December 2025

Consultation on the Development of National Standards for Child and Adolescent Mental Health Services (CAMHS)

Submission to the Mental Health Commission

ombudsman do leanaí for children

Contents

1. Introduction

The Ombudsman for Children's Office (OCO) is an independent statutory body, which was established in 2004 under the Ombudsman for Children Act 2002 (2002 Act). Under the 2002 Act, as amended, the OCO has two core statutory functions:

- to promote the rights and welfare of children up to 18 years of age; and
- to examine and investigate complaints made by or for children about the administrative actions of public bodies, schools and voluntary hospitals that have, or may have, adversely affected a child.

We have prepared this submission pursuant to section 7(1)(b) of the 2002 Act, which provides for the Ombudsman for Children to encourage public bodies, schools and voluntary hospitals to develop policies, practices and procedures designed to promote the rights and welfare of children.
We welcome the development of the State's first National Standards for Child and Adolescent Mental Health Services (CAMHS) (National Standards), the stated intent of the standards representing an important step toward ensuring that children and young people across Ireland have access to safe, effective, and evidence-based mental health services. We also welcome the stated aim of the Mental Health Commission (MHC) to develop standards that are person-centred, holistic, multidisciplinary, and recovery oriented. As part of this work, we are of the view that the MHC must consider how it intends to monitor the implementation of the new National Standards.

The purpose of this submission is to highlight the measures the OCO considers necessary to ensure that children and children's rights are central to the development of the new National Standards. We recall that the findings of the MHC Independent Review of CAMHS in 2023[1] pointed to a breach of the right of children to the highest attainable standard of physical and mental health under Article 24 of the United Nations Convention on the Rights of the Child (UNCRC) and identified certain groups of vulnerable children who experience additional difficulties in accessing CAMHS. The National Standards should be developed in light of the recommendations made by the Independent Review and be informed by the 2023 Concluding Observations of the UN Committee on the Rights of the Child (the Committee) in relation to mental health.[2]

It is the view of the OCO that children's mental health services should provide for the children who need them, when they need them and in the way they need them. The National Standards have a crucial role to play in this respect and will be instrumental in framing mental health services that are fit for purpose by:

- recognising children as rights' holders and ensuring that they have access to mental health services that respect their human rights;
- complementing the new Mental Health Bill 2024 (currently in the Seanad), in relation to the admission, detention, care and treatment of children in a registered mental health centre;
- being a source of mental health rights-based guidance for children, families and mental health professionals; and
- filling any legislative or policy gaps that impact the right of children to enjoy the highest attainable standard of mental health.

[1] Mental Health Commission (2023), Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services.
[2] UN Committee on the Rights of the Child (2023), Concluding observations on the combined fifth and sixth periodic reports of Ireland CRC/C/IRL/CO/5-6, paras 4 and 31.

In the development of the National Standards, the OCO strongly encourages the MHC to consult directly with children and young people who have lived experienced of CAMHS. Any review process developed to ensure that the standards remain useful, practical, and drive ongoing service improvement must include children with lived experience of CAMHS as well as engagement with children's rights experts.

When drafting this submission, we have considered the questions put forward by the MHC, which raise relevant children's rights issues. However, to avoid repetition and overlap in information provided across the different questions, we structured our submission on the basis of the children's rights issues they raise, rather than on the questions themselves.

2. National Standards guided by Children's rights

By ratifying the UNCRC in 1992, Ireland made a commitment under international law to respect, protect and fulfil the rights of all children living in Ireland, including the right to the enjoyment of the highest attainable standard of health (Article 24). Under the Convention, health is understood as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'[3], so hereon in, we will refer in this submission to the right of children to the enjoyment of the highest attainable standard of mental health.

Article 24 of the UNCRC requires States to recognise the right of the child to the enjoyment of the highest attainable standard of mental health, which includes:

- the right of access to facilities for treatment and rehabilitation, and
- the freedom to make fundamental choices with respect to one's own mental health and body.[4]

The OCO shares the view of the MHC that this right has been continuously breached for many children seeking to access mental health treatment in Ireland.[5] The long waiting lists, the lack of capacity to provide appropriate therapeutic interventions, the "lost" cases, the lack of emergency services and out of-hours services, the difficulties in accessing Primary Care and Disability Services, and the absence of monitoring of certain medications all point to a breach of Article 24.[6]

The Committee has underscored the importance of efforts to address the mental health needs of adolescents, highlighting that health services are rarely designed to accommodate their needs.[7] Article 23 of the UNCRC recognises the right of disabled children to special care and requires States to ensure that disabled children have effective access to mental health care services that meet their special needs. Article 25 of the UNCRC recognises the right of children who have been placed for the purpose of mental health treatment to a periodic review of the treatment.

[3] UN Committee on the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15, para. 4.
[4] Ibid, para. 24.
[5] Mental Health Commission (2023), Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services, p. 29.
[6] Ibid.
[7] UN Committee on the Rights of the Child, General comment No. 20 (2016) on the implementation of the rights of the child during adolescence, CRC/C/GC/20, para. 56.

In light of the current poor delivery of CAMHS in Ireland, the National Standards should embody the criteria for implementation and accountability of the right to health adopted by the Committee, which require mental health services to be:[8]

- *Available:* provision of sufficient quantity of mental health services to ensure that every child has access to the services they need.
- *Accessible* in terms of:
  - *non-discrimination*: mental health services must be accessible to all children, in law and in practice, without discrimination of any kind.
  - *physical accessibility*: mental health facilities must be within accessible distance for all children, and it may require additional attention to the needs of children with disabilities.
  - *informational accessibility*: information on mental health promotion, and treatment options should be provided to children and their caregivers in a language and format that is accessible and clearly understandable to them.
  - *economic accessibility (affordability)*: lack of ability to pay for mental health services, supplies or medicines should not result in the denial of access.
- *Acceptable:* ensuring that mental health services are respectful of every child's mental health needs, expectations, cultures, views and languages, paying special attention to certain groups, where necessary.
- *Of good quality*: mental health-related facilities, goods and services should be scientifically and medically appropriate and of good quality. Ensuring quality requires, inter alia, that
  - mental health treatments, interventions and medicines are based on the best available evidence.
  - medical personnel are skilled and provided with adequate training on children's mental health, and the principles and provisions of the UNCRC.
  - hospital equipment is scientifically approved and appropriate for children.
  - drugs are scientifically approved, have not expired, are child-specific (when necessary) and are monitored for adverse reactions.
  - regular quality of care assessments of mental health institutions are conducted.

Recommendations

The National Standards must:

- ***recognise all children and young people as subjects of the right to the highest attainable standard of mental health while dedicating special attention to vulnerable groups of children.***

[8] UN Committee on the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15, paras 112-116.

- ***ensure mental health services are delivered by a multidisciplinary team supporting the holistic needs and well-being of the child.***
- ***incorporate Article 24 and its framework of implementation by requiring mental health services be available, accessible, acceptable, and of good quality as provided by the Committee in General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health.***

3. The general principles of the UNCRC

Articles 2, 3, 6 and 12 are considered the four general principles which are integral to the realisation of all children's rights under the UNCRC, including the right to the highest attainable standard of mental health. The development of the National Standards should be guided by these principles.

- Article 2 requires that children's mental health is not undermined as a result of discrimination, which is a significant factor contributing to vulnerability.[9] Ensuring equal access to mental health services requires that specific measures be taken to reach children in vulnerable sectors, such as children with disabilities, children living in poverty, children in the Traveller or Roma Communities, asylum seekers, refugees and migrants (including those in Direct Provision), children in care and young people who are LGBTIQ+. Children in disadvantaged situations and living in under-served areas should be a focus of the National Standards.

- Article 3 requires children's best interests be treated as a primary consideration in all mental health related decisions concerning them. Determining a child's best interests in a healthcare, including mental healthcare setting requires a holistic rights-based approach that goes beyond a purely medical framework.[10] The Committee has stated that the determination of children's best interests should be based on their physical, emotional, social and educational needs, age, sex, relationship with parents and caregivers, and their family and social background, and after having heard their views according to article 12 of the UNCRC.[11] The Committee underscores the importance of the best interests of the child as a basis for all decision-making with regard to providing, withholding or terminating mental health treatment for all children. It adds that States should develop procedures and criteria to provide guidance to health and mental health workers for assessing the best interests of the child in the area of mental health.[12] We note that Article 7(2) of the United

[9] Ibid, para. 8.
[10] Kilkelly, U. (2015), Health and Children's Rights, In Routledge International Handbook of Children's Rights Studies, pp. 216-233.
[11] UN Committee on the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15, paras 12-15.
[12] Ibid.

Nations Convention on the Rights of Persons with Disabilities (UNCRPD) also requires States to treat the best interests of children with disabilities as a primary consideration.

With regard to consideration of the best interests of the child, Section 19 of the Adoption Act 2010, as amended, and Section 31 the Guardianship of Infants Act 1964, as amended, outline factors that need to be considered when assessing the best interests in cases about adoption, guardianship, custody and access. These lists of factors that the relevant court or State body must consider when deciding what is in the best interests of the child in these cases include:

- the child's age and maturity
- the views of the child concerned
- the physical, psychological and emotional needs of the child concerned, taking into consideration the child's age and stage of development and the likely effect on him or her of any change of circumstances
- the child's social, intellectual and educational needs
- any other particular circumstances pertaining to the child concerned.

While consideration will also need to be given to factors relevant to mental health treatment, these Acts could serve as a useful starting point for developing a framework for determining the best interests of the child in relation to their mental health treatment.

- Article 6 recognises children's right to life, survival and development including the mental dimension of their development. In this regard, States are expected to interpret 'development' as a holistic concept encompassing all aspects of children's development and are obliged to provide optimal conditions for childhood. This requires a commitment to child rights, together with a public health and social determinants approach.[13]

- Article 12 provides for children's right to express their views freely in all matters affecting them and for due weight to be given to children's views, in accordance with their age and maturity. This is important in informing mental health service provision in individual cases, but equally important in informing the development of mental health policy and in this case, the National Standards.[14] The Committee insists that the child's voice needs to be considered on the broadest range of mental health policy matters: 'including, for example, what services are needed, how and where they are best provided, barriers to accessing or using services, the quality of the services and the attitudes of health professionals, how to strengthen children's capacities to take increasing levels of responsibility for their own health and development, and how to involve them more effectively in the provision of services, as peer educators.'[15] The age of consent to medical treatment is not determinative of the duty mental health care providers have to consult young patients, in respect of information or understanding about their treatment.[16]

In *Piece of My Mind*, a children's mental health survey conducted by the OCO, 27% of the children believed that CAMHS staff were dismissive while only 11% of the children believed that the staff listened to them.[17] 37% of respondents felt that staff needed more training to listen to children.[18] We note that in its Concluding Observations, the Committee recommended that the Mental Health

[13] Ibid, paras. 16-18.
[14] Kilkelly, U. (2015), Health and Children's Rights, In Routledge International Handbook of Children's Rights Studies, p. 19.
[15] UN Committee on the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15, para. 19.
[16] Kilkelly, U. (2015), Health and Children's Rights, In Routledge International Handbook of Children's Rights Studies, p. 19.
[17] Ombudsman for Children's Office (2023), A Piece of My Mind, p. 22.
[18] Ibid., p. 25.

Act and the Assisted Decision-Making (Capacity) Act include the recognition of children's right to be heard in decisions regarding their mental health care.[19]

However, the provisions in the Mental Health Bill 2024 (the 2024 Bill) in relation to respect for the views of the child, especially those under 16 years of age, are not aligned with Article 12 of the UNCRC. This right must *always* be ensured at every stage, including during admission, care and treatment of a child in an acute mental health centre. The 2024 Bill limits the enjoyment of this right by under 16 year olds, to '*where practicable*' and restricts it to the 'stage of *diagnosis and treatment',* excluding admission and care.

Recommendations

The National Standards should:

- ***include explicit provision for the best interests of the child to be treated as a primary consideration in all decisions taken in relation to their mental health as required by Article 3 of the UNCRC. Provision should also be made for the factors that need to inform an assessment and determination of what is in the best interests of the child, with reference to the Committee's guidance[20] and existing legislation in this area.***
- ***ensure that all children who are capable of forming their own views, are given the opportunity to express them freely in all matters affecting their mental health, and that due weight is given to those views in accordance with their age and maturity as required by Article 12 of the UNCRC, and with reference to the Committees guidance in this area.[21]***
- ***include a clear framework to outline who will assess and determine the views of children and how this will be done.***
- ***outline how 'due weight' will be given to the views expressed by children of all ages, in line with their evolving capacities, and, in the case of children aged under 16, and over 16 who have been deemed to lack capacity, how***

[19] UN Committee on the Rights of the Child (2023), Concluding observations on the combined fifth and sixth periodic reports of Ireland CRC/C/IRL/CO/5-6, para. 32(b)(2).
[20] UN Committee on the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15; UN Committee on the Rights of the Child, General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration, CRC/C/GC/14.
[21] UN Committee on the Rights of the Child, General Comment No. 12 (2009): The right of the child to be heard, CRC/C/GC/12.

the will and preferences of the child involved will interact with the views, will and preferences of the child's parents or persons acting in loco parentis.

4. Respect for the evolving capacities of the child

In our Observations to the 2024 Bill, the OCO advised that provision could be made that a child under 16 years may give or refuse consent to their proposed admission, care and/or treatment in circumstances where it is established that the child has the maturity and understanding to appreciate the nature and consequences of the specific decision. However, the 2024 Bill retained the automatic presumption that children under 16 do not have capacity to consent. Having regard to Article 5 of the UNCRC, which refers to the evolving capacities of the child, and Articles 3(h), 7(3) and 12 of the UNCRPD, the use of this age-based approach in respect of children under 16 does not have sufficient regard to the evolving capacities of children.

As we previously mentioned, the age of consent to medical treatment is not determinative of the duty health care providers have to consult young patients, in respect of information or understanding about their treatment.[22] The Committee recognises that children's evolving capacities have a bearing on their independent decision-making in relation to their mental health issues. It also notes that there are often serious discrepancies regarding such autonomous decision-making, with children who are particularly vulnerable to discrimination often less able to exercise this autonomy. [23] It is therefore essential that supportive policies are in place and that children, parents and health workers have adequate rights-based guidance on consent, assent and confidentiality.

Recommendation

The National Standards should embrace the principle of the evolving capacities of the child and adopt a nuanced approach in situations where a child aged under 16 has the maturity and understanding to appreciate the nature and consequences of a specific decision regarding their mental health.

5. Right to assistance from an independent advocate

In its 2023 Concluding Observations, the Committee urged Ireland to ensure that the revision of the Mental Health Act includes a recognition of children's right to assistance from an independent

[22] See Kilkelly, U. (2015), Health and Children's Rights, In Routledge International Handbook of Children's Rights Studies, p. 19.

[23] UN Committee on the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15, para. 21.

advocate.[24] However, the 2024 Bill fell short of doing that. As it is currently drafted, the 2024 Bill allows children aged 16 or older to nominate someone (their guardian or any other person) as their *nominated person* whom they can consult during their admission to a registered acute mental health centre, and whom they may request to attend any meetings during admission (Section 186). Further clarity needs to be provided on the role of a 'nominated person' as opposed to an advocate. It is concerning that for the purposes of Section 186 "a child" means a person aged 16 or older, which denies children under 16 years of age to have access to a 'nominated person'. It is the view of the OCO that all children accessing CAMHS should be able to avail of advocacy support if they so wish or need, regardless of their age.

Recommendation

The National Standards should make provision for all children using CAMHS to have the support of an independent advocate if they so wish or need.

6. Provision of child friendly information on mental health services and issues

The Committee outlines the obligations on States to provide child-friendly health information and to support the use of this information.[25] The Committee states that children require information and education on all aspects of health, including mental health, to enable them to make informed choices in relation to their lifestyle and access to mental health services[26] and that information about children's mental health should be provided through different methods, including health clinics, parenting classes, public information leaflets, professional bodies, community organizations and the media.[27] The provision of accessible, reliable mental health information to children is a key factor in implementing children's right to be heard, including as regards their rights regarding consent, along with their right to the highest attainable standard of mental health.

In *Piece of My Mind*, a children's mental health survey published by the OCO,[28] children who responded to the survey were most likely to rely on social media for their information on mental health (46%). Teachers or school counsellors (41%) and parents or families (39%) were the next most common sources of information. It is important to note that only 18% of children were getting their information from mental health websites and only 15% of children were getting information from mental health professionals or their doctor.

The OCO is also of the view that the best way to ensure that CAMHS are easy to find and accessible to the children and young people who need them is to consult with children and young people

[24] UN Committee on the Rights of the Child (2023), Concluding observations on the combined fifth and sixth periodic reports of Ireland CRC/C/IRL/CO/5-6, para. 32(b)(2).
[25] UN Committee on the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15, para. 58.
[26] Ibid., para. 59.
[27] Ibid., para. 61.
[28] Ombudsman for Children's Office (2023), A Piece of My Mind, p. 12.

directly to see what information they need and where they are likely to go to find or access that information.

Recommendations

The National Standards should provide for the development and dissemination of child-friendly information on:

- ***accessing CAMHS, including around referral pathways and timelines / delays.***
- ***consent to mental health treatment.***
- ***what to expect when receiving support from CAMHS.***
- ***where complaints can be made if necessary.***

The MHC should consult with children and young people directly to seek their views on what information they need and where they are likely to access that information.

7. Ensuring consistency in access to CAMHS through a National Standard Operating Procedure

The OCO is of the view that a National Standard Operating Procedure should be developed as part of the National Standards to ensure consistency in access to CAMHS. The OCO's Complaints Team is seeing an increasing trend of complaints of increased waiting times in accessing mental health supports, with a particular focus on difficulties accessing ADHD assessments. It has come to our attention that there appear to be different policies and procedures in some counties on how to gain access to an ADHD assessment through CAMHS, which is affecting the way the process and decisions are being communicated to families. Some examples are:

- In one area, families received an information leaflet on the stepped approaches to ADHD assessment.
- In another area, families told our Complaints Team that CAMHS did not contact them directly with their decision about accessing an assessment, but refusal of access to the assessment was communicated via GPs.
- In another area, our Complaints Team was provided with a local CAMHS ADHD Clinical Pathway Policy 2024, which differed from the CAMHS Operational Guidelines 2019. Our

Team was informed by the local area that the CAMHS Operational Guidelines 2019 were only guidelines for services.

We have concerns that the practice of area-specific policies and procedures results in inconsistent criteria being applied by CAMHS to children and young people's ADHD assessment applications, which means that there is potential for inequity in their access to services.

Recommendation

The National Standards should ensure consistency in the quality of care provided to all children across the country and in the dealings that all professionals and staff members working for or with CAMHS have with children in, or needing, their care.

8. Timely access to mental health services

Timely decision-making is a key component of a child-centred approach to actions and decisions affecting children, due to the negative impact that delay can have on children. Children themselves have told us that long wait times were their main problem when accessing CAMHS[29] and our Youth Advisory Panel (YAP) have identified long waiting lists as a challenge in accessing mental health supports.[30] The Committee have also expressed concern at long waiting lists faced by children seeking mental health treatment.[31]

In the OCO's experience of dealing with complaints, it is our understanding that the approach taken by the HSE is to encourage children with mild to moderate needs to engage with Primary Care in the first instance. If Primary Care identify that their needs exceed the mild/ moderate threshold, they can be referred to CAMHS where a further determination can be made. However, children who are deemed to have mild/moderate needs and who require Primary Care engagement face excessive waiting lists, meaning they are not receiving timely intervention. This can result in escalated, potentially risky and dangerous behaviours and a move beyond the original mild/ moderate determination. This creates a very distressing situation for both the children themselves and their families. It further compounds existing pressures on CAMHS as these children now require a different, more intensive intervention.

In our complaints work, we have come across situations where supports from Tusla have been required due to the challenging circumstances at home following these delays. We have also seen situations where school placements come under increasing strain. This highlights the pressures this puts on a child's support network and the negative impact it has on their overall well-being.

[29] Ombudsman for Children's Office (2023), A Piece of My Mind, p. 21.
[30] Ombudsman for Children's Office Youth Advisory Panel (2025), Voices of Tomorrow, p. 3.
[31] UN Committee on the Rights of the Child (2023), Concluding observations on the combined fifth and sixth periodic reports of Ireland CRC/C/IRL/CO/5-6, para. 31(b).

Recommendations

The National Standards should:

- ***ensure the waiting lists for primary care and CAMHS are the exception and not the rule and that resources are used efficiently to provide timely access and promote the rights, health and wellbeing of each child.***
- ***outline processes to improve communication on waiting lists and expected timelines between families, professionals and the services involved.***
- ***outline the provision of up-to-date information on timelines to families to help them understand the challenges and delays facing the services and have their options clearly outlined to them.***
- ***invest in primary care approaches that facilitate the early detection and treatment of children's psychological, emotional and mental health problems as advised by the Committee.[32]***

9. Access to CAMHS for children with a dual diagnosis

The CAMHS Operational Guidelines 2019 state clearly that where a child presents with a moderate to severe mental disorder and autism, it is the role of CAMHS to provide appropriate multi-disciplinary mental health assessment and treatment for the mental disorder.[33] The same is reiterated by the Joint Protocol for Interagency Collaboration Between the Health Service Executive and Tusla (2020).[34] However, it has been brought to our attention that in reality autistic children suffering from severe anxiety, self-harming behaviour, suicidal ideation and other moderate to severe mental health disorders have been excluded from accessing CAMHS on the basis of an underlying assumption that these serious mental health disorders are linked to, or associated with, their autism.

It is also our understanding that CAMHS hubs have been developed to offer short-term intensive support to children going through an acute mental health crisis, but autistic children have been excluded from accessing those supports. The exclusion section of the CAMHS Hubs Model of Care

[32] UN Committee on the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15, para. 38.
[33] HSE (2019), Child and Adolescent Mental Health Services Operational Guideline, p. 23.
[34] HSE and Tusla (2020), Joint Protocol for Interagency Collaboration Between the Health Service Executive and Tusla – Child and Family Agency to Promote the Best Interests of Children and Families, p. 36.

document,[35] sets out that autistic children in CAMHS with "a primary diagnosis of Autism" will not have access to a hub.

Additionally, since September 2022, children with intellectual disabilities are no longer accepted by CAMHS but are to be seen by the specialist service known as CAMHS-ID. However, this service largely does not exist. There are only a few partial teams in the country when there should be 16. Therefore, essentially, children with intellectual disabilities have been discharged from CAMHS to no appropriate support. If children are in an area with no team, they cannot be referred across to an area with a team.

We note the statement from Bernard Gloster that since October 2025, and due to the complexities of referral pathways that parents, teachers and GPs are experiencing, a single pathway of one front door for referrals to all specialist community healthcare services for children has been created, and once a referral is made, the primary care teams, CAMHS and disability services, cannot refuse it and have to decide which is best placed to respond to the child.[36] However, these referral pathways must include a clear pathway for children presenting with a dual diagnosis of mental health issues and autism.

Recommendation

The National Standards should acknowledge the prevalence of mental health issues in autistic children and in children with intellectual disabilities and include a clear pathway for these children to access CAMHS when this is in their best interests.

10. Interagency cooperation

Through our examination and investigation of complaints, we have seen, and continue to see, the serious adverse consequences that deficits in interagency coordination and collaboration can have on children whose needs and circumstances are such that they require supports from more than one State agency. In its General Comment No. 5 on the general measures of implementation of the Convention on the Rights of the Child, the Committee identified interagency cooperation as one of the measures required to implement children's rights.[37] Children need to move between primary care, disability services and specialist services such as CAMHS according to their changing needs and that care needs to be child centred. It is our view that effective communication and sharing of necessary information between relevant professionals and agencies would greatly help children in need of CAMHS and other mental health related services and supports.

[35] HSE (2023), Model of Care for CAMHS Hubs, p. 41.
[36] Houses of the Oireachas, Joint Committee on Health, Long-term Planning in the Health Services: Discussion, 5 November 2025.
[37] UN Committee on the Rights of the Child (2003), General Comment No.5, General measures of implementation of the Convention on the Rights of the Child, paras 37-39.

Recommendations

The National Standards should:

- ***include clear pathways for access to mental health services and supports so that children and their families are clear as to why they are refused access to a service that they believe they need, or why they are referred to a different service than the one they are seeking access to.***
- ***provide clear guidance for professionals, such as GP's, so that they are aware of where it is most appropriate to make a referral and so they can explain to parents what to expect when a referral is made.***

11. Engagement with disadvantaged groups

Our YAP have identified marginalised young people, such as LGBTQIA+ children, Traveller children, children with disabilities and migrant children, as being particularly impacted by the challenges in accessing mental health supports.[38] We are also of the view that measures should be taken to consult with children in other vulnerable communities, such as children living in poverty, asylum seekers and refugees and children in care. Engagement with organisations working with people of different backgrounds, cultures, and communities would help identify how the National Standards can be welcoming and inclusive for all children.

Recommendations

The drafting of the National Standards should include:

- ***reference to the social determinants of health, the principle of non-discrimination, culturally sensitive approaches and trauma informed care.***
- ***engagement with organisations working with vulnerable groups of children, including children with disabilities, children in care, refugee and***

[38] Ombudsman for Children's Office Youth Advisory Panel (2025), Voices of Tomorrow, p. 3.

migrant children, Traveller and Roma children, LGBTI+ children[39] and children living in poverty.

- ***direct consultation with children from these communities to ensure that their views are taken on board.***

12. Data

The collection of sufficient and reliable data on children, disaggregated to enable identification of discrimination and/or disparities in the realization of rights, has been identified by the Committee as an essential part of implementation of the Convention on the Rights of the Child.[40] Health, including mental health information systems should ensure that data should be reliable, transparent, and consistent, while protecting the right to privacy for individuals.[41] The OCO is concerned at the lack of data available relating to children's access to CAMHS.

Recommendations

The National Standards should:

- ***provide for the tracking of data on, and reasons why, CAMHS referrals are refused. This should help indicate if there are inconsistencies in how different regions assess referrals and help indicate what other services or supports may be needed in these areas.***
- ***provide for the collection of feedback from children and families engaged with CAMHS in order to improve the quality of services provided by CAMHS at national and regional levels as well as within individual CAMHS teams.***

[39] In A Piece of My Mind, a children's mental health survey, children who identified as other, rather than those who identified as a boy or girl, reported higher difficulties in accessing CAMHS. Older children and children living in urban areas also reported issues when compared to their younger or rural living counterparts, p. 20.
[40] UN Committee on the Rights of the Child (2003), General Comment No.5, General measures of implementation of the Convention on the Rights of the Child, paras 48-50.
[41] UN Committee on the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15, paras 117-118.

13. Admission to adult facilities

We welcome the reduction in children admitted to adult mental health facilities in 2024[42] as well as the principle contained in the Guiding Principles of the 2024 Bill stating that children should be cared for and treated in an age-appropriate environment. However, we remain concerned at the lack of explicit prohibition in the Bill of the practice of placing children with mental health issues in adult psychiatric units and it is our understanding that there is no immediate prospect that the admission of children to adult inpatient facilities will cease to exist on a legislative basis.

Recommendations

The National Standards should:

- ***include specific factors to inform decision-making about the admission of any child under 18 years to an adult inpatient facility, including consideration of relevant international standards and guidance and section 2.5 of the MHC's Code of practice relating to the Admission of Children under the Mental Health Act 2001.***
- ***Stress that admission to an adult facility will be the measure of last resort and for the shortest appropriate period of time.***

14. Access to an effective remedy

The Committee strongly encourages States to put in place functional and accessible complaints mechanisms for children that are community-based and render it possible for children to seek and obtain reparations when their right to the highest attainable standard of mental health is violated or at risk.[43] The lack of a dedicated independent complaints mechanism was brought up during the Pre-Legislative Scrutiny of the General Scheme of the Mental Health Bill and the Sub-Committee on Mental Health has recommended the 'establishment of an independent, fully funded and resourced independent complaints mechanism for mental health services because there is no other cohort of persons accessing health treatment that may be denied their liberty'.[44] The OCO welcomes and supports this recommendation.

[42] Mental Health Commission (2025), Annual Report 2024, p. 7.
[43] UN Committee on the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15, paras 119-120.
[44] Houses of the Oireachtas Sub- Committee on Mental Health (2022), Report on Pre-Legislative Scrutiny of the Draft Heads of Bill to Amend the Mental Health Act 2001 pp. 66 – 68.

Recommendation

The National Standards should include details of available independent complaints bodies, such as the OCO, so that children, their parents and concerned professionals know where to make a complaint if necessary, following conclusion of the internal HSE complaints procedure.

15. Assessment of capacity of a child aged 16 or over

The 2024 Bill presumes that children aged 16 years or older have the necessary maturity and capacity to make decisions affecting them in relation to their admission, care and treatment.[45] Section 61 of the 2024 Bill provides for an assessment of capacity of a child aged 16 or older to consent to admission, care, and treatment, where a consultant psychiatrist or another mental healthcare professional, a parent/guardian or Tusla *reasonably* consider they may lack capacity. We are aware that the Department of Health has stated that the *Assisted Decision-Making (Capacity) Act 2015 (2015 Act)* will apply for the purposes of conducting capacity assessments under mental health legislation. However, the 2015 Act does not apply to children under 18 years. We understand that the MHC is mandated under Section 61 the 2024 Bill to prepare and publish a code of practice in relation to capacity assessments for children aged 16 years or older.

We note that in England and Wales, the Mental Capacity (England and Wales) Act 2005 also applies to children aged 16 and 17. Section 1 (The Principles), Section 3 (Inability to make decisions) and Section 4 (Best Interests) of this Act list steps that should be considered when assessing capacity and determining what is in the person's best interests and may be of use when developing the Codes of Practice. While we do not believe that this is necessarily a complete list of what should be considered or included, we are of the view that it could be a useful starting point.

Recommendations

The MHC Code of Practice prepared under Section 61(10) of the 2024 Bill must:

- ***ensure that a capacity assessment will only take place when absolutely necessary and provide guidance on how to interpret "reasonably considers" accordingly.***

[45] See Mental Health Bill 2024, Section 10 (1)(c)(i)(I).

- ***be fully informed by relevant children's rights standards and guidance in this area, with a particular focus on the best interests of the child[46] and respect for the views of the child.[47]***

16. Admission with parental consent of a child aged 16 years of older lacking necessary capacity

Section 64 of the 2024 Bill regulates cases where a child aged 16 or older is deemed to lack necessary capacity to consent/refuse admission but has been admitted on the basis of parental consent. Section 64(5) provides that in such cases, where a child is subsequently found to have capacity to consent or refuse, that child will then be treated as a voluntarily admitted child under section 63. This seems to assume that the child, who did not consent to their admission in the first place because they were deemed as not having capacity, now consents to their treatment, without asking the child if they wish to consent to or refuse admission.

Recommendations

The MHC Code of Practice prepared under Section 64(6) of the 2024 Bill must:

- ***provide clarity on the process involved when a child aged 16 or older who was originally deemed to lack capacity and admitted on the basis of parental consent, is subsequently deemed to have capacity.***
- ***ensure that this process fully respects the views of the child in line with Article 12 of the UNCRC, including in situations where those views differ from those of the child's guardians, parents or Tusla, in the case of children subject of a care order.***
- ***ensure that children in this situation are informed by the relevant healthcare professionals of their rights in this regard, and that their consent for voluntary healthcare treatment is sought without delay.***

[46] UN Committee on the Rights of the Child, General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration, CRC/C/GC/14; and UN Committee on the Rights of the Child, General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, CRC/C/GC/15.

[47] UN Committee on the Rights of the Child, General Comment No. 12 (2009): The right of the child to be heard, CRC/C/GC/12.