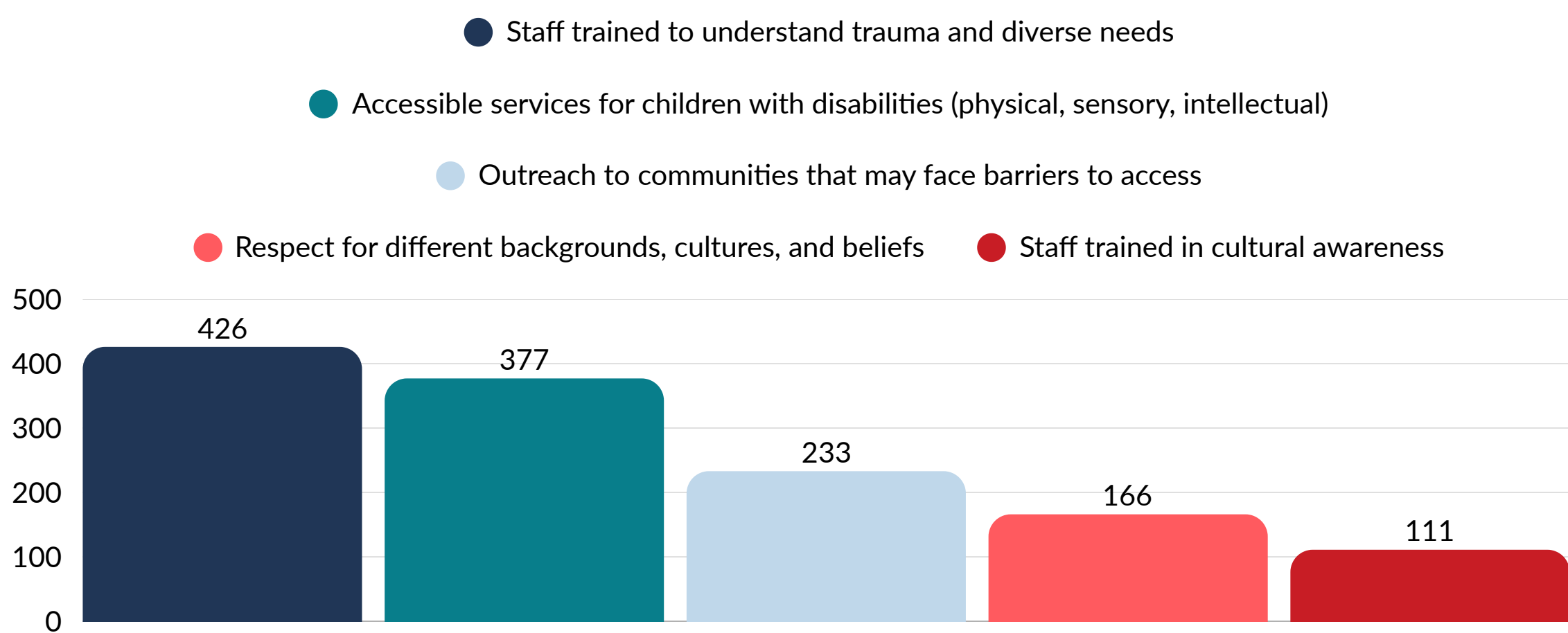
Parents also told us that hospitals should provide specialist mental health spaces for children, maintain clear communication with families, and follow predictable and consistent practices. Children’s routines, education, and daily activities should continue as much as possible during admission, and follow-up care and community support must be available after discharge.

They said that families and carers should be actively involved in admission decisions, with their rights respected, access to advocacy and crisis support ensured, and clear processes for appealing decisions. Support must always be available for children who do not have an active parent.

Services must provide adequate inpatient capacity, dedicated helplines, and practical assistance during admissions, alongside ongoing support for children and their families. Overall, standards should guarantee that involuntary admission is managed in a way that is flexible, compassionate, and safe, with appropriate placements, understanding of neurodiversity, and meaningful support for both children and their families.

*This is a summary of the parents' voices; please refer to the appendix for full answers.

Q 16 Parents were asked how CAMHS could be more welcoming and inclusive for all children and young people, as a standard, and were invited to choose the three areas they felt would be most helpful. The most frequently selected priorities were having staff trained to understand trauma and diverse needs and ensuring accessible services for children with disabilities. These were followed by the importance of outreach to communities that may face barriers to access, as well as respect for different backgrounds, cultures, and beliefs. A smaller group of parents selected staff trained in cultural awareness as an important way to make CAMHS more inclusive (see Figure 16).



(Figure 16)

How can CAMHS be welcoming and inclusive for all children and young people? Choose the 3 areas that you think would be most helpful.



General Comments from Parents

Parents highlighted that children often struggle to access CAMHS, reporting long waiting lists, rejected referrals, inconsistent standards between regions, and delays in receiving appropriate support. Because of these experiences, they want standards that ensure services are well-staffed, properly resourced, and able to provide timely support before children reach crisis point.

Many parents described a lack of specialist knowledge, particularly for neurodivergence, autism, ADHD, FASD, and co-occurring conditions. These experiences support the standard that staff must have specialist knowledge and ongoing training. Parents also reported poor communication, weak coordination between services, and unsafe or unsuitable environments, which underlines the need for standards that require clear communication, effective coordination across schools, hospitals, and disability services, and safe, child-appropriate spaces.

Some parents said that decisions depend too heavily on rigid criteria or school reports rather than the child's lived experience at home, leaving families feeling dismissed or blamed. These experiences require standards that emphasise flexible, child-centred decision-making.

Parents also want CAMHS to support the whole family, not just the child. Many shared feeling isolated or left to navigate the system alone, which points to standards that include genuine family involvement, clear referral pathways, transparent appeals processes, and interim support while waiting, such as play, art, or group therapies. Families also emphasised the need for personalised, evidence-based care, continuity of staff, child-friendly settings, advocacy services, clear timelines, and smooth transitions to adult services because their experiences show that gaps in these areas cause unnecessary stress and delay.

Across the consultation, parents outlined a clear vision for the development of new standards for CAMHS. Their experiences that detail long waits, inconsistent care, and overstretched services demonstrate the need for national, consistent standards, including maximum waiting-time targets, guaranteed follow-up support, trauma-informed care, coordinated working across schools, hospitals, and disability services, and proper transparency and accountability when referrals are refused or care falls short. Parents also stressed that enough resources, staffing, training, funding, and suitable facilities are essential to make these standards real, so every child receives high-quality, compassionate, and appropriate mental health support when it is needed.

*This is a summary of the parents' voices; please refer to the appendix for full answers.



Focus Groups Findings

In this section, NPC has compiled all the views shared by parents during the online and in-person focus groups. A total of 62 parents participated. Their feedback has been analysed and organised into themes, presented here under each of the guiding questions.

The questions were:

Section 1: What should the standards be with regard to access?

Section 2: What should the standards be with regard to the delivery of the service?

Section 3: What should the standards be with regard to inpatient services?

Section 4: What should the standards be with regard to aftercare?

Section 1: What should the standards be with regard to access?

Parents highlighted four key areas that should inform the standards for access to CAMHS: effective triage, better referral pathways, support during waiting periods, and clear, reliable information. Their experiences show why these standards are necessary and how they could improve services.

Improved Access to Clear and Timely Information

Parents shared a lot of frustration about not receiving clear information from CAMHS. Many said they had to return to their general practitioner multiple times just to check whether their referral had even been received. They often did not know what stage of the process they were in, how long the wait might be, or who to contact if they had questions. This lack of information added a lot of stress to an already difficult situation.

Accordingly, parents told us that the standard should ensure that services keep families updated at every stage, clearly explain what to expect next, and provide simple guides or diagrams showing how the system works and likely timeframes. Clear communication would help families prepare, reduce anxiety, increase trust in the service, and make parents feel respected and supported.

Referral Process Challenges

Parents also felt that triage could fix many of the problems they currently face with referrals. At the moment, a lot depends on what a general practitioner writes in a referral letter, how well the general practitioner knows the child, and how CAMHS interpret the information. Parents said this feels unclear and sometimes unfair.

Based on these experiences, the standard should ensure that all children have an early conversation with a trained mental health professional, either in person or over the phone. This would allow services to get a clear understanding of the child's needs, reduce the risk of being sent to the wrong service, and prevent families from waiting months only to start the process again.

Waiting Time Challenges

Parents reported that long waiting times often make children's mental health worse and place extra pressure on families. Some shared that delays had even led to crisis situations that might have been avoided with earlier support.

Based on these experiences, the standard should ensure that services provide early triage by trained mental health professionals. This would allow staff to identify children who need urgent help and offer interim support for those who can wait, helping children to be seen in weeks rather than months. Parents highlighted that triage is not just about speeding up access, it is about keeping children safe, preventing their needs from escalating, and providing timely, appropriate support.

Support for Parents While They Are Waiting

Parents said that waiting for services is often one of the hardest parts of the whole process. Many described feeling stressed, worried, and unsure about what to do while they wait. Some noticed that their child's mental health got worse during this time, which created more pressure on the family. Parents of teenagers said that young people do not always stay open to getting help for long, so delays can often make things even more difficult.

Parents felt strongly that families should be offered some kind of support while they are waiting as a standard. This could include short-term advice or guidance, basic emotional support, information on how to manage behaviour or worries, and someone checking in with them from time to time. Parents said that even small amounts of support would help keep things more stable at home and prevent situations from becoming more serious.



Section 2: What should the standards be with regard to the delivery of the service?

Parents shared clear views on how the standards should be with regard to the delivery of the service. Across all focus groups, two strong themes emerged: the need for every child to be treated holistically, and the need for services to work together in an integrated way so that children and families are not passed from one service to another.

Every Child Should Be Treated Holistically

Parents want a standard that ensures every child is treated holistically, with all of their needs considered together rather than in isolation.

They shared that many children have overlapping or combined needs, such as mental health difficulties, neurodiversity, communication challenges, or disabilities. Parents reported that it is unhelpful and sometimes harmful when services treat these needs separately or refuse support because a child has a diagnosis like ADHD or autism. The standard should ensure professionals take time to understand the full picture, explore contributing factors, and address the root causes of difficulties.

Parents also highlighted how frustrating it is to be sent from one service to another, often facing long delays and extra personal costs. They want a standard that prevents fragmented care, so all parts of a child's experience are treated as connected rather than in isolation.

A holistic approach also means involving the family. Parents want to be included in planning and decision-making so they can support their child at home, understand what interventions are being used, and reinforce strategies in everyday life. They explained that families are already putting in huge amounts of effort, attending courses, learning new approaches, and implementing therapeutic techniques, and they want this experience to be valued and used in care planning.

Parents also emphasised the need for trained, consistent staff, particularly with expertise in neurodiversity. They want children to have access to a full, appropriately trained team, rather than being limited to whichever staff are available. High-quality training and sufficient staffing are essential to provide consistency, build trust, and deliver effective care.

Overall, parents want services to see the whole child, work with the whole family, and recognise the complexity and uniqueness of each child's needs.

Services Should Be Integrated and Work Together

Parents want a standard that ensures services work together in a coordinated way, so children and families are not passed between different services.

They reported that the system often feels disjointed, with CAMHS, Children's Disability Network Teams, GPs, private therapists, schools, and community organisations not communicating. This lack of coordination leads to delays, repeated assessments, mixed messages, and stress for families.

Parents want a standard that ensures all relevant information is considered, including private assessments or reports from other professionals, and used to create a joined-up care plan. They also want access to multiple types of support at the same time when needed, rather than being forced to choose one service over another. Integrated services should include practical measures such as local appointments in schools, community centres, or health clinics, and online options when appropriate, especially for children who struggle to leave home or communicate better online. A standard of accessible service is therefore vital to families for a quality experience.

Parents highlighted that reliable communication is essential. They want clear contact points, responsive emails, and no last-minute cancellations without notice.

Finally, parents strongly believed that services should support the whole family. They asked for parent groups, opportunities to meet others with similar experiences, and practical support rather than generic online courses. They felt that involving families from the beginning, offering clear guidance, and continuing support as the young person grows older would make a meaningful difference.

Universal Mental Health Screening in Schools

A particularly thoughtful idea came from a child, shared through their parents during the focus groups. The child suggested that schools should offer a universal mental health check-up, just like the hearing and vision tests that all pupils receive. They felt this would help identify needs much earlier.



Parents believed that universal screening would reduce stigma, ensure no child is overlooked, and help families access support before difficulties become a crisis. They felt this kind of early identification could reduce the need for hospital admissions and ensure that children receive help before their mental health deteriorates.

Section 3: What should the standards be with regard to inpatient service?

Keeping Children Separate From Adults in Hospital Settings

Parents want a standard that ensures children and young people are never placed on adult wards.

They explained that sharing space with adults who may be very unwell or in crisis is unsafe, inappropriate, and potentially traumatising. Some parents described situations where teenagers were placed with adults, overhearing upsetting conversations or witnessing distressing behaviour, which could cause long-lasting harm.

Parents want children to be cared for in safe, age-appropriate environments with staff trained specifically to work with young people, ensuring dignity, safety, and effective therapeutic care.

Family Support and Peer Support During Inpatient Care

Parents want a standard that ensures families receive support from the start of a child's inpatient stay and throughout their time in hospital.

In addition they said that having access to peer support from other parents who have gone through similar experiences would help reduce fear, isolation, and uncertainty. Parents also want to remain closely involved in all decisions, as they know their child best and play a central role in recovery. Support should be practical, compassionate, and easy to access, especially during times of crisis, to help families feel supported and able to contribute effectively to their child's care.

Section 4: What should the standards be with regard to aftercare?

Parents want a standard that ensures aftercare is a core part of mental health support, not an "add-on." They said aftercare should include regular check-ins, full parent involvement in discharge decisions, and continued support within CAMHS, rather than transferring children to separate services. Parents emphasised that embedding aftercare from the start helps maintain progress, supports recovery, and prevents children from falling through gaps in the system.

Regular Check-Ins and Reviews

Parents want a standard that ensures CAMHS provides steady, reliable check-ins as part of aftercare.

They said reviews should be scheduled automatically, rather than families having to chase them. Parents explained that regular check-ins provide reassurance, help keep children safe, and allow problems to be identified early before they escalate. They highlighted that children's needs can change quickly, so reviews must ensure that support remains consistent, appropriate, and responsive over time. Parents also want check-ins to be meaningful, with clear plans about what will be monitored and what families can expect at each review.

Parent Involvement in Discharge Decisions

Parents want a standard that ensures they are involved in all decisions about a child being discharged from CAMHS.

They explained that many children cannot clearly express their needs during difficult times, so parents must speak on their child's behalf. Families want a decision-making process where the child, parents, and clinical team discuss together the child's discharge plan. Parents said being excluded from this process leaves them feeling powerless and anxious, especially when they know their child still needs support. They also want a clear aftercare plan at discharge, so they understand what comes next and know who to contact if issues reappear.

Aftercare Should Stay Within CAMHS

Parents want a standard that ensures aftercare is provided within CAMHS, rather than being handed over to other mental health services or separate community programs.

They explained that many children have complex needs and established relationships with CAMHS, and moving them to a different service after discharge risks breaking continuity and forcing families to start over. Parents said this can lead to delays, confusion, and gaps in care, exactly when stability is most needed.

Parents want CAMHS to take responsibility for ongoing support, even after a child's main episodes of care have ended. They believe this approach respects the long-term nature of mental health, ensures children can return for help quickly if difficulties arise, and allows the service to maintain a holistic view of the child's needs without duplication, fragmentation, or families being "bounced around" between teams.

Conclusion

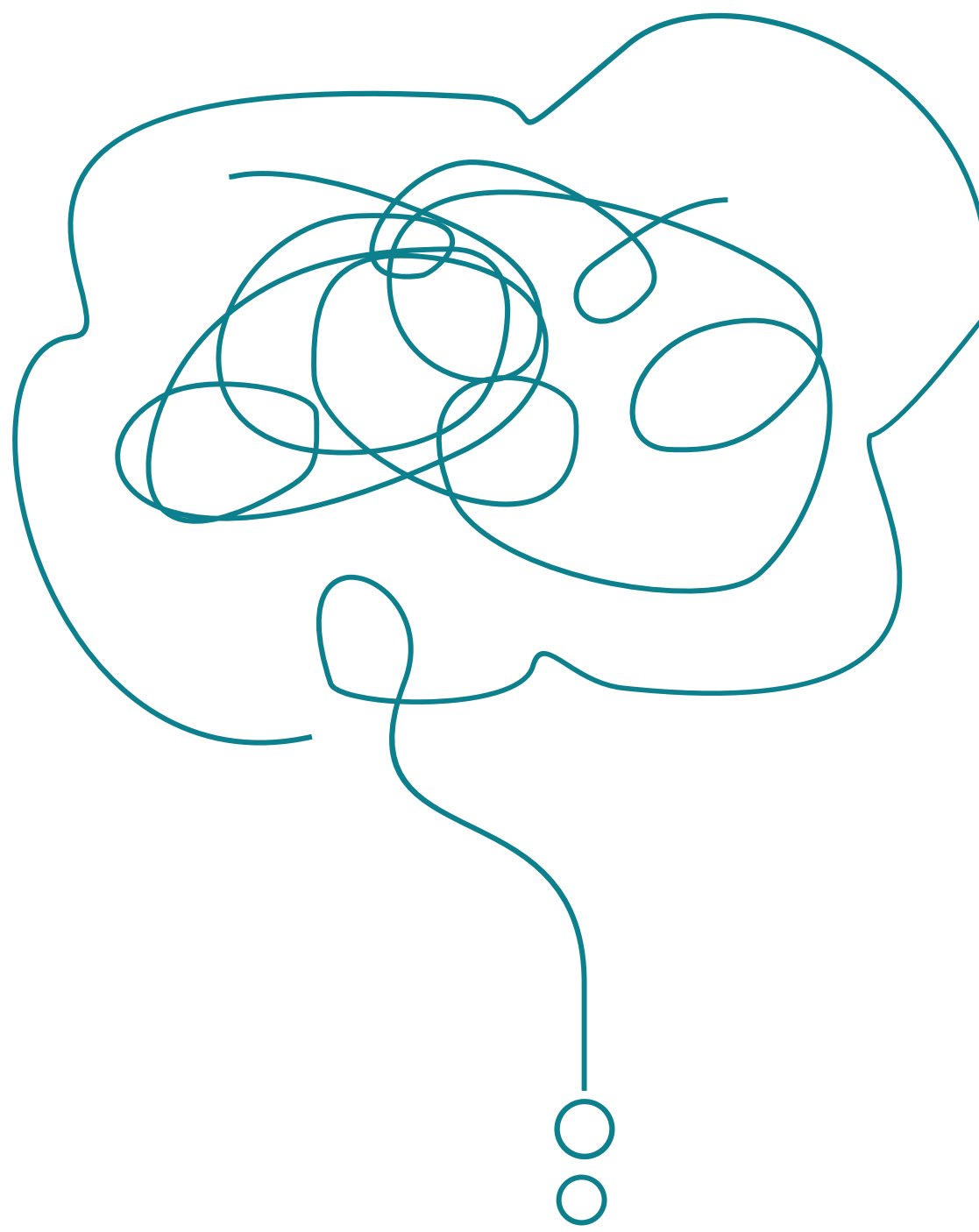
This report reflects what parents think about the development of new national standards for CAMHS. While families welcome efforts to strengthen services, they highlighted key standards that must be improved to ensure CAMHS truly meets the needs of all children and young people.

Parents consistently want a mental health system built on clear, fair, and timely access. They want standards that guarantee simple referral pathways, early triage, reasonable waiting times, and regular communication, so families always know what to expect.

Parents also want services that treat children holistically, considering mental health, neurodiversity, disability, and family context together. They stressed the importance of coordinated care across CAMHS, CDNTs, schools, GPs, and community supports, with staff who are appropriately trained, consistent, and able to meet diverse needs.

Across all areas, parents emphasised that strong standards must be matched by strong delivery. They want clear information, safe and age-appropriate inpatient environments, trauma-informed care, and structured support for families before, during, and after treatment. Parents also want aftercare to stay within CAMHS, with scheduled check-ins, meaningful follow-up, and full parental involvement in decisions.

Overall, parents believe that national standards should guarantee timely access, holistic and integrated care, safe inpatient experiences, strong family involvement, and continuity of support, so CAMHS becomes a more inclusive, reliable, and compassionate service for all children and young people.



Appendix

Who do you think should be able to make a referral? Please tell us more:

1. Physiotherapist and counsellors should also be included
2. Senior clinicians HSCPs working in primary care and CDNT services should also be able to refer.
3. I agree with the above but with the addition of an Occupational Therapist
4. Parents
5. Their mother who knows them best
6. parents
7. School convened case conference
8. Self referral by parents, teachers, OTs, SLTs, play therapists, psychotherapist
9. Parents should be able to refer their kids
10. Therapist when the family cannot afford private therapy
11. Private psychologists, teachers
12. Parents who know their children
13. District Nurses
14. Parents, all social workers.
15. I have two sons, one with aspergers/adhd and another with adhd/dyspraxia, we were told resources are so tight there was no point referring them!
16. Teachers too
17. School Principals or senior management team
18. School Principals/teachers in addition to all the above
19. Parent / school / college
20. I would have liked for my autistic son to be referred by the psychologist when he was diagnosed. Instead we were referred to the CDNT who said they won't see him until 2029, which is utterly disgraceful. Zero supports for our 8 year old currently.
21. Parents should also be allowed to refer. We are the ones who see the struggle our children go through daily we are the ones who can best explain their struggles sometimes it's hidden from Dr's they don't see it in the 4 mins they see the child
22. Tusla are not able to make referrals. However they should be.
23. Parents, other health care professionals such as OT, SLT, psychologists and teachers
24. Parents
25. All of above
26. Teachers - after parents, probably next person to know child well
27. Teacher or SNA
28. Educational professionals too
29. School Guidance counsellor or principal
30. Families

31. Schools should be able to refer children if needed
32. School management/Care teams, SCP staff, Barnardos, YDP, parents
33. Unsure
34. Parents, as they are the ones dealing with the child day in day out and know that they need help
35. Responsible adult professional
36. Parents
37. Parents
38. Teachers and friends
39. School
40. Play therapists, Teachers
41. School
42. Anybody parents
43. School careteam
44. School / parent should also be referrers.
45. Parents
46. Primary and secondary school teachers with a certain level of psychological training
47. All of above and CDNT and Primary Care Services
48. Parents
49. Teachers
50. Gp should not be the only in community option ! A lot of areas especially outside Dublin (I used to live in Dublin and moved to Leitrim) have very old or old fashioned GPs and little to no option to change gp. I spoke to our Leitrim GP about my own mental health & was shocked at his attitude & Kate keeping services. He is currently refusing to refer me for a further test I need in order for the adhd clinic to prescribe medication! Why would I send my child there ?! His answer to all children is join GAA ! (they are already in btw) A parent should be able to refer for a phone consultation even to allow for further review! Or a principal, teacher, local youth group etc. leaving it all to expensive private service or just one gp in the community is appalling
51. Schools psychologist/councillors and groups like St. Josephs Foundation and the CDNT
52. All clinicians should be able to make referrals as some GP's refuse to make referrals for children they think "aren't that bad" Also the waitlist to see psychologist and psychiatrist are extremely long as is the waitlist for CAMHS so you're waiting twice as long for the child to be eventually seen.
53. Teacher/Principal
54. I do believe so
55. CDNT
56. Parents,hospital consultants,
57. The parent who's is with the child all of the time and knows them !
58. Parents/guardians and teachers

59. Qualified Psychologists - working in both public and private practice. Clinicians in CDNT. Also, depending on the CAMHS geographical location, they are inconsistent re. accepting referrals from certain services, such as CDNT
60. Counsellors and also school referral
61. Teachers who are working with kids and can see a problem with the child
62. Teachers / educators & self referral by parents / guardians
63. A person who is with the child on a regular basis, (teacher) and a parent should be able to request a referral and not be treated as an over protective mother
64. OTs, Clinical Psychologists, parents esp for emergency services they know their children better than anyone)
65. Teachers
66. Primary Care, CDNT,
67. Psychologists
68. Having no experience with CAMHS I don't feel like I can appropriately answer this question.
69. School SEN teams via SENO. For over a year we've been working with the school on our daughters additional needs, trying to get ASD assessment and kept getting told about CAMHS but nobody told us how to engage or what it had to be via the GP. Why can't it be via the school professionals who know our children best, after us. GPs are scared of their insurance premiums and refuse to make any decisions on anything. As for the others on the list - who and what are they? Never heard of, let alone met any of them. You have a services designed around a very broken Frankenstein of a health system. Design it around the child instead - that starts with parents and school, not GPs, Tusla and Consultant Psychiatrists that only the well off can afford.
70. Parents- we know our children best and shouldn't have to pay our GP for a referral. Also, Speech and Language Therapists and Occupational Therapists- We often can identify mental health needs of the children we are working with and should be allowed to refer directly.
71. Guidance Counsellors and DLPs
72. teachers, counsellors
73. I don't know
74. Parents
75. Teachers
76. Psychiatrist, GP, Pediatrics, Tusla, Emergency Dep
77. Principal of schools (in consultation with class teachers)
78. Teachers & SNAS
79. Parents and schools. These are first hand people that recognize issues with children
80. Parents and teachers
81. Any professional or parent who has concern for a child
82. Other professional practitioners who may be working with the child and see a need for further support.

83. School guidance counselor senco school principal Garda
84. Schools should be able to refer students if they meet a criteria
85. Parents
86. Public Health Nurse.
87. Parents - privately
88. Teachers
89. Behavioral issues and lack of all round support for my boy who's will be assessed for ADHD
90. family support workers, social care workers, outside of Tusla
91. All of the above
92. School principals, child psychologists, potentially play therapists
93. I don't think there should be limitations on who can make a referral.
94. Primary care clinicians and OTs, SLTs etc
95. Teachers
96. child's class teacher/ principal of the school and parents
97. school principal

Would you like to tell us more about waiting times:

- 1.Waiting times really challenge families
- 2.It's a right for children and adolescents (and adults) to not have to wait too long to access mental health services . Not every one can afford to go private . And the wait time should be minimal- at a minimum 0-3 months . Invest more money into this service as opposed to stupid other things - like the bike shed monstrosity or the children's hospital where the bill escalated
- 3.When someone gets to the point of needing the help of CAMHS, waiting is no longer an option so being seen quickly is vitally important.
- 4.I know, from listening to national conversations on this issue, that waiting times are appallingly long. This is unacceptable.
- 5.The threshold for priority is too high. I accept that children at risk of self harm need to be seen asap but children with significant mental health difficulties also need to be seen within a short period of time to support families and prevent escalation
- 6.Early intervention is key for anyone with a mental health difficulty and even more so for a young person to ensure their education and social activities are not significantly impacted. Ongoing exclusion from their peers due to illness will have a detrimental affect fir a young person
- 7.Mental health needs among young people cannot be subject to three-month waiting periods. Urgent action is required, and interim supports must be put in place to ensure children have timely access to the help they need.
- 8.We are waiting 14 months for a referral, we have ended up going private at significant expense

- 9.Children need to be prioritised, having to wait longer than 3 months unacceptable in this day and age and puts additional stress on families already worried and struggling.
- 10.As a principal it is heartbreaking to watch a child go undiagnosed & unsupported and see the education system run ragged trying to fill all the gaps..If these children were seen sooner ,their chances at success would be so much higher as would all those around them..The teachers are worn to shreds trying dealing with the fallout...and teach a curriculum
- 11.Waited weeks for an appointment was unable to make appointment because son was sick.
- 12.I know waiting times can be long and this must be reduced. Mental health difficulties must be treated in a timely fashion. No child should have to wait even three months.
- 13.Wait times will be reduced if we address the real issues causing mental health - like the fear put into children during "Covid", like telling children they may be in the wrong body, like telling children the Earth is on fire and we have a climate "Crisis"
- 14.My child was refused CAHMS as they are Autistic. Despite needing urgent intervention CAHMS referred them back to a CDNT who don't give any services . He ended up in hospital .
15. 1 month is a very long time with a child in need and problems worsen without professional intervention, 3 months is too long to wait.
16. Every day matters. Waiting weeks is unacceptable. Family should be put in contact with someone who can support them within days.
17. CAMHS is an absolute disgrace you e ruined my sons life and my son younger is on your waiting list months. You drug children that's it
18. There should be no wait times. Parents need support immediately to support their child. 2 weeks maximum wait for an appointment and initial plan to help support the parent, which will support the child. Information sent on courses available is not enough help in times of crisis. Even the courses are not run often.
19. They are far too long an initial contract should be made within a few days then a follow up
20. My child was referred to CAHMS over a year ago and we still haven't heard from them
21. The waiting times a very bad and with kids you need to act fast..
22. If a child needs to be referred to CAHMS they are more than likely in a vulnerable state. This should be a priority for all individuals to get them the treatment they need. Much more important than offering hot meals to every school child.
23. If a referral is submitted, help is needed as soon as possible
24. It is counter productive to have young people with needs unsupported as their situations deteriorate.
25. We can't even get on a list
26. The shorter the wait, the more likely the problem may be fully resolved for the child

27. Anything more than 3 months is way too long, in most cases there is a lot of distress before even being referred to Camhs , so being left waiting feels like you are not being heard or getting help or being taken seriously
28. It's vital that waiting times for anyone needing support is as short as possible to ensure a positive outcome
29. There should at least be a better triage of referrals upfront. Having sent two referrals from my GP highlighting separate incidents where my then 6 year old daughter had put her life in imminent danger, we just got a one page letter back each time saying she doesn't meet the standards to be offered support from CAMHS and advising us to apply for public psychology (she's already on a 24 month waiting list) and AON (also on a long waiting list with no idea when she'll be seen)
30. It's for moderate to severe mental health issues so it's not fair to the child and family to have a long wait for service
31. Unrealistic and outdated
32. A child with a serious mental health issue needs to be seen immediately. Having to come in via the ED each time is exhausting for child and parents and too resource intensive for the HSE.
33. Across the board waiting times are madness. We have been hitting waiting list brick walls for 6 years now.
34. Early intervention is key to helping these children
35. It's a long time from what I have heard, I went to go down this avenue 5 or 6 years ago but didn't bother filling out an assessment of need as the waiting time was just ridiculous, so I went private. With the emergence of more and more mental health difficulties due to whatever we are eating, drinking, putting on our skin etc etc along with the explosion of devices exacerbating kids brains, the school system is not designed to support mild cases of ADHD etc, kids are expected to fit in with other kids able to cope with 'normal' life, where there's no time for these kids.
36. It can be very disappointing as a student ages out. Students don't get the service they need in time.
37. If they only accept adolescents with moderate to severe challenges, then this level of challenge is not appropriate to be left waiting long-term.
38. Mental health should be treated as a priority in the health service, therefore wait times should be minimal for access to such help at any age. How do you tell teen/child with mental health issues that they have to wait 3 months for someone to assess them, then wait God knows how long for any intervention. Wait times are part of the reason there's so many people not bothering to get help and dying by suicide.
39. You are only going to CAMHS when it's gotten to a point where you are in crisis so even up to 3 months can seem like forever.
40. My GP has referred my child more than a year ago. We have not received any notification from CAMHS
41. Waiting times should be based on need
42. Most cases are time sensitive, but I don't know what the solution is to cut down waiting times.

43. I don't understand how children are rated according to their urgency of treatment which determines how long they wait, if they are referred to camhs it is for good reason, & u cud b told dat ur child will b seen within 3 mths, & 3mths comes & goes, & the reason ur told is because a more urgent case came in, so ur child is constantly pushed down the list, and then it's 12mths & ur child has not been seen & its considered "normal" by staff & other parents! Like these huge delays are accepted & tolerated by all, and ur afraid to complain incase u upset staff & never b seen at all

44. My child has severe mental health issues and was refused by Cahms on 6 occasions. There was no wait time. The last request went in at 5pm, was refused in a staff meeting the next day and I had a letter of refusal the day after.

45. I think when CAMHS use the phrase “crisis” then a 1-2 week wait is more appropriate. Less than 3 months is unsatisfactory. Another earlier time line should be in place. Any child or adolescent requiring help/referral to CAMHS should get an appointment within 12 weeks and any longer is too long. I recognise this is a staffing issue and that’s where the HSE needs a larger budget not a steal from another area in the HSE but a specific increased budget. The HSE budget needs to be increased overall and NOT for increased middle management. Pay the on the ground staff more so that they are not constantly looking for promotion based solely on the desire to earn more

Money.

46. Its should be with in days definitely with in 2-3 weeks. Our kids are suffering.

47. The waiting times in these situations are crucial. Mental health issues, especially for children and teens are important and there should be resources available for the waiting times to be reduced under a month.

48. I honestly believe the wait time needs to be 4 weeks or less.

49. My son was having suicidal thoughts, we were refrred and had a phone conversation where I was told he’d be seen asap and then received a letter to say he was being dropped. An absolute disgrace.

50. They are terrible

51. Children and families should receive immediate assessment and then be risk assessed regarding priority for intervention. This should be assessed by a case by case basis and not by the use of any generic assessment tool being used.

52. Children with severe mental health difficulties should be seen in a matter of days and not months.

53. When we finally got an appointment over a year later for our son. The man on the phone said I was too soft snd should have pushed harder to get an appointment sooner from them. Unacceptable and disgraceful thing to say to a family already struggling

54. It’s only until your child presents to A&e nearly dead, as to when CAMHS open their doors

55. If its mental health issues with children it should be addressed quickly. Waiting times can feel like a long time for a child and things like schiol, saftey may be an issue

56. Since Covid and the rise of social media the need for kids for such services has increased dramatically. Many of the problems could be solved by psychologists, but these services have an even longer waiting time, thus problems get out of hands and end in Camhs.

57. Mental health care needs to received in a very timely fashion to reduce the long term problems. The quicker the support the more likely the person will need care for a shorter time.

58. Children in distress need early assessment and intervention. Waiting times for CAMHS is far too long

59. I waited over a year to get an appointment and finally sought private psychotherapy for my son. Completely unacceptable.

60. We haven't even got a letter confirming reciept of referral. At least if you got it and had an estimated date of contact

61. my daughter got appointment within 1 week as she had over dosed, My son was referred when he was 12 as i found a note saying he wanted to die, Camhs phoned me to see how he was, when i said he was in better form we were not contacted again. when he was 17 a referral was made as he was very low after 7 months I contacted them when he was a danger to himself was told he was now over 18 sowas no longer n their books

62. Waiting times are ridiculous-took 2yrs to get ADHD test and diagnosis

63. Children are going through mental health problems and waiting could cause them their lives

64. The wait list in Kerry is a year for initial assessment.

65. If a child is being referred, it's,a child who needs help ASAP.

66. I worry about internal waiting lists if the waiting list time is too short

67. Generally a gp is only consulted when the person is at breaking point. 3 months is far too long. It should be 1 week.

68. Shorter wait times for assessment leads to quicker diagnosis & treatment

69. A child and family could be in distress. Waiting times ideally should be at an absolute minimum.

70. Provide service asap

71. It's excessive at the moment

72. If everything else at school has been exhausted and a referral is needed then it's obviously urgent so shorter waiting time is preferable

73. Absolutely terrible.

Got refused a number of times until I sent in an FOI request as to the reason for the refusal.

Service totally understaffed.

Support just not there.

74. Despite numerous referrals from Temple Street head neurologist , school , gp , peadratic consultant s and parent it took over a year to be seen

75. Waiting time should be no more than a week. Kids who are struggling need prompt support.

76. Efficient response times to childhood mental health issues are critical to effective care and management.
77. Too long to see psychologist at camhs. Cdnt supposed to get autism assessment, took 3 half yrs. No help. Few physio or appointment, no follow up after that. Too many different agencies.
78. Having had mental health issue as an adult seeking help and getting help immediately is the reason I am still here. I was able to take the matter into my own hands.
- Waiting up to 3 months is not acceptable for a child. A child sometimes cannot express exactly how they are feeling so may dismiss some of their feelings.
- Immediate action should be taken.
79. A child with mental health issues SHOULD NOT HAVE TO WAIT longer than a couple to 4 weeks. By time referral goes in, assessed for need, allocated a team and then wait it's too long
80. They are currently too long
81. The waiting lists are too long. There is a serious issue with mental health in this country.
82. When a young person is referred there us good reason. Waiting periods of 12-18 mths mean a developing child is a sitting duck for deterioration and further problems.
83. I would think waiting times need to be without any significant delay with maximum waiting time of 2 weeks
84. 3 to 6 seems the longest reasonable time. Family distress will increase as the wait time gets longer.
85. I think waiting times are a problem but even more so is the lack of transparent inclusion and exclusion criteria for services. And information on the likely waiting times to expect.
86. My son had a lot of mental health issues and we were really struggling as a family. Referral from GP was rejected. While not in a position financially to do so we paid for him to avail of play therapy sessions privately which HUGELY helped and gave us strong indication that my son has ADHD. He is waiting for formal assessment (again privately) as I don't know how long he would be waiting with CAMHS
87. Time is huge when it comes to mental health, any delay could be fatal in some cases
88. Every person and family should have immediate access to support when needed especially concerning mental health is crucial
89. Need to be stratified with urgent referrals seen within a week.
90. As a parent and teacher, in my experience there has often been a very long time that has elapsed (often in very difficult circumstances) before a child is even seen by someone who is in a position to refer to CAMHS. Having to wait a further 6 months plus is not okay
91. It should be within 2 weeks of urgent referral.
92. A child with mental health problems needs to be addressed immediately
93. Judge a society by how it treats young sick children. Single indicator of successful society.

94. A lot can happen very fast with children and it torturous waiting for help when you need it
95. This was 9 yrs ago when my daughter was 7yr. Thankfully I wasnt waiting long for my daughter to be seen initially by psychiatric nurse & then seen by SLT & OT as well as an in school visit- all within c6mths. There was a big delay seeing a psychologist, getting observational or clinical report & conclusion of a yes/no diagnosis of ADHD. That went on for over a year. There was and still is a lack of child psychologists nationally. I feel gov needs to hire more. Early intervention & advice/diagnosis is crucial for the childs healthy development. There should be a fast track sysyem for kids in dire need, families in crisis and kids with sucidical tendencies.
96. Early intervention is important to ensure child safeguarding as soon as possible. Assessments need to happen as a priority then plans put in place with various stake holders including schools.
97. I am pretty sure my child has ADHD. I have been diagnosed and I can see similar attributes in him. An OT has diagnosed him with dyspraxia. Now his teacher is saying he has attention difficulties in school. I asked the doctor to refer us to CAMHS. I was outright rejected. Of course there are children with greater needs and I it seems that children won't be diagnosed until they are 8 or 9 years. But I think we need to move on now. A lot of Adults have been diagnosed and we can see it in our children. 8 or 9 is too late . I cannot even get a private appointment. Our family life is so hard and trying to get help is impossible
98. In my experience GP can only refer if child is a real danger to themselves, it's too late at that point to wait any length of time. Difficult enough to get GP appointment never mind other professionals.
99. I have witnessed first hand, as a teacher, the suffering and the deterioration of mental health difficulties and disorders of students who have no where else to turn to while waiting for longs periods to be seen/ assessed by CAMHS.
100. I am dealing currently with a child who needs care - or even a CAMH intervention that would benefit from talking to someone sooner then later - wait times only adds to the anxiety.
101. My son was referred to cahms last year in June 2025 and we are still awaiting any appointment from them
102. Children grow fast and can miss out and fall behind more easily so waiting lists for kids should be shorter than for adults
103. My child was referred to cahlms , he was denied access without ever having seen them .We just received a letter of rejection
104. The whole system is absolutely broken. Unless you have money to pay for private appointments or assessments your child suffers. Years left waiting
105. Cases are different some more urgent than others...where perhaps there is a risk of self harm or suicide. Three months might therefore be too long
106. Waiting times can be 2 years or more And or worse if not accepted to camhs some primary care waiting lists are 5 years

107. Waiting times are atrocious

108. I've been told the waiting time is at minimum 14 months and likely to be 2 years before proper plan in place

109. In general if a referral is being made it is an emergency. Three months is too long for a child in crisis.

110. My experience with Camhs is that they currently refuse almost all referrals for children and families in severe distress. They spend more time refusing referrals it seems like that actually providing a service.

Earlier intervention would significantly reduce severity of mental health struggles for children and families,

111. Ive been told we will wait for 2 years to see someone

112. Ideally under 3 months as children don't have the emotional regulation to process the issues that they maybe experiencing. The longer the issue persists the increased likelihood for it to have long term effects at a crucial time of personal and social development

113. The current waiting times is unacceptable. My child waited 9mths for 1st appointment and since her 1st appointment in September she is only getting support now(4 months after first appointment).

114. I would like to think that all teams could be fully staffed but I am aware that is not the case. Waiting times and availability of clinicians are linked-full teams essential

115. My daughter was with them asd diagnosed and discharged her re referral 3 times by gp peads and by pieta House and refuse 2 take her back a load of bull only turned 16

116. Currently the waiting times particularly for some appointments are too long

117. Often my students are on a waiting list but many young people need supports on a quick time frame - it might take them a long time to come to you and tell you that they need help and they expect to get it sooner not later

118. Children's mental health is vital and having resources available within a short time frame will offer the supports required to prevent their mental health deteriorating

119. Children should be seen within a week, the impact on the child and their families should be minimal. The will have gone through issues to even get the referral

120. I work with young people in care and the wait times and services in CAMHS are not fit for purpose. Waiting for an appt fir a young person who is a serious risk to themselves ir others or has attempted suicide is not acceptable.

121. Initial appointment should be made as soon after receipt of referral as is possible.

122. We waited 14 months. Luckily we were not a very case so I didn't mind if more urgent cases were being treated ahead of us. Sadly I'm not sure this is the case as often very serious cases also have long wait times.

123. Less than three months may be OK if you are not in crises unfortunately CAMHs will spin you around in circles if you have a dual diagnosis ie if there are ASD traits or confirmed ASD diagnosis and will so basically you will be discriminated against if there's any ASD element

124. It's a tick box scenario. We got refused CAMHS 3 times over a 3 year period. We needed ASD report. DCD report psychologist report NEPs report dyslexia report. Still to this day I'm still waiting on some reports to come back. After 3 years my child's mental health deteriorated and engaged in self isolation and self harm. I rang and begged for an appointment and he was diagnosed with ADHD within 1 month. It was 3 years of unnecessary stress, anxiety and impacted my child's life deeply. I acknowledge it's due to staffing issues but family's are struggling severely.

125. We waited over a year for a first appointment. A huge amount of time for a child in distress.

126. The sooner any mental health is caught the faster and better the child will recover.

127. waiting times further impact the strain and stress on children and families in need. often time as well can exasperate the situation. Children and their families should be seen in a timely manner and given the help, support and resources they need as soon as possible.

128. I think how reasonable waiting time are, is dependent on the acuity of the child.

129. My child has been referred to CAMHS three times by our GP: first at age 11, then 13 & then 15-she is now 16. Twice, even though she was self-harming, CAMHS didn't think her situation was serious enough for their services.

Last year my child ended up in Willow Grove for an extended stay. WG referred her to CAMHS and they finally agreed she needed their services, so she was put on a waiting list: that was last April, and we still have had no communication from CAMHS. She is still attending psychiatric (€330 per visit) and CBT (€180 per visit) outpatient appointments in the Deane clinic on a very regular basis. Our health insurance regarding these services has been used up.

CAMHS waiting times are disgraceful, as is their process for picking and choosing who gets to avail of their services.

130. I have no experience of it personally but I am sure the list is insanely long, like for anything from the public sector

131. My child is on a priority list but still a wait time of 14 mths though this might reduce to 6 to 9 mths when new staff come on board. This is still too long. No child should wait more than 6 weeks. Every condition just deteriorates the longer children have to wait for treatment. Being assured that they will be seen sooner if their condition worsens and they start self harming is not good enough. CAMHS is woefully under resourced and more front line staff are needed.

132. Waiting when your child is suffering is unacceptable! It affects the whole family. Waiting times need to be short and to give families hope. A treatment plan should be put in place as soon as possible for families of distressed children.

133. Perhaps if government employed more professionals in CAMHS to meet the current high level of needs then wait times would decrease. The whole service is under so much pressure and so parents don't feel they have help

134. Less than 3 months is ideal for initial wait time. If a screen could take place within this time to prioritise children for the appropriate assessment or intervention. An additional wait time post screen should be no more than 3-6 months - total wait time before full assessment would then be approximately 9 months max.

135. The longer the waiting time the more distressing and potentially dangerous for the child

136. Depending on your child's need. We have a younger child with terrible anxiety. No child should have to suffer for months without professional support

137. Kids are in distress and even dying before they get help, the waiting lists are so long

138. Mental health issues are realised by many within the moment of some kind of breakdown or issue. We rarely preemptively know about mental health issues. Often waiting for months can lead to a person potentially getting worse.

139. Children who are struggling with their mental health issues shouldn't have to wait long time to be seen especially if they are a risk to themselves

140. Needed within 1 week. My experience as a parent and teacher is that CAMHS is not fit for purpose.

141. We were seen within 3 months but I know some have to wait much longer which is unacceptable

142. By definition CAMHS is set up to support children with depression, acute anxiety, suicidal intent, psychosis etc. Having had a child significantly impacted by a 15 year old friend's suicide, even a few weeks seemed like a lifetime. As a parent, advised to be hyper-aware, neither my child or I were getting enough sleep, he didn't know what to do with his confusion and anger and as a result aimed at the safest person - me. I have just one child, I cannot imagine parents with more children, managing to hold space for the one challenged by mental health issues along with the others, their work demands etc without any support for months. I think therefore that 3 months should be the maximum wait but ideally, there should be access to immediate support. If the children are seen quickly, get the understanding they need early, they may exit the system quickly as well. The longer they are left trying to cope on their own, the more likely for them to slip into further darkness and believe that this is just how the world is which may mean they need CAMHS support for much longer.

143. No

144. The child should have an assessment to see the severity of the issue and depending on the results be seen within two weeks all children should be seen within 12 weeks as we know earlier intervention is key to assisting the child and family.

145. So much can change in a short space of time. Children referred for mental health support are often highly vulnerable, and their parents are not always equipped to manage complex mental health needs alone. Families place their trust in professionals to help, yet being placed on long waiting lists can be deeply detrimental.

There should be meaningful interim supports while children wait for assessment such as regular check-in phone calls with parents, opportunities to flag deterioration, and clear, honest communication about where a child is on the waiting list and when they are likely to be seen.

My child was referred for support at five years of age but was not seen due to her age. We then had to wait an additional year for her to turn six before she could even rejoin the waiting list. She is now six and once again waiting. In the meantime, her needs have not stood still. Her anxiety is now crippling, and she has begun engaging in self-injurious behaviour.

As a mother, it is soul-destroying to watch your child in such turmoil while knowing you are expected to manage, contain, and hold everything together until professional help arrives—whether that is in a day, a month, or a year. The uncertainty is unbearable. This distress does not affect only the child; it impacts parents, siblings, grandparents, and the entire family unit.

More needs to be done. Children cannot be expected to pause their suffering while systems catch up. Waiting should not mean being left alone.

146. Time is of the essence for these young people. They're expected to keep up with their school work when in actual fact they could be moving up classes through the educational system and not be attending school or have low attendance. Schools and camhs need to work together to get the best result for these young people. Adults in the same mental health crisis would be signed off work and when they are ready they could go back to work and not have to play catch up. Children can't be signed off school in the same way and that's not supportive to that child in any way.

147. Time is of the essence for these young people. They're expected to keep up with their school work when in actual fact they could be moving up classes through the educational system and not be attending school or have low attendance. Schools and camhs need to work together to get the best result for these young people. Adults in the same mental health crisis would be signed off work and when they are ready they could go back to work and not have to play catch up. Children can't be signed off school in the same way and that's not supportive to that child in any way.

148. My child was referred over two years ago and I have not had any contact from them.

149. This is an extremely sensitive matter and requires urgent action—appointment should be pretty much immediate 3 months is already too late

150. Ideally should be within a week

151. Children who need this service need to send as a matter of urgency. Should not have to wait more than a week for an assessment
152. If a child is dealing with their Mental Health its important that they are seen within a few months.
153. When you're in a tough moment with your child the quicker you get seen the better for everyone
154. Mental Health is not something that should wait especially in young developing brains. Parents are not equiped to support their children experiencing mental health issues.
155. Parents only agree to go to CAMHS when they are in acute need for help for their child. Long waiting lists are not support when you need it.
156. No
157. I personally don't know but I feel it's fair to triage, urgent under 1 month or less & all others even assessed within 1-3 months for an appointment that might be longer.
158. Wait times are far too long. Often by the time kids are seen, that isnifbthey are ever seen, they have learned to deal with the issues themselves
159. I have no involvement with waiting times at present with CAMHS however, my son can not get a diagnosis of Dyslexia or ADHD or Dyspraxia through his school for the next 3+ years. Alternatively we are seeking to get a loan of 2k in order to have him privately diagnosed. but he has a diagnosis of ASD from the CDNT however they can't do diagnostics of Dyslexia, ADHD, etc. which makes no sense to me or other parents. The diagnosis for the ASD took from his journey through pre school up until December 2024! Now, that is a waiting time.
160. When a child is referred its because they are going through some difficulty or trauma. The sooner they get into the system the issue may not be as serious as it will be if left waiting. Waiting adds stress to the parents which is picked up by the child
161. Bernard Gloster needs to stop saying the Health Service Executive which includes CAMHS, children disability network, primary care, AON etc are fully recruited. Wait lists are 3 to 4 years for some of these are they don't have the staff.
162. Far too long - deemed urgent but waiting waiting 6 months despite suicide attempt and regular self harm
163. Shorten them
164. Depending on the severity of the issue, different waiting times may be appropriate. As the criteria for CAMHS are moderate to severe, weeks are most suitable for most children.

165. My daughter is on a waiting list since 2018. In 2023 she was offered 6 sessions with a therapist - which for me was tokenism. She suffered and continues to deal with severe medical trauma. At the time I asked that the sessions she was offered would be given to me as her mum. For the duration of the time it was a successful engagement. The therapist guided me through very difficult scenarios over the phone, supported me as the person navigating school / hospital. 12 months ago my daughter was in a critical condition in hospital and I tried to reach out to the team again as I really needed support. Unfortunately the team were disbanded and only out of his own kindness a member on the team gave me simple advice over the phone - which at the time helped me greatly. Maybe CAHMS could look at a blended model of care - in-person / online. Working with the Mother is essential in psychological care in fact one could argue children who are very young can not find the words to express trauma. My child does not need medication for her trauma - that is only creating other negative / impact issues. We need to create a space and environment where mothers can access skills and strategies to reduce their own stress levels and in time support their children to also feel safe. Families are hanging on by their fingernails in this current climate. It is a shame that we can not grow from the past experiences and dig deep into what is working, support it and keep it. Continuity of staff, programmes and care. Consistent Care and Supports for families is the only way to step out of this.

166. Wait times are heartbreakingly long. Early intervention in so many cases would be best for all involved.

167. Absolutely scandalous. As someone who has family that used the service its abominable at best . Not just the waiting times ..

168. If a child needs CAHMS they shouldn't have to wait as the earlier intervention and treatment the better

169. 3 months is a long time in child development, allowing issues to deepen

170. We waited for over a year and that is we me Keeping on top of things and asking and that's with my child's case was meant to be "urgent"

171. We have been waiting six months so far with low mood, suspected ADHD and an eating disorder

172. We are waiting for 4 years. It is affecting negatively every day life of the all family.

173. As a developed country there shouldn't be significant waiting times for mental health. Some wait time fair enough- but emergency care should also be provided.

174. We were initially given a waiting time of 51 weeks. My child was already attending Pieta due to suicidal ideation and self-harming behaviours. The waiting time was significantly reduced following intervention from the therapist in Pieta.

175. Waiting times in this country are a joke then when you do get seen the appointment is a joke!

176. I think the wait time to be seen is ridiculous as from my experience I was a year fighting to get my child on the wait list to then only be accepted from last referral instead of the first one even if not accepted then but then is it should be from date of first referral as they are impossible to get accepted with unless fighting for it and in our case had to put a formal complaint in also! Its hard enough for parents to think there is an issue and camhs do not make it any easier with declining a child whene you habent even seen them and for a GP to do a referral who doesn't even know the child also

177. We were discharged in April as my child was not medicated even though he had suicidal ideation he started self harming again in June they refused to see him until eventually I had to go to my TD as he was suicidal and only then were we eventually seen in December.

178. Question 4 is ambiguous. What if you agree with most but not all? Will this be interpreted as all not being agreed with? Also what of there are others that should be possible but not listed. Like teachers etc... With question 5, how does one answer this properly. Within a week, is what is needed if someone needs help. We've had to go private because the amount of help is too limited. What if a family cant afford that? Surely a means tested solution should be available for them. Our child had 3 years of support every week. It very much was needed. We are below the industrial wage but we found the money. Some live well below our income, are they permanently damaged from lack of support. We should do better. CAMHS staff were great but the help was of no benefit as it was way too limited.

179. The waitlist is a major issue and due to the backlog chikdren are being refused access as they are working at full capacity. My son being one of those children with multiple refusals despite supportive evidence from gp, psychologist, school and myself. An absolute disgrace that children need to be in full crisis to gain access

180. CAMHS is the service for assessing and supporting moderate to severe mental health difficulties, as well as assessing ADHD. If risk has been identified in relation to a child re. moderate to severe mental health difficulties, they are likely already in crisis and require support from a mental health team. The longer they wait, the greater the risk.

181. Issue far to serious to extend waiting time more than 3 months

182. Shorter waiting times to deal with matters before they escalate

183. Wait time should be revised based on urgency of the problem. Some problems should be addeessed ASAP

184. Children should not have to wait for appointments when it pertains to mental health. Oftentimes parents will have attempted to manage issues @ home , through school etc

When a referral is made it should be of utmost importance that the child is assessed immediately

185. Waiting times a cross the board are way too long.it has been said that the earlier these thing can be sorted in children the better

186. Needs to be immediate, emergency appointments

187. I think children shouldn't be waiting more than 2 weeks for an appointment

188. CaMHS must be delivered as an essential, urgent clinical pathway service, that is available at all times.

As with many conditions presenting in childhood- the sooner they are suspected, formally diagnosed and clinically managed & supported appropriately to the diagnosis, the better the outcomes for the child, the family unit and for everyone & services that the child & family engage/interact with.

The formative years really are the foundation stones that hugely influence the rest of our lives.

CAMHS must be developed in such a manner to be wholly responsive and proactive on behalf of the child and family unit.

189. current waiting times are unacceptable. while I understand some of the challenges involved in service provision, thats of fuck all use (and yes Im using that word intentionally & on purpose) to the child that is struggling and the parents trying to support them and navigate the space.

190. There needs to be little to no waiting times. Mental health is crucial and is in the moment. Children and parents need support when they need it.. not down the line. It's more often than not urgent.

191. 3 months is too long. There should be a mental health ED at every hospital in the country with CAMHs personnel and Emergency Drs, Children should never ever have to wait more than a day for mental health services. No serious mental health issue can wait. The longer the wait the more complex it becomes, the more inpatient needed, the longer the recovery period.

192. 3 months for a child is equivalent to a period of years for a mature adult, it's simply too long

193. Far too long for a child who is suffering

194. Mental health issues is not something you can wait around for it needs to be dealt ASAP

195. I haven't experienced this. Thankfully. But I am aware of how long it's taking for young people to be seen by a professional in camhs. This needs to change. Lives are being lost. It's too important to let people wait longer than three months. One month is too long in my opinion.

196. The sooner the child gets seen the better. As in tools and education from camhs can help the parent or school to provide help for the child

197. I think that there needs to be more of a tiered response from CAMHS and more links with CANHS and other services -shared care

198. Our request for support was rejected within 6months without a meeting or consultation.

199. Really hard for families and children left waiting with zero support and the unknown

200. Children should be seen asap most particularly those with special needs as per equality for each child as laid down in the constitution

201. Intervention should be as early as possible.

202. I had a very bad experience with CAMHS when my GP referred my daughter after self harm and the referral was rejected. My GP provided no further support. We were advised to go to psychology services and after a 3 year wait I was added to a parent group. There is no real support and referrals are not accepted from GP I was advised only after hospital admission. Which is not early intervention!!!!

203. Whatever about waiting times, being made aware of the services of CAMHS and how to engage with it would be a good starting point. Our GP has never mentioned it once as we only go there when our daughters physical health is the focus, i.e. her asthma, an ear or chest infection, etc. We deal with the school in relation to her school refusal, neurodivergence, sensory processing issues and potential ASD diagnosis. Nobody has offered a clear route as ASD assessments take up to 2 or 3 years going public and nobody can afford to go privately. School had mentioned CAMHS but again, we had no idea we had to go via the GP for it and have no idea how to engage the services.

Regarding waiting times - please dont tell me there are more waiting lists there? On top of waiting lists for an assessment? How broken is our mental health system in this country. How are you even giving more than 12 months as a serious optional response to this question? IT IS A CHILD'S MENTAL HEALTH WE ARE TALKING ABOUT. How much have child and teen suicides and mental health crises risen in the last decade and yet you still ask 6-12 and 12+ months in a serious survey about improving the service? Really? Cop yourselves on!

204. Anyone I know who has needed their help has been left waiting far too long

205. If a child is having a mental health crisis, they need to be seen immediately, not in months. If you are querying something like ADHD, you need treatment immediately, not in months.

206. Students in urgent need of care 3 months is too long. The time between appointments need to be reduced.

207. It should be within 1 month,

208. Times should be much shorter. No child is referred to CAMHS can afford to wait for support.

209. They are too long for everything

210. My daughter was an urgent case so didn't have to wait long for initial apt but after that waiting times were horrendous with no support when it was needed most. Felt alone.

211. My child was very young when first referred to camhs. At that time she was self harming by age 6 hearing voices and seeing things not there. Was disruptive in school and couldn't manage emotions. Spoke about wanting to die. I was waiting over a year at the time for her to be seen all the while calling camhs asking when she would be seen as I was so scared and worried and didn't know what to do. After she got appointments and play therapy in camhs she was diagnosed with autism by the HSE in a separate service. She was discharged from camhs as they said all her issues were related to her autism which they didn't deal with. A few years later many referrals went from my GP and community service back to camhs for issues of self harm and suicidal ideation but every referral was denied due to my daughter being autistic. We ended up in a and e after school refused to take her back as they couldn't guarantee her safety. I told camhs then if anything happened to my daughter I had the evidence to prove their negligence and would go public with all info. They then offered appointments and put her on prozac.

212. The sooner a child is seen the better

213. Well, if the waiting times are anything like they are for basic disability supports they must be horrendous.

My daughter had a very serious mental health issue over 3 years ago and the psychiatrist said he wouldn't even bother referring to Camhs because it wouldn't be worth the paper it was written on.

214. Waiting times are a joke in this country. As having just buried a relative due to mental health issues had there of been services available this could have been a voidable. Mental health should be seen to immediately they shouldn't have to wait any amount of time.

215. First of all it's nearly impossible to get access to CAMHS, in our area there is no therapy offered just meeting with a consultant to discuss medication. Waiting times vary from years to months.

216. We are waiting years

217. Child's referral was declined so can't shed any light on waiting times

218. Mental health needs to be dealt with as quickly as possible

219. Awaiting 12 months still haven't been medicated delays

220. I write that I haven't received support from CAMHS. My child was wwww by them and received a diagnosis but unfortunately we were never supported by them.

221. I have worked in PCCC paediatrics for years, and seen the lengthy wait times, as well as being told this by my GP when he suggested referring my daughter. The whole reason Early Intervention services were established in the disability sector is that it is best practice to address the needs of children as early as possible. Mental health needs are no less important.

222. Children change so much that even 3 months is too long to wait.

Children on waiting lists should be triaged by advanced nurses for e.g. to reduce the harm of waitlist time.

223. I definitely think children with mental health or adhd should be see a lot quicker

224. A week is a long time if you're suffering from a mental health disorder. And getting help as early as possible makes for a better outcome. Bringing a child back from moderate anxiety is a lot easier than trying to stabilise them when their anxiety levels have risen to severe.

225. No waiting time,discharged after nurse assessment.

226. Early treatment is crucial.

227. We paid privately for both children's ADHD assessments as the waitlist was too long with camhs

228. In a number of cases, immediate intervention would be required and if not, early intervention is proven to show much more favourable outcomes

229. Waiting for help regarding a mental health issue is really stressful. Waiting times need to be low and more resources need to be available for child mental health as a preventative measure. Psychology, support and interventions been critical for families to help their children grow well.

230. My son was referred to ye by my GP and he took him off the list.

231. Waiting time was ok for us. About 3 mths

232. Disgraceful waiting times far too long

233. If you have a child with mental health issues, feeling like killing themselves, or hurt themselves, there is no chance you'd like to wait even 3 months for an appointment.

234. Absolutely ridiculous waiting times for all services involving children and a child's well being

235. Waiting times obviously should reflect the nature of the presenting issue!

236. Children who are referred to CAMHS are in distress and need prompt consistent care and appointments- I am aware of children with suicide ideation in immediate danger of harm to themselves and others who have to wait up to 12 months to get an initial consultation- this is disgraceful.

237. They are too long. There should be at least some actionable help in the present moment as intervention measures to support child and parent

238. A wait time of three months is a very long wait for somebody with mental health issues

239. Children and young people are at a crucial stage of their educational journey and many are missing out due to long wait lists. This delays and in some destroys their learning.

240. Waiting times are just taking too long, most parents already suspect that their child may need support and they have in some cases have had to wait to see a referring specialist.

241. Needs tertiary level before CAHMS necessary - nowhere for mild/moderate mental health difficulties

242. Our GP sent our referral in July 2025. We were happy to get his ADHD diagnosis by December 2025 in comparison to AoN waiting time.

243. Urgent triage needs to be available and them an appropriate support and timeline identified based on the severity of the presentation.

244. Far too many things are put on the long finger in this country. The delays in diagnoses with developmental challenges is appalling.

245. No

246. If a child is deemed in need of support from CAMHS, it implies that there is an urgent need and therefore the family need the support to help the child at difficult phases of the child's development.

247. The waiting times is absolutely ridiculous and children Cannot wait this long as in some cases it's life threatening. Parents need support and we don't get it.

A lot of the time parents are looked down on and judged and accused of not doing a good enough job parenting which is really not good.

You need to do so much better.

248. When parents need to access cahms it is because their child is in crisis. It is not acceptable to be left waiting for an extended amount of time.

249. More severe or in crisis should be seen sooner

250. Like most services in Ireland the waiting time for appointments is awful. This is not a dig at the people working in the services, rather at a lack of funding and support from Government to allow our citizens to get support where it is required.

251. As usual, not enough staff

252. Not quick enough, should be as quick as getting a gp appointment

253. The are shocking and make the whole service a meaningless waste of time that further traumatises families

254. As a primary school teacher I see first hand the waiting times for children who are referred to CAMHS. Parents & teachers are very frustrated by these waiting times after filling out various in-depth forms & lots of observation. Early intervention is known to help these children but it is often many years until these children are seen by the relevant professionals.

255. We were seen within a month of our referral letter being sent from our GP. Prior to an appointment a member of the CAMHS team contacted me and provided me with information and sent out information to me.

256. If a child is referred by a qualified professional then there is a clear and obvious reason why that child requires assistance from CAMHS, therefore the waiting time should be as low as possible.

257. Waiting times for CAMHS is ridiculous. Got a letter from them for a waiting time of 25 weeks. Child was referred through Emergency Department

258. I know from family and friend experience that waiting times are extremely long and I have loved experience of children who have ended up presenting to an and e with suicidal thoughts as they have not been seen.

259. Camps service seems non existent. My daughter is self harming and planned suicide but we were basically told to try find another way to get help as d waiting lists is too long.

260. Families and their young people are in distress, waiting up to a year is totally unacceptable . For some, this actually can be a matter of life or death. The government has money in the coiffers, why can't childrens mental health be prioritised?

261. Everything takes time so the sooner someone is seen the sooner a course of action can be determined. It will already have taken ages for someone to refer a child to CAMHS so they should be seen asap once referred.

262. Waiting times are way too long so that I rather go privately to get help for my child.

263. Referral has been made over 6 months ago

264. Usually if a referral is made it would be urgent, also waiting for an appointment in regard to mental health, can cause further problems, ideally the waiting list wouldnt be long at all.

265. Maybe a service for screen as even 3 months is a long time to wait to get support.

266. Referrals are usually made in times of crisis so the sooner a young person is seen the sooner they feel supported and have interventions put in place to support them

267. Mental health in children is an evolving process, and most often than not when a child starts to show signs of distress, if it is addressed early it doesn't need to spiral into more severe mental health issues. which are much more difficult to treat and recover from

268. Mental health waiting times need to be as short as possible.

If children need help they need it now, in order to minimise missing school.

269. Got an appointment after about 5 months, had one interview with the team, and our GP got a letter to say that our childs needs would be better treated somewhere else. No advise or information on where to go—that is our experience of CAMHS

270. Waiting times need to be cut right down for any child or vulnerable person

271. I think it is situation depending, is there also an emergency list or service for an acute situation? 3 months is even long in the life of a child.

272. Early intervention is crucial fir children, especially if we want to reduce trauma and prevent issues down the road.

273. It should be much faster. Some parents can't afford going private and help is needed fast.

274. We went private as the waiting times were so long there was no point.

275. i think it truly depends on the individual child and the immediate need when it comes to situations where the child is in danger of harming themselves or others they should be prioritized immediately

276. 3 months is too long

277. If there is a child that need help it should be done as soon as possible not left waiting months for an appointment.

278. It's a pity that by the time a parent presents their child with a serious issue they are told they don't have a serious issue. Parents know their children and have identified crisis point and need professional help. The time wasted at the most critical time makes the problem bigger. Parents should be listened to, GP's and other professionals can see the problem but when it reaches CAMHS someone decides there is no problem. Its extremely stressful and frustrating to be trying to help your child but they are dismissed. People trying to get into CAMHS are doing it out of necessity and desperation, not for the fun of it. They need help months ago, not in a few years time.

279. 3 months is an awfully long time for a child with bad mental health to wait

280. current Waiting times are catastrophic. Every month counts in a child's life and development.

281. If a child receives a referral they need assistance with their mental health ..in my opinion 3 months waiting is even too long..referral should mean an appointment be straight away

282. 3 months is more than enough to have to wait. Mental illnesses rarely resolve themselves so early intervention is absolutely necessary

283. My experience through my job is that waiting lists differ significantly between areas and some children have to wait a very long time to be seen or are not accepted by the service

284. Children and families in crisis or approaching burnout need help now. Waiting lists are far too long and support is very limited. The medicine-only approach is appalling.

285. Our child is with CDNT and over a year and a half ago (July 2024), her psychologist at CDNT tried to work with CAMHS on a shared care plan due to our daughter's severe agoraphobia, anxiety disorder and adhd - the CAMHS consultant refused. In April 2025, our GP referred our daughter and requested a different consultant (we had been advised that other families had achieved this although technically the other consultant would be outside of our area). This ended up going to a complaints committee even though we did not make a complaint in 2025. We were advised that our daughter would be waiting a further 12 months as she would be assessed again for adhd (even though she was diagnosed by CDNT). In September 2025, our GP put in a further referral for her agoraphobia and anxiety disorder as CAMHS had not referred to that in the one piece of correspondence that we received. In December 2025, we received a letter from CAMHS to say that they hope to see our daughter within 3 months for a non urgent mental health check. Her agoraphobia is very serious. By the time CAMHS see her, it will be almost 2 years since we sought help and during this time, her mental health has completely deteriorated.

286. Given it's a public service, I'd expect a wait and because it's for children I'd expect this wait be no longer than 6 months. This depends on the issue being addressed, in some cases it should be shorter and others longer may be reasonable.

287. Triage is required to deal with urgent cases while also not leaving less urgent cases to become urgent

288. My daughter has been referred for the last 2 years, each time her referral getting dismissed/ discharged. Each month her anxiety is getting so much worse, affecting her everyday life all day everyday. I'm sick of waiting for someone to help her

289. They are far too long unless the child is having a crisis. Even then, they can be very long

290. N/a

291. I am a GP. Wait times currently are dangerously long.

292. There is a general feeling that it's hard to be accepted by CAHMs and waiting lists are long and you have to be 'really bad' to be accepted

293. Waiting time for CAMHS is too long, and its of no use by the time we get the help. Situation changes and age passes and lots of other issues. If the child has more than 1 mental health issues, the result of long waiting is that the issues might never get addressed on time.

294. With mental illness as with most illnesses, it is better to be assessed and treated sooner rather than later when symptoms first occur or cause concern. Longer waiting times can result in worsening of symptoms and development of other anxiety driven conditions, fearing the worst scenario. Prompt appointments, alleviates unnecessary anxiety and hopefully can attenuate symptoms and alleviate crisis for the child.

295. Children need support now. It takes time to even get a referral never mind actually being accepted by CAHMS

296. It should be less than a month

297. Children at risk should not face long waiting times.

298. Less than 3 months is not acceptable as a minimum waiting time. If someone is at the stage that they're approaching CAMHS the child's need is acute and they need to be seen in 1-2 weeks. Early intervention is critical in these situations.

If you would like to tell us more, please put your comments in the box below:

- 1.It does not make sense to treat problems individually.
- 2.Only supporting a child based on 1 diagnosis and ignoring others is just poor practice. I have seen young people being treated for mental health difficulties while the ASD diagnosis is ignored. Very often if the ASD diagnosis was supported there would be less mental health difficulties. Treating individual diagnosis results in children not being appropriately supported and can create more long term challenges than are necessary.
- 3.A more holistic approach is needed, with daily supports in place where possible. Alongside increased investment in mental health services, clearer national guidance for parents would be helpful to support children's wellbeing at home. Practical measures—such as advice on healthy routines, appropriate screen time, nutrition, and sleep—can play a meaningful role in prevention and early support. While additional funding is essential, guidance and preventative supports are also necessary, particularly where service capacity is limited.
- 4.My Child received a rejection letter from CAMHS although he was presenting with extreme anxiety and depression. We also are now on a private waiting list for an ADHD assessment. He has received minimal supports from Primary Care and has needed SLT, OT, Play Therapy, Educational Assessments and Autism assessment. All funded privately. CAMHS is not functioning nor is any other service for children with additional needs.
- 5.My son was never seen by camhs, they said he was eligible to be seen. They had made up their minds before even seeing my son.
- 6.Re question 9, we would never treat one issue if an older patient presented with Parkinson's Disease and COPD, so why would it be any different for children?
- 7.CAMHS can be an invaluable service. However when my child was referred they would not see him and we were passed onto another service. I found this hugely frustrating as my child was suffering with anxiety at the time.
- 8.CAMHS are failing to investigate why children in Ireland are suffering. They are losing their sense of self - even being groomed to question what gender they may be is astonishing. Let children be children. They are being fed too much too soon. Lawsuits will be coming.
- 9.CAMHS refused urgent referral by paediatrician as my child has ASD. He got NO HELP. IT IS discrimination!!!!
- 10.Interventions earlier in life save in the long run with less complications and support required for the adult later
- 11.Common sense these questions are what are you receiving those salaries for I know more about it myself. You're a disgrace of a service. Destroying lives and families

13. issues do not exist alone, the entire child should be examined and treated at once. if a child breaks a bone the bone is treated and pain is treated together, not one or the another.
14. My daughter was referred to CAMHS after self harming. After 10 minutes the consultant psychiatrist told us she was likely autistic and there were no signs of mental health issues and we were discharged. No support given whatsoever.
15. Absolutely! Dual diagnoses is a very common thing - u need a tailored individual wrap around approach to each individual child
16. We were confused by the whole process and lines of responsibility. We were especially confused when our first meeting in Tralee had a Freemason emblem on the wall. The Doctor did not even realise the symbolism.
17. If a child has mental health problems camhs should be the service that provides supports so that mental health is observed and supported when accessing other therapies where therapists have understanding of mental health. If a child has autism or other condition they shouldn't be prevented from accessing camhs. I do agree other interventions should be tried before accessing camhs tho.
18. This is a very leading survey. Of course Yes to questions above.
19. Every kids that has any issues should be see.
20. I think it varies. Sometimes it is important to work with one issue at a time. It should be case by case.
21. It makes no sense to separate them out because they are all inherently interlinked
22. I feel treating a mental health disorder in children quickly and holistically would reduce the pressure on paediatric emergency departments, schools and family community care. In short, prioritising CAMHS for children could have a knock-on benefit for general government funded resources as a whole
23. At the time of referral we received a standard letter from Camhs with advice about keeping knives etc out of reach, it felt totally off the mark and tone deaf to us and did not help the situation whatsoever. We went to a private psychiatrist at great personal expense and she was fantastic.
24. Similar to all health services in Ireland, there is no point in looking at any single issue in isolation. The entire medical background needs to be taken into account and assessed together
25. I think there should be a multidisciplinary team that consist with professionals across the board that specialises in children's overall health. That way the team can deal quickly with any issues together and put a plan in place rather than waiting for appointments that can be very long. One team together is better surely than 3 or 4 different teams in different places. I think it would make a huge difference to a Childs outcome, I actually think its vital in some cases.
26. Undiagnosed conditions can cause mental health difficulties

27. Outline clearly what they support Valid explanations as to why more than one diagnosis can't be treated in a supposedly full rounded service!! Give advice and recommendations as to where help can be sourced and help with getting appointments and resources
28. The person needs to be support not just a single condition
29. Comorbidities are quite common. A multidisciplinary approach is better than sticking a bandaid on one issue and hoping for the best.
30. I think it is an absolute disgrace children being referred for self harm are refused to be seen by camhs
31. If a child is diagnosed with eg autism they don't get any more proper support. This should be an automatic follow up.
32. Many children have an issue that may not be deemed severe enough but that is carrying on long-term without support. There is no service for these children. Primary care waiting lists are too long. Teenagers need help in the immediate time and some need assessment even if not severe. A holistic approach is definitely necessary and a neuroaffirming approach.
33. If you are working with a client who has more than 1 diagnosis but you're only working on one of those diagnosis at a time, what happens when you get to the stage where you realise that 1 of their diagnosis is actually what is impacting the other, then you're back to square one and the client feels as if they got nowhere. A holistic approach client centred is what is needed
34. To be honest , the fact that these questions even have to be asked is scary. Our young children are in chaos and mental health is such a hidden issue so when it comes to light, its at its worst.
35. The problem is that referrals are not even being accepted
36. Thank you for taking the time to read this. It's reassuring to know that information is being gathered in this way.
37. For parents, camhs can be incredibly difficult and infuriating to deal with, it's very much like every other government system, theres one person to deal with one issue, and theres lack of communication between these people, so one person eg looks at adhd while another treats eg self harm, but the 2 are related, everything is related, so the 2 people need to come together to understand and manage/ support the child holistcally, be part of the multidisciplinary team. There should be written records, parents should have copies, take them with the child, so all professionals understand what the child's needs are, & because we can't generalise conditions like adhd or gdd or asd etc.. camhs is very difficult to get speaking to anyone, theres bee so many young people committing suicide on a regular basis, theres no support when u need it, nothing offered in the waiting period, Kells had 3 teenage suicides in the last 2.5mths! Where was the help for those kids and their respective families. The overall lack of services iss utterly gut wrenching.
38. CAMHS cannot work as a stand alone model with every difficultly that no one knows what do with sent its way. A holistic community support structure needs to exist alongside it, that prompts intervention & support at the earliest possible opportunity.

39. The service is absolutely disgraceful. They discharge children from their services very frequently if they are found to be Autistic. I cannot afford a private psychiatrist but I'm actually glad to have paid for high level consistent care. My child is now 18 and has been suffering since 6 years of age. We have gone through extremely tough times unsupported publicly.

40. See answer above.

41. Not seeing a child for mental health issues because they also have an autism diagnosis is not fair on the child. It's wrong.

42. Mental health issues are extremely important at that age, and they should be taken seriously, and resources should be available. In ADHD for example, the lack of medication is a source of extreme stress for the family and school, not to mention the negative impact it has on the young child.

43. A multidisciplinary approach is essential both for the most optimal outcome and for efficiency within the system.

44. A one stop shop for mental health issues from ADHD - suicidal ideation is essential.

45. Children with multiple diagnoses need to be cared for in one clinic not different ones

46. They should be better resourced in order to carry out their work. The teams should see their role as being beyond medication and provide actual interventions for children whereby they work on individual goals with parents, the kids and their schools. A more neuroaffirmative stance should be taken and taught to schools.

47. Even if the child has a diagnosis they still need to be supported to develop and grow like all

48. Camhs only take complex cases. All others should be kept locally. Emergency services do exist for kids. The inpatient units for kids are full, full and full. If kids would receive help earlier (community psychology services) they wouldn't end in Camhs. These waiting lists are 2y plus and they currently only take cases with more than one condition. I have a very anxious child and because it's his only issue there is no help at all. Also there are not sufficient services for neurodivergent kids at all. We had to battle with the school for a year to even get some resources

49. My child was referred to CAMHS for ADHD assessment and concerns around her low self esteem and possible progression towards negative and self destructive behaviour. As she has also had queries on ASD CAMHS refused to take her. She has since received diagnosis of both and is on a 3 year waiting list for psychology. CAMHS needs to look at the care needs not at the other conditions.

50. Problems can cluster. These issues should be assessed and treated locally in a service. There should be "no wrong door". The HSE make everything too complicated.

51. CAHMS needs a full overhaul, the staffing and procedural issues are causing harm to children to the extent we are losing them to suicide. Early intervention is key to help children grow to be the best they can be. Financial investment in childhood treatment would save a fortune on the help the adult version of the unaided and let down children that are being affected now
52. my daughter has anxiety and has been diagnosed with ADHD, She has problems swallowing tablets so limited to ADHD meds she can take. currently taking none, think they should work to help her get over fear of swallowing
53. If child is moved from primary care services where they receive physio, occupational therapy, speech therapy etc. this stops once they are under the care of CAMHS even though CAMHS can't provide these services due to staff shortages
54. Often these conditions present with more than one symptom
55. My child is Autistic and has massive issues with anger management. I haven't got him referred to CAHMS as I believe they don't deal with Autistic children and they don't do 1 to 1 sessions
56. As a parent I would like to be reassured that my child is being assessed and treated by fully trained professionals. Has there been enough training provided to the staff in addition to their generic qualifications
57. I think that many people are overlooked by CAHMS as their case is not deemed serious enough for a referral. They go through years if not a lifetime without intervention
58. Early Treatment of Child Mental Health will lead to fewer issues in adulthood.
59. If a child presents with more than one diagnosis, it makes absolute sense to help the 'whole child', not just one diagnosis at a time.
60. Conditions / disorders are often interlinked and so should be treated together.
61. The system is failing our children in the most dreadful way. Whole process is cumbersome and not child/young adult centric. We are losing early intervention in formative years.
62. I made a formal complaint to CAMHS and to the south east regional manager of CAMHS and through the your service your say portal and never got a response as to why CAMHS would not accept a private ADHD diagnosis from VHI and a Tourette's diagnosis from Temple Street hospital as to why they would not treat or help my son. We now have to pay privately to manage his ADHD and Tourette's medications and care.
63. Autistic children should not be excluded. Autism and ADHD commonly co-occur.
64. Too much emphasis on medication. Only solution for ADHD. I researched, parent course and play therapy before trying meds. CAMHS just throw meds out 1st! Apart from meds no help holistically or with behaviour.

65. I believe that mental health is not just one single reason, i.e. eating disorder / ADHD / Depression. It is a connecting factor and to treat as individual factors is not finding the source to help the overall problem. It should be taken as a whole. Working alongside professionals I truly believe patients speaking with people who have gone through what they are going through and have come out the other side to show the children that the light can be bright again and understand them would be hugely beneficial. As well trained the professionals are if they have never suffered themselves with mental health issues they will never truly understand the dark hole that these children are in or the empty emotions they have.

66. My child was rejected by CAMHS because they put her issues down to symptoms of her diagnosis, she wasn't presenting as 'at risk of harm' because of the good work we do as parents. We struggle and need continuity of support from mental health professionals and yet she wasn't accepted for anxiety, emotional distress, dysregulation, self-harm when dysregulated.

67. I work in Camhs. For it to work efficiently major investment is needed in primary care and early intervention services so kids are seen earlier. The reorganisation of the disability services has diluted former expertise in these areas. There is a huge increase in cases presenting to Camhs with undiagnosed ASD and I think this is a direct impact from delays in accessing primary care/disability from a younger age. It needs to be seriously considered whether Camhs should diagnose ASD. And also we do not want to pathologise ASD needs as mental health when they can be normalised and supported outside mental health in primary care.

68. They are quite dismissive if you have more than one issue and find you don't actually see a doctor in person only on a telephone screen.

69. The issue whereby CAMHS will not support an ADHD referral where there is a query with regard to ASD is a disgrace. Terminating community MDT services such as dietician services because CAMHS are taking over care but yet have no dietician themselves is simply unacceptable. The system is deeply flawed.

70. There is no option other than the provision of holistic care in terms of mental health support. The notion of dealing with one at a time is nonsensical.

71. Comorbidities affect each other. Education is holistic, general practice is holistic, mental healthcare should be too.

72. My daughter was referred and refused by Camhs as on paper she wasn't deemed as bad enough for them. Fast forward 12 months we are still dealing with depression, anxiety and panic attacks multiple times a week. She was able to attend Insync for 6 weeks of counseling in which the counselor suggested she may be on the spectrum but it's nearly impossible to get help for her anywhere. It's disheartening and so frustrating as a parent.

73. Supports should be available on case by case but not confined by red tape when person being seen is floundering
74. My child has as ASD level 1 diagnosis and yesterday we received a rejection letter from CDNT, noting his needs were not complex enough for CDNT and noting that he is being seen by CAMHS. All he is receiving is medication monitoring from CAMHS. No OT, Psychology. No therapies. We are paying privately for Play Therapy for him
75. My son has autism and adhd, and due to having autism he has had to wait for support longer than necessary. He has ocd traits with adhd and he is only being treated for depression before looking at his other issues.
76. My child wasn't treated initially as they wanted an ASD assessment which we got privately and then they wouldn't accept that he wasn't ASD he started having seizures as a result of his anxiety and a change of team in the same CAMHS recognised his need for immediate treatment
77. It is so obvious that services should support children and the fact the government need to be spooned that answer shows their incompetence.
78. there most definitely should be 24/7 emergency service. disgraceful & disrespectful to the child's health, rights & dignity that gardai have to be rang at weekends or a child put into an adult psych ward
79. Waiting times for CAMHS are far too long, and schools are often supporting students with significant mental health needs without adequate specialist input. There needs to be better resourcing of CAMHS, clearer referral pathways, and stronger links between CAMHS and schools so that children can receive early intervention before difficulties escalate. Schools should not be left as the primary support for complex mental health needs. A greater allocation of school guidance counsellor hours would be a quick temporary fix.
80. Absolutely it should be rounded approach. Once you have a divergent diagnosis, there are often others. Also I think there are different degrees of the diagnosis. Milder cases could be seen in a group situation for training or support. More severe cases 1:1 etc
81. I have seen students/ children wait many months to be seen by CAMHS, only to be referred elsewhere and back again due to the need of additional diagnosis of mental health difficulties. During these wait time, families are left in limbo and continue to suffer without any meaningful support. A multi-agency approach need to be adopted to allow for multiple diagnosis without families and students feeling that the 'buck has been passed'.
82. Anne McCarthy
83. It is disgraceful the lack of resources for children with mental health issues, more resources need to be made available so children don't suffer and where only those who can afford it can go try get private care.
84. My child has been denied an assessment 5 times despite having multiple documents and reports from specialists across sectors. With an ASD diagnosis they put everything on that.

85. Symptoms from different diagnosis can overlap. Also blood test should be carried out at the beginning to ensure the patient is not deficient in vitamins and minerals that are regularly low in people with say, autism, (vitamins D, Magnesium) so levels can rectify first before going down the road of heavy duty meds such as Sertraline.

86. There should be one point to refer children and young people and a centralised centre where it is decided best service for them eg camhs, primary care, cdnt with a maximum wait list of 3-6 months or less in an ideal world

87. More art, music, play and drama therapists in schools is essential.

88. The service is not fit for purpose. Child mental health issues can become whole life issues. Our children deserve more.

89. Mental health issues are not in isolation, the strain of coping with neurodevelopmental conditions puts these children at higher risk of other mental health conditions and these children and their families equally deserve to be supported. It's despicable that mental health services like CAMHS refuse on that basis

90. I think this is a leading question. Very difficult for a camhs team to provide care for eating disorder with no dietician on the team and primary and acute care often refusing to care for a child who has their case open with camhs. Adult adhd is a specialist team under a consultant- and it is very high demand. Fullt resource teams as a standard- provide maternity cover- this doesnt happen as standard which causes delays. Full multi disciplinary teams needed

91. Load of bull would not listen to my child got diagnosed with asd discharged her even though overdose attempts etc and 3 times referred back and refuse 2 take her back sitting in limbo with a child with depression and anxiety got her 2 pieta house gp heads and nobody can medicate only camhs

92. How can you decide which condition has priority? All elements need to be addressed simultaneously for the child to really benefit

96. From mt experience professionally thankfully not personally it is my opinion that CAMHS is not fit for purpose. It has been my experience that CAMHS will always say its behavioural not a mental health issue. However surely there is a level of mental illness in a young person self harming/being violent to friend family/drug use/secualised behaviour the list can go on and on. CAMHS have to help all young people with all kinds of mental health. There should be follow up for yp and their parent/gaurdians locally. Train/teach the parents to help/support the young person. Community nurses. Make the team multi disciplinary include social work social care psychology not just psychiatry. Teach the doctors how to soeak/build rapport with young people. Have enough staff so people dont burn out and recognise the effect of tgis work on staff. Support them properly financially as well as shorter working days etc make a staff retention policy and if tge staff are happy and have time to do their job than the service will start to work and so will help our very vulnerable young people with the varying levels of mental health

93. I acknowledge that CAMHS is for mental illness not necessarily for 'mental health'. If no ADHD, a huge amount of referrals need interventional psychology (not just assessment), and do not require Psychiatry.
94. Children come as a package not a multiple range of disorders etc
95. More action needs to occur
97. My son has been waiting over a year for an initial appointment with CAMHS. He was referred to assess ADHD, he is already diagnosed ASD
98. It makes much more sense to treat the full situation and is less stressful on the child involved. Having to organise and attend multiple supports is difficult on both parent and child and there's a risk of no joined up thinking. Issues are rarely stand alone, they are intertwined
99. CAMHS is not fit for purpose
100. My son went through a bad time when he was about 10 yr old. I could not get help for him any where. Everywhere I rang told me they wouldn't take him. As a parent i felt I had failed. There is no where available for children with needs to get mental health help. Regular counsellors may be a bit of help but do not have the understanding and training how to understand their complex minds.
101. I don't think autism should be used as a reason to refuse referrals coming in for other issues including ADHD and anxiety. Some of these children have other factors in their lives that drive the anxiety that is not driven by autism. Every child should be provided support when the issue is impacting their lives and function.
102. Children are people and not a diagnosis, they should be helped with whatever is going on in their lives and not just according to their diagnosis. The reasons children need to go to CAMHS for has serious impacts on families and their relationships. a more collaborative approach needs to be in place, like a wrap around service. School, GP's all working together with CAMHS and families to have the best outcomes for children. the staff of CAMHS also need to be supported and values and their caseloads lessened so they can give the time and support to the children who need it most.
103. I don't think there is enough information about this service available to the general public. I only found out of its existence by word of mouth.
104. "Mental health difficulties" is a term that is as long as a piece of string and can encompass many many areas from mild anxiety to severe suicidal ideation- a one size does not fit all. A and E is a 24 hour emergency service and sometimes people get referred quicker by accessing an and e. This feels like a skewed survey and not taking into account what camhs is designed for. I do not work for camhs but work as a guidance counsellor in a school. I think camhs does not fit every need and there needs to be more services that fill the breach- not necessarily camhs
105. I believe camhs is understaffed and under qualified
106. I was referred to CAMHS for my son by GP and primary care - he was not severe enough as per CAMHS so was denied access. His condition has deteriorated and we are still waiting to get support.

107. we had a wonderful experience with camhs. Our darling son was very unwell and was to The Hub. He received fantastic care. The Psychologist and psychiatrists continues to meet are wonderfully effective. Unfortunately, are some was so unwell that we were seen immediately. I think if we had to wait, it would've escalated very quickly to a hospital admission and a very poor experience had by all. I appreciate not all cases are as urgent,

108. Please see my response to question 6. I also think the CAMHS process for choosing who gets to avail of their services is unclear, maybe biased, unbalanced and disgraceful. My daughter was rejected twice despite self-harming, but because she wasn't suicidal and hadn't had a failed attempt at suicide, she didn't qualify for their services: how shocking is that? How deplorable. She, and we, desperately needed their help. I have worked for 30 years as a secondary teacher. I have seen this scenario in multiple, repeated situations. I know of only 3 people in all that time who have had success in CAMHS agreeing to engage with their child. I appreciate that I, and the majority of parents in the school in which I teach are, from a CAMHS perspective, regarded as "able to afford to sort out the problem ourselves privately", but I have contributed so much to tax payments, PRSI, USC etc., over the past 30 years and I get nothing from the state when needed, so I am angry. It's not acceptable.

109. Holistic intervention is essential. If you are only looking at one 'diagnosis' at a time you are not treating the child individually. If a child has more than one diagnosis they are likely interlinked and should be assessed and treated holistically.

110. As holistic care treats the person as a whole it would be extremely beneficial

111. CAMHS refuse to deal with children who are autistic, they blame everything on the autism even if a child has OCD, is anxious, or even suicidal

112. The best offense against mental health issues is a good defense. With a focus on mindfulness within the education system we would see a drastic drop in the amount of people experiencing more severe forms of mental illness.

113. I know CAMHs do the best they can with the resources they have but I do think there should be more support put in for young people as they can be very impulsive and what ever little problems we think as adults they might have can be huge for them I think having call out service like PHN for kids with MH would be a great idea

114. As a parent I'd like to see more resources for young people with mental health issues. I also think it's vitally important to eliminate the nonsense that adults in areas of power stop immediately with this gender ideology that they are actively protesting gender idiology as fact rather than a mental illness. People identifying as other genders, animals and items is the biggest abuse of mental health to our Young people in our world today.

115. Only to say, as I've said above, I'm a parent, not a mental health expert, but as children's brains are malleable, it seems to make perfect sense the help them to understand as close to their challenge as possible, that there is support available to them. This support should reach them as early as possible and should help them to understand that from where they are, there is a path to a different, brighter and lighter way of being in the world. Where my son was concerned, having access to a counsellor in Children's grief centre, he had the space to say precisely how he was feeling without edit, to hear how natural those feelings were, to get 'hacks' (his word) about breathing, about talking out his feelings. I could see how relaxed his body was, that tightness was released. But he saw that counsellor within days of his friends suicide. It took quite a while after that for his usual nature to emerge, but it started by having that early access and understanding.

116. We had a meeting with Camhs portlaoise and the service was very unfriendly, unorganised, child interrogated in a room on his own, hostile environment for both child and parent. Child traumatised after and never wants to go back again- so will not seek help because of initial meeting. Poor service poor communication, not child friendly, horrible. The whole of Laois calms needs an overhaul from top down. Even the letters they send doesn't have department directions. No one knows what's going on from one place to another. Not fair on children and parents. Bad service no support

117. Integrated Mental Wellness & Early Intervention Framework for CAMHS Purpose To shift CAMHS from a crisis-led, diagnosis-focused system to a preventative, holistic, child- and family-centred mental wellness service, grounded in protective factors and early intervention. 1. Core Principle: Mental Wellness, Not Just Mental Illness Mental health should be understood as a continuum, where every child needs support to thrive, not only treatment when unwell. CAMHS should adopt a wellness approach that strengthens protective factors early and consistently. Protective factors to embed in every contact: Safe, trusting relationships Family connection and support Physical health (sleep, movement, nutrition) Emotional regulation skills Sense of belonging and identity Meaningful participation (school, hobbies, community) Stability and routine 2. Early Intervention as the Default (Headspace + WHO Continuum) Support should begin at the first signs of difficulty, not when a child reaches crisis. Implementation: Open access pathways (no high thresholds or long waits) Rapid response within days, not months Drop-in or community-based youth wellbeing hubs Preventative check-ins for at-risk children (school, GP, family referral) Use wellbeing measures, not just diagnostic tools 3. Holistic Whole-Child Reviews (Whare Tapa Whā Model) Every CAMHS contact should assess the whole child, not just symptoms. Four pillars to review each time: Mental & emotional wellbeing (feelings, stress, regulation) Physical wellbeing (sleep, diet, movement, medication effects) Family & social wellbeing (relationships, home, friendships) Identity & meaning (culture, confidence, interests, strengths)

This is especially critical for children with ADHD, who are too often seen only for medication reviews. Each review should always include learning needs, emotional wellbeing, social connection, environment, and family stressors to prevent important needs being missed.

4. Family & Network-Based Care (Open Dialogue Model) Children do not recover in isolation – families and schools must be partners. Implementation: Include parents, carers and schools from the first appointment Offer family-based sessions as standard Use collaborative planning instead of clinician-led decisions Build shared understanding rather than labels alone

5. Community as Prevention (Icelandic Prevention Model) CAMHS cannot do this alone – community is a mental health intervention. Implementation: Formal partnerships with schools, sports clubs, arts groups, youth services Social prescribing for children and families Funding for activities that build connection and confidence Support councils to build safe, active, youth-friendly spaces Measure wellbeing outcomes, not only service demand

6. Neurodiversity-Affirming Practice Children with ADHD, autism and other neurodivergence need support, not just management. Implementation: Strengths-based, not deficit-based, assessments Holistic reviews at every medication check Environmental and educational support alongside clinical care Parent training and peer support as standard Long-term wellbeing planning, not short-term symptom control

7. Youth & Parent Co-Design (Headspace + IYS Canada) Services work best when designed with families, not for them. Implementation: Parent and youth advisory groups Regular feedback loops Co-designed pathways and review processes Clear communication and transparency

8. Measures of Success Move beyond crisis reduction alone. Measure: Emotional wellbeing School engagement Family functioning Sense of belonging Confidence and coping skills Reduced escalation to crisis services

Summary Statement for CAMHS By embedding early intervention, strengthening protective factors, and treating every child through a holistic, family-centred lens, CAMHS can reduce crisis demand, improve outcomes, and support children to thrive rather than struggle. This framework reflects the strongest

118. The whole set up here is too disjointed and these children often get left behind. As a result of waiting times and lack of support they generally don't do well in school which results in them working lower paid jobs if they do get to enter the workforce. They're almost set up to fail in later life as a result of not getting the help they need when they need it and that's in the better case scenarios, there are worse scenarios where the young person ends their life due to excessive waiting lists.

119. The whole set up here is too disjointed and these children often get left behind. As a result of waiting times and lack of support they generally don't do well in school which results in them working lower paid jobs if they do get to enter the workforce. They're almost set up to fail in later life as a result of not getting the help they need when they need it and that's in the better case scenarios, there are worse scenarios where the young person ends their life due to excessive waiting lists.

120. CAMHS can still asses and take action om the diagnosis they cover
121. Parents are out of their depth and need professional support for the whole family
122. My son is dealing with his Mental Health and needs to be assessed for Autism also so it would be great if they could assess for more than one issue.
123. Parents don't know for sure so if there are more diagnosis they should be seen to help the child
124. regarding question 8, ignoring the multi-disciplinary approach/situation is not getting an overall picture of a patient.
125. The current policies limit support for children ie: cannot be seen by psychology if on waiting list for CAMHS
126. From my personal experience the service is very poorly run. Kids waiting far too long to be seen resulting in there issues either being dealt with elsewhere or becoming worse. This delay can have a huge impact on their development and can often lifelong consequences. Parents are being forced to go down the private route which is also overstretched and when kids are eventually seen by CAMHS they will not accept them private diagnosis. From my experience of the system resources and time are being wasted in all the wrong areas. I have received countless letters rejecting my childs referrals and suggesting he be sent for assessment for ASD despite the fact that these referrals are accompanied by reports from multiple professionals stating that ADHD should be investigated and a primary care reassessment stating that he does not meet the markers for ASD assessment. We have had him privately assessed by an educational psychologist, clinical psychologist and OT and he has been diagnosed with dyslexia, dyspraxia, dysgraphia and ADHD. He has recently been accepted into the CAMHS service but they will not accept the ADHD diagnosis and are now redoing all the testing, in my opinion this is a complete waste of time and resources that could be used to help another child who is not in the position to be able to go down the private route. The delaynin services has had a huge impact on my sons development, especially his social skills and I believe it is holding him back massively from achieving his full potential.
127. My son has a diagnosis of ASD from the CDNT, however, they can't diagnose for ADHD, dyslexia, etc. which should really go hand in hand in my opinion. I can't see why CAHMS services would work with only one diagnosis at a time when teachers, SNAs, principals, GPs, diagnosticians, etc. know well that if a child/person has ASD, most likely there are at least one if not many other related or paralleled diagnosis that should be given attention at the same time.
128. You need to expand your services with adequate staffing levels to meet the current demand

129. CAMHS need to deal with Children in a full Holistic approach as you can not deal with one element or a child's diagnosis, my child has ADHD, DCD and sensory processing disorder. All of these need to be considered when dealing with him not just one element as they all have a knock on effect to him, they need to be looked at as a whole and not separate. Maybe look at them separately while moving towards looking how they impact other which impact him as a whole. This is the same for every child.

130. We are finding the staff exceptional but the service is severely under staffed and under resourced. Waiting times are far too long

131. Every human should be supported holistically!

132. ADHD and Eating Disorder are very different issues. Looking at the wider family and emotional regulation of Mother and Father is very important. To just focus on the child is not looking at the wider issue. ADHD is then an issue a child is born with - giving them coping skills and strategies is essential. Very different approaches of care. One service for all does not benefit anyone - especially the child.

133. Do these questions have to be asked. Does it not stand to reason that a holistic approach be taken . Not to do so would surely aggravate an already difficult situation. The CAMHS service is clearly not fit for purpose and needs a serious overhaul including proper resourcing with trained personnel. My personal experience demonstrated that cultural beliefs of those offering therapy also influenced treatment along with many other shortcomings including lack of clinical testing which was sought after cases were highlighted in the media . Simply shocking .

134. CAMHS are so under resourced that my child was deemed not sick enough to be seen yet when we got her help from a professional privately she said on a scale of emotional distress she was at a 9/10 and she was only 8 years old.

135. No comment

136. First off, Children should be treated as an individual not a Jigsaw puzzle. If my child is suffering from different things -they- should be treated as a whole and tackle all issues. One issue may be the main cause of other issues but because CAMHS only treats for certain things at a time, the other issues are ignored like they did so many times with my child. Even though I kept saying, you need to look into those things.

137. Of course dual or more diagnosis is possible and shouldn't be grounds for not being treated. Practitioners need a more holistic training and established practitioners need upskilling and continuous engagement with new developments.

138. CAMHS are not willing to accept that masking is a big factor in adhd and therefore a diagnosis of adhd is not being given as child is good in school however parents at home are extremely struggling

139. CAMHS was not a safe place for my young person. Poor understanding of neurodiversity, one size fits all approach to eating disorders, lack of transparency and honesty, slow and unwieldy, conservative and dated outlook on family structure, behaviour. Not fit for purpose.

140. Camhs refused to see my daughter , age 7 at the time despite GP referral and psychologist report. It is absolutely not fit for purpose and let's down EXTREMELY vulnerable children

141. Due to my child being autistic, they were discharged from CAMHS as their mental health difficulties were associated with their condition and school related anxiety. My child didn't need to be medicated, so there was basically nothing more CAMHS could do for us. I had requested an assessment for ADHD and we were given numerous questionnaires to fill out, which amounted to nothing. The reality is that the CAMHS we were with (Model Farm Road, Cork) only had a psychologist and psychiatrist when they should have a team of 20 people. We were told that we would be assigned a key worker, which never happened. In my opinion, every family should have a key worker who gets to know them on a human level and links them in with the right supports. The support should be community-based, consistent and holistic. Links with local Family Resource Centres and Primary care centres would be hugely beneficial. CAMHS is not fit for purpose in its current form. It doesn't need to be reformed. It needs to go. There is a huge turnover of staff for a reason. They are working within a system that is doing more harm than good. Families like mine have had to depend on Pieta and private services to support our children. We feel hugely let down by CAMHS.

142. We were advised to get an asd assesment also as she met there criteria for it where as if they had the sources to be able dignose all the above wouod make things alot easier on the children and families. You wait lomg enough for appointment with camhs to then habe to wait again and in some cases if they suspect asd camhs refuse to even do an adhd asseswnt so it leaves the child and family left suffering . I fought for a year to get my daughter on the list to then be accepted and wait another 8 months for her to be assessed and diagnosed with combined adhd and then told she is to young to start medication and also told is she was a boy we would medicate! I find this absolutely ridiculous to leave her suffer just because she's not a boy? How does that make sense in there eyes is beyond ! As the public waitlist for asd assesmwnt is so long we have had to come up with money to get her assessed private because we want to know everything for her sake to get her the help she needs because once camhs diagnosed her they discharged her until she is older for medication so no support at all no ot no follow ups nothing .. for me to get her seen with them again I habe to go threw all the process of a GP referral again which I will be doing straight after her asd assesment as I want her to get the help she deserves . At 8 she is already going threw so much emotionally and ots heart breaking to see she hahs combined adhd and dyslexia these struggles alone are alot on a child ! I think the hse in this country really needs to start stepping up and helping the kids more and giving them all the support they need instead of not helping at all !

143. We have had a terrible experience with CAMHS overall

144. Question 4 is ambiguous. What if you agree with most but not all? Will this be interpreted as all not being agreed with? Also what if there are others that should be possible but not listed. Like teachers etc... With question 5, how does one answer this properly. Within a week, is what is needed if someone needs help. We've had to go private because the amount of help is too limited. What if a family can't afford that? Surely a means tested solution should be available for them. Our child had 3 years of support every week. It very much was needed. We are below the industrial wage but we found the money. Some live well below our income, are they permanently damaged from lack of support. We should do better. CAMHS staff were great but the help was of no benefit as it was way too limited.

145. CAMHS did not assess my deceased daughter properly nor did they help in fact they just brushed it off as anxiety and now I've lost her. Mental health support should be more available and not just restricted to one or two government funded services more funds should be going into services that are run by professionals and people who actually have been through it

146. There should be a holistic approach, and be more inclusive.

147. This is a fundamental challenge with referring to and working with CAMHS - the inconsistent approach to children/yp who present with co-occurring concerns/conditions etc. For example, it is near impossible to get mental health support from CAMHS for a y/p who is Autistic and is experiencing mental health challenges - they are redirected back to CDNT. More joint working and engagement across agencies would likely produce better outcomes. As would, CAMHS acknowledging that Neurodivergent y/p are statistically more likely to experience co-occurring mental health challenges and require the support of a mental health team

148. Helpline should also be for concerned parents so they can get help, not just via a website but someone to talk too. Like a first line assessment or advice on support in local community.

149. There needs to be support for Transgender kids

150. Addressing just one issue when we know there is more is absurd. One human being is one entity and as such all mental issues should be addressed at once.

151. Often mental health issues manifest in more than one way. A patient in hospital for medical illness will be treated for all ailments. The same logic surely should apply to mental health services

152. My son was referred to CAMHS by our GP due to experiencing anxiety and depression from the age of 8 or 9. He is also autistic. CAMHS rejected the referral saying it was not the appropriate service for him so he has received no help to date.

153. If there is more than one thing going on, all needs to be treated at the same time

154. Absolutely, the child must be seen in a holistic manner, not just like a broken ankle in isolation. That broken ankle could be on the leg of a child failing to thrive, etc.... Sorry for using a medical analogy, but equally with CAMHS the child must be supported in an inclusive, comprehensive and holistic manner. Services must be set-up to ensure access to all relevant, linked services in a seamless way, to the benefit of the child, family unit and all who they engage/ link in with. Standards must guard against Group Think, if services are clustered & accessible together. In the same vein information sharing must be to the highest standard, easy to access and yet secure to ensure the best clinical outcomes possible

155. children aren't silos - there is no point in treating one diagnosis where the child has more than one. beyond useless - CAMHS should treat the child holistically - 360 review to see what are the issues & diagnoses and put the required support and treatment plan in place. what is the point in treating the eating disorder but not the ADHD (to use your example above) when both are co occurring and in all likelihood feed each other.

156. My son most definitely needs CAMHS support but has been denied access just because he is Autistic and I have him in other private services. It's a disgrace

157. Conditions can be linked. Challenges children associated with ASD, ADHD, ID, LD face can be the source of severe anxiety, depression, OCD, eating disorders, suicidal ideation etc. That is already well established so why would you turn a child who is autistic and presenting with severe anxiety because they are autistic - to resolve the mental health issue (very) possible challenges linked to autism must be addressed, reduced/resolved.

158. My own child's experiences were of limited success and the lack of a holistic approach was a fundamental part of the issue in my opinion

159. Our children are suffering from a mental health crisis. We have got to stop blaming phones. It is coming from all directions to them especially from schools. Encouraging gender dysmorphia, to be sexualised from a young age, to having the climate fear pushed onto them. To be little social justice warriors and if they don't participate in some new form of activism then they are the worst. Fear of having a label put on them, not ADHD or autistic, but that they are some sort of "ism" or "phobia" if they question it or speak out.

160. Mental health is urgent and needs to be a priority

161. No one disorder can be treated in a stand alone way. This is outdated practice. A team approach is required to understand all of a child's needs not "parts" of their issues - MDT

162. It is ridiculous that a child undergoing private treatment is not eligible for CAMHS or that a child that qualifies for CAMHS must then cease treatment with their private consultant even if CAMHS do not provide that service. It's a joke.

163. Yes - I feel sometimes they are turned away because don't support a specific diagnosis etc

164. Current waiting times are unacceptable

165. Current service is not fit for purpose. Treat the person not the individual diagnosis. See above on wait times
166. Again, how is the last question (8) a real question?! Our daughter (10) has had massively difficult problems attending school since 2024 now. As a result, her maths score has dropped from the 86th percentile to the 6th percentile and her reading/english is on a similar trajectory. Not only her academic development but her social development is now seriously damaged and she hates school with every facet of her being. Her diagnoses likely range from ADHD to ASD, possible dyslexic (she's had symptoms), possibly dyscalculia (her brother has it) and she also refuses to eat anything at all in school or in public, will only eat at home so has an eating disorder of sorts. Are you seriously telling me that even after we figure out how to engage CAMHS and then endure whatever length of a waiting list, we would then be told that we can only engage on 1 of these challenges our daughter is faced with? Frankly, if that's the case, CAMHS is NOT FIT FOR PURPOSE!
167. Treating a single issue while not addressing another is ridiculous. The child must be looked after in every way needed
168. Currently, CAMHS does not treat the whole child. They are referred for other services and sit on waiting lists when the CAMHS team DOES have the necessary MDT members in order to assess and treat. It's a waste of money and resources to push children from service to service when it should be one service supporting them holistically. Furthermore, CAMHS only treats if the child is taking medication. If the child can't take medication, for example, if their blood pressure is too high, they discharge the child to suffer without medication. This has happened to my child. Instead of trying to find an alternative support for the child, they just discharge because medication isn't safe at the moment. How is this helping the child? It's very upsetting and making me stressed just to type it out!
169. I've had students on a waiting list and when they eventually are seen are told they can't work with them as they have ADHD/Autism etc.
170. Some children are not being referred as the waitlist is too long and they are within a year of reaching their 18 birthday
171. I had a very disappointing, infuriating and cruel experience with CAMHS. My child had more than one issue and they refused to give us support after a prolonged time of consideration. It was a terrible experience.
172. Not a great experience, different doctors all the time. No support at all. Felt alone
173. My daughter is now 18 and doing much better however I believe if I hadn't fought with camhs to get her the help I firmly believe she would not have seen her 18th birthday. Camhs needs a complete overhaul, much more funding from government for services and to not be allowed to be so selective on what conditions they treat when it comes to children's mental health. It should not matter what condition a child has. If it's affecting their mental health, they need to be supported and parents need to be listened to
174. No

175. CAMHS should not be able to refuse access to a child with an autism diagnosis that is experiencing mental health difficulties. This is contradicting the rights of persons with disabilities.
176. Very relevant to children with autism who are very often refused support from CAMHS because of their autism diagnosis-this is discrimination
177. Better for child to be able to build trust with one person rather than numerous and various diagnosis in my opinion would be linked
178. We really didn't have a positive experience with CAMHS. I didn't find their language child appropriate and I felt like all they wanted to do was pass us on to another service
179. Holistic is the way to go. Most clinicians will know, for example, that ADHD and OCD can often go hand-in-hand but there is a disconnect in service provision, where a service may refuse input on the ADHD front because a child also has OCD.
180. I'm alarmed this (#7) is a question. I assumed a holistic approach was provided. Obviously if you have an anorexic child with a dangerously low bodyweight and their heart is under strain, the priority is to address the eating disorder. But for example, if they have ADHD also, this will impact their ability to understand and benefit from therapy. A holistic approach is essential. But this is an area where assessment of therapists has to be realistic and maybe harsh. You're dealing with vulnerable children. If the therapist historically is not getting good results with patients, they must be removed from that job.
181. My child was harm her self for months. She had traumatic early life ,she have few difficulties privately she was diagnosed with ADHD but CAMHS nurse decided that she doesn't need help.
182. There needs to be a wrap around service and more facilities available in the area where the children are living
183. It needs to put supports in place in a timely manner so children aren't left suffering and it needs to be a holistic approach. I've also heard that if you choose not to medicate ADHD they refuse to continue with that child which is very wrong. my children are medicated so I'm not against medication but there are other ways children should be supported for the sake of the child and not refused help based on parents decisions not to Medicate. It's the child that suffers
184. I'd imagine in number of these cases, problems and interlinked and teams working collaboratively would have much more benefits than independent appointments
185. Current service totally oversubscribed. Much more staff, hours and facilities required. Mental health must be treated as urgently as physical health.
186. These diagnostics are so many times intertwined, how does it make sense to work just one of them per time?
187. 2 children referred to CAHMS with complex issues. Both refused as did not fall under the "criteria" shocking that it's just left with parents to deal with and no support offered other than waiting for Primary Care.

188. question 7 is closed - again - the nature of the presentation is best served by specialist treatment - so this may mean adjustments/changes in what CAMHS can offer

189. Mental health is multi- faceted often due to culmination of factors therefore it makes sense that the holistic needs of the child are taken into account

190. These separate issues/ diagnosis all funnel into the self harm, not the cause but certainly coexist and can exasperate problematic behavior

191. The service are extremely poor in this area and it's very distressing for parents and their children .

192. Very difficult to determine, if it is possible then yes it would be the ideal situation but would require so much more resources than are currently being provided. There should be easier routes to support and help. Teachers are often the first to notice if a child requires further supports but they don't have the answers and they should be supported by a team who can then support the parents about where to seek help and advice.

193. My child was refused from CAMHS twice for ADHD diagnosis even though in other areas she would have been accepted. We had no choice but to pay privately for assessment as there is NO public route to assessment in our area. Primary care psychology don't assess either they only treat. And AON wasn't an option as the wait ended up being over 2 years which isn't appropriate. The child wasn't coping and was very distressed

194. With ADHD diagnosis I think a referral to an OT with a reasonable waiting period would be fantastic and more help preparing yourself and your child what this means

195. A diagnosis is often just the symptom of what the child needs support with. All give information but are not the definitive issue that the mental health support works to heal.

196. I have no doubt that those who work in CAMHS are well trained and experienced. However I think a holistic approach is necessary and interventions that are action iribred both physically and socially engaging might benefit to teenagers rather than using talking therapies. Unfortunately, teens are overly exposed to talk type therapies via social media etc. Pop psychology makes everyone an expert. Being active, engaged and experiencing real life would help give them perspective and create learning opportunities for them to learn life skills abd therefore help develop a skills etc for positive mental & physical health.

197. The child's issues should be treated as a whole as one issue may have resulted in the other arising

198. I believe any child referred to by a go should be at least seen by Camhs. My son was referred to Camhs by my GP for ongoing issues and we were informed he was not severe enough to be referred to Camhs. I had to pay privately to get him to a psychologist to help him through his anxiety and we are still struggling through it 18 months later. Camhs needs to look at each child with more than a GP referral letter, they need to be physically seen and assessed.

199. No

200. I have not yet needed the services of CAMHS, but in the event that my children should require it, I would like to think that it would be available. And evidence shows that young people are showing signs of mental health issues more now than ever before.

201. Children can 'behave' differently in different environments. But at the end of the day, a parent knows best. So if a parent asks for help, their reason should be taken above medical professionals.

202. All kids , teenagers should be seen if they themselves want to be seen. not told your not bad enough for calms. Surely it's better for them to be seen by calms before their condition worsens.

203. This service treats kids like pieces of baggage in an understaffed airport instead of treating them like human beings. The process and system needs are prioritised over the kids. It compounds their problems and distress.

204. I would agree with the holistic approach as in my experience children have more than one diagnosis. Also the pathway to diagnosis is very complicated & difficult & seems to change for each child or case.

205. CAMHS is currently under resourced, under staffed and unfit for purpose.

206. The issues can be related so why only deal with one at a time?

207. Definitely yes to question 9. It's petrifying that it's not already holistic. Stop creating barriers to good health and outcomes for our young people.

208. It must be a holistic approach, as in your Q7 example, one issue/challenge/disorder will absolutely affect another. Humans (especially Children!) are complex therefore a holistic approach gives the child and family the best support and long term outcome. We don't live our lives in isolation, therefore disorders should not be treated in isolation. Plus there is so much more knowledge and experience in the collective, when people work together.

209. Waiting time needs to improve asap as I am struggling as a single parent

210. I have 2 daughters, one with ASD and one with trauma in regards to her sisters violent outbursts, I haven't been referred to CAMHS or if I have, I haven't heard anything back and am currently looking at private help

211. They need to be supporting children who are neurodivergent.

212. one issue can be as a consequence of the other so to support a child holistically means the person supporting them gets the whole picture - which would mean better support rather than being bounced between services one after the other

213. My experience is CAMHS refusing to address ADHD and eating disorders due to a previous diagnosis of autism, when it is well known that the conditions can be associated, and that treating one helps with the other...

214. Absolutely, this should be the case. My daughter was reviewed by CAMHS when we became aware of her Eating Disorder, they offered no support, chastised us for getting a private dietitian to support her and asked why we couldn't feed our own child. They said they had no psychologists to support her. We got her weight restored ourselves but then she became unwell again. The next time CAMHS saw her a year later she had lost all the weight she had gained, her blood pressure was low, she had no energy to go to school and ended up being hospitalised in Willow Grove. She became weight restored and more cognitive. She thought she might be autistic so we had her assessed and she was diagnosed with autism and ADHD. She lost two years of her teenage years, no school, no social life. We were very disappointed with the lack of professionalism at CAMHS.

215. The holistic approach taken by Linn Dara definitely positively impacted our daughter's recovery

216. I would love to get more information, as I'm educational psychologist

217. No human exists as only one thing. And many many diagnoses come with commonly co occurring conditions that all need to be looked at and treated holistically. It's ridiculous to think that only segregating one issue will ever actually make an impact for a person. I also believe it's being used as a way to reduce wait lists by making children not suitable for the service in their eyes by having this restrictive criteria.

218. CAMHS should support families and schools on the ground more as these people know that children the best and these relationships are the most crucial for them.

219. You're lucky to get an appointment to deal with any area - let alone all of them at once.

220. My child is currently attending a camhs inpatient unit, i find the fact that they have a multi disciplinary team in house way more funtional and supportive then when my child has been previously refered to outpatients, they should establish this model of practice in outpatients as sufficient as it is for inpatients i truly think it would make all the difference rather than having young people who need support wait months on end for appointments, by then teams have changed, group work is mainly offered as a support which is not always helpful, my child has been previously discharged from camhs twice, the last time was because my child is trans and they could not do anything to help my child with this, we were told contact teni, nothing we can do , 221. All children with any sort of problem should be treated the same

222. Please be aware of the fact that there are desperate parents out there, hanging on by a thread, needjng help for their children.

223. The child must be seen as a whole, what good is treating one diagnosis when that treatment could considerably impact another diagnosis

224. My daughter has autism and adhd and we were discharged from Camhs bc she had autism (!) but then the disability network had us waiting 2+ years, and she ended up aging out before they could help her.

225. Illnesses are often intertwined and I don't see how treating one only at a time will help the child.

226. My experience is that children with complex needs are sent to the CDNT. But if they're not complex enough, they are sent back to CAMHS and primary care. Neither will support.

227. I am a member of the group, Families for Reform of CAMHS. An overwhelming number of the parents who have joined that group do so because their child is rejected or their mental health difficulties have been dismissed due to their autism. Autism does not equal anxiety. Our daughter was previously with CAMHS 2021 - 2023. We made a complaint about the service as all of our daughter's difficulties were dismissed as 'due to autism'. The consultant compared my child to an alien and said that we should view her difficulties 'through the prism of autism'. In January 2023, her case was closed despite my husband and I talking about her developing agoraphobia and abnormal level of anxiety. We felt completely gaslit by the consultant who said to our faces, 'isn't it wonderful that we are closing the case. Your daughter is completely better now. Isn't it wonderful?' I have heard so many horrific stories from parents of autistic children. Have a listen to this - <https://soundcloud.com/thestateofthings1000/the-state-of-camhs-episode-1>

228. I believe that the children should be treated holistically at all times.. not only when they are presenting with more than two complaints.. as in all cases children are multifaceted individuals.. a consideration for how the guardians of those children can be met separately and assessed for what they believe the needs of the child are can be helpful...as often times it's the experience the child has in the home is the reason the child is presenting with the symptoms in the first place. Some Play therapists are adept with dealing with the parents over a series of appointments to best assess and support the parents in providing the safest environment for the child in question to return to. I have this in action and it will greatly assist a much quicker return to mental health for the child in question. Thank you.

229. If your child is autistic and also has ADHD - CAMHS will not see them. They say they will - but they won't. The same disciplines are available to Child Disability Services and Primary Care Psychology and CAMHS but your child is passed from one section to another for analysis - if lucky. But it never gets down to the discipline support.

230. I am a GP. Referrals are being declined for administrative (non-clinical) reasons causing undue delay. I know that CAMHS would NOT be there for us if my children were to need it.

231. My daughter is 17 now but attended a six week CAHMS programme training a number of years ago (cant recall what it was called) and then she was discharged as deemed she was equipped to deal with her problems/anxieties herself. I felt it was a tick the box exercise and my daughters needs were not really catered for. We ended up having to fund ongoing private counselling sessions for the last three years but yet in the eyes of the public system there was nothing required for our daughter.

232. mental health issues are complex, can take many forms and it is rare that only one factor is dominant, so treating one symptom independently will sunot likely be a success

233. N/a

234. CAMHS Need not just based their final results on a simple computer test as some children with additional needs beat the computer programme easily because of this they are discharged without support or services or help. And the child and family continue to suffer.

235. I feel so passionate about this. Our son in 4th class was referred to CAHMs but because he had multiple diagnoses he wouldn't be treated by CAHMs. With a result we are still waiting for psychology services!ogy

236. I think teachers need to get more training about how to identify and address small mental health issues of the children from the very young age itself. Also CAMHS should be well staffed. Mental health services were insufficient already , and there is no much improvent in any health sevicees as the population increases in the recent years. Health system in Ireland is so badly managed.

237. Most children have a combination of challenges.

238. Camhs promised to see my son and do another QB test when he turned 8. In the meantime he has been diagnosed with ASD and now they refuse to see him. My son is struggling in a constant fight or flight state and it is impacting his life terribly. It's impacting his school life and his academics.

239. Issue of gender dysphoria, ADHD, ASD and social anxiety overwhelmingly present together. Dealing with one thing at time is ludicrous.

240. It seems counterintuitive to me to only deal with one diagnosis as a time as mental health issues are complex and layered.

If there are other standards which you think are important, please tell us more:

- 1.It's hard to rank the above as I feel they are all important
- 2.Im unable to put into an appropriate places because CAMHS had made there mind up before even seeing my son.
- 3.CAHMS should be fighting back on any gender affirmative approach. IF a child presents with any gender confusion, the root cause must be explored and treated - the same way a child with an eating disorder would be treated.
- 4.Well trained staff with good supports
- 5.All of the standards above are extremely important.
- 6.Not filling that previous question is it a joke.
- 7.Coordination with cdnt multidisciplinary approach. Appropriate crisis support. Duel diagnosis support according to research example anxiety /depression and autism , eating disorders and autism .it vital parents are supported as they are having a hard time trying to parent keep there kids safe and not burn out.
- 8.Space for parents separate to the child to discuss needs, support and counselling for the parent as well as the child. The parent needs better support to be able and ready to support the child. A support plan that includes parental support treatment along with the treatment plan for the child.
- 9.Treating young people holistically and not ignoring those who may be autistic
- 10.Full involvement of main care giver in conjunction with the professional
- 11.Efficient use of everyone's time no duplication of forms to be completed or having meeting asking questions already detailed answered on forms, use forms and information already supplied and collected by primary care cdnt schools etc
- 12.I don't think these can be prioritised I think they are all essential elements of a functioning system and if any one of them is not prioritised then the system is defunct
- 13.Reassurance for everyone involved that the situation can be helped
- 14.Triage and signposting to other readily available services where it is felt that CAMHS is not the right support at this time
15. All of the above should be top priority people who know what they are doing with an understanding and training to proceed with kindness care and consideration
16. To be fair, these shouldn't be ranked- each of these services are equally vital.
17. We have not accessed the service with any referral so I did not answer above question.
18. The big issue is to have a national standard regarding ADHD referrals. Many CAMHS teams (especially in Cork) refuse to accept referrals for ADHD assessments, but there are no other public options. ADHD can respond very well to medication, and children and YP are being denied treatment and thus not able to achieve academically to their potential

19. Camhs ultimately needs to be sufficiently funded and staffed to provide an improved and effective service, so maybe current staff will feel supported and resourced to carry out their jobs & in a timely manner - instead of being under funded, understaffed, under resourced and staff not being able to do their jobs effectively and children are left waiting and literally dying because they couldn't access mental health care

20. Mental health care and education should start first and foremost in the early years with children having access to mindfulness as part of their curriculum. There should be early intervention and preventive measures within the classrooms.

No child should be blocked from attending without a second guardian signature and this requirement should raise red flags for a child-why would a parent block a child from speaking? .

21. In person multi disciplinary meetings to establish what help is needed and what the plan is. This would give so much relief and time back to parents & children alike.

22. Clearer acceptance criteria

23. That people are not robots and trauma informed care should be considered

24. The standards mentioned above are all a necessity and should be a given.

New: well staffed and performance reviewed team.

25. Fully resourced teams, including health psychology

26. Quality of professionals

27. Transparency on treatment times, referrals,

28. Respect for parents and more support for parents

29. Broader range of coverage

30. Appropriately qualified and trained staff. For example, a speech and language therapist working in camhs is different to primary care. Do they receive additional and appropriate training to work with the complex needs of young people who present to camhs

31. What about the children with mental health issues due to dysfunctional parents who are in the cluster b group or addicts. They don't get referrals as the parents don't see themselves as a problem. They are never addressed by the system and are lost unless they get in trouble with the law.

32. I don't know.

33. Written and high level governance for why child with other diagnosis such as asd are refused treatment from camhs . A high level of governance and an independent committee to review rejected cases badly needed to stop the discrimination of camhs individual practitioners

34. Staff turnover is too high - there should be better continuity of care. This is essential for anxious children. Home visits should also be an option if children are unable to leave the house

35. Confidentiality for kids and parents.

36. 0 waiting times

Holistic approach

Buddy system for the child, regular meet ups

37. Clear pathway to therapeutic intervention and supported whilst waiting for other services. Upskilling in area of FASD as CAMHS do not understand this diagnosis and the mental health issues that arise directly from it that need intervention
38. Stepped care model....eg follow steps of bibliotherapy/self-help, group based support, 1-1 primary care, if no resolution reference to MDT at CAMHS...tiered approach.
39. To have all types of services in one place and not to go on another waiting list if they decide they want an ASD assessment done
40. Provision of holistic care to all
41. Holistic assessment of a child more easily accessible!
42. I think once a young person is referred they should be SEEN for an assessment appointment not just judged by what is on the referral letter.
43. Just showing empathy and treating people as individuals not statistics
44. Holistic treatment
45. Having enough child psychologists and therapists to form MDTs in CAMHS centres is fundamentally important. More qualified & retained staff equals less wait time, more children supported and benefit from range of expertise & holistic view.
46. Early intervention while on waiting lists, better communication with schools and families, continuity of staff, and clear guidance on what supports are available if a child does not meet CAMHS thresholds.
47. Communication: multi agency approach to facilitate more than one diagnosis.
48. Multidisciplinary teams
49. More therapy less medication.
50. Partnership with school. Timely service delivery once in the system. Collaboration with private providers if applicable. Parenting skills development & guidance.
51. Available services for all children who need them and not just the children of parents who can afford to go privately and go around CAMHS. It's dreadful and a stain on the conscience of our care towards our children how difficult it is to enter the services.
52. Effective communication channels,
Skilled mix of staff to meet the needs of the child.
53. Integrated service for all healthcare needs- primary care and disability services work cooperatively with mental health
54. Help people who need it listen to them not shove them out the door when won't go 2 school change team working with the children if they not helping
55. Facility of sharing information/communication with team should be easier and appointments should not be repeatedly postponed/ cancelled
56. Some children need regular appointments - maybe they should be on line like jigsaw allowing kids access from remote locations.
57. Listening to children
58. On receipt of referral an indication of wait time should be made for initial appointment

59. A template for framework instead of it been guess work and hardship for the parents. Also it has been my experience with 2 separate CAMHS services that it is very difficult to navigate and from a psychiatric pov very hard to get written reports other than discharge letters
60. A little help and support for the parent who is going through this with their child. At the end of the day it's the parent who helps the child through it all.
61. Revise referral criteria to ensure some populations are being unnecessarily refused access to vital care, e.g. autistic with potential ADHD/Anxiety not fuelled by autism
62. Clear accountability and publicly released information on the number of children and adolescents who have been accepted AND rejected with the reasons given for them being chosen or not qualifying for services. This should be done on a yearly basis, or even better, on a quarterly basis. This information, within GDPR permits, should include stats for "symptoms" presented, age, gender (including all genders, and based on how a child/teen wishes to be regardless of sex at birth, even if parents don't agree with child), socio-economic background, personal and familial situations/background (is this child in foster care? Has this child experienced trauma/neglect/violence etc., regional location (this could be based on postal codes). Basically accountability which addresses the facts and statistics in the Mental Health Commission report of July 2023, to hopefully create a fairer and better-serviced & functioning system across the board for all children/teens who are referred to and in need of CAMHS.
63. NA
64. It is essential that CAMHS treat children holistically and are open to liaising with other services such as CDNTs and Primary Care clinicians that children have already been known to.
65. I believe teachers should be trained in mental health practices and have a dedicated time every day to practice some kind of holistic exercise such as meditation, breath work, mindfulness movement, etc.
66. More support, talks in schools, 24/7 helpline
67. 1. Timely access based on Clinical Need - based on risk and acuity - not administrative order. Crisis - same day, Anxiety/depression <2-4 weeks, early intervention < 6 weeks. 2. There should be key measure of the effectiveness of the process: time to 1st clinical assessment, % of children deteriorating while waiting etc 3. Continuity, safety and therapeutic relationship 4. Family-inclusive developmentally informed support-respecting the child's autonomy.
68. Better directions to appointment areas. Better child friendly rooms and consultants
69. Create a therapeutic relationship with the child and have a consistent person who meets with the child so they have continuity and relationship and treatment can develop
70. I think all of the above are of equal importance
71. Support for whole family as an issue with one child affects everyone in the family

72. Having access to the same person at appointments to provide a sense of security & consistency for the young person, avoid explaining repeatedly to people who are not familiar with the case,

73. There is a complete disconnect between CAMHS and other services such as primary care or CDNT. These services need to be interlinked. My son has been referred to each of these services on multiple occasions and there is absolutely no communication between them. If for instance CAMHS will not accept his referral they will reject it and suggest that the GP refers to primary care. Surely it would be more efficient and more beneficial to have the referral come directly from CAMHS.

74. Easy accessibility to staff we would be working closely with. It is so very frustrating to my children and ourselves when one has phoned, emailed and texted a staff member and there is absolutely no reply for months, if at all from that particular person.

75. Any referral that CAMHS are thinking of refusing are seen by a team before any referral is refused or request more information from the referee advising them on what basis the referral is being refused.

76. That the health system covers all mental health issues, so if a referral is unsuitable for CAMHS, the alternative is offered immediately. The requirement to complete community psychotherapy prior to CAMHS accepting a referral is entirely inappropriate for some cases and should not be a default.

77. I have often received a phone call from a CAMHS team member wanting me to discuss in detail my daughters welfare. I normally get these calls out of the blue, no warning or pre-letter of meeting. I have at times broke down in tears at these phone calls as I was unprepared, busy and had to take a call out of desperation. For any other medical or educational phone call it is best practice to inform the parent in advance and ensure they have time and space for such a meeting.

I also believe there should be a CAMHS staff member on every Paediatric Hospital in Ireland. We spent 3 weeks in CUH last year with a critical medical issue. My daughter was also sharing a room with teenagers who over-dosed, had eating disorders, had attempted suicide. There was also a child removed from the ward in a coffin. My daughter was there for a medical issue but left the hospital more traumatised than she went into it. There was not one single psychotherapist or counsellor on the ward. I pleaded several times for psychological supports. None were available. Maybe if CAMHS met children in the hospitals where a lot of trauma and stress occurs the waiting list would not be so overwhelming. Nurses and Doctors are left dealing with these issues despite their busy schedule of saving lives medically. It is shocking that there are no services in CUH Paediatric Ward-Puffin. The physical state of the ward was disgusting and unclean and the emotional feeling on the ward was out of its mind. We have never had such a distressing time from the actual environment of a hospital. In addition the staff were exhausted and overwhelmed.

78. Professional standards. Staff training. Resources

79. Obviously all of the above standards are essential when treating mental health especially in children. It's sad that they have to be rated implying not all will be prioritised.

80. Expertise and breadth of knowledge of staff

81. I would rate all of the above as equally important. A respectful approach and an assumption that the parent and young person have the better understanding of their lived experience.

82. Important not to dismiss the application or all the process, only because one "professional" has a different view on a child, when they have no experience of child's behaviour in a broad range.

83. Understanding of neurodiversity informed by neurodivergent community.

Understanding of gender distress informed by trans community.

Eating disorder services informed by lived experience - properly resourced

Interviewing parent and autistic young person for an hour, telling young person they need to eat and giving them a handout of meal plans with follow up in 4 weeks did not cut the mustard for us. Our experience was weird, paternalistic and protracted interviews with doctor who dismissed neurodiversity.

84. A humanistic approach that meets the children and their parents where they are at. Building trust with the young person and clear communication with the family is of the utmost importance. Consistency is the only way for treatment to be successful.

85. I went threw xxx cahms and found xxx the most rudest person ive ever spoken to to the point I put two complaints in about and was told I wasn't the first . People like her ahoudnt work in that type of job as we as the parents need to be treated with respect because if we dont tfight for our kids who will? We know our children with see there masking and struggles on a daily basis so for anyone to doubt a parent is very unfair and to be disrespected by someone that think they know better is very dishearten. The more help and support out there for our kids the better . I have 2 kids with combined adhd and both are so so different . Things need to be changed if a child's needs medication they should get regardless if your a boy or girl!! Stop leaving people struggle there way threw life give them the support and help thays needed to manage and learn about it all and ways to help themselves and ways for parents to help them also.

86. Clear non conflicting opinions between service providers and full disclosure in written correspondence i have had many letters from CAMHS leaving out important information

87. I have already discussed my concerns

88. There should be a connection with schools, based on helping every child with varying degrees of mental help

With regular retreats/classes

89. Likely covered by #9 - Improved interagency and joint working. Good communication and collaboration amongst professionals across agencies - a respect for the professional opinion of professionals working in other services who likely know the child/family better than CAMHS

90. All the above are important as is follow up and working on a clear plan with parents and letting g parents know what their child is struggling with or worried about. Guiding the parents on how to help at home rather than just helping via therapy. Family therapy sessions when needed.
91. Working with children and family unit in an open, transparent way, which is inclusive, comprehensive and holistic....
Nothing for the child without the child and family unit being involved from the get-go
92. Well educated/trained staff, immediate access for children with pre-existing diagnoses to publicly funded occupational therapy clinics. No child goes home without assessment, intervention, a plan and an appointment for follow-up.
93. Collaboration between camhs school and child-therapy that is generalised across the child's settings and all stakeholders being involved in the process
94. Partnership with school and teachers. I can't actually believe that is not on your list. You keep talking of being a community service let you are leaving our KEY PARTNERS from the child's perspective. WOW! is all I can say.
95. Better communication between CAMHS, AON, CDNT, Primary Care, Private services, Hospital services
Set standard of care and consistency between teams and psychiatrists (our two children got VERY different support from CAMHS).
Seeing the same psychiatrist for each appointment, and not being pushed around from psychiatrist to new psychiatrist every few months
Not using Qb test as the only measure of ADHD, it's not a MDT and many children who love computers can attend to it. It does not assess a child in multiple scenarios and locations which is best practice.
96. not enough information about mental health supports for children and young people
97. Accountability standards - how will CAMHS prove that the work they are doing is effective and up to the standards that is expected treating our nations most vulnerable people
98. Don't know
99. All are equally important, and it is insulting to ask people to rate them!
100. Accepting of more referrals, currently only supporting suicidal teens and young people.
101. Working with children and young people to end the stigma around mental health and help them feel more comfortable to ask for help. More education in schools regarding types of mental health and steps to take if they need help.
102. Emergency care for kids when needed so that parents are not left bringing their kids to A&E because CAHMS is not open/available.
103. Allow more time for children to see the councillors when my child went he had like 4 visits and we were told that was it and just left to work with the tools and information to give us it wasn't good enough

104. I feel that CAMHS has been under-resourced for a long time, providing a service that's not fit for purpose. For example, when there are not enough OT staff and so the OT just runs groups as a short block focusing on one specific issue, but some children have major issues that need OT input, and they finish their "OT Block" without ever having them addressed. The focus of CAMHS should not be on "how we can get through the waiting list quickly" or "let's make sure we've ticked a box to say this child accessed that service" but on genuine outcomes. Q.O.L surveys; standardised outcome measures etc.
105. Continuous audit and assessment by the service to ensure they meet these standards
106. The standard of the therapists is paramount - and their proven success. And their commitment to the vocation of supporting children.
107. No 1.:Assessment should be done by psychiatrist not nurses and social workers. Trauma should not be the basis for rejecting other problems.
108. Effective intervention and implementation of support systems. Information and assistance with behaviour modification. Support ahead of diagnosis. Prevention. Early intervention
109. all of the points in 11. above are equally important & if one area fails then the systems isn't functioning properly.
110. To be a more comprehensive service, that will help children with mental health difficulties without the need for them to be in the bottom of the pit to be taken in.
111. I think children should be seen by CAHMS and parents spoken to before a decision is made whether they will be accepted or not.
112. Accurate assessment process so that young person arrives at the correct place for the correct treatments/care
113. It's very hard to put this in order of importance because they are all equally important
114. Mental health issues are 24/7 365, 9-5pm does not meet need. Day time appointments can be difficult to attend for parents who work- oftentimes children do not like leaving school for midday appointments as it disrupts their day-some of them find school a sanctuary and hate to miss school increasing anxiety and inability to cope.
115. If a parent presents with a troubled child, this needs to be listened too. I am aware of two different children who were sent away as they were not deemed to be in trouble/crisis etc
116. Ranking the items above seems a bit ridiculous as they should all be basic tenants of an effective CAMHS service
117. Social worker contact so that if you encounter any negative or difficult to navigate issues a family has somewhere to go.
118. Respectful, sensitive, professional and well resourced and supported care teams.
119. No at present
120. Parents being listened to without judgement
121. Parents / child's opinion above all else, if they are the person who requested the referral.

122. All kids should be seen when referred

123. 1. Listen to parents, involve them and collaborate fully. Mentally ill teens are not best placed to navigate this awful system.

2. Any waiting time over a week for a non emergency initial appointment is disgraceful. Imagine having a mental crisis today and being told 'we might have an appointment in 12 months' - do a study on how many kids attempt or succeed at suicide after hearing stuff like that. How many parents being affected. If it doesn't actually work, it's not a service, face that, own it and overhaul it properly.

3. Get proper well trained and well resourced staff. People who understand that statements like 'we can't treat your OCD' because you have depression' are laughable.

4. Us being terrified to put our kid through CAMHS process because of cut-off treatment, abruptly ended treatment, reliance on medication, chopping and changing staff, underresourced locations. It is a shameful appalling mess. We had to go private

124. Teachers & other professionals need to be given a circular on the referral process & gives names of people who can guide us in the referral process.

125. To be very clear, the last two items above - clear information that is easy to understand and a comfortable and safe environment for children - should be a basic level in each setting that is dealing with children. I don't feel that it is appropriate to put these on the list as standards, they are basic rights for everyone, especially children, one of our most vulnerable groups in society.

126. Continued support and help available AFTER the diagnosis or meeting.

127. Please just help

128. All of the above is important, it's hard to rate them, as they should all be a number one priority. If one of the above isn't working well, then the whole process can fall apart

129. Stop moving the staff around. It's not fair on the kids attending the service. Develop a good community team.

130. all the above items are critical and all should be no 1

131. Holistic care - e. g. a child experiencing significant anxiety and distress due partly or largely to neurodivergence should not be turned away for treatment based on that neurodivergence

132. Timely crisis support

133. Transparency in what the service can and cannot do, what help they provide and offer and what issues are not their remit. Rather than waiting to be seen for many years and then finding out oh wait, we don't cover that if it's also alongside autism or ADHD so go away... Also important to signpost people to where is more appropriate if they are refusing to engage with the child.

134. Most children with difficulties present with more than one issue and all of these need to be seen as a part of a whole not individually.

135. more specialised services for trans youth

136. All the items are critically important and one should not be prioritised over another
137. A non dismissive approach when a parent hasn't even told their story. If my GP thought I was mad and there was no issue with my child she would have told me so and not referred us to CAMHS
138. Please hire good staff. Some of the professionals were excellent, but others were dreadful.
139. Prepare young adults in advance, working towards transition of leaving CAMHS service and attending adult service and informing them of the shift from children to adult mental health service and the personal responsibility of moving to adult services once they become 18years of age.
140. All of the standards above carry almost equal importance so I found it very hard to rate them. A comfortable and safe environment means a healthier outlook. Our local CAMHS is so bleak while the CDNT building has a bright interior with things on the wall - our environments impact our feelings so although I put this last, it is so important. Information should be accessible to all instead of being a barrier to many. I attended a parent workshop years ago and the consultant spent a long time talking about the workings of the brain (naming all of the parts, etc). At the time, I worked as a STEM educator so I was fine but did think that it was inaccessible to most other parents - and unnecessary. There is no need to bamboozle parents unless you want them to always remain on the back foot. Working in partnership with parents is sometimes more important if the young person is vulnerable.
141. The question above is nonsense. All of these things are important and it's splitting hairs to think some are more important than others!
142. Process needs to understand that children who do not want to engage with services should not be excluded. They need the most help - services need to accommodate the child - not just the system / process.
143. Consistency and continuity in care are vital. Trust must be developed between the therapist and the child. Therapy personnel regularly migrate to other geographical areas, thus breaking up the relationship of trust that has taken time to develop. This can be a serious setback to the child's care.
144. N/a
145. Listen to patients as they live daily with the conditions and Family as they live with the person with the conditions
146. CAMHS have let down my son and my family massively. I have no faith in their practice
147. Adherence to WPATH to transgender issues. Autism support that meets the standard of "nothing about us, without us" Autistic community-supported interventions.
148. I would rank all of the above on equal importance.

If there are any other values or principles you feel are important, please list them below:

1. Again I feel these should all be guiding principles and very hard to prioritize
2. Parent involvement is paramount. No child under 18 should be treated or diagnosed without parental involvement. Other countries are seeing lawsuits from this damage. Ireland must take heed.
3. Have you got time
4. Neurodiversity
5. Support for parents also
6. All of the above are equally important. It's about getting the right service for your child in a timely manner. Continuity of professionals is also important to most children especially after trust in a relationship has been developed
7. Again, these should all be present and it is near impossible to rank their importance
8. It's hard to rank the above - they are all important
9. Again, these values have an equal value and shouldn't be ranked.
A key principle should be every child is given an appointment in a timely manner with appropriate link services when their time with CAHMs is over.
10. All of above are equally important.
11. The importance of the needs and wishes of the child depend on the age of the child, with higher importance for older children. Also a need for transition services.
12. It's hard to rank the above considerations, as they are all valid.
13. As with all child agencies, they are all child focused, information is private due to gdp, theres always equality & inclusion due to protective legislation, due to lack of staff & resources I'd say the professionals mostly make decisions and inform parents and therefore theres little or no collaboration, not unless parents strongly disagree. I mean staff might ask questions to determine their decisions eg about medication, but ultimately they are the ones telling you how it is, and due to time constraints that might be it!
14. The UNCRC articles should be adhered to . Every child should have the right to be heard and heal from trauma/supported through stressful situations.
15. Professionals keep CPD up and services required to perform and publish clinical audit.
16. To have a child meet a child psychiatrist face to face as opposed to online
17. All of above is extremely important. They are all equally important
18. No but these are so hard to rank. They could all be number 1
19. Camhs need to respect the assessments of other professionals especially referrals from the national children hospital .

20. Equality, inclusion and cultural sensitivity and privacy all seem to me to be part of respect and dignity. I would not separate all those.
21. They should be neuro-affirming. Not seeing neurodiversity as a Disorder.
22. Listen to parents, they are seeing child 24/7
23. Values and principles above should all be no 1.
24. Knowledge and understanding of diagnosis, cross service intervention and planning which reflects the needs of the child at home, school and outside activities
25. All of the above are important values and difficult to prioritise one over the other.
26. That those in professional roles who have abused their position be held accountable and removed from treating those most vulnerable
27. re child safety; better follow ups & ACTUAL ACTION with the law, with Tulsa & Gardai if parents are missing appointments, not cooperating with treatment plan, denying child access to therapy/medication that's in the child's best interest for their mental health & quality of life
28. Better inter-agency collaboration with schools, early intervention while waiting for assessment, continuity of care, trauma-informed approaches, and clear pathways when students do not meet CAMHS thresholds.
29. All of the above are important and necessary and other than being child centered at the core- should not be placed in hierarchy
30. Help teach the parents on how to deal with the issues so they have the tools to implement by providing training
31. Consistency in point of contact for patients - continuity of care should be more important
32. Not sure
33. Evaluating the service outcomes, striving for highest standard of practice
34. They need to work with other services involved in collaboration with parents instead parents are excluded from CDNT /CAMHS review of young person.
Parents are left in the dark. Also CAMHS read too much into what school may say when school may not see the whole truth that the parents see. Masking in school is huge.
Anxiety was dismissed for us
35. Equality and Inclusion should also include the example of previous diagnosis such as autism
36. Collaboration with the child's current school/ teachers
37. I think the needs of the child need to be taken into consideration first and for them to be able to speak instead of a grown up speaking for them
38. All of the values above are No.1 in reality. I would add 1. Demonstrated accountability, continuous improvement and learning. This includes accepting, reviewing and acting on feedback from the child or family. 2. Compassion with clinical courage - able to act decisively when pain or suffering is clear.

39. Clear instruction for parents, say approx length of appointment. We thought we were going for an average gp appointment time 15/20, then told we'd be there for 2 hours. Child waiting on his own for way too long then brought to room on his own and left waiting in lobby again upset without parent being informed

40. Again all the above are important and should not be ranked

41. I have found in the past when using services, that one professional's notes are not shared with another professional. Then, the child in question has to go through the exact same protocols and tests and questions with each following professional. It is annoying and exhausting more for the child as I am capable of understanding procedure and the need for each professional to see their own outcomes. However, it would be my suggestion that like the new set up with the CDNT, that information is shared between each professional with the guardians permission, and that they show they are a team now. It is surprisingly refreshing for both ourselves and the children. and for the team. Communication becomes routine and the professionals look and sound less exhausted themselves.

42. Focus on treatment and active recovery or improvement through CAMHS. A lot of focus is placed on assessment and monitoring and not enough on making meaningful progress

43. Proper care and supports that are credible and have integrity. It's a disgrace what we have experienced as a family. Recently I stopped responding to the 6 monthly letters from CAHMS about wanting to remain on the waiting list. Worn down by the service, lack of care, isolation, desperation. As a mum at home it has been exhausting to engage with the service. We have received more care for my daughter from services in the UK. After one phone call to a service in the UK my daughter has received constant, yearly support. I feel CAHMS is a joke when I compare their care and response to my daughters needs. I always feel like we don't matter, my daughters needs are insignificant or that the service is about to be cut at any moment. I actually feel very strongly our membership of the EU should be revised because of the way we treat very vulnerable families and children.

44. all of the above should be number 1

45. Again all of the above are essential and I feel it is telling of the lack of resources if parents are being asked to prioritise what should be a basic standard of care in the service.

46. They need to stop shame and blaming the parents for everything wrong. They judge and pass judgement so easily. They don't care about how that is impacting the parents. If we are there with our children is because we care and we want them to get proper help with dignity and respect. Instead we got the opposite. My child was ignored, we as parents were ignored. They even told me to stop emailing them.

47. Again, all of the above are of equal importance.

48. Neuroaffirming

Understanding of gender distress informed by trans community

Honest

Accessible - eg sensory processing differences lighting, sound

49. Look at the family unit without judgement to see what supports are needed

50. Respect for the knowledge and professional opinions of clinicians working outside CAMHS

51. Open disclosure, frankness, honesty.

52. To involve the parents but actually letting us know what is being discussed. Children are not adults, and should be treated as such. Parents should not be kept in the dark.

53. No mention of education in ethos but many children are in that environment for 6 hours everyday - schools role in the collaboration must be emphasised

54. Cultural sensitivity and Equality & Inclusion are the same thing surely. Why treat them separately? Again, schools missing from community and your talk of collaboration which I've put in point 4.

55. To be honest, these are all very crucial values and should all be top priority.

56. No

57. Again, an insult to ask people to rate these. All should be basic best practise.

58. Inclusive practice- including support for individuals with autism

Currently support is so inaccessible- gp referrals are often turned down as only dealing with emergencies/ extreme mental health issues

59. These principles feel equally important

60. Just to say that all 8 points above are crucial and necessary, no one point being above the other. Any CAMHS service should only exist if it's providing ALL of the above.

61. My friend's daughter developed anorexia. My friend, and her husband, did their best to support their child. And she eventually came through it and appears to be healthy now. However, sometimes they refused to implement advice from the professionals. I get their position, but sometimes, objectively, their position was wrong. They were being emotionally blackmailed by their daughter, who maintained she was fine, and didn't need any treatment.

There are times when parents are wrong. In many cases, they will not be mental health professionals and even if they are, they cannot be objective. And this needs to be clearly outlined to them.

62. Again all of the above points are equally important

63. All of these items are equally important.

64. n/a

65. Relationships, pointless children attending appointments if each time they meet a 'new' or different therapist- relationships take time to build and are quintessential in helping children with mental health issues as they will not engage or open up if they do not know the person.

66. Again the above are all such basic principles of adequate care it seems ridiculous to even be ranking them
67. Accountability for any misdiagnosis or failure to obtain service in a timely manner
68. None judgemental.
69. No
70. Communication. Answering office & work phones.
Answering emails.
71. LISTEN AND COLLABORATE AND MEANINGFULLY INVOLVE PARENTS. PRIORITISE THE KID AND THE KIDS EXPERIENCE OF THE PROCESS, WHEN THATS CRAP IT COMPOUNDS THEIR PAIN.
72. Schools are often first port of call but it's very difficult for teachers to refer as the process is so difficult & no clear pathway. Referral to the GP is hard as the GP will only see a snap shot of the child where the parents & teachers have full image of the child as they spend time with them
73. Again, all the above, should just happen and should all be a number one priority. If one of the above was missing then services are lacking in providing a suitable service
74. Child centred care is important but childrens and teens brains are not fully developed so they are not mature enough to make life altering decisions about themselves. Focussing on the wishes and needs of children isn't always in their best interest. I'm thinking particularly re gender dysphoria and gender non conforming. Science and Evidence Based Treatment is a must. Affirming care cannot be trusted. Explorative approach far safer. Affirming a Trans identity in young people is dangerous. Adolescence is a time of confusion and often self rejection. Puberty is a normal developmental phase-adolescents should be supported in a way that explores their beliefs and uncomfortable feelings about themselves not affirmed.
75. Again - all critically important and one should not rank over another
76. Respect and appreciation towards the seriousness of the situation
77. Don't judge the parents !!!!! One of your doctors actually asked us « have you ever tried saying no to your child? » as if we were idiots who had never considered that. It is HARD to be the parents of a mentally ill child!!! Judging us only makes it worse.
78. Again, these values are all important so difficult to rank. Equality and inclusion deserves to be top and it follows from no. 12 regarding information being easy to understand. Information should be accessible to all either through simplified text, translated into other languages and accessible to those with physical disabilities - and delivered in an accessible way.
79. There is no correct order for these. They are all important!
80. If the first one is addressed then the rest on the list are implied.
81. N/a
82. Do not dismiss children with Autism
83. Again all of the above values are equally important and the minimum both children and parents should receive

If other, please tell us more:

1. More Help needs to be given to children of every age who are struggling. Not to be thrown out before they have even seen the child
2. Parents must be involved every step of the way. The right of the parent, for minors under 18, comes first - over the right of the child. Our children belong to us and parents are the primary carers for their children.
3. Ensure they are admitted into an age appropriate environment
17 year old in adult psychiatric acute unit is scary. Support during admission is vital
4. U keep mentioning parent involvement - in some instances the child may not have that I would suggest parent/care giver
5. We were very concerned at the idea that our child was told that a boy could become a girl.
The massive and largely unnecessary prolonged school COVID closures added to problems.
6. All of these are important and shouldn't be restricted to 3
7. Follow up services afterwards
8. No child should be refused because of Autism. Autistic teens and adults regularly experience high levels of depression and anxiety.
No child should need an adults permission. They should be able to self refer. One parents signature should suffice.
9. I don't like the clear criteria phrase as this becomes a "tick box exercise" to say if someone fits the criteria and gives clinicians (or admin staff) an justification to deny the application/referral and send back to GP's.
10. Generally parents drive admission.
Give local support to parents if this is not in child's interest.
Have a lot more inpatient beds in the first place
11. Responsibility to understand all neurodiverse diagnosis and effects on mental health
12. Show kindness at often distressing frightening time for the child and their loved ones
13. all of the above at no 19 are important & should be included
14. supports with schools, and follow-up community care to prevent relapse after discharge.
15. It needs to more individual..not one size fits all
16. Have a dedicated team parents can ring at any time when in the midst of a situation and have accountability
17. Obligation to find a place of the child is assessed to be a danger to herself or others.
18. 1. Clear rules to guide and ensure proportionality and least restrictive practices. 2. Because this is traumatic for both child and family - trauma-informed and developmentally appropriate care (trauma-informed staff as mandatory) . 2. Clear time limits, review cycles and exit planning 3. Continuity of education, creative outlets etc 3, Post discharge supports, monitoring and evidence of learning from each admission.

19. This is a scary time for both parent and child. Everything should be put into place to help make the right decision.
20. Criteria needs to be flexible as children present in different ways
21. Under the Mental Health Act 2001, anyone under 18 is considered a child for admission to CAMHS. However, paediatric emergency departments only accept children under 16.
- In my experience this is very stressful. My daughter shared a room with several children who did not have medical issues they had mental health issues. The staff were unable to deal and cope, it put extraordinary stress on the staff, was very confusing for my daughter. Every Paediatrics ward should have a separate ward for mental health. At one point during our stay a boy who was in a room (without a bed frame) and being monitored for safety reasons 24/7 escaped his room. He exploded through the ward without any protection for the rest of the patients. My daughter was fighting for her life medically and we did not feel safe. Part of her recovery was to 'Walk the length of the corridor on the ward' she did not feel safe to do so. I felt we were living in a war zone during our hospital stay.
22. As much as possible - support predictability and understanding of what is ahead - e.g. timeline of admission, anticipated length of stay (even minimum period), involvement of GAL or independent advocate for the child/YP.
23. Any involuntary admission must be done with the highest regard to the individuals safety and those around them.
- All involuntary admissions may need emergency access to advocacy services in the absence of a functional family unit. Where the family unit exists, they equally must be a priority too, along with the child.
24. Parent support for understanding rationale for admission and provision of a clear treatment plan. Support to ensure that parents can remain with their child during their admission. Support for siblings.
25. Needs to be a clear, independent and supported appeals process.
26. Lear pathways and treatments
27. Materials presented visually (pictorially and text) and not just presented verbally, so that a child who is in crisis can view materials when able.
28. For number 20 I think all things listed should be a priority
29. The Code of Practice for involuntary admission is a dead letter. GPs don't understand it and don't know how to work with it.
30. INVOLVE PARENTS MEANINGFULLY.
31. Why is the survey asking us to rank what are the bare minimum of requirements in 2026? All are needed. One should not exist to the detriment of another
32. Support groups for families.
33. Suitable placement for their specific needs. Advocacy and support channels available to the young person. Allow a trusted person to stay close where their presence helps the young person. A young person in a place where their sensory needs and autonomy cannot be accommodated is not a suitable placement.
34. n/a
35. No

Is there anything else you would like to add with regard to standards for CAMHS?

1. Mental health challenges affect families not just children. There is a distinct lack of support for parents navigating these services. Without a regulated parent no amount of webinars, child focused services will make as big of an impact. Standards for CAMHS should include social work/psychology support for parents/caregivers
2. Absolutely useless they shouldn't even be here they are no help to any child or family.
I have been looking after my son, with no experience but I still had to sit with at night time worrying himself crying himself to sleep.
3. Don't affirm children are born in the wrong body. Don't sideline parents. Look at why kids today are troubled. Look at what is being taught in school. Does CAMHS know that the school books have NO risk assessment, NO signoff and NO safeguarding statement? This is reckless - it's causing mental health issues.
4. Please see children within the first week
5. More transparency
6. My daughter was referred to camhs by the doctor but because she is good at hiding her issues the school report did not help us even though she said she can't control her temper, she cries for no reason and has a fear of food which was all in the on line report from us her parents she did not get the care she needs and us as parents are felt confused.
- 7.
8. The problem with CAMHS is not necessarily in how services are being provided right now, it's the lack of access to services. It sounds like there is little scope for early intervention on mental health difficulties, and we are failing our children and future society by not supporting them in these crucial early years the funding for these services needs to increase dramatically
9. The service needs to improve- it's currently so hard to access.
10. This should be the governments no 1 priority
11. There is no proper accountability of individual CAMHS teams in terms of accepting/ declining referrals; there should be a clear process including an option for a second opinion (of the acceptance or refusal decision) if parents and referrer (e.g. GP) disagree with the reason for refusal
12. I wasn't aware until taking this survey, how young people can be referred to CAMHS. Could it be considered that professionals involved in performing assessment of needs on children, could refer them?
13. There should be access to other services while waiting such as art,play, drama therapy. Group sessions.
14. Train especially older staff to stay up to date.
15. Please leave the cultural competence, Diversity, Equity and Inclusion ideology nonsense aside. Services are over burdened and under staffed as is. Focus on providing quality care for kids and do not waste resources on on the things that aren't really important to kids in crisis.

16. Mental health should be accessible to all. A little help when young could help prevent a lifetime of poor mental health.
17. More staff are needed.
Services are just non existent.
18. Clear communication with other services involved in the child's life ie cdnt teams, school, Tulsa, private practitioners , consultant's and psychologists ect
19. Waiting lists are a national disgrace
20. Adhd assessment should not just be for children that 'cannot sit still' - there are so many children with inattentive adhd slipping through the cracks.
21. More resources, less waiting times. Help apart from just meds.
22. Upskilling and inclusion of other diagnosis- FASD and it's effect on mental health of children
23. Investment needed in all child services if they are to work efficiently together.
24. Be more understanding and actually listen to the parents as children are very clever to hide things when in front of them so the staff aren't actually getting to see what the child/ young person is like at home, school etc
25. I think that CAMHS should be separated to differentiate between teenagers (13-18) and under 12s as needs can be quite different.
26. Time is of the essence , many young people are being failed by the system while huge money is earned by decisions makers who are not helping most vulnerable.
27. Quicker wait times
28. Hire more child psychologists around the country!!!! Guarantee a child is initially seen & admitted into the sysyem within x timeframe, regardless of where they live in Ireland. Stories of children waiting 6 years to access needed services for their mental health is scandalous. Not to mention the repercussions & stress on their families.
29. Standards should include maximum waiting time targets, interim supports during waiting periods, formal school-CAMHS communication pathways (with consent), continuity of clinician involvement, and structured step-up/step-down care pathways across services.
30. I'm not sure of the purposes of this survey as it seems CAMHS is only an option as a very last resort when some early intervention & help/support would prevent things getting so much worse. CAMHS involvement is too late.
31. Please provide adequate staff.
32. Be less top heavy and get more proactive staff who are willing to work on difficult situations & don't just do surface care but actually indepth care if needed - also the survice should deal with the child as a whole not just on one issue at a time.
33. Change of staff
34. More education for healthcare professionals in relation to CAMHS and what is considered/ needed in relation to a referral
35. I dont think so

41. Effective systems to track and share case histories/Key clinical information, as appropriate - i.e. child with history presenting in a different county or CHO. that medical practitioner/clinic needs to be able to access at least the key and relevant notes on that child's file (while supporting GDPR). For example, Teens who present in A&E cannot be effectively supported without access to clinical information)
42. Be more local not just one big daunting old building for a whole county
43. Children need to be seen within a few months if they are dealing with their Mental Health
44. When it comes to persons who need CAMHS services, it would be best if the professional working with a child who has a specific Special Need for example, actually had experience with children with that Special Need. It makes a huge difference. An example would be a professional meeting a child with D.S. and treating them exactly the same as any other child they have met with before. They are not the same and do not react in the same way to the same procedures as the average child or other children with their own special needs.
45. The HSE needs to support all children and adolescents with all mental health needs. How the HSE channels it to particular services is secondary. Assessment of each referral based on need and arrangement of the appropriate pathway is needed. At present there are tight criteria for CAMHS and in our case a rejection was accompanied by a new long form to apply for community psychotherapy, for a child who did not need this. The child had no requirement for psychotherapy but did require assessment for ADHD, prompted by an educational psychologist assessment. There was no way of getting this publicly. We had to attend a very dubious private doctor who diagnosed and managed her poorly then disappeared. We are now with a structured private service, which is extremely expensive, time consuming and is limited in the support it gives her. What is the pathway for children like my daughter? It appears there is none?
46. It's 2026. Please get it together as a service. It's not rocket science. If France/ Denmark/ Germany/ Sweden/ Norway can do it...
47. Please raise the standards
48. Treat parents and children with respect. So many times as a mother was humiliated and bullied (me having to agree) to take their stupid course which was a waste of time. NVR way better and should be available to all parents regardless of they have violence in their houses or not. That course should be done by every parent before welcoming any minor in their household.
49. no
50. More staff needed for therapies rather than Medicate
51. The current standards are inconsistent and are not for for purpose of a child is referred by a professional they should not be able to go refuse treatment

52. It seems to be pot luck when accessing CAMHS, depending on your location. The psychiatrist seems to be the main decision maker (in our experience) My child has felt hugely let down by CAMHS. He didn't feel listened to or supported. As a teacher, I have had many students who were also let down by CAMHS over the years. My main regret is that I agreed to refer my own child to their services. I will not be making the same mistake again. There are no "standards" as far as I'm concerned. They are just fire fighting. It is not a reflection of the people who are working there. It is a reflection of a system that is no longer fit for purpose. It is understaffed and under resourced.

53. Focus on the child,not sending the parents on a course!!

54. There standard realaly needs to ne changed to make it easier for a child to be acually seen proper and to be givin the appropriate help thays needed not just pushed to side with no help at all and left struggling to when they myt reach an age nd possible get help bit thene might be to late ! Do it from whene there looking for help not down the line .. let parents do referral and not be treated like its all in there head i say thay because that's how I was made feel for the year I fought to get her on the waitlist !

55. Complaints should be handled by an independent body

56. Definitely not they are a joke

57. Increased training/awareness for staff re. the prevalence and presentation of co-occurring conditions. Such as Neurodivergence and increased mental health challenges; ID and anxiety

58. More visibility and availability of services, better links with schools, easier for children and families to get support via counsellor/ school referral and GP. There should be a first point of contact so parents don't feel like their form has gone into an abyss and are left wondering how long they have to wait for any support. Maybe even a support line for people filling in referral forms

59. Yes, just to say while I didn't tick extra staff & resources, it is absolutely clear that once Standards are set, agreed and set intonpolicy- then all resources required to achieve them must be put in place.

The formative years are tge most formidable in terms the childs future, therfore CAMHS must be seen as an essential, urgent service equipped to ensure the best outcomes possible for each child and family unit engaging with the service.

Also, while cases maybe ongoing & not always at a crisis point, the transition to adult age appropriate services becomes a trigger for crises based on the inability of services to manage the transition seamlessly and with person-centred effectiveness. Transition services are not always available & must become part of the priority list also.

60. increase services and reduce waiting times massively.

61. Children should never ever be exposed to other distressed children during their admission to hospital or when receiving any CAMHS services. There should be a designated parent/family liaison as parents and siblings also need emotional support during these times.

62. There are coverage gaps between services from what I can tell. ASD and some other issues treated as disability and not fully CAMHS supported, LGBTQ referred to other channels (and particularly personal experience around own child and gender identity / possible trans where some mental health issues were dismissed as not the responsibility of the service)

63. More collaboration with other services and professionals working with children who present with mental health issues

64. CAMHS should support the whole child and not just mental health.

65. More staff. I had a really bad experience, wholly negative and was left with no support from CAMHS for my child.

66. No

67. Again all of things listed in no 22 should be priority

68. Sensitivity training

69. waiting list are way to long and also refusal of referrals saying they don't meet criteria at this time and they haven't even met or seen the child difficulties

70. The waiting times have to be reduced. And everyone should be working towards that. Not just talking about it but making practical changes that speed the process up.

71. Consistency of staffing. Constant changes to the team you are dealing with slows progress massively & is upsetting for children

72. It needs to be expanded, our kids have no option of support, parents are desperate!

73. n/a

74. Standards for assessment and treatment should be the same across all CAMHS areas

75. Clear is kind. Children and parents must walk out understanding diagnosis and next steps. A social worker assigned or an independent body to help them all know their rights and entitlements is essential

76. No

77. Really poor and as a professional & a parent I struggle to recommend this service.

78. All kids need to be seen regardless of how bad or not they feel. If they feel they need help and reach out they should be listed to and seen, before their mental health over comes them

79. I have been in ireland for 2 years and even though we have mental health issues that I would like help with CAMHS never comes to mind, mainly from the waitlist that I hear from other parents and that other children havent been able to be offered a suitable service to met those needs. So maybe i should be on the wait list, but going private, although expensive, seems to be an easier process with reduced waiting list. My child is also under spraoi and cdnt and I don't think i have been referred to camhs. If I have, i havent heard anything, as the difference between CAMHS, cndt and other services are confusing and what I have heard, dont work together well, but seem to bounce children between services. I understand the pressure staff are under and the huge waiting lists, so its hard for everyone

80. Waiting times & criteria are ridiculous

81. Just raise them please. These poor kids start out with awful issues that are them

82. Always, always use evidence based treatments. If a parent feels their child may be ADHD for instance, it is not satisfactory that a counsellor can say that is not the case, they are not qualified to make that judgement, that child should be referred on to appropriate professional who is qualified to decide if that child needs a formal assessment.

83. The present model is not fit for purpose.

84. i think the system needs an overhaul as i was told well my child has no self harm issues and does not require medication, nothing more we can do and now is currently in one of their inpatient units four months now, i would love if they could make that make sense, their standard and duty of care needs to extend on what they are currently doing and putting into practice

85. Parents after feel isolated. Support groups for parents could be helpful. But really, more staff, and well qualified and trained staff, are the most important. And budget should be allocated for this : national investment in our children avoids potential high costs of support to mentally ill/ low functioning adults.

86. A more person-centred and less clinical approach would be helpful at times.

87. A physically welcoming space with welcoming staff should be included.

88. Please get resourced. Please influence education in school to help children know there is help if they ask and the kind of things they could need help with and that plenty do. Please also encourage people to get educated in order to work for the service in the future. Children entering secondary school this September could be working for you in 10 years - encourage them now to strive for the disciplines you employ

89. current web of resources is disconnected and unusable.

90. This survey is too long

91. Our family's experience of CAMHS was very mixed. Some excellent practitioners, genuinely concerned and invested in our children's well-being, and some, particularly in psychiatry who were opinionated, dismissive and seems mostly concerned with getting cases off their books.

The repeated knock-back of service due to 'we don't treat X at the same time as Y' and the long waiting times were at times disheartening.