



# **A vision for mental health care that enables young people to flourish.**

**An Uplift submission on the experience of mental health care for children and young people in Ireland. A contribution to the Mental Health Commission Consultation on development of national standards for CAMHS**

**Trigger warning. This submission is difficult to read so please take care or if you feel it might be too much, do not read unless you have access to support.**

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# Introduction

Every young person deserves the chance to grow, thrive, and feel supported as they find their way in the world. When our children get the care and support they need without fear or judgement, in ways that fit with their diverse and unique lives; when they feel safe, seen, and supported in their communities, social, and educational settings, they flourish. When young people flourish, the whole of society thrives.

But today, too many young people, children, and their families are left trying to manage tough challenges by themselves. As this submission sets out there are numerous, serious problems with the quality and level of mental health care young people and children have access to in Ireland. These problems include long waiting lists, patchy or absent services, stigma, poorly trained professionals, inadequate services, including non/poor recognition of complex [dual] diagnosis, discrimination, cost barriers.

These inadequacies are not accidental. They are the result of choices made by successive governments and health services to underfund and treat mental health care as an afterthought instead of as an essential to a functioning, caring state.

## About the Uplift community

Uplift members come from all walks of life, are from all parts of Ireland and reflect the rich, diverse society that Ireland is. With over 360,000 members we are the largest people-powered community in Ireland and together we take coordinated action for an Ireland where all people, no matter where they live or who they are, can have what they need to thrive.

## About this submission

The majority of responses were from parents and a significant number of people had a direct experience of dealing with CAMHS. Most respondents were over 18 years. A significant number of young people themselves shared their experiences.

The Uplift community welcomes the opportunity to contribute to the national review and development of standards for mental health services that uphold and respect the human rights of children and young people. Over a two week period in November 2025, 810 people shared their views and experiences, now compiled in this submission.

Uplift member responses have been grouped under themes that reflect the key issues and experiences of our community. To honour the lived realities and everyone who took the time to share some of their most painful experiences, stories and quotes from every person are included in this submission.

This submission is a testimony to the strength, resilience, pain, loss, trauma, love and care, and sheer effort by so many young people, families, and healthcare professionals to seek care and support during some of the most difficult periods of their lives.

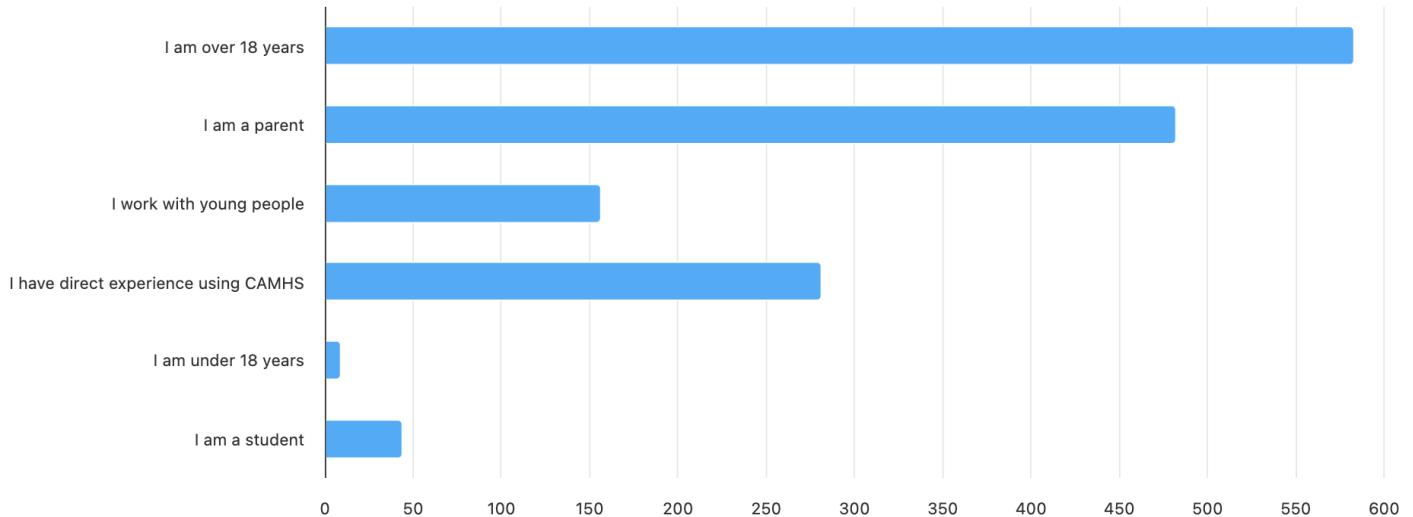
The stories and quotes in this submission are taken directly from a member survey conducted in November 2025. Names, placenames and other identifying information have been removed to protect the identity of people.

## Overall Picture

Uplift members paint a deeply worrying picture of a mental health system in complete crisis. One where:

1. Access is nearly impossible without money or reaching extreme crisis
2. Quality is inconsistent at best, harmful at worst
3. Young people are falling through every crack in the system
4. Families are traumatised by trying to access help
5. Preventable tragedies are occurring regularly
6. The wealthy can buy care, everyone else suffers
7. Staff are overwhelmed and the system is collapsing
8. COVID-19 severely worsened experiences for many young people
9. Parents and young people are made to feel responsible for their own situation and frequently felt judged and shamed.

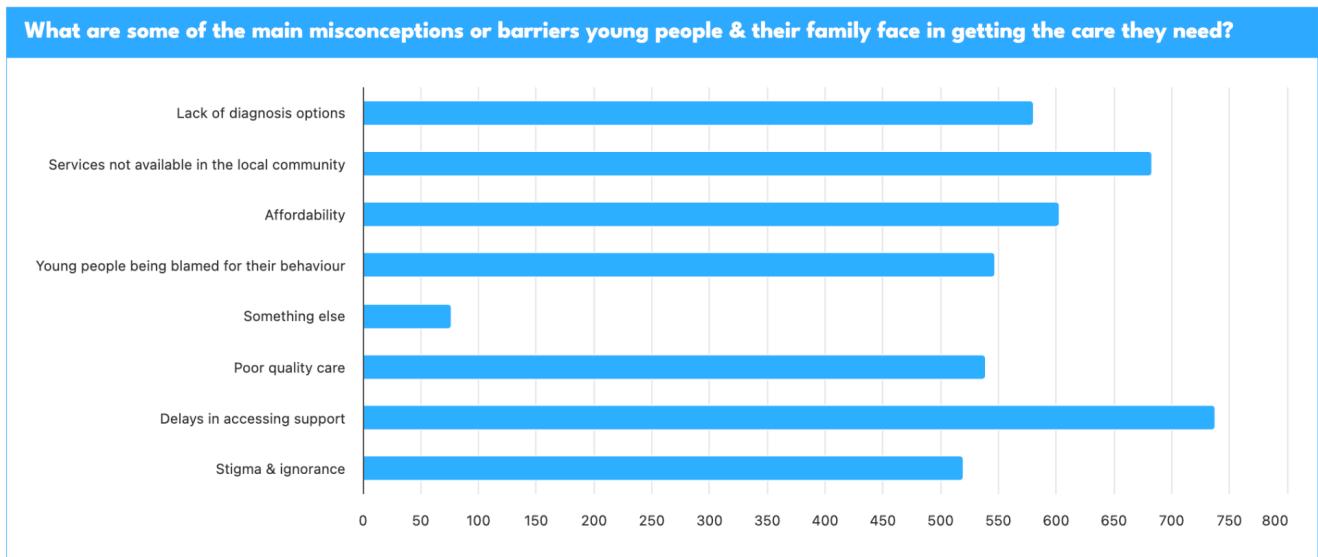
A recurring theme underpinning the experiences of Uplift members is that the current system is designed to protect itself, not children. Members paint a stark picture of CAMHS and the broader mental health system actively rejecting, delaying, and discouraging people rather than helping them. Parents describe feeling like the system is designed to exhaust them into giving up, that barriers are created through unnecessary complexity, and that budgets are prioritised over children's needs. They describe in heartbreaking ways the feeling that the priority is to get children "off the books" quickly. Parents and young people are consistently blamed rather than helped and that they have to wait for crisis/suicide attempts before getting help, "*unless you attempt suicide, you're not bad enough*"



*Fig 1. A bar chart showing the varieties of members and experiences captured in this submission. The majority are over 18 and are parents and a significant number of them have direct experience using CAMHS.*

	1	2	3	4	5	6	7	8	9	10	Average
<b>1</b> Anxiety disorders	24%	22%	18%	12%	8%	6%	4%	3%	2%	1%	3.26
<b>2</b> Depression	13%	16%	16%	14%	15%	10%	7%	4%	3%	1%	4.12
<b>3</b> ADHD	17%	14%	12%	10%	9%	9%	9%	7%	7%	5%	4.56
<b>4</b> Behavioural Issues	11%	12%	10%	11%	13%	10%	11%	11%	7%	4%	5.02
<b>5</b> Self harm & suicidal thoughts	13%	10%	12%	10%	10%	12%	10%	8%	7%	7%	5.02
<b>6</b> Loneliness & Isolation	4%	7%	10%	16%	15%	12%	10%	11%	9%	5%	5.52
<b>7</b> Post Traumatic Distress	4%	6%	7%	10%	10%	9%	14%	14%	13%	12%	6.29
<b>8</b> Eating Disorders	7%	4%	5%	8%	9%	13%	15%	14%	14%	11%	6.42
<b>9</b> Substance Use	4%	5%	5%	6%	7%	9%	11%	13%	19%	20%	7.04
<b>10</b> Psychosis	3%	3%	3%	4%	5%	9%	9%	15%	18%	33%	7.75

*Fig 2. Shows the results of the questions “Can you share how much insight you have in dealing with these most common conditions young people in your life may be experiencing?” The most common issue people have insight of is anxiety disorders.*



*Fig 3. A bar chart illustrating the responses to the question 'what are some of the main misconceptions or barriers young people & their family face in getting the care they need?'. The majority of respondents cited delays in accessing support, followed by services not available, and affordability issues.*

## Immediate Actions

Designing and implementing a mental health care system that we can be proud of will take time. A detailed set of recommendations are set out later in this submission. What is clear is that young people, their families, schools, and frontline care providers CANNOT wait for the kind of structural reforms needed.

Ireland is one of the wealthiest countries in Europe and this government has a choice to listen and care for children or continue to ignore them and their families crying out for help.

The immediate actions that this government needs to prioritise include

- **Create 24/7 services** - community based & emergency
- **Stop rejecting referrals** - see all referred children
- **Hire more staff** - triple or quadruple current numbers
- **Reduce waiting lists** to maximum 4-6 weeks
- **End age 18 cliff** - provide transition support to adult services
- **Accept dual diagnosis** - stop refusing autistic children
- **Provide actual therapy** - not just medication
- **Counsellors in every school**
- **End care gaps** - provide continuity of care
- **Early intervention** - don't wait for crisis
- **End blaming culture** - young people & their parents are not the problem

# Key Themes: Member Responses

## System Failures

Across Ireland, families are speaking out about a pattern of deep and dangerous failures in CAMHS. Children are being turned away again and again — sometimes two, three, even five times — before they are ever offered help. Parents are told their children are “not bad enough” or “not severe enough” even when those children are self-harming, expressing suicidal thoughts, or clearly in crisis. In many cases, these rejections happen without the child ever being seen. Families describe a terrifying reality: services will not step in until a young person reaches breaking point, with some being told outright that help won’t come “until they attempt suicide”

For autistic children, the situation is even worse. An autism diagnosis — meant to help them access support — is instead being used as a reason to refuse mental health care. These young people are left to fall between the cracks of a system that refuses to take responsibility for their needs.

Wait times are so extreme that many young people simply run out of time. They turn 18 before ever being assessed, aging out of CAMHS entirely and having to start over in an overstretched adult system, often after years of suffering in silence.

These stories aren’t isolated. They reveal a system that is broken, unsafe, and failing our children. Families deserve better. Children deserve better.

### **Member stories shared that demonstrate systems failure in accessing mental health care.**

*“In a very dark moment of my life. I tried the [x] Suicide Network. Rang them. Asked for help to the answering machine. They never got back to me.”*

*“Despite self-harming and suicidal ideation and worries about being possibly transgender my 11 year old child was deemed ineligible for CAMHS.”*

*“CAMHS is very bad. Didn’t admit my daughter had mental health issues. She killed herself at age of 17.”*

*“I myself only got help after I attempted to end my life. I know others that had the same experience for themselves or their loved one. I know I can’t get CAMHS to see my son as they say he isn’t bad enough and they only see children in crisis or with more severe symptoms. This angers me and saddens me as children are being failed by the system.”*

*“My family tried desperately to get help for my beautiful nephew when he was diagnosed with anorexia and poor mental health. Unfortunately, the only help we could get was through CAMHS and it proved disastrous. We have nothing good to say about the service. We lost my darling nephew in 2021 to suicide”*

*"My daughter is 17 years old and since the age of 8 years she has had 7 referrals from birth paediatric consultants and our GP doctor. Despite self harming, due to us having a safety order CAMHS kept referring her back to psychology where she only had 6 sessions. Last Christmas she collapsed, had a seizure brought to hospital and only then did CAMHS take her in for an assessment. 3 weeks ago they said she has autism and so they can not prescribe any medication for her anxiety. She has consistently missed 70 percent of the school year due to extreme anxiety. She was first referred to CAMHS at roughly 10 years old if not younger. She has been under the paediatric service consultant since the night she was born, multiple yearly appointments with several types of consultants had she actually been assessed at her first referral at least 7 years of suffering could have been avoided. Her qualities of life have been horrendous"*

*"I am 36. When I was 20 I was at a critical point in my life and I rang the number of a service that was supposed to get me a councillor. No one rang me back."*

*"Went to A&E once just totally unsuitable on trolley for a good while eventually admitted & stomach pumped. Sent home in my care with a view to attending counselling. Also attended psychiatry on out patient basis in S[x], not very helpful. Eventually received treatment in S[x] private hospital as inpatient & outpatient. They should have gone there initially but took too long to figure out the system or correct pathway to take even though we had private health insurance with vhi."*

*"I tried since 2019 to get my son help he was 19 at the time, I kept getting told oh it's just drugs that's making him see things, but my instincts told me it wasn't. It turned out after years of trying to get him help that he was diagnosed with paranoid schizophrenia. If he had of got the help he needed it wouldn't have got as bad as it did because he ended up in prison and it was the prison services who noticed he wasn't well mentally. From there he was transferred to the [x] care centre where he spent 12 months and he got the help he needed and is currently on proper medication. I'm furious that so many young people are being turned away from doctors and A&E. something needs to change now!"*

*Luckily my teen got help via GP. Referral to A&E and unluckily subsequently sectioned to the adult psych unit until place became available in child psychiatry unit where she stayed for 6 weeks. It was a beautiful and well equipped unit with garden, gym, and looked well thought out. Unfortunately the staffing was so poor that the teens were corralled in one area and mental health nurses acted as prison guards (not their fault). Some tried their best to act as friends and mentors to these confused kids, but I witnessed my teen getting worse, not better. Learning how to self harm, what to use to self harm (BIC pens) and becoming more destructive and anti establishment. They were shipped out to school each day which from the outside looking in was a box ticking exercise. I really felt that a cheaper way of doing things would be to ship in art therapy, occupational therapy, gardening etc. to keep them busy. My teen eventually came home more distant and with more ideas of what she could hurt herself with. Then came the painful process of family therapy which continued for months with a therapist hell bent on blaming the parents. Not that we were blameless, but we sure could have benefitted more from parenting teens programmes than feelings of inadequacy. In the end my teen called it all out as being a waste of time, and we learnt bit by bit (ourselves) to prove to her that life was worth living and that she was an amazing human. We became less nervous of suicidal ideation and self harm and more able to support her in*

*her every day life. No thanks to any of the interventions. I think they were at best a signal to her that she was being taken seriously and at worst, taking her further down a particularly dangerous track which made us all feel quite desperate, confused and totally inadequate.”*

*‘Trying for help from the age of 5. I got different psychologist in CAMHS each and every visit was the same. Then I had the misfortune to come across the most unprofessional people. [x] being top of the list. He actually threw my son out of his office. Direct quote “what do you expect me to do.”*

*“I was admitted to CAMHS following a suicide attempt. I was seen immediately due to the urgency of the situation but was discharged within a month despite still needing support.”*

*“Rehab centres badly needed to link directly with hospital or mental health centres. Lost a loved one as there was no treatment until a bed came up in a rehab when taken out of a mental health centre.”*

*“I attended my GP at age 13 for a separate issue but I experienced a mental health crisis while waiting for my appointment. The gp dismissed me and my mother and was angry that I didn’t book another appointment. He stubbornly wrote a referral to camhs to which we found out he sent wrong. This let me wait 3 years for my first Camhs appointment for a severe mental health crisis that results in psychosis. While waiting during the three years I had to pay for a private mental health assessment, private therapy and then after three years we were told that Camhs didn’t get my referral and instead referred me to primary care. Primary care said my mental health issues were too severe and Camhs needed to get involved so I could see a psychiatrist. I eventually got a Camhs appointment at 17 years old and they told me I had a personality disorder yet refused to help me since I was turning 18 and there was no point. Therefore I was left with no help and no diagnosis to further help. This resulted in a spiral where I ended up in A&E for suicide attempts and self harm and only then did I receive help after I spiralled further and endured severe crisis.”*

*“CAHMS were reached out to on my behalf after very troubling behaviours and never responded.”*

*“As a child, I sought help for a very long time before I was met with an attempt to aid my mental health. I was sent to A&E, promised psychiatric help and never received it. The “Aid” cannot always be a pat on the back and medication that “we will try” to see if its going to help. I was tested on many different antidepressants as a teenager. “We will try 100mg”. “Too strong? Lets bring you down to 25mg”.. “Still not happy lets try 80mg”. Up and Down, experimenting, instead of helping I was inevitably made worse which could shy away anyone from ever asking for help. The Irish system for Mental Health is failing more and more each year, and how many more people do we have to loose before the government come to recognise this?”*

*“My family experience was not good with CAHMS. I needed help with my son who has had a bad time with depression over the years. They would not give help with counseling. They only seemed to want to diagnose him with anything they could. He had a lot of assessments but no treatment. After years of trying to get help I got a letter to say he was discharged with*

*no reason. Absolutely not fit for purpose. They just want to diagnose and give meds. No other treatment available. Counseling should be the first line of treatment, not drugs.”*

*“Very difficult altogether. A&E then mental health team one missed appointment then taken off the service. This treatment for a 19 year old new mother with suicidal tendencies. Appalling.”*

*“From my own experience as a child in an abusive household, ranging from verbal, physical to sexual abuse the most important part of getting support is building the courage to speak up. It's easier said than done, but going back to school and pretending you're okay won't fix anything. It took me years to speak out, not one single teacher or authority figure in my life outside of my house noticed the signs, and as an adult who plans on working with children I think it should be the first thing we watch out for. I didn't get the much needed support and counselling until my 20's and I know back then if I had support as a teenager I would have flourished and had a better grasp on my mental and physical health! “*

*“Daughter suffers also, they reached out once and closed the case within 10 days. It is an absolute nightmare, there is no help or support to the patient in any aspect. If things continue as they are, there will be a lot of deaths of young people.”*

*“A family member was struggling and was self harming. When eventually public assistance was got, the appointment was cancelled the evening before by text. Private help had to then be sought. Horrible cruel system.’*

*“1st referral by a Primary Care Team Therapist. Seen by CAHMS. Psychologist deemed referral to Disability services required. Told to keep knives locked up. Bring to A&E if child or other injured. Discharged by Psychiatrist. Referred again after disability services by GP. Referral lost by Cahms. 2nd referral. Apt letter received AFTER apt date. Told would get another apt [appointment] Didn't happen. M [x] service and GP had a child referred. Eventually seen. Child had been housebound for a year at that stage.”*

*“So bad my daughter told that she was suicidal and was sent home with sleeping tablets and an emergency number to call.”*

*“My 21year old daughter is in a spiral of addiction and in consultation with her GP, it is likely that she has either undiagnosed neurodiversity or mental health issue. She slipped through the cracks as there wasn't as much information 10 years ago as there is now and she was very high functioning. She now refuses all help and will not even seek a diagnosis. There is nothing that can be done for her until she decides she wants help. It seems so wrong that this is the only approach at a time when she most needs help in her life.”*

*“CAHMS prescribing anti psychotics for my teenagers without telling me a diagnosis that warranted them while refusing for many years to send them for asd/adhd assessment. When I eventually obtained an assessment they were both asd and adhd but had aged out of services. We were then thrown out to adult services and having to navigate the system without anyone signposting what we should do. The only MH support we've had is psychiatry and as we have been informed on many occasions by psychiatrists 'they do not do autism'. The psychiatrists do not seem to know anything about autism or how to speak to someone*

*with autism. We have recently been referred to OT which has been helpful. Mental health is over reliant on psychiatry which has its place but is not always the appropriate approach for mental health. Every young person on the waiting list should be screened for asd and adhd."*

*"When my daughter was 17 yrs old she was referred to C [x] Mental Health services. She was in complete crisis, self harming, had eating disorders, (she has been anorexic and bulimic at different times) she couldn't function due to overwhelming OCD and chronic anxiety. After attending counselling for mths then referred to [x] Clinic (Primary Care Centre?). ..... We were clinging to the hope that the Psychologist could help her and refer her to other services for further support. But after speaking alone to my (seriously unwell) daughter, his diagnosis was to tell us both that 'there seems to be some mother-daughter conflict', there was nothing more he could do for her so there would be no further appointments. 1 yr later she was admitted to St. [x] and diagnosed as being in a Psychotic Episode, she had been suicidal for months. She was admitted to St.[x] through A&E which was a terrible experience. She had now just turned 18 yrs old so was placed in an adult ward which frightened her. ....After 2 weeks she was discharged. We were in shock because she was still psychotic and extremely unwell, but we were assured she'd be referred to a Psychiatrist, which I assumed meant therapy or counselling. This didn't happen. Every month I brought her to an appointment in the Out Patient Dept of Psychiatry.....As far as I could see these appointments were to confirm if she was suicidal, if she was sleeping and to receive her next month's prescription. There was no therapeutic quality to these appointments and although highly medicated, my daughter was still in extreme mental distress for nearly 1 year before she was referred to any therapeutic service. She was admitted to P Hospital (as we had moved), and over the years she was diagnosed with Schizoaffective Disorder. of crisis. I honestly don't think my daughter would still be with us if we were living in Dublin and had to go to A+E every time for referral to Psychiatric support. She lived with suicidal ideation her whole life..... "*

*"I have experience in a professional capacity. Families with children who are seeking help facing long wait times, not meeting thresholds to be seen, not being satisfied with the service- not child centred, poor communication, medical model, quick to medicated but no ongoing psychological support."*

*"I've always wanted it but never knew where to start or was afraid I'd be judged for looking for it"*

*"The mental health services in Ireland are a national disgrace. There are lengthy waiting lists to access most services. A&E is completely overwhelmed and can't cope with the demand. Play therapists, art therapists, psychologists, occupational therapists are extremely expensive and again have long waiting lists."*

*"I have always struggled with depression and anxiety. I started going to my gp who referred me to [x]. [x] could only give me 4 sessions, which wasn't enough for the state I was in. I was presenting as suicidal by the time my gp decided to refer me to camhs. camhs contacted my gp and said although i was suicidal (and had plans!) Didn't think i was bad enough to be seen, but they kept me on their waiting list. They said I could be gone 18 by the time I'm seen. A couple months later I did decide to try take my own life. It was this night when I was in a&e that the physiologist on call re-referred me to camhs, and the camhs worker on call*

*came into the hospital to see me. I was seen in camhs a week after being discharged from hospital.“*

*“My GP referred my daughter, aged 17 who had mental health issues and was developing suicidal ideation to CAMHS. After months of waiting, they rang to say they could not offer any help, their waiting lists were closed, it would be unethical to put more people on waiting lists which were too long. They could offer hospitalisation in St [x], bizarrely (having never met my daughter), which we did not feel was an appropriate solution for her. They made sure to write me a letter to put in writing that the offer of hospitalisation had been made and “refused by the mother”, to cover their back and let me know it was on me, if my daughter had gone on to take her own life. Their attitude was despicable. In the end, support from [x], and a private counsellor, got her through this difficult time and she is better. I won’t forget how alone Camhs response made me feel though”*

*“I work as a professional working with young people and it is so complex for a child to be accepted by CAMHS. Referral is often screened off and advice given to contact other services such as Disability or Tusla when there are clearly underlying mental health concerns. Also there is a tendency for cases to be closed by CAMHS prematurely “*

*“I didn’t get treated great by CAMHS. I first got there after going through a not so very nice experience of hurting myself. I was seen by 3 of there doctors in the one day. Everytime one came into the room they would make me repeat over and over what I did and why. They had my notes and could see how hard it was for me to tell. They never gave me the help I needed they just tried to medicate me and send me on my way, I needed someone to talk to, I am 23 years of age and still struggle with some similar issues and I just wish when I looked for help at 15 I would’ve got it. I haven’t looked since, it had turned me off everything “*

*“When my 11 year old child started harming themselves and talking about wanting to die, I brought them to my GP, who referred them to CAMHS. We were told that there was a year-long waiting list. We ended up going to [x] instead. They helped to speed up the process by writing a letter to CAMHS stating the urgency of my child’s case. He was seen a few weeks later by a senior psychologist and a psychiatrist. We were told that our child’s issues were socio-emotional and didn’t warrant medication. We were subsequently signed off from CAMHS without any notification. This was a year ago. My child was diagnosed as autistic in the meantime and has suffered from school-based distress leading to suicidal ideation and self-harm. I insisted that his file remained open with CAMHS. We have had a handful of meetings with the Psychiatrist this past year with no real outcome. Unless a child needs to be medicated, there is nothing else they can do for us. They are understaffed (3 people in what should be a team of 20 in Cork) and unable to support my child adequately. We were advised to give Jigsaw a try. We had one session. The therapist referred my child straight back to CAMHS as a matter of urgency due to continued suicidal ideation and self-harm. Consistent and prolonged support was recommended. We have yet to receive it. Our last meeting at the end of September resulted in the Psychiatrist suggesting Occupational Therapy, which my child is open to. We have yet to hear from them. In my child’s own words, he feels like he’s been “ghosted” by CAMHS. He is out of school a long time. We are applying for Home Tuition. I need a letter from CAMHS to support the application. I have been waiting over 6 weeks for that letter despite numerous requests. The system is not fit for purpose.“*

*"I've been in and out of MHS since childhood. ONE session of anxiety management is what I've gotten from over a decade in and out of MHS, and at that time I had a newborn baby who I had nobody to mind for me..(partner was in active addiction at this time) and they done that class with me but told me at the end they couldn't continue with me if I couldn't find a babysitter. so I left feeling destroyed, terrible depression, multiple suicide attempts during teenage years, medicated, panic attacks that are so scary I've often called ambulances (who were incredibly rude to me) all I've ever received was that. one class. every 6 months an appointment with the MHS in [x] that goes as such "do you want to harm yourself?" "I dont want to exist but I'm trapped here" "ok so you wouldn't act on it?" "no but I wish I could" "ok, see you in 6 months" "*

*"My child was refused from services in calms despite being identified by parents and school as requiring. Since then been sent around the world and back with no treatment over 1 year later."*

*"My little brother started suffering from his mental health when he was 8. At 16 he is still struggling, he has been with CAHMS and was dismissed and told he was fine, he wanted to take his own life a week later and was in A&E. He dropped out of school at the start of second year, even with Tusla involved he didn't get the support he needed. Such a smart boy, with his potential destroyed. "*

*"Long waiting times. Lack of empathy within the system. Lack of consistency of care depending on scale of MH issue. Minority groups and cultural differences not represented or understood deeply enough within services"*

## **Waiting Times**

Catastrophic waiting times are putting young people at serious risk. Members report "standard" waits of six months to more than two years, with some Assessment of Need appointments delayed four to seven years, and even a 13-year waiting list for ADHD assessment.

These delays mean that children's mental health deteriorates, with some reaching crisis or attempting suicide while waiting to be seen. Many finally reach the top of the list only to discover they have aged out of the service entirely. These extreme waits are not just unacceptable — they are dangerous, and they are failing children when they need support most.

### **Member stories shared about unacceptable waiting times in accessing mental health care.**

*"This long wait is costing lives"*

*"I had to be hospitalised due to an overdose triggered by my mental health. I was promised to be referred to cahms as I was 17 at this point, yet due to complications this never happened... I never was seen by a mental health professional, and at this point in my life I*

*was overdosing multiple times a week.. this is one of many stories I have about how cahms let me down.”*

*“Tried to get help for a 10 year old who seriously needs it and got nowhere.”*

*“Have had to deal with suicidal loved ones while also a young person myself. Had to go to [x] at one point, which was not ideal”*

*“Went to gp with teen who had self harmed. Got sent to a&e. Waited to see psychological services. Said he didn't think it was serious and put on a waiting list for therapy.”*

*“My daughter is waiting to be assessed. She is on a waiting list about 4 years so she is now 16”*

*“Was treated awfully by CAMHS as a teenager. Was never given the opportunity to speak to an adult alone. Sexual abuse remained undisclosed as did not want to disclose in front of parent. Discharged from CAMHS with no mental health diagnosis. As an adult, presented to A&E several times being suicidal. Inpatient in psychiatric unit (self admitted). Recently was refused to be seen as an outpatient of the psychiatric services.”*

*“Nightmare experience awaiting weeks for counselling appointment knowing my child could have possibly taken their own life at anytime while searching for anyone who could really help!!!”*

*“I have a 7 year old son who is on the spectrum and has other neurodivergences. He suffers with anxiety to an awful level sometimes. I cannot find support.”*

*“I reached out for my daughter who was self-harming. Reached out to CAHMS and was told she would be seen in approx 18 weeks”*

*“My boy had to wait x2 years for an appt. It ended up being x2 x 5 minute chats with a mental health support worker!! Who deemed him to be "ok". The following week, I managed just in time to pull him backwards off the window ledge he was sat on threatening to jump.”*

*“With another child i was on a waiting list for in excess of 7 years.”*

*“My daughter suffers from anxiety and depression. She was referred to camhs. They said her issues were autism so I had to pay for private assessment. It wasn't autism it was anxiety and depression as I knew it was. Camhs put her on medication then signed her off back to GP. She never got adhd screening that the private psychologist recommended. Didn't get CBT appointment. Camhs not fit for purpose.”*

*“I needed counselling when I was around 15 yo due to family issues and did not find a support system. I ended up drinking all my issues and could not have real relationships until I looked for private counselling at the age of 24yo. I am sure that if I had support early in the days, I could have made better choices to not not harm myself and my body.”*

*"Both my children are attending counselling services. My daughter is just finished with insync. My son who is really suffering atm is with camhs. We were very very lucky we were seen quite quickly. For me, the process is taking so much longer. Too long imo"*

*"It takes too long to get a child seen - every day going by is a day lost in their lives - the stress on families is too much. Going to GP to try to get referrals, most therapists' lists are full for adolescents, and then theres the waiting for a first appointment - and then more waiting to be seen - but there are not enough staff for the child to be seen quickly. It's pathetic and the system is abusive- promising something that can not be delivered."*

*"I was 17 when I was referred to CAMHS, I had been in and out of private counseling since I turned 15. I had been struggling with OCD since I was 9 years old, but I started having severe panic attacks at 15. My counselor recommended I take medication but that I needed to go to my GP in order to get his opinion. My GP told me that he cannot prescribe medication to treat OCD and asked if any family members struggled with their mental health. I told him my father suffers with bipolar disorder and he looked at me and said "that makes sense". This was very confusing for a teenager who just wanted to stop shaking and crying every time she is in a mildly stressful situation. My GP then referred me to CAMHS. It took about 6 months for me to get an appointment, which from what I had been told, was quite a short time. The first time I entered my local CAMHS service was terrifying. I was told that I was "severely unwell" and my parents were scorned for not having gotten me into CAMHS sooner. I was told that they were going to start me on a medication called sertraline, on a small dose and then they would raise it gradually. I was scared as I already felt like prisoner in my own mind. I feared that the medication might make things worse, or even scarier that they wouldn't work at all and I would be stuck with this illness my whole life. I was then escorted out and told that my next meeting would be in 4 months and that was that. Over the coming months, I would end up seeing a different psychiatrist every time I went and each had their own opinions on my diagnosis. I went from just OCD to severe OCD to mild OCD symptoms to OCP, to auditory hallucinations etc. I just wanted to know what was wrong with me so the constant thoughts that I was making things up would go away. My experience with CAMHS is that a lack of communication between staff and a lack of care for how words can affect someone so young, made my mental state so much worse before it ever had the chance to get better. To the point where now as an adult, still attending mental health services, I get panic attacks before or after my checkups. I stay because I now rely on the medicine to sleep. I wonder how much of a different life I could be living if I was never sent to that CAMHS facility."*

*"Been to GP several times very concerned as is their school friends family members referred to calms several times refused everytime."*

*"Very long waiting lists, even after they had experienced the traumatic death of a parent."*

*"We looked for counselling for self harm when my daughter was about 10. I took her privately for play therapy as the waiting list was years long."*

*"We have been on a waiting list for a long time now. There is nothing we can do, only try support them as best we can but its very very difficult."*

*"My experience of trying to get support was a drawn out and prolonged process, often times I felt dismissed until my issues progressed to be 'more urgent'."*

*"Had to seek Private Psychologist...Public Services not fit for purpose ( time delay)."*

*"My grandson was really struggling. They basically said less he tries to kill himself then they will see him. Eventually we were able to get an appointment."*

*"Incredibly difficult - 3 applications to Camhs before we were accepted."*

*"On waiting list since 2021."*

*"Waiting list is so long to access Camhs. Told child was number 2 on the list for nearly a year when queried this, told theres only one phycologist?"*

*"Disgraceful. Turned down by CAMHS on 3 separate occasions despite hospital admission."*

*"She then referred to CAMHS who kept refusing to see my daughter. The hospital psychologist kept referring and they eventually took her. But she was only seen by a psychiatrist. They had no psychologist at the time. So we went privately for therapy again. They tried medications and had no communication with the private art therapist. They recommended OT but also could not provide this. We went privately to an OT who couldn't do much for us. After 2 years she was finally seen by OT in CAMHS who then became my daughter's key worker. A word we hadn't heard until then. But she should have had one from the start. After another few months was finally seen by the psychologist who had been in her position for the last year! All of these people are doing there best for my daughter but the system they have to work in is atrocious. And it is not good enough for the young people of Ireland. My daughter is now in 3rd year in school and has just missed 5 weeks of school. She desperately wants to be able to go to school and is open to all the help. But we are getting weary as everything takes so long. We recently had a meeting with the CAMHS day hospital but they have now also refused her care and referred us back to CAMHS in the community."*

*"Long waiting lists e.g. 4 year waiting list for a little girl."*

*"CAMHS have refused my son twice. To my face I was told by them if we were to take every child that self harms, our lists would be years long. They said to go to [x]"*

*"My daughter was a patient in Camhs [x] 2 years ago. She suffered from anorexia. Her mental health was at rock bottom overdoing and constantly cutting. Dr. [x] on the other hand was shocking. He loved the sound of his own voice and my daughter felt her opinions was invalidated. This was extremely hard for her. In the end she just wouldn't talk to him because she said there was no point. As a parent I felt very annoyed by his attitude. A was diagnosed with ASD by Dr. [x] who worked for Camhs at the time. She was so caring and kind and very attentive to A. After the diagnosis we just felt we were being pushed out the doors. He constantly kept saying she was nearly ready to be discharged. This child was at rock bottom screaming for help. He refused to change her medication. So in the end I had no choice but to go to my GP. 11 months ago after my daughter overdosed I had enough. My child was*

*drowning. I left Camhs and found my daughter a private therapist. I can't believe the difference. This lady shows her empathy but most importantly listens to her. Thankfully we are in a position to be able to afford this. But what about those poor families who can't? "*

*"My son has been on the waiting list for camhs since 2022. It's an absolute disaster. People are crying out for help and waiting times are far too long."*

*"3 years ago I needed urgent support for my 13 year old daughter. I went to school first but they didn't perceive any issues. Then I went to my GP who sent me to a counsellor but the earliest appointment was 3 weeks. I knew I needed more urgent support. I went back to the GP who put an urgent request into CAHMS. This is where there is a gap in care!! I tried [x] but there was a 10 day wait for a child psych support. In the end it was too late as she did try to take her own life. Thankfully I got her to A/E and at this point she was having a psychotic episode. I feel earlier intervention could have prevented her situation from getting this far."*

*"I'm trying 5 years to get my son into psychology and [x] has no primary care centre."*

*"My son has ADHD and I have been waiting 4 years to get an initial appointment. He has had his first appointment with CAHMS recently."*

*"After been referred by my GP to mental health day service the waiting list for appointments is far too long. Some family's don't have the luxury of going private."*

*"Trying to get my son help. Camhs have not been in touch"*

*"Trying to get appointment to be seen or talk to someone for a child who lost their Dad .....through suicide. It's hard work at a difficult time."*

*"A child I was fostering 15 years ago had been on CAMHS waiting list for 3 years. When I enquired about an appointment I was told it would be at least 18 months in the future. A totally unacceptable situation. Makes a mockery of service provision. Is the situation any better today?"*

*"I tried to get support for my (then) 6 year old son. He was showing huge aggression towards us and saying things like "I hate life" and "I wish I was dead". I contacted CAMHS who advised me to contact primary care psychology ( who have said they are too busy to see him and offered us a parents course instead) and a family resource centre."*

*"Waiting list of 2 years for AON for my 2 children. Still have not received all appointments for services recommended. Application made to CAMHS for my son during covid was denied. Recently referred again and wait time by comparison was 7mths. Better but still not good. I had to seek out private help in the meantime."*

*"It's impossible. Private therapist are of varying quality and have not been able to help my child. CAMHS have such a long waiting list that I doubt my child will ever be seen. [x] have provided vital support but only offer limited sessions."*

*“Teenager experiencing suicidal thoughts went to GP. Referred to CAMHs. Still waiting two years later for any follow-up appointment. Found some support through [x] and then privately.”*

*“My youngest child was referred for psychology nearly two years ago, after experiencing severe anxiety and mental distress. We were told it would take 3 years to be seen. We have yet to hear from the HSE child psychology services as to when we would be seen. We then looked for private support, most therapists I reached out to weren't even taking young people onto their waiting list. I found this process really distressing and disheartening. Finally, after a year and a half I have found someone to see them.”*

*“No support for any mental health issues, waiting list is horrendous. “*

*“It is very difficult to get seen, the waiting lists are long. “*

*“Services are NOT available for young people suffering with mental health problems. Waiting times are too long”*

*“Daughter experienced school refusal/anxiety at age of 8. First went to gp who referred to camhs but due to waiting list had to get private counselling. Eventually got a Camhs appointment after paying for a private psychiatrist report. So waited about 12 months from onset of problems to get to camhs”*

*“Struggled to find any counselling services for my teen son in my area. Even private counsellors have long waiting lists. My son has been on those lists for years, he's now an adult and was never called. “*

*“Trying to get help for my son who has paranoid schizophrenia”*

*“For my son still on waiting list for more than a year now”*

*“My son is on the spectrum and adhd since he turned 19 I've had absolutely no support! My previous GP sent off for a psychiatrist about 2 years ago and still heard nothing”*

*“It took 2 years almost for my daughter to be seen by camhs. She had done a suicide attempt which I believe could have been avoided if help was received in a timely fashion.”*

*“My daughter was referred to camhs by GP for self harm- waited 3 months for appt”*

*“My son was recently placed on a waitlist for CAMHS. We have received a letter to say the current wait time is 24 months plus which is absolutely ridiculous considering my son is only 8 years old and has thoughts of harming himself and often harms us at home. The cost to go privately is not affordable for us and I seriously worry what waiting 2 years will do to my son as he needs the help now.”*

*“Nightmare, long waiting lists”*

*“Both times the wait for CAMHS has been over six months. It is not a place to provide help in a crisis.”*

*“Very bad services for young kids experiencing mental health issues the waiting lists are terrible.”*

*“It was useless and long winded.”*

*“I was put on a waiting list for about a year before I got counselling.”*

*“The length of waiting lists is disgraceful, no clear guidance on what a parent should do/where they should go and when they do they are put on a very long waiting list and left to deal with the issue by themselves in the meantime.”*

*“Waiting to be accessed for years with CAMHS.”*

## **Age 18 Cliff Edge**

Families describe a devastating “age 18 cliff” where support is cut off the moment a young person turns 18 years of age. There is no meaningful transition planning to adult services, and many are discharged while still in crisis or actively receiving treatment. Parents and young people report repeated incidents of being effectively dumped. *“she turned 18 and they washed their hands of her,”* leaving young people without any support during one of the most vulnerable stages of their lives. Adult services often refuse to take on 18–25 year-olds who still urgently need care, creating a dangerous gap where young people are simply left to fend for themselves.

### **Member stories about what happens when a young person turns 18 or is close to it.**

*“I went to my GP and because my child was 17 he said he had no where to send her: if he referred her to CAMHS we'd be waiting 2 years by which time she would be aged out of the system and he couldn't refer to AMHS because she wasn't an adult. She was in crisis at the time. We went through several failed private counsellors. An absolute disaster. Sent away with my child suffering from an eating disorder and fading before our eyes! Shocking system.”*

*“My child's whole childhood will be gone before they're seen”*

*“Child with life changing medical diagnosis waited 5+ years on com psychology waitlist. I was asked regularly if she still needed it, she eventually aged out.”*

*“It was not until my daughter attempted her first suicide did we get help from CAMHS and we have had a battle every since - 3/4 years on and now we are dealing with adult services which is no better.”*

*'Awful, no clear place to go until it was dire and life was at risk. Camhs are too slow at seeing young people and they have to sign them out of their services when they reach 18 even though they are still in school and struggling.'*

*"Adult mental health services have openly said they have no experience in dealing with young school goers. They don't get back to patients, no answers to questions, no feedback, just sent another appointment in months. I believe they hope the patient won't return."*

*"I have had two children experience camhs. The first wasn't accepted, the second was as we were referred from a&e from a suicide attempt. Both children have now aged out of camhs and both still would need support one way more than the other."*

*"The services are great but from the ages of 16-18 it is incredibly difficult due to long wait lists for free health care, expensive private care and being too close to 18 to be considered since you will be moved on to adult services."*

*"It took months following a referral to [x] to see a psychologist. My child was only being seen by a psychiatrist for her meds. On the advice of a psychiatrist I got her private psychology help which I then had to give up when [x] provided her with a trainee psychologist who was under qualified and inexperienced. My daughter spent 5 months in [x] inpatient. She learned many bad behaviours in the children's ward including increased self-harm and an eating disorder. She turned 18 under the outpatient care of [x] clinic and was immediately cut off from psychology and psychiatry. She has not seen a psychologist for her main mental illness in the community in 2 years."*

*"I waited a year to get into cahms when I was 16. Then they forgot about me for 6 months and then I got an appointment. I was going to be 18 in 3 months and had to be discharged. The adult [service] is worse."*

*"Difficult to find help in time of crisis for young people. Adult services have out of hour supports, however it seems paramount that young people have early intervention."*

*"My 17 year old son was in CAMHS for suicide attempts. Whilst in their care, he revealed that he had been the subject of a significant assault. This was revealed, 1 month before he turned 18 and I was told, as his parent, that he was more vulnerable than ever at that point. Given this significant information, I was sure that we would be given some support even though we knew technically, he was no longer eligible for CAMHS turning 18. This was not the case. When he turned 18 we were given a few extra weeks and then dismissed with nothing more than a print out of websites. Only that I had asked, were we given a letter stating the course of his treatment that we could pass on to the GP as I explained, given the trauma he had undergone, he did not want to relive that again and again. This was back in February of this year (2025) and it has been a nightmare trying to get him the proper help he needs since then. I believe that part of the problem was that, because they knew he was turning 18, they downplayed his condition so that they were not responsible for him and thus, this misinformation has made it harder for other medical professionals to take him seriously. I have been shocked at how much changed for my vulnerable child once he turned 18, like it was a magical birthday and he could all of a sudden take care of himself properly, find*

*professional help and book his appointments. He can do none of this on his own and it has been a battle for me to get him help and frankly, keep him alive. I was shocked that CAMHS did not even refer him onto the HSE adult services at least. He felt so let down by the system and the fact he did not want to rehash the trauma when it had taken him so long to say that he was resistant to even getting help initially. There should be some transition for young adults, 18 to 25 year olds, as they may be legally adults but that is far from the case emotionally, especially for the vulnerable. I was also shocked by the 6 month changeover system in CAMHS where the team is changed every 6 months. It is common knowledge that those who are in need of mental health help need consistency but that these changeovers only facilitate the teaching aspect of CAMHS and not the attendees. My sons' health, on numerous occasions, was set back because he went for his appointment, only to be met by a stranger for whom he was asked to recount everything for again. Imagine how bad this must be for a younger child?"*

*"Got the impression that they couldn't wait for my son to turn 16 so he wasn't their problem and no support between 16 and 18 because he wasn't a child but wasn't an adult."*

*"My younger sister has a great deal of mental health issues still and when she was under 18. She has been failed in many areas, from our parents not taking her or her diagnosis seriously and not pursuing treatment due to old fashioned beliefs that it's all just acting up and she'll grow out of it, to the guards and teachers not taking calls seriously or seeing the signs of a struggling girl with a troubled background. As I don't live at home my influence is limited, I've tried to book sessions for her with local gps or counselling services but as she was under 18, they wouldn't accept me booking for her. I felt helpless. My parents don't take her seriously and now she's over 18, she's accepted her life is this way and is not able to take action to her own hands to seek help, it's too much for her and she won't accept help. She can't move out of a toxic household and has turned to alt right views."*

*"My daughter had been referred to CAMHS suffering from severe anxiety and depression, we had privately gotten an ASD diagnosis but also knew she had adhd for which we didn't diagnosis. She was in Transition Year but wasn't attending school and scarcely leaving her room. We heard nothing until things got so bad that we asked the GP for a referral to A&E as we were extremely worried about her. We then got a call from Camhs advising us not to go to A&E as there would be nobody to see her as she was under 18. They advised that they would prioritise seeing her, which they did and she had an appointment within 8 weeks of the call. She was given anti anxiety medication that gradually started to bring her back. With regard to treatment, CAMHS accepted the ASD diagnosis we had gotten privately but we had to fight hard and only thanks to one of the specialist nurses pushing for us did we finally get an ADHD assessment. After the ADHD diagnosis there was another battle to start our daughter on the ADHD meds, CAHMS weren't in a rush to prescribe and seeing as our daughter was near the end of 5th year and struggling badly in school and about to go into 6th year and was coming up on 18, we put in a complaint. Within 2 weeks she started on medication for ADHD. Her dosage still isn't sufficient but as she is 18 next week we have been told to deal with the adult service."*

*"There was/is nothing between the child services that ended when he was 16, and adult services when he was over 18. As a result he hasn't engaged much since. He had a*

*counselor for a few sessions, and was doing well, then that person left, and he didn't get any more. He's had bad OCD, anxiety and depression all this time, and no help for him or me.“*

*“We went to our GP who referred us to private psychologist. We contacted CAMHs but they wouldn't even see him as he was 17 and a half at the time and would be entering adulthood!! We also had to go private to a psychiatrist for CBT but she then had to go on maternity leave and left without a plan for our son. We have been trying to manage him between the doctor and ourselves ever since! He is still missing a lot of school.”*

*“Our experience with Camhs was deplorable. They rejected my daughter's referral and no-one told us. She was re-referred 2.5 years later and I was told she shouldn't have been rejected, meanwhile she was 16 by then and I was told Camhs wasn't suitable for her and they'd refer her on to a child psychiatrist and promised she wouldn't age out of the system. Almost the week she turned 18 they wrote to me more or less saying "now that she's an adult, Camhs isn't the right place (again) and she could see an adult psychiatrist herself if she wanted to. This was a girl who didn't believe she had any issues. She was finally diagnosed with autism and a processing disorder last year, aged 26! It cost her an awful lot of money, time and her job. They're an absolute joke.“*

*“Had to fight for a number of years to get my son access to CAMHS for a number of years and when he was discharged after a number of years and needed support again at a later stage - despite previous assurances they would not see him again. Insisted on a new referral by which time he had aged out.”*

*“It took 7 years of self harm and suicide attempts to get seen by camhs. By then I was almost 18 and they told me there was no point in seeing me any more because they'd have to stop when I turned 18. But they never referred me to adults services”*

*“My son has always struggled with his mental health. We fought an endless battle to try & get him help. We had to get him arrested & put in custody for everyone's safety which was devastating for us & him. When he was 18 he was just discharged from Cahms & he was actually in hospital after a suicide attempt at the time.”*

*“Again, the train wreck that happens between moving from CAMHS to AMHS.”*

## **A&E Crisis Failure**

When a young person hits a crisis, families are told their only option is to “*bring them to A&E*”. Yet the reality is that this is completely inappropriate and often harmful. Children in acute distress are forced to wait for hours in chaotic general A&E departments, only to be sent home despite expressing suicidal thoughts.

There are no dedicated mental-health emergency services, and many people leave untreated simply because they cannot endure the long, traumatic wait. These experiences show a crisis-response system that is unfit for purpose and failing children when they are at their most vulnerable.

## Member stories about dealing with mental health crisis through A&E

*"I was suicidal, presented myself to A&E where I was left waiting for hours and unseen."*

*"My son has mental health issues we have been through a and e numerous times sitting for 12 hrs while my son was suicidal and absolute disgrace."*

*"Ridiculous wait times and want to get rid of patient asap. My son was discharged from cahms without warning and went down hill very quickly. They dont have enough drs/nurses/services to help. Very cold and dismissive. Just get the feeling they want the child gone. This is every parent's experience that i know."*

*"I found most recently the A&E doctors have been very good - though in 1 hospital there was a wait of 5 hours in the general A&E dept with a very distressed teenager. The other A&E saw her very quickly and spent a lot of time with her. Finally after 2 weeks she has just been hospitalised."*

*"For a teen suicide attempt we had to go to A+E. There was no place for staff to interact properly - awful experience apart from great staff in wrong place."*

*"We had a family crisis and went to A&E where we waited 9 hours and were then sent home and told to look for support locally. A month later the doctor from A&E sent a post-it in an envelope with just the name of a local provider written. Since then we have made numerous attempts through GP to be referred to psychiatric services to be told "no, you're not bad enough".*

*"My son was in a bad way and went to A&E doctor was amazing and phoned an out of hours social worker. Her advice was to take my son home, write him a letter to explain all and get him to read it !!!"*

*"I attended [x] hospital for 5 hours. I talked to a nurse she went away and eventually came back with a piece of paper with telephone numbers and service that I could ring. I should have stayed at home and went on my laptop and I would have got the same result. Its an absolute disaster."*

*"Worst experience can't bring anyone to the person and depending on their state they won't go and even if they do you can't get app or you can only have crisis between certain hours otherwise it's a&e where sitting for hours in crowded waiting room makes things worse."*

*"They had to sit in A/E for a long time to get seen by a psychiatrist when they were experiencing delusions."*

*"Have to wait for hours in a and e in a crisis and follow the unfortunately person down the street when they refuse to wait any longer as they didn't realise they were in a crisis situation and had great difficulty trying to persuade them to come back to the hospital"*

*“A&E is not suitable for anyone with mental health problems. They need immediate consultation that private. Impossible to get seen in a psychiatric unit with going through hoops. Also these places don't have great facilities.”*

*“I'm being sent in circles, passed from service to service and nothing really being done with my children.. always told bring her to the a&e if she persists with her suicidal ”*

*“My son attended A&E begging them for help when he was told to go home and a nurse would ring him in a few day's. We had to rush to get to him and we were two hours away to see the state he was in. Will stay with me and my husband for the rest of our lives. He told us he begged the doctor for help, he was suicidal.”*

*“Waiting for hours in A and E with my daughter who was suicidal. Then sent to the adult psychiatric ward where we waited until 4am then left. I didn't know where to go to get help.”*

*“Young man early 20s waited nearly 24 hours in A& E to be assessed by triage and doctor before accessing psychiatric care. Only reason he was able to wait that long was he had two supporting adults with him to coax him to stay. Utter neglect to force mentally ill people to sit around for hours and hours to be ruled out for anything physical in an already overcrowded A&E.”*

*“Loved one went to [x] hospital as they were feeling suicidal and they were sent home as they said they had no beds.”*

*“The A+E staff don't have the training to support a person presenting with serious symptoms of mental health. My enduring memory of being in the A+E Dept of [x] was a seriously out of his depth, male nurse who focused on my daughter flinging her backpack on the floor and sliding down the wall, acting out in a desperate cry for help, after he had just confirmed that (even though she had suicidal ideation). Because she had no actual suicide plan - they wouldn't be admitting her to the Psychiatric Dept.”*

*“I had my gp refer me to camhs multiple times and was not seen by them until after I sat in A&E for 16 hours with suicidal ideation.”*

*“Extremely difficult, especially after 16. Not a lot of support for adolescence, was turned away from A and E multiple times even though I was following my crisis plan. No support for people unless they've harmed themselves already.”*

*“Taking a person to A&E for mental health and waiting hours.”*

*“Been to a&e a few times with suicidal daughter. Released with a backup plan after a few hours. Private healthcare online doctor got her a place in [x] where she stayed for 10 weeks.”*

*“Yes young people have been let down in A&E.”*

*“Mental health supports for young people are non-existent. If we didn't manage to get help from family and others to pay for therapy I cannot imagine where we would be. God help families in extreme poverty. Telling parents to bring children to A and E in the middle of a*

*mental health crisis is not acceptable. Weekends and holidays are high risk for young people. They cannot be left without services.”*

## **Dual Diagnosis Nightmare**

Families living with dual diagnoses face a nightmare of being bounced between services that refuse to take responsibility. CAMHS frequently turns away autistic young people with clear mental-health needs, dismissing crises as “just autism” rather than offering support. Instead of receiving integrated care, families are pushed back and forth between departments, each insisting someone or service is responsible. With no joined-up system, children lose years while services argue over whose responsibility they are — leaving them without the care they urgently need. The impact lasts a lifetime for children and their families.

### **Member stories coping and battling with dual diagnosis**

*“On the back of my own diagnosis, we got our youngest son tested (16 at the time), again going through the public system was pointless and we went the private route and got him assessed and he also was diagnosed with ADHD. This was not picked up (for him) in schools, teachers aren’t trained to watch for these behaviours nor are they equipped with the resources to engage and support.”*

*“Daughter rejected 3 times by Camhs before we got a private Adhd diagnosis at age 9. Camhs eventually accepted & diagnosed her adhd at age 16. No psychologist on the team so we pay privately for weekly therapy.”*

*“My son was diagnosed with the equivalent of Asperger’s but then was discharged immediately but with no follow-up.”*

*“My son asked social worker to do a referral a year ago. Social workers don’t refer as soon as they know a child has severe trauma and neurodiversity. Still waiting for an assessment urgently.”*

*“I work with kids with an intellectual disability, autism and mental health issues. Waiting lists for an appointment is far too long for our guys. Also feel that the mental health services don’t want to diagnose kids with a mental health issue as not to “label” them. I have worked with bipolar/schizophrenia in these kids that are undiagnosed due to this issue.”*

*“I have been suffering from PMDD since I was 12 years old. I told my councilor when I was in camhs that I wanted to kill myself she told me I wouldn’t because “alive against the odds” and should just listen to mindful YouTube videos and drink herbal tea. I self harmed as soon as I left that session. My brother is also Trans and they treated him horribly because he has dyspraxia also.”*

*“It’s very difficult to be taken seriously especially with Camhs. They rejected my daughters application even though her mental health was very bad. She ended up even worse in the space of 4 weeks and I could see her going downhill. Also you have to fight to be taken seriously especially with neurodiversity.”*

*"I attended camhs consistently from ages 13-18. The first ever counsellor I had there told my parents that I was just bold. I had a horrible psychiatrist for years and was thrown on lots of medication but was not given adequate help. I had a good psychiatrist there when I turned 16 but I was so ill at that time that I was put in inpatient at [x]. I was an inpatient there 3 times and got countless diagnoses over the years, bpd, bipolar, depression, anxiety but nobody ever looked at the root cause, even though I didn't have "significant trauma" to meet the bpd diagnosis. The "therapy" they gave me, gave me "skills" but without understanding myself I was incapable of using them. I'm 24 now, nearly 4 years ago I discovered that I was autistic. 2 years ago I was formally diagnosed autistic."*

*"We were told my son who is 7 almost 8 needs a ADHD assessment by a psychologist. We got a referral to CAMHS and they refused him saying his struggles are more likely to do with his ASD and mild ID diagnosis. They came to this conclusion without even meeting our son. I rang to get answers to be told that another reason was he isn't receiving therapies from the CDNT. He has been on the waiting list 5 years now. He is being neglected by all services. We have sourced private SLT & OT and both also have highlighted the need of an ADHD assessment."*

*"We first went to the GP who was very helpful, referred to CAMHS who put my daughter straight on prozac at age 13, after two deaths in the family.....When her mood didn't stabilise, dosage was increased steadily. When I said the dose was too high she couldn't function, and they need to consider something else or I would take her somewhere else..... After updosing to the point of being unable to leave her bed most days or take care of her basic hygiene needs, my daughter decided she would no longer take prozac, weaned herself off, went to CAMHS and asked to be discharged. .... Eventually, having saved to get a private diagnosis and after paying privately for years of private therapy after leaving CAMHS, she has ADHD and it's probable she has autism spectrum disorder as well but that would cost extra."*

*"Went to Camhs to help diagnose my boy with ADHD and found very helpful. Went with my 3 girls for the same reason but found them absolutely NO help at all. I actually felt that they didn't really know a lot about ADHD presents in girls. It's not the same as boys. Boys are more outwardly hyper but Girls inwardly, anxiety, over thinking, worry etc... no help what so ever, still in the same situation two yrs on."*

*"It was not easy when I first sought help in 2007 or 2008, and still is not easy now that my child is a young adult and has aged out of CAMHS. Some of the staff were quite patronising, and inferred I was the problem. I eventually got an apology and the psychologist who worked with my child was fantastic. But she was released without anywhere she could touch base and her mental health deteriorated again during the pandemic. You are made to feel you can't ask CAMHS for help unless your child is severely disruptive or aggressive. She was diagnosed with AN this year and AMHS have been next to useless. I can't help but think if services were easier to access and kids who were in the system could step in and out of therapy as needed, that she would not still be dealing with this."*

*"CAMHS not accepting referrals, needing numerous assessments before they accept referral. Not recognising a child might have dual diagnoses. Diagnosing ADHD by exclusion,*

*so huge delays for the child and their family accessing care and support. Very poor liaison between CAMHS and other services in HSE.”*

*“I went for help through camhs. They were very helpful the first time around with my daughter. The second time around they were helpful but this time when I need help they haven't been as my daughter has an eating disorder and intrusive thoughts. Also my son has been waiting for over a year for adhd assessment and they haven't given us a diagnosis yet.”*

*“We tried to get help for my son who is autistic but who we believe also has ADHD, and struggles with anxiety, impulse control, insomnia and sometimes aggressive and violent behaviour. We were dismissed and told his symptoms fall under his autism diagnosis.”*

*“My son has finally been diagnosed with schizophrenia and only because I finally went private to a specialist in addiction. He was taking drugs at the time. Every time he went into psychosis the A&E sent him away and told him to lay off the drugs. Luckily the private psychiatrist we found had the patience and the insight to get behind, what turned out to be attempts at self-medication. Addiction is not a bad habit. It is an illness and often masks serious mental health issues.”*

*“Despite talking about my active self harm and plans to take my own life I received no support for depression (which I was later diagnosed with and medicated for after aging out of CAMHS). Because the multiple counsellors and psychologists I worked with wanted me to receive an autism diagnosis first, which they couldn't provide and the waiting list was over 2 years long. After receiving the autism diagnosis they continued to not provide support for depression and self harm behaviours as they felt all my actions and symptoms were explained by autism and they couldn't do anything for that.”*

*“Referred so many times by GP. She had already referred my son to primary care and CDNT. Kept refusing referrals and redirecting to the other services. Eventually saw my son as either a favour to the GP (which is what GP told me) or as a means to get rid of us once and for all and shut us up. Consultant had her mind made up before she met us. She shouted at us in front of our child that we were weak parents who needed to put boundaries in place. We are both post primary teachers with almost 20 years and have 3 other children. She also told us that it's CDNT and Tuslas job to help us and not CAMHS. It was autism and bad behaviour simple. Such disgusting and degrading behaviour from a consultant psychiatrist.”*

*“GP referred my then 10 year old daughter to CAMHS due to “school refusal”. Seen fairly quickly by social worker for 2-3 visits. Advice was to bring her to school regardless. Very traumatic with incidents of self harm and anxiety while trying to get her to school. Very little support for parents. Occurred again when she was 15 and diagnosed with anxiety/depression and medicated with anti depressants. No follow up support. Went private for CBT and counselling. Daughter still struggling at this stage, suicidal but at age 18 her file transferred to [x]. See once and no appointment since. She is now 26 and again we went privately for autism/adhd assessment which have now been diagnosed.”*

*“Rejected by CAMHs twice. Tried to get my 6 year old daughter help who was self harming (head banging, biting herself) and behaviour was deteriorating despite being prescribed an anti psychotic. Rejected because she is autistic”*

*“My son has suffered with anxiety, depression, self harm from the age of 14. There was school avoidance, self harm and not being able to regulate his emotions and extreme low self esteem. We paid for many private counseling sessions while he was on waiting lists over the years. We were very lucky to be able to do this. There is also a query of him having ASD but I have been encouraged heavily over the years not to push this issue as he won't get the help he requires on the waiting list he is on and will get taken off and moved to a different waiting list so he has never been diagnosed. He eventually got good support in primary care once he was over 23 years old. There needs to be better support for young people/adults who do not need the same support as children or older adults”*

*“Took so long for her to be assessed after admission to hospital after cutting herself. Hospital were more than useless. Camhs weren't concerned.”*

*“Yes my son is on a waiting list to be assessed for autism and is now waiting a year.”*

*“My son had anxiety symptoms in first year, secondary school. This led us to [x] where an AON was recommended. Four years later the AON is complete but no services available.....My son no longer leaves the house, so years of no support cause more damage.”*

*“My son was bullied in primary school to such an extent that we subsequently had to get support from a psychologist. We were still living in Germany at that time and were very lucky, because my son was seen within a week!”*

*“I have over 2 years on the waiting list for AON for my 7-year-old son who is struggling in school and socially. The worst is that he first needs to go to an autism assessment and then wait God knows how long for an ADHD assessment. It is beyond belief.”*

*“Support was diabolical. I had to demand to see a psychologist for my daughter. Everything was communicated as 'It's her autism'. I worked in mental health for many years. I know my child. It was someone else's problem and Camhs was unwilling to help her. I hear the same from others who have been to the service. You shouldn't have to beg for help.”*

*“We are waiting for CAMHS services for my 14-year-old daughter who is autistic, has high anxiety and is unable to attend school. We have been given mixed messages about whether our autistic daughter could be referred to CAMHS. Yet, if she cannot go there, where else is there? CDNT is totally under-staffed. There is very little support and virtually no understanding of what we are dealing with or what she needs.”*

*“I'm a teacher in an autism class and I see the huge struggles parents face with getting the appropriate supports for their children. Specifically, children with complex behavioural needs.”*

*"We went to the GP and got referred to a psychologist (psychiatrists were impossible to access even though it would have been preferred) for ADHD assessment when we suspected our daughter might have ADHD. We tried going through the public system but got nowhere ( long waiting time and basically told our daughter wouldn't get anywhere because her symptoms were "too mild" in that she wasn't harming anyone in the classroom and no major behavioral issues in school! She was diagnosed by a clinical psychologist as having combined ADHD in the private sector. Subsequently both me and my husband got referred by our GP (at our request) to see a psychiatrist to be assessed as well for ADHD, and we were both diagnosed as well. I am a qualified Counselling Psychologist for the record."*

*"I spent 7 yrs trying to get help for my son because a dual diagnosis cahms wouldn't take him on. He suffered for yrs, very bad anxiety. At 10 he tied his pj's trousers around his neck and his bed frame over school anxiety. I finally got accepted into cahms but the appointments are fleeting. They don't want to prescribe medication to help. He was offered play therapy which is useless."*

*"A load of rubbish. Waited ages for an appointment. Had no interest in my son. Told me his issues were down to ASD diagnosis. The fact that he slashes his arms and thighs with a blade is frustration and not a mental health issue. No further appointments required "*

*"CAMHS wouldn't treat my son for his ADHD unless we agreed to medicate. Discharged him when we didn't agree to medication."*

*"Trying for 4 years to get assessment for my ASD son, CAHMS ID have refused 3 times "*

*"It's taken over 3 years to get my daughter seen and assessed by anyone qualified in the psychology field through the public system. This is after receiving an ASD diagnosis at the age of 6. It's hard to do the right thing without proper guidance and support and it's been extremely difficult for us all. Not yet got to anything other than the assessment stage with CAMHS so still not entirely sure how that's going to work out."*

*"Got private dx for son for ADHD, then went to CAMHS for further testing and care."*

*"My son is adhd struggling with school attendance."*

*"My son has Autism and is on waitlist for camhs as phycologist with CDNT cant prescribe certain medications. They keep pawning me off saying we prefer not to medicate children with asd, even though my son has aggressive behaviours and self harms. I'm a single mother and he's stronger than me. I've been told by mothers who have been with camhs that there useless very unhelpful."*

## **Costly Private Care**

Families across Ireland are being pushed into financial hardship just to access basic mental health care. Private therapy costs €60 to €120 or more per session, while assessments can run from €1,000 to over €3,000, forcing many to take out loans simply to get their child seen. Parents describe a two-tier system where *"if you can pay, you're sorted; if not, it's your*

*problem.*" Middle-income families are being financially devastated, and those who can't afford private care are left with nothing at all. This is not a fair or equitable mental-health system.

### **Member stories about costly private care.**

*"In the end my only option to get help was to go to a private facility and pay a ridiculous amount of money."*

*"Very little support unless willing and able to pay privately for a counsellor or psychotherapist."*

*"Only support available was private. Gp was very understanding and referred to camhs but emphasised that this route would like result in medicating rather than counselling support."*

*"Absolute nightmare trying to get support for anyone under 18 years old. I had to pay to go privately with my three children just to get assessments that would give them access to CAMHS. I can't afford health insurance so had to get credit union loans."*

*"Camhs took ages to access then wouldn't confirm my daughter's diagnosis ie adhd & asd. Then discharged her from their service & we had to go private costing thousands. Time & resource wasting."*

*"I was lucky enough to be able to bring my daughter to a private VHI paediatrician for anxiety. I had tried via GP, but never heard back re referral. My son and daughter now need support for ADHD, I'm on an 18 mth waitlist via VHI. I dread to think what it's like with CAMHS."*

*"We had to come up with the money to go private as the waiting list was a few years on public."*

*"My sons was refused by Camhs multiple times to be accessed. They send us around in circles I finally managed to be referred to a private consultant who diagnosed my son and allowed him get the help he needed."*

*"Referral made by GP for 6 year old child in 2023 for Paediatric Neurologist. Appointment received December 2025. child now 8. Forced to go private. Referred to CAHMs, rejected twice. Referred to Primary Care, rejected once, pushed for services, accepted only to be told 2 year waiting list. One year later, told no services due to lack of resources. Forced to see Psychologist privately. Working full time paid tax my entire working life. HSE is a disgrace! AON application submitted 2023 still no assessment undertaken and zero communication from anyone. The system is truly broken for mental health of young people in Ireland."*

*"I found it easy to locate a play therapist for my child but the cost was €80 a week for 12 weeks plus 2 parent consultations at the same price. I was lucky enough to be able to afford that but not all families are and often cost can be a real barrier to the most vulnerable young people accessing the right support quick enough."*

*"I have two children who are diagnosed with adhd and I am aswell. All three of us had to go for a private assessment as we couldn't wait for public services. It has been a long and expensive journey trying to figure out where to get help and going through the whole thing."*

*"Horrendous. Dangerous. Outdated. Most recent experience is with a close relative. They are stable and safe. Mental health support staff do their best but the care is just: prescribe medication, bit of counselling and off you go. Even for the most serious of conditions. There seems to be little to no interest in returning young people to a fully rounded life. The only positive that I can say is that its not actually institutionalisation like in years gone by. But its not 'care' really."*

*"My process started in primary school for my son, he was in 5th class. We were referred to primary care. I went privately after waiting 9 months on private waiting list. 18 months after my referral through primary care we received an appt. My son had already been assessed. I did receive support through primary care with CBT appts. The process waiting for an appt and costs involved with going privately was long and difficult. However, at least I was in a position to pay privately."*

*"My daughter is struggling and is not attending school I privately got her assessed it cost me alot and we have a very limited income but I had hoped it would be help, we got a great report and it recommended cahms for medication, we got referral letter done and done all the follow up paper work explaining that the medication could be life changing for her. She's 14 in 3rd year and not attending school she recently got adhd and Dyslexia diagnose and recommended to get autism assessment however we aren't doing that for now."*

*"Public wait time is far too long. Private can be expensive but beneficial and shorter wait times."*

*"It is so hard to get help 2 years ago my daughter started to suffer with mental health. She ended up in [x] hospital who were very good but when she came the help we got was terrible . Hospital give me number to contact for help and every one of them refused to help her because she was linked in with [x]. She ended up back in hospital again and in the end we went private and we struggled to pay for it . It was 70 euro twice a week*

*"I have been waiting a year to get an assessment for son for ADHD. Since I read in the news today that the waiting list is 13 years, I feel like I have no choice but to go privately but I can not afford the thousands it would cost."*

*"Very anxious boy 9 was offered Prozac instead of interventions. Had to pay privately to get him help, at a huge expense."*

*"I suspect my son is neurdivergent. GP keeps referring me to private facility that costs approx 2800, that I cannot afford. Not sure how to progress. Recommended Assessment of Needs by friend who went through process but will my son get seen, hes 15 so not long until 18 and I believe it can take years."*

*“Waiting on paediatrician apt last 6 weeks for panic attacks will likely have to try private for 8 year old even though we don’t have the money or insurance.”*

*“Very slow process had to go to the GP at least 6 to 8 times and then was told i needed help maybe and so contacted a Psychologist privately and after 6 sessions and a strong report went back to the GP and asked for a referral to CAMHs. It was a torturous long journey. I began to doubt my own sanity. Lucky i had a contact number for a psychologist and borrowed from the credit union to pay for 6 sessions.”*

*“Horrific. Nobody wanted to admit her or help. Still struggling into 4th year.”*

*“18 months wait for private day care from [x] or immediate inpatient care with phone assessment from the same health provider. Obviously only interested in the financial rewards. Public appointment happened within 6months, but after psychiatric evaluation, they did not have a HSE psychologist so we had to go private! We are paying for a private psychologist for 16 months ! 80 euros a week ! 320 euros a month !! No HSE. Help at all . As parents we have no support ! We dont know if we are acting right or wrong. Our child is 27 yrs old and we are scared to upset her because of her reactions !”*

*“We went to CAMHS after a long referral wait but the service was appalling, we have been using private services since then which have been extremely costly “*

*“Thankfully I could afford private consultations, but there’s still on waiting list.”*

*“My daughter now 24 years old experienced emotional and mental difficulties through her teenage years. We were referred to private counselling by the GP but really found no help other than going to private counselling which she did not mesh with her counsellor.”*

*“Unless you can afford to go privately, you are on exceptionally long waiting lists for psychology or psychiatric care. Even if you can afford to go privately you are waiting a long time to access any resources”*

*“It can be very challenging getting affordable support for young people. I work with incredibly disadvantaged young people, who do not have the money to pay for mental health support, and often do not know where to go to find formal support, or end up on incredibly long waitlists.”*

*“We have had to pay for therapy privately since day one for our 8 year old with complex autism,still waiting on adhd assessment with camhs.“*

*“I have used hse mental health services and when in college [x] counselling. I was very lucky. Later I had to pay for private counselling which was challenging.....I had to pay for private diagnosis which is a serious privilage.”*

*“My experience was long waiting lists in the public system and very expensive in the private sector.”*

*"I was put into camhs at 15, discharged at 17 and no help afterwards unless paying to go private, which wasn't an option. "*

*"My son spoke to me about how he was feeling, we started looking for a private counsellor. We knew it had to be private because public wait times are ridiculous. There is no public mental health service. It took a couple of weeks to find someone suitable. He was fortunate he could afford to pay for this himself."*

*"Myself and my sisters are seeing private counsellors/ therapists. It's just easier and quicker going private rather than using the public system. One of my sisters even got seen by CAMHS and it was just a joke. They literally do not take you seriously at all, unless it's something really obvious that they can stick a quick and easy label on. At least, that's how it seemed. They were just completely unhelpful. So yeah, we just ended up going private. I think the biggest challenge here, aside from stuff like cost, is just how difficult it was to convince my dad that we, I, needed help. There's just so much stigma surrounding mental health and the baggage that comes along with poor mental health and or mental health problems."*

## **Harmful Experiences**

Many families report that CAMHS has not only failed to provide help, but has caused lasting harm. Children describe being dismissed, not listened to, and not believed when they tried to explain what they were going through. Some faced inappropriate or insensitive questioning about deeply personal issues, while others encountered staff who were patronizing or openly hostile. Medication has been prescribed without proper assessment, and incorrect diagnoses have led to the wrong treatments entirely. These harmful interactions leave children traumatized and undermine trust in the very services meant to support them.

### **Member stories about the harm they or a loved one experienced**

*"Not my department culture."*

*"My experience is of a parent of over 18 year old who went down the drug addiction route when he started in college. At 23 he eventually got himself to [x]. On discharge from [x] nobody except our son was aware of medication and appointment plan. He died by suicide 3 weeks later. I strongly urge that it be part of the treatment plan that each person receiving mental health treatment is supported by a delegated person. This person supports the person receiving treatment ensuring they are adhering to medication advice and keeping appointments."*

*"When our son was still in Primary school at 10 years old and around the time of Covid, he expressed a desire to end his life a few times. We went to the GP first and also consulted his teacher and we got a call from the school child psychologist who was very helpful. We got a referral to CAMHS through the GP. While waiting we also took him privately to a child psychiatrist. After a long wait we were given a number of appointments at CAMHS for him which proved to be a disaster and at 16, he is still very angry about that experience and how*

*we took him there. The junior psychiatrist he attended there for several sessions asked him the same questions during each visit as if he were seeing him for the first time each time and made no effort to create any type of professional relationship that might put a young child at ease in such an environment.”*

*“Child had written notes saying good bye to all family. I'm the father of this 14 year old.”*

*“I have suffered with mental health since a very young age, which consisted of hospital visits for self harm or suicide attempts and having to see Camhs for them to say they wouldn't get me anti depressants because it could have difficulties in me getting pregnant or my mental health issues saying I seen it on the telly which is a complete joke.”*

*“I believe my experience with CAMHS was impacted in part by the Covid-19 pandemic, which was at its peak at the time. Instead of making future appointments to discuss the issues I was experiencing, I was immediately prescribed antidepressants. I was 13. The antidepressants I was placed on are not recommended for young teenagers, as they can actually worsen suicidal thoughts in people of that age. I also only learned several years later (from my GP) that I should have received a blood test before going on any form of antidepressants. This was never mentioned by CAMHS. I had infrequent follow-up appointments every few months, with a different person each time. This ensured that I did not get comfortable with or get to know anyone within CAMHS, and was therefore even less likely to share any issues. I was discharged from CAMHS over a year ago, and have gone through subsequent mental health struggles alone, purely to avoid being sent back.”*

*“My friend had suicidal intent but was turned away. He later died by hanging.”*

*“My son 16 was feeling very down in himself, he's a wheelchair user and had different physical disabilities and needed to talk to someone who can give him the tools to deal with all he has. school tried to help with a guidance counselor. Social services promised weekly therapy, never came through. In the end we researched online for someone who is trained to help deal with his particular circumstances and we pay weekly so he can get the guidance he needs.”*

*“We have been utterly ignored when asking for help from mental health services. They need to stop turning people away because of substance abuse and instead try a more trauma informed approach. One that is family inclusive.”*

*“My daughter was suicidal, she had also been to the local health centre and had been diagnosed with a personality disorder. She got a referral to some group therapy scheme with the local health centre which was complete unsuitable for a teenager and she got a referral from our GP to [x] but they wouldn't admit her as she was smoking weed. She was smoking weed to try to deal with her mental health issues, self medicating.”*

*“I found it very hard getting the necessary mental help needed for my children social workers kept closing doors in my face in my opinion camhs tulsa are not fit for purpose it's all a business now not about the persons needs and just pumping us with medications everytime which dosent always work.”*

*“Disastrous. It took for her to attempt to take her own life before getting any help.”*

*“There was no support outside of an extreme suicide prevention clinic. this was not the appropriate place for a teen. ‘*

*“We had to get to breaking point before we got help by which time my child trusted no adult to help him.”*

*“My nephew was a suicide risk last year (14yrs old), he was fast tracked for a psychiatric appointment. He was seen once and discharged, but the doctor informed my mother that with his upbringing and behaviour, he will be a high suicide risk when he is older. But was still discharged after one appointment. My mother (his primary carer) is struggling to get him the help he needs, he has no other follow up with a psychiatrist or psychologist. He has been doing some therapy for 12 months which has showed little effect.”*

*“Severe episode of my daughter not sleeping for 4 days and fast talking paranoia distress and called crisis point of contact that never came despite calling them twice and then saying they would. Then went to a and e and they just said to continue antidepressants no other help offered. She is currently now finding it difficult to look after herself and gets no support despite going to the gp and mental health several times.”*

*“Public services for young people are non-existent unless the you are suicidal. Response from CAMHS to GP was put them on medication.”*

*“I have suffered with my mental health since I was 9 years old and during the time in which I was a minor it was difficult for me to find mental health and counselling services as CAHMS had waiting lists and when I was then admitted to their services, they were quick to dismiss the suffering I was in.”*

*“Both of my children needed help w CAMHS, Oct 2 yrs ago daughter took overdose, I sought help from family resources center thankfully as CAMHS, came back to me in Dec and said the couldn’t help as my daughter would be turning 18 in the following Feb. My son unfortunately was wrongly diagnosed, wrongly medicated, they took 7 yrs away from him on antipsychotic medication, no treatment, no help only to get correctly diagnosed this summer as autistic NOT borderline personality disorder....”*

*“I was a patient in CAMHS who was experiencing active mental health crises and in a verbally abusive and emotionally neglectful home. After assessment I was put with a social worker for counselling. Not a therapist. And I was made to feel my reactions to being abused were the cause of the abuse. I was given ways to cope that didn’t apply to my situation because the social worker didn’t name it abuse. I would leave sessions still in tears not understanding why. And then the lockdowns started and I saw an out. Like countless kids in CAMHS, I lied that I was fine and no longer needed sessions. Only when I went to a private therapist was I faced with the harsh reality I had been a victim in an entirely preventable situation. I had been ignored and minimised in a system that was supposed to help me, and I should’ve been given the supports of a kid being abused not an angsty teenager with “low mood”. I have also found since leaving CAMHS i should have been assessed for AuDHD and dyspraxia- as these are now diagnoses I need.”*

*"My daughter attended Calms for about 7 weeks and it's was a dreadful experience for both of us. They were antagonistic towards her and implied she should be ashamed of her actions. We were lucky she was discharged and we then attended [x] which was accepting and supported her through this period without criticism. [x] gave her tools to help and we cannot praise them enough, 6 years later."*

*"The fact you have to be dealing with extensive bureaucracy for my son's care while undergoing my own intensive cancer treatment and recovery. Dealt with my surgery but it is worst and is incredibly stressful and overwhelming for anyone dealing with cancer. I couldn't get access support through any cancer specific organizations to help manage these administrative burdens, no hospital medical social workers or resources and there are not any specific channels for escalating long waiting times for Child and Adolescent Mental Health Services (CAMHS). I had tried everywhere, Cancer Support Centres, play therapy, music therapy, Equine. Escalate with our GP, Primary Care, social services and even assessment of needs. Over 2 and half years ago and still didn't get any feedback from CHAMS. When I contacted them they mentioned they didn't get any form or referral letter or documents from my GP or Primary care service. Very Difficult to navigate through the system."*

*"Camhs rejected my teen three times to a point where she wouldn't even consider going to them now, after hoarding tablets with an overdose date planned and incidents of self harm they said it wasn't serious enough. I've had to engage in private therapy with over a year to try help her, can't afford a private assessment while paying for therapy but it's badly needed."*

*"When I was 15 I took matters into my own hands after a year of begging family and teachers to believe and help me. I felt I was a danger to myself and needed help. I was drowning in an eating disorder and all I wanted was for my life to end, I made a doctors appointment but when I went down my mother was standing at the door waiting for me and said the doctors rang her about me coming down and gave out to me and after that I never sought help again and to this day I still struggle a lot day to day. But I tried for 2 years to get help but no one believed me. I even rang an emergency number because I wanted to attempt but I wasn't taken seriously since then I don't trust anyone, I keep everything to myself and somehow I am still here."*

*"My experience was not great when I was seeking help from CAHMs as a young person. It was difficult to find a suitable counsellor that I could confide in."*

*"Horrifically hard. Horrible experiences with counsellors and psychiatrists in the mental health system in Ireland."*

*"My eldest has experienced severe mental distress from age 8 (suicidal ideation etc). CAMHS saw him and said he was fine. It took [x] to point us in the direction of occupational therapy and then an autism diagnosis. Very poor support via school system, nothing from NEPS, very little from CDNT. Our family is thoroughly disillusioned with the mainstream mental health services - as parents who have had to find our own resources to Educate ourselves, we find we now know more about how autism presents for our medium support needs child (very bright but struggling with social and sensory overwhelm) than our GP or CDNT team. CAMHS won't assist with mental distress as he is autistic but not high enough*

*support needs for CDNT to prioritise. The system is failing many young people in a similar situation. “*

*“Yes I can talk about myself as a young man. It was a struggle to get any mental health diagnosis and everything was put down to drug use and no one was looking at the real problems undiagnosed ptsd from primary school years, drove me into crime and addiction.”*

*“When I was 15 years old I was having an incredibly tough time. Nobody took me seriously, I had become chronically ill and my mental health was at an incredibly low point. I asked for help at home and in school, it took me breaking down at a hospital appointment unrelated to my mental health to get help. I was referred to camhs after that point.”*

*“No proper help I've experienced no help for my child.”*

*“Slow to get/ask for support took a breakdown to get it but it was almost immediate, cannot fault services I've received but I do see that younger people struggle to get diagnosis and subsequent support thereafter.”*

*“Growing up in an unstable household as a little girl with emotional neglect, alcoholism, hoarding, lack of attention and love etc, I grew up as a very unsettled child, tantrums, anger, being ‘bold’, doing reckless things etc. When i was 9/10 I was admitted to camhs. I remember going to this run down area in the middle of a housing estate, it was a meeting with these people. I think there was two. I was there and my mom was there. They asked my mom lots of questions about my behavior, my family dynamic and my home environment. Of course my mom gave a watered down version of our home environment. I don't remember them asking any questions to me. In the end they put it down to me being a “spoilt child” that I was “naughty” and didn't care about boundaries and not getting what they want. I think they referred me to some counselor woman through the Hse but I don't think I was then seen by her till I turned 11/12. The support was absolutely shocking. It took me till I was 19 some random day when I had a meltdown in the doctors I was finally seen to in the acute mental health hospital and I got diagnosed with borderline personality disorder something caused by trauma as a child. I'm now also on the public wait list to be assessed for ADHD.... I am finally getting the support I need through the HSE, but that's just not good enough, I'm in adulthood. Had camhs been more professional and thorough they would have given the support that was clearly so desperately needed at the time as a 10 year old girl. I should have received further care, maybe I wouldn't be here today at 24 trying to get the support I needed while also trying to function like a normal functioning human being. I have been let down by camhs and their useless “service”. How many more kids have to suffer and be made feel hopeless before the whole nations generation are going to be struggling with their mental health as adults, struggling and trying to learn like I am. It's a serious issue that needs 100 times more support than what's been given now. I'm so angry and annoyed that I didn't receive the support I needed as a child and that I am now dealing with it as an adult who just wants to live life; but instead, its taken up with trying to learn, understand, heal/ manage my mental health.”*

*“I've tried to get help for long term but high functioning depression since I was a young teen. But as my parents aren't helpful many gps and doctors have turned me away despite having gone through periods of being actively suicidal.”*

*"No help i seen for years with my mam and even now with daughter and my own after having baby no services available."*

*"There was no help available as he was deemed "not bad enough" . So no alternative was offered, we went private in the end."*

*"My daughter was misdiagnosed when she was 15. She is now 44 and needs to be sectioned but it's impossible."*

*"My daughter went to camhs it did nothing for her just made her worse. She ended up in [x]"*

*"Had a brief experience of camhs after requesting a referral several times from gp. Asked for a private consultation as waiting so long for camhs appointment but heard nothing. After 2 or 3 sessions we were discharged and told it wasn't considered life threatening and all would be well."*

*"CAHMS did more damage than good and I have required therapy after leaving their services."*

*"It's extremely difficult to get the help that your child needs when no one is listening to you."*

*"very difficult - takes a month if lucky to see GP and years to get a counsellor I have been in that situation - you get 6-8 sessions and then start all over again with the system."*

*"I found it extremely difficult to get the right help as my needs weren't being met. I had to search, try and be heard after having to take antidepressants which I didn't need."*

*"My teenage son is no longer living in the family home because his behaviour and mental health issues were too much. We asked CAHMS for help through my gp and he was refused to be seen not once but twice. He's now on an 18 month long waiting list for assessment of needs through the HSE. This is not good enough."*

*"Camhs we're supposed to be supporting my step daughter when she had mental health problems but they let her down badly and she died by suicide."*

*"In an extremely urgent and distressing incident, Camhs were not equipped and did not have appropriate resources to support."*

*"Almost impossible. After a second attempted suicide we were referred to CAMHS. My child was in their care for a year during which time we never received any therapy of any kind. Only risk assessments. We searched for private therapists but were put on waiting lists of a year. We finally secured therapy through a not-for profit organisation after 5 months on their waiting lists."*

*"I have a brother who has struggled with mental health for over 20 years. He is only given help in extreme scenarios. Then it is left to us as a family, even after induced comas to help him he is then sent home with no support. As a result of ACEs he and now his teenage*

*daughter have tried to take their own lives. Some support was given but then ended. The root of problems have not been properly addressed. The issues will therefore happen again. It is very sad.”*

*“I had my daughter with camhs and now yahms and haven’t found them great at all.”*

*“Camhs refused referral x3 very distressing.”*

*“My daughter had PTSD from a sexual assault. She was severely depressed but GP couldn’t prescribe anti depressants without her seeing CAMHS. We waited several months for support and then only had 6 sessions. My daughter really needed longer term support, counselling and medication.”*

*“My nephew was referred to CAMHS a number of years ago. Negative experience for all family. He was offered medication as a solution to school phobia! On his First day in Secondary school he was badly bullied. This was the start of a difficult process to get him back to school. CAHMS made the situation worse. Thankfully my nephew is now at third level education and has a girlfriend. Honestly threats of court to parents and unnecessary medication and unhelpful labels only send a message to the youth that there is something wrong with them. When empathy and empowerment without medication that benefits pharmaceuticals not the youth is far healthier approach in my humble opinion.”*

*“I found it quite difficult because I felt like I wasn’t taken seriously. My brother had schizophrenia but was able to fool anyone around him but I know him better than anyone. I was dismissed by his psychiatry team and he was sick for years until he finally got so bad that they then could see how unwell he is. The system let him and me down for a long time but now I feel they listen to me but still. My brother lost years of his life battling psychosis/schizophrenia.”*

*“My husband’s Nephew a few years ago in his early 20s was pushed from post to pillar..there were times he should have been signed in but they always sent him home...changing is medication didnt work...He was told by one group because he was working full time they couldn’t give him anymore help he was better than most...even do he was suffering greatly from depression.”*

*“In the system for years. Shocking absence of service. Follow up group resource locally, some experience with charity mental health service. Get. Us. A. Functioning. Health. Sector.”*

*“Very difficult, long waits and constantly changing staff.”*

*“Our daughter was aggressively self harming, she was burning herself and our GP referred her to CAMHS. She was put on a waiting list for CAMHS and I had to fight to get her seen. They said at the time she wasn’t a priority case. I wish I could upload photos to show you the damage she was doing to her body. My GP sent the photos to CAMHS in the hope they would realise we need emergency intervention. So yeah, my experience was not positive and it wasn’t easy.”*

*“Didn't feel looked after. Problem seemed fixable by throwing tablets at young teen and telling her to get sunlight.”*

*“CAMHS accessed years ago-very bad experience. Would not use again.”*

*“Absolutely awful. No continuity of care or support, little information and contrasting information, ignorance, inaction, lack of accountability. The situation deepened, to the point of crisis. No understanding of the various manifestations of behaviours or the need for acute intervention. We now that a mentally ill young adult with multiple diagnoses who has never recovered physically, emotionally or mentally from their teenage hospitalisation. And because they're now an adult we have no access to a wrap around care service that the patient so evidently, desperately needs.”*

*“Daughter referred, waited for nurse to review, but already knew they wouldn't work with her as deemed not severe enough a case.”*

*“My son was been bounced between CAMHS and NEPS for autism and ADHD assessments. Eventually, I had to go privately as his self-esteem and mental health were suffering. I know CAMHS could only prioritise actively suicidal kids due to a lack of resources. Now he has an ADHD diagnosis and I'm not sure CAMHS will help as he was not diagnosed by them. I have ADHD too and depression so jumping through all the hoops and waiting for years is so disheartening and isolating. I understand other families are in more severe crisis situations, but the lack of staff in these centres is pushing more people into crisis.”*

*“During a mental health crisis I went to a local counselor for help and was called a delinquent and told I would end up in jail if I continued on the path I was on. My mother persevered and got me an appointment at the x clinic where I was to be assessed for outpatient treatment. Two days later I was admitted as inpatient in [x] I also have experience with [x] and felt it was a tick box experience. I felt there was a lack of empathy and I felt like a number. I think the level of care is very inconsistent and can be disheartening. Thankfully I had my mother in my corner”*

*“I joined Camhs when I was around 13. It was a horrible experience.”*

*“It's very difficult to access public psychiatric help/services/care when in a crisis. My GP could not refer me up the chain, instead i had to attend A&E in order to access this care. This was very stressful and daunting and a major deterrent at the time.”*

*“I could not get help, told I needed to be an addicted to drink or drugs. Spent the little money i had on private help and had to stop when money ran out. Other family members couldn't get public help when needed.”*

*“CAMHS let my son down drastically, there was no continuity of care with a doctor rotation of every 6 months, missed a diagnosis of bi-polar even after I continuously asked for this to be looked at as I'd previous experience of dealing with people including young people with this disorder, then through a breach of GDPR in 2016, where my sons files along with others were found in a private house under a bed.*

*My son only gained adequate help through private Counselling and after spending time in psychiatric unit at the age of 18 then again at 22, researched mental health clinics outside of the state, bringing him to Portugal as he'd lost faith and trust in the mental health system in Ireland especially CAMHS"*

## GPs: Mixed Experiences

GPs are by far the most popular place where young people go for support with their mental health.

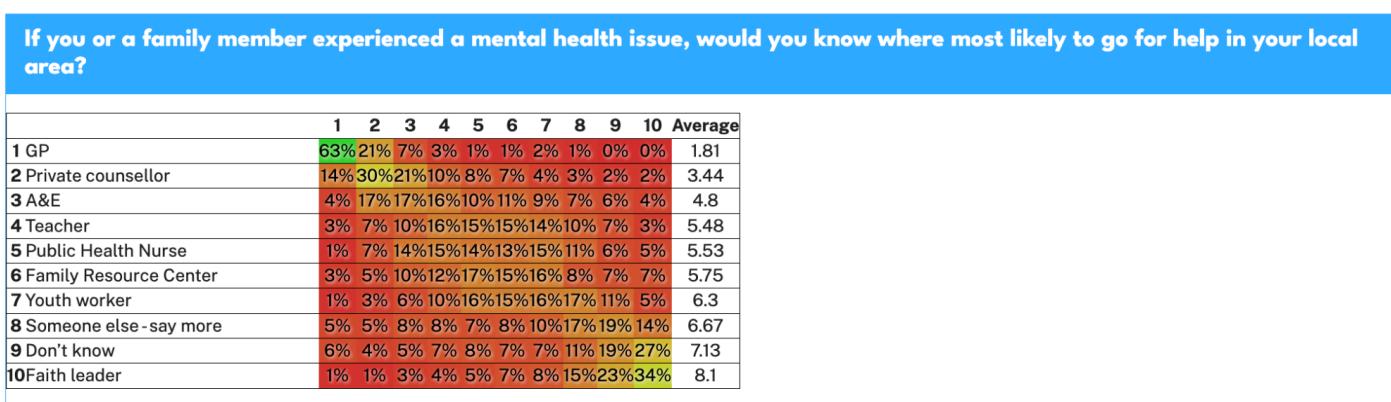


Fig 4.

However members describe very mixed experiences with GPs when seeking mental health support. Some young people are lucky to meet caring, committed GPs who listen, advocate fiercely, navigate referrals, and provide timely prescriptions that offer immediate relief. But many others encounter dismissive attitudes, especially girls being written off as "hormonal" or "not bad enough." Some GPs refuse to refer children to CAMHS, rely on rushed 15-minute appointments, or prescribe medication without offering proper follow-up or mental health support. These inconsistencies mean that a child's access to care often depends entirely on which GP they happen to meet, creating an unfair and unreliable gateway to already overstretched services.

## Member stories about their experience of seeking support from their GP

*"I tried going to my GP when I was 14 with mental health issues and I was dismissed as being a hormonal girl, I attempted suicide later that year and had already began self harm before that.....Girls are overlooked because we either don't act out, "hide it well" or are just hormonal."*

*"My experience was with my 17 yr old son who had already suddenly lost his brother to suicide who was suffering panic attacks suicidal thoughts and anxiety and first thing a dr wants to do is medicate with prozac instead of giving coping mechanisms"*

*"I was basically told that I should be fine by a GP, it's not too serious."*

*“When I have gone to the GP looking for help for myself and my child I have often been treated like a hysterical woman or hypochondriac, or experienced palpative level gaslighting. We have had to take out loans to try and get private help because the GPs fob you off with medication and if you say you want to explore different options, or need other kinds of help you’re made to feel like a troublemaker. When I found a GP who was empathetic and understanding I couldn’t register at their practice so our family is left feeling completely helpless, struggling mentally and financially, and trapped in a system that doesn’t see people as people anymore.”*

*“Brought my son to the doctor as he was having what we considered a breakdown. He was given anti depressants and no further help.”*

*“Our gp is very good but access to the correct counselling was key. Ended up paying for private sessions.”*

*“Waiting on a gp referral for my son whom is autistic and an ADHD diagnosis.yet camhs don’t take kids with autism as I was previously refused via my gp.”*

*“My son 12 at the time, was experiencing difficulty with school. An incident happened whereby another student pulled a chair out from behind him and he fell back and cracked his head. He wouldn’t attend school. I noticed he was very very sad and I asked him, was he feeling like he wanted to hurt himself or do something bad. He said yes. He wanted to end his life and because I was there, he couldn’t do it. He had written a note. I contacted [x] who organised an emergency intervention. But in the meantime they suggested that we attend our GP. Myself and his Dad attended the GP and it was a shambles. He spent 45 mins with us and said our son was testing us and that it would all pass. But that he wasn’t bad enough for a referral. My son had his emergency intervention with [x] and it didn’t go well and he ran away. I jumped in my car and went out driving around .It was in December and it was dark and raining. Typically, my son wouldn’t leave the house without me. I was petrified, he was only 12. I got him and the next morning I demanded a referral to CAMHS. When CAMHS received his referral they organised an emergency appointment. At this stage, it was 23rd December. They spent 2 hours with us and diagnosed S as having clinical depression. I will never forget the way the GP treated us in our hour of horror. As parents we were terrified and he shut the door in our face. It was not his position to refuse a referral, it was CAMHS. They triage the referrals and if they deemed our son not to be urgent or indeed a suitable patient, they would have rejected the referral.”*

*“My Daughter who is now in her 50’s suffered with mental health issues from very young and never received proper care or advice all the way up to adulthood despite all efforts and making enquiries always hit a blank wall and GP would just prescribe medication which would only be to “put a plaster on it” and then hoping that some kind of proper help would be in place in the near future unfortunately it’s not happening.”*

*“Gp receptionists need more training 100%. An individual I know walked into their gp visibly upset and not in a good place, after years of wanting the help and not having the courage to seek it, finally went to the doctors. First person encountered was the receptionist. She didn’t know what to do only tell this individual that there were no appointments available that day,*

*or the next 2 days. That was it. Shocking. This individual was lucky to have me to ring and explain after what happened, and I helped her. We got her an appointment. Not everyone has that support system and God forbid this was there one and only attempt to seek help and they're turned away."*

*"My child was deemed in critical need of service so was prioritised once gp made referral."*

*"When my teenage daughter was going through depression. I was helpless because my first point of call was GP but I was dismissed without help so I resorted to my church. I was given spiritual and emotional help and that was able to help my daughter out of her depression temporarily."*

*"Gp prescribes meds. Sometimes they work, Sometimes not."*

*"Linking with counsellor following a bereavement, have a very good GP and have spoken to them on supports available. Have encouraged people with mental health problems to link with GP as first step but also signposted to counselling services in the area."*

*"There just is no services. You present to the GP with ongoing low mood/suicidal ideation and GP try's to manage you within their scope but referring you out to MH services or CAMHS is practically pointless. Frustrated parents and children themselves have exclaimed that they felt they (the affected child) actually had to attempt to end their life to be taken seriously or to even get a CAMHs appointment (still waiting months)."*

*"My daughter suffered a lot anxiety, post covid. She was in primary school and we'd a big problem with school refusal, with it being particularly severe in 6th class. I worked with the school, took her privately to a therapist. The GP wouldn't refer to camhs because she said she wasn't severe enough and they wouldn't accept referral. Suggested putting her on Prozac! Ultimately we were completely alone trying to support her. Thankfully when she started secondary school, the school were open to supporting her, but she hasn't needed it so far, she's doing well. But it was no thanks to the gp and non-existent mental health supports."*

*"It's next to impossible. My eldest daughter struggled all throughout school from about 3rd class. Her primary school was difficult to deal with so we couldn't get support there. In secondary school things were up and down so we went to our GP, who brushed us off as she "only has 15 mins per patient and this wasn't something physical like tonsillitis" we eventually went to another GP who recommended apps and Camhs but waiting list is so long my daughter was only seen briefly as she was turning 18 by then. She also did counselling online but at €60 per session and minimum 10 sessions it's not accessible to all young people."*

*"i found it very hard to admit to myself that i had a mental health problem, it was only after i had thoughts that i wanted to end it all that i went to the doctor who spotted right away i needed to talk to someone about how i was feeling the phycologist i had was wonderful and i cant thank her enough as without her i know i wouldnt be here today."*

*"Gp are very helpful , only so much they can do, services are to slow if they exist at all."*

*"Let down when my GP told me that my daughter wasn't 'bad enough' to be referred to CAMHS - do we wait for crisis to intervene?"*

*"Had to fight for a gp referral as they kept saying it was teenage moods, and when I went to camhs had an awful experience. Not supported at all and asked inappropriate questions. "*

*"GP was great for me personally."*

*"I found getting help with my mental health very difficult. I'm recently turned 18, but i've had struggles since the age of 13. Multiple times I went to my local GP, only to be told it's hormones or my period. It's an absolute disgrace that young girls aren't taken seriously enough until something drastic happens."*

*"When my son was on college he was very depressed and reached out to the student services, when my were kids were younger teenagers it was harder but we knew our GP and he was helpful, for me it was friends who got me to a councilor. It is v difficult because usually we go the GP for lack of proper services and the GP will do their best but often prescribe anti depressents which aren't always suitable and can make things worse which they did in my case. The GPs are overwhelmed with day to day care and really don't have enough time for proper diagnosis can refer you on but wait lists are horrendous and for young people it's very tough."*

*"I went to my gp and they said the waiting list was so long. i got put on tablets and instead went to a volunteering counselling service in my local area."*

*"I think that a lot of GPs just dont care anymore. As someone who has lost a son to addiction, I find that the health services are really lacking in a lot of areas. Mental health problems are looked on as still taboo."*

*"I have suffered from anxiety and depression and my GP was very caring and prescribed medication."*

*"GP is only really accessible route and some GPs are better than others in this regard. One of my neighbors was an acute case and there was no where to go despite attempting suicide several times before eventually succeeding unfortunately. Private counsellor the only real option for acute cases (for those who can afford it). But if we had proper early intervention wouldn't be nearly as many crisis situations."*

*"Getting help is a struggle. I have a good doctor but not everyone is lucky to have someone intently listen and take you serious. .....More needs to be done. I didn't want the pills they were constantly trying to push on me. They made me even more suicidal I just wanted to be heard to have my feelings validated. To have someone understand me. Luckily I worked on myself cause the mental health system completely let me down and never checked back for a follow up."*

*"My gp was fantastic in getting support"*

## Schools: Mixed Experiences

Members report that school experiences vary wildly, with genuinely supportive schools being the exception rather than the norm. In the best cases, school counsellors — where they exist — are lifelines, and individual teachers go above and beyond to support struggling students. But far more commonly, schools fail to take mental health seriously. Bullying is not addressed properly, anxiety around school is dismissed, and “school refusal” is treated as a behavioural issue instead of a sign of distress. Many teachers have no training in recognising mental health problems, and rigid attendance pressures only make things worse. As a result, schools often deepen young people’s struggles instead of helping to alleviate them.

### Member stories about their experience with schools

*“We thought it was best to ask in school firstly, which was fantastic, they approved a support group called seedlings.. which was extremely helpful”*

*“My child’s teacher helped us get through it.”*

*“....No continuity, took years to get a diagnosis and that was AFTER I one day refused to leave because we arrived there and they cancelled the appointment as we were sitting in the waiting room. I lost my cool through pure and utter frustration. The diagnosis he then received was something I had never heard of and which one teacher actually laughed at. I took him out of school a year or so later feeling totally despondent.”*

*“My daughter’s emotional and mental health are a priority for me, giving her tools well in advance to cope with any inevitable difficulties and crises. I chose to homeschool because the bullying and shaming in schools was horrifying, and I teach her meditation, mindfulness and anger-management skills. This year we’ve added therapy (with an LGBTQ informed therapist) via Better Help. This has been very successful.”*

*“There should be trained professionals within schools to deal with students mental health needs, someone more trained than a counsellor. Teachers and school staff should also be given training to recognise when a student is struggling. Telling kids off for being absent will not help when they are already struggling. It will actively make it worse ( I know from experience).”*

*‘[x] was a lifesaver when urgently needed but delay with CAMHS was distressing. No smooth handover from CAMHS to suitable counsellor when turned 18 provided. Very little support during secondary school years from teachers.”*

*“Hard to say when you try to get a help from your son’s school teachers, head teachers, deputy principal and you get nothing, just blaming a teenager who’s been bullied and loosing confidence and even being frustrated and leaving in fear.”*

*“Some of my students- particularly those who are clearly ASD- are on waiting lists of upto 2 years. In the meantime, we have few resources to ensure their experience in school is in any way positive. Students with adhd and sensory issues need extra support and access to outside support but diagnoses are difficult to obtain and, if a parent goes private, they are*

*very expensive. Those who have private assessments cannot access public supports. The expectations of schools have increased dramatically but with little to no training for staff and limited resources.”*

*“I’ve only recently noticed that my daughter needs help. She is struggling. She avoids school. From information I’ve received from agencies that have spoken with my daughter, is that she massively needs to be assessed.”*

*“My son expressed suicidal thoughts to a teacher after a prolonged on-line and in person bullying campaign from a student in his secondary school. The teacher contacted us and recommended that we bring my son to A&E where he could be assessed and referred to camhs. We did this. My son was admitted to hospital on suicide watch. I stayed overnight with him for 3 nights. He is now engaged in fortnightly counselling sessions and a 10 week self compassion therapy course with camhs.”*

*“My son was waiting over 18 months to get specialised counselling for CSA. He had to wait a few months for critical therapy after he reported the abuse. He was suicidal. His school had a councillor who was able to take the edge off it. Every school should have a therapist or easy access to one for cases like my son. As it happened, staff were trained for kids like my son. They monitored him. I believe this saved my son until he got to therapy.”*

*“We suspected that my son had autism and so went to GP. but long waiting lists ... so we went privately for diagnosis. There was no map of where to go, and no support for parents at a really rough time. School was supportive, Ed psch was great but we saw her twice over 8 years of primary school. We were lucky to get mostly good support from SEN teachers in both primary and 2nd level schools. During periods of depression we were lucky to get mental health support in [x]. Psychiatrist prescribed medication. A life saver at the time, but now my son is an adult and we are awaiting a transfer to adult services. We have to keep pushing.”*

*“It took ages to get him to see Cahms. When he did all they wanted to do was to give him drugs, whereas I who have two friends who are addicted to anti-depressants, wanted to try other routes first, for example CBT. Then this incredibly shy anxious child was put into a group session once a month with some very loud and aggressive people, and it did not help. In the end, they let him go because we would not agree to a drugs-based treatment. Luckily, a kind teacher in school took him under his wing and really helped him.”*

*“I was in secondary school around 15 when I required counselling from a psychotherapist that was onsite and I would see her every week for the next 3 years. It was for a bad case of bullying that lasted over 3 years in the school, with little to no help from teachers even when actively approached. I then went on and continue to maintain difficult mental health struggles as a young person.”*

*“As a teenager in the 00’s I found it difficult to get much help with depression. The councilor available in school was a chaplin and religious in nature. There was stigma attached to talking openly about mental health. Especially as a young man.”*

*"I work as a teacher, while I have not worked myself directly with CAHMS, I was supporting a teacher last year who was being sent things from CAHMS asking for the school to organise certain academic assessments for a child before they could fully work with him. These assessments have to be done by a psychologist. They can't be done by teachers. Schools have very limited numbers that can be put forward for assessments. As this child didn't have academic needs, only emotional, he could not be put forward by the school. The psychologist from CAHMS didn't seem to understand this and kept pushing for it. It was very frustrating as the child wasn't getting the support he needed."*

*"I let my teacher know I was being left out."*

*"Got support for one child when they were in primary school. It was possible because they were in the system for other special need and was already in contact with a HSE psychologist who could make a specific referral for CAMHS. My child was dismissed there, although still with serious enough depressive thought and directed towards youth services which were slow reacting. We are not sure how they are doing now as they are young adult. Our other child would have benefitted of support during covid and still now, but we could not even have an appointment with a private professional. I feel mental health was spoken about in primary school, but not so much in post-primary. I am also not sure to what extend children are guided towards what to do if they experience distress themselves. I feel parents and teachers would be able to see it but follow up by professionals is not available."*

*"I am a teacher and it is almost impossible to access supports for children who are struggling with their mental health."*

*"My 16 year old never had supports in school although ADHD was suspected. It took over a year to be diagnosed and be seen by camhs. The diagnosis has helped but there are still no supports. Medication was offered and helped during exams. My niece who has suspected autism has now become non verbal at the age of 10 because camhs wont see anything so complex and this was highlighted in early years. She was fully functioning in main stream school but with zero supports and now is non verbal and became introverted due to feeling odd one out."*

*"I work with non verbal students with extra needs and while on paper mental health support is added to IEPs and student support plans it is very often a monthly meeting with no outcome or a tick the box paper exercise."*

*"I was very lucky with my experience of CAMHS because the school was very supportive and NEPS were involved, which helped our referral to CAMHS."*

*"My daughter struggled with her mental health from a young age. I brought her to A&E at the time. CAMHS said she didn't meet their criteria so to go back to my GP. She was seen by psychology in primary care for a while which she found didn't help. She was eventually seen by CAMHS but she found that didn't help either. Eventually now that she's in secondary and in a Deis school, the home school liaison officer linked her in with youth services counselling which has really helped her a lot. And she's linked in with the school completion officer in the school who helps her with ways to manage her anxiety"*

*“Getting support for myself was difficult as I wished to talk to someone about a medical condition that I have, and not many people had even heard of the condition before. The gynecology clinic that I now attend has a psychologist and when I found her, I felt so at ease and able to speak freely about my health condition and she knew exactly what I was talking about; I didn't have to explain what the condition was, like before. This was amazing for me!”*

*“When my family member became ill over 20 years ago it was a truly bewildering and frightening time. I knew she had been very unhappy with her school experience in primary school and as she was mainly with the same student cohort, who had made her very unhappy, along with others some of whom had serious behavioural problems...her fate in secondary school was sealed. She managed to get a good Junior Certificate though she was emotionally drained. I felt, being a primary teacher myself, so helpless. I felt very isolated and met so many obstacles when I tried to ensure my daughter finished her education. I feel my daughter and my family suffered greatly through the “system”. “*

*“Schools should have counsellors and educational psychologists on staff or in easier to access cohorts. Teachers should be trained to diagnose and support dyslexia.”*

## **Staffing**

Staffing problems across children's mental health services are leaving families without the support they need. Chronic understaffing and high turnover mean children rarely see the same clinician twice, and long gaps in care are routine. Many staff lack specialised training needed for complex presentations, and language barriers with some clinicians make communication even harder. Burnout is widespread, affecting both the quality and consistency of care. These systemic issues undermine the entire service and leave children and young people paying the price.

### **Member stories about the staffing crisis in CAMHS**

*“I struggled with anorexia.....almost everyone who gets discharged goes straight to camhs for appointments.....That was October 2024 now it is November 2025 and my last appointment was August 15. The lady I see is very helpful but they just don't have the resources to help everyone!.....I have an appointment for the end of November but to be waiting that long for another appointment for something so serious is crazy.”*

*“Very long waiting list for 2 children. Had to go privately while waiting for camhs. Very expensive and prescribed medication that shouldn't have been prescribed. Camhs now on board and so far much happier.”*

*“Help was available, great counsellor - oversubscribed, understaffed. Friends of family have terrible trouble getting seen at all for young teens with ideation.”*

*“Son in camhs 5yrs. Over 3 and a half yrs we begged then and our GP for supports with child to be told only 3 members of staff. All he got from camhs in 5yrs is prescriptions, 8 speech and language sessions and when he was 5 or 6yrs old play therapy.”*

*“I believe CAHMS are chronically understaffed and I’m not confident the staff are well trained. They medicated my young family member with little to investigation into what was actually going on.”*

*“Very hard to get help if you can’t go private, and if you get help the councilors are over worked”*

*“As a retired teacher I was involved in referring young people to the adolescent councillor at the local diocesan centre. This worked really well until J[x] was imposed on the school and as the nearest [x] centre was 20 miles away these services seemed to disappear. This was closely followed by the department of education drastically reducing the number of student councillors on staffs. It was disastrous for young people in need.”*

*“professionally as PHN very frustrating trying to access Camhs for children”*

*“The main issue has been the waiting list for some young people I have seen in need of help. Once in CAMHS it seems a matter of luck in terms of the individuals working with the young people. Some are excellent and some are just on their rotation and are not suited to working with young people. It is the one area of medicine where junior doctors should not be allowed to work without specialised training. My child had a severe and unnecessary setback following a junior doctor messing up her medication. He didn’t realise that she could simply have increase the dose of the medication she was on. Even Google knew it would have been safe. This doctor assumed it was not suitable as she was a child and prescribed a new medication which caused her serious problems and delayed her recovery. It was such a basic oversight by an overconfident junior doctor who was patronising and not suitable to work with a young person. On a positive note that child happened to get amazing support from a clinical psychologist in CAMHS! Also the young people I work with have benefited from assessments for ADHD and ASD through CAMHS and obviously many young people would benefit from these assessments before reaching crisis point and needing CAMHS. It is almost impossible to be seen in CAMHS unless the child is suicidal.”*

*“.....there are people working in CAMHS who truly want to make a difference and are trying, but sadly they are not being given the scope to expand, the chance to develop with today’s times and the resources to support this.”*

*“It was practically impossible to get help for myself and my son. Had to go privately for me. My son did eventually get some help but on for 12 weeks. Some of the psychiatrist didn’t even understand why someone with afhd would be prescribed a stimulant.”*

*“Camhs is historically a law onto itself operating a very medical model. It is not flexible in its approach and a lot of staff are resistant to change. It needs to better network with other services and review it’s rigid way of working. Above all it needs increase it’s multidisciplinary staff. I have worked in the health service and found cams impossible and not amenable to shift.”*

*"not able to get quality trained therapists, oversubscribed therapy pushed through very short term therapy."*

*"I am a social worker in South Dublin. Access to CAMHS is very limited, you need to be very acutely stressed to get a swift response and treatment is also very limited in my area. The area needs to be better resources in general including basic IT for workers. "*

*"During covid our child was discharged: they were 7 years old and had never been seen by anyone publicly. We had to take a loan out to seek private support and our child was formally identified as Autistic (something we had flagged and been dismissed for). On return to school after lockdown our child's struggles returned and became more pronounced. They were linked in with the CDNT, however, our CDNT has no primary psychologist and the post has been empty for years. Our child expressed suicidal ideation and we linked with our GP who made referrals to CAMHS. However CAMHS refused the referral and redirected us back to the CDNT who said to rerefer to CAMHS as they had no psychologist. CAMHS again refused the referral for our child (who had left school as their anxiety and distress was so high). CAMHS then told the GP to refer to primary psychology but they refused the referral on the basis that our child was 'active' within CDNT. To date (our child is now nearly 13) they have not been seen by one public mental health professional and we have had to support them through their crisis alone."*

*"Took a long time and the support wasn't really adequate. I spent more time counselling my counsellor as a distressed teen."*

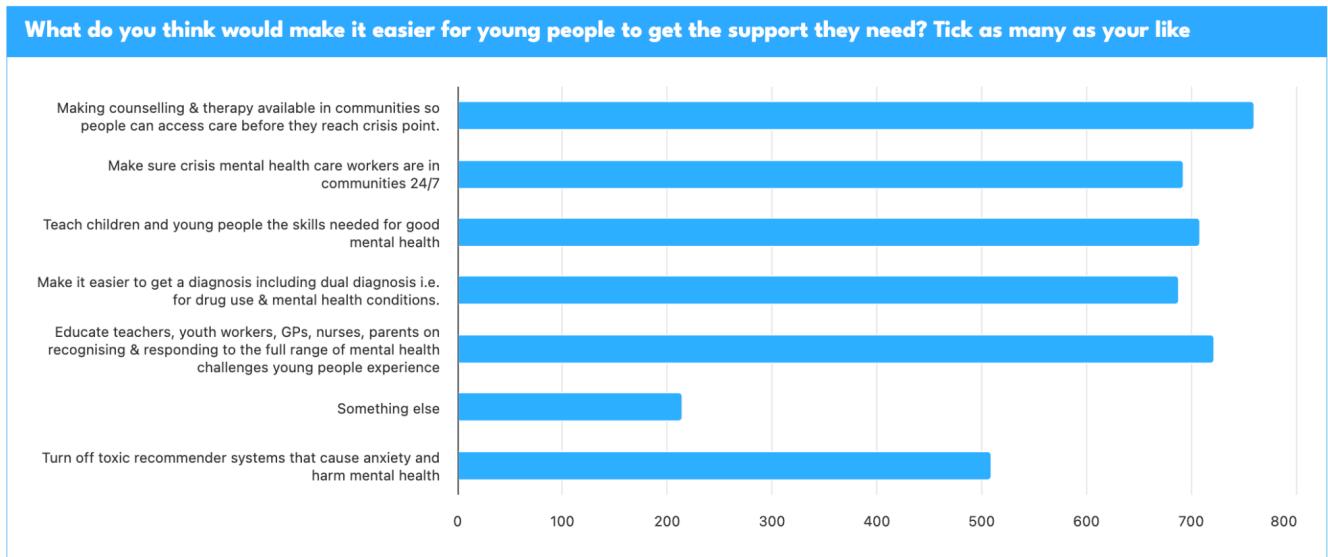
*"My daughter in her teens was referred to Cambs for severe anxiety and suicidal ideation. Her point of contact was a speech and language therapist as there was no one else available. SALT was lovely person and having the referral to Cambs helped with school, but from the point of view of actually significant help for my daughter the service was seriously lacking due to lack of staff "*

*"Camhs service is severely under resourced. There seems to be no psychologists from my experience only psychiatry, which is beneficial of course. There seemed to be too many locums used. The speech and language specialist was very good."*

*"It took a long time to get any kind of help for my son. Once in touch with Cahms he was on a waiting list and although they are "helping "with his mental health appointments are often cancelled due to staff being off (which I understand can't be helped) however this doesn't provide continuity of care or help my child."*

*"My son was in psychosis from OCD we attended A&E after his 5th refusal to cahms, they wouldn't take him as he might be autistic - got a loan, got an autism diagnosis mid psychotic break - they took him finally he was doing great - got some medicines and THEN the doc left - 2 years later still no doc in out area only a nurse to check on his blood pressure every few months - currently experiencing some crisis again and going back today to discuss medicines with the nurse - but that is all they can offer. My son has been in crisis for year with no help - parents are left so alone -my issue is people "dying" to get in to calms but I wouldn't bother your arse - its not fit for purpose"*

*"I had to drive to a different county - an hour each way to access specialist services for my child. And I was probably lucky as there were other families at the service who came from the other side of the country."*



*Fig 5. A bar chart illustrating the responses to the question 'what do you think would make it easier for young people to get the support they need?'. The spread of answers indicate that there are several things needed at the same time including counseling and therapy available in the community, making it easier to get a diagnosis and recognition of dual diagnoses, and educating teachers, parents and healthcare providers how to recognise and respond to mental health challenges.*

## Parents/Carer Experiences

Parents and carers describe overwhelming stress as they struggle to support their children in a system that offers little to no help. Many are forced to quit work to provide full-time care, while the cost of private services leads to financial devastation. Instead of receiving support, some parents are blamed for their child's struggles and left completely alone to manage crises, including suicidal ideation. There is no guidance, no respite, and no understanding — just exhaustion and fear. Many say they *"felt like we were drowning,"* with their own mental health deteriorating alongside their child's. This crisis affects entire families, not just the young people caught in it.

Families are being pushed into desperate measures just to keep their children alive and supported. Parents are forced to become experts themselves, crowd-sourcing advice, borrowing money, giving up jobs, and even moving house in the hope of accessing services. Some travel abroad for treatment or feel compelled to exaggerate — or hide — the truth about their child's condition just to be taken seriously. Many describe having to let their child hit "rock bottom" before anyone will help. These are not choices families should ever have to

make, yet they have become the reality for countless parents trying to save their children in a system that keeps shutting its doors.

## **Member stories about attempting to get support for their children**

*"If we hadn't fought, she wouldn't be alive"*

*"I reached out for support for my son. It took years to get a response from CAMHS. When they finally did, it was to tell me that my son did not meet the criteria for assessment. This was despite the fact that he did meet the criteria for assessment according to peer reviewed literature and NICE (National Institute of Clinical Excellence) recommendations for best practice. They left me with no recommendations about where to get support. NEPS had referred my son to CAMHS, as did the GP, but CAMHS didn't phone or meet with me. Just a short letter without explanation to say he didn't meet the criteria. They led to a dead end. I somehow accidentally found out about how to get an assessment privately, which cost me over 1800euro in total. Surprise surprise, they diagnosed my son with a mental health issue. To this day, CAMHS has offered nothing. I am too stressed and vulnerable as a result of being on a low income and having to take care of a teenager with mental health issues to be able to make a complaint about my treatment and I can't go public due to the need to protect his identity. I have thought about suing CAHMS but I know I am one of thousands of parents who have dealt with exactly this issue."*

*"The experience of having a child experiencing a mental health crisis is lonely and daunting, made all the worse for the lack of support when you need it most. Waiting usually results in the issues getting worse which is devastating for a parent to watch and potentially dangerous for the child left waiting."*

*"Having a teenager who previously suffered from depression and anxiety and was referred to CAMHs after two attempts of suicide and then rejected by them leaving me and my husband to navigate it on our own whilst trying to shield two younger children from it, it was a very difficult time. I still get very upset by it years later."*

*"When we told to the CAMHS person that we would not consider medication and would consider alternative routes, we have been criticised and we have been told that we wouldn't deny a child it's inhaler when it could die of Asthma. That as a statement of a so-called professional medical person who is supposed to have your best interests at heart."*

*"My son has had mental health and behaviour and emotional issues for about 4 years now and I'm on the waiting list for ANY help whatsoever and have had absolutely NOTHING his situation is severe and he is now going to be starting secondary school next year and I'm terrified for him."*

*"CAMHS refused to diagnose him because he was able to tidy up a toy box and said that they felt it was more asd or he was misbehaving? We ended up going private to England as the school in [x] and a phycologist nurse really felt he had adhd, we were met with kindness and the doctor listened did full screening of my son. She diagnosed him but also wanted camhs to be involved in his care in ireland. So she wrote to them asking to be involved with*

*her help. camhs took major offence to this and told me I was an unfit mother and even though the gp was involved also to prescribe medication to my son. they continued to tell me I was a careless mother and how dare the psychiatrist send them a letter. i left in tears so many times from CAMHS.”*

*“My nephew is 16 and suffers from severe anxiety due to his mother being an alcoholic and dealing with that and the anxiety of the mother and fathers separation but there doesn't seem to be any help from .anyone.”*

*“The biggest difficulty I had was between the ages of 16 and 18 when they had medical autonomy but still needed parental involvement and then for the first years into adulthood when they needed parental support but were not able to say, know, or take it.”*

*“Someone I know stopped looking into professional help when there therapist kept saying that they were copying there family members mental illness and that they didn't have it. The therapist also didn't tell them they were confirmed for social Anxiety and they only found the diagnosis years later. This was when they were in school and they self harm a lot to this day.”*

*“Trying to get help for foster teen who self harmed during December was next to impossible.”*

*“ I can't go into details here it would take too long suffice to say my son has a serious mental illness and no doctor for about ten years, In which time he lives at home with us and we do our best to cope with his illness while we watch his life go by him alone in his room with no friends, and no outside support.”*

*“Daughter attended with anxiety, depression, suicidal thoughts; with major input/advocacy by me from age c.17 to 24. GP reluctant to refer as daughter "didn't want help". CAMHS kept trying to refer back to GP.”*

*“I have struggled massively getting support for my children over the years as people don't want to listen or the waiting lists are too long.”*

*“I went to the doctor with concerns for my teenager but there was very little support. I ended up working through it myself. I am a trained and accredited psychotherapist but I obviously can't be my own child's therapist but my training definitely helped. And talking to my own therapist and supervisor.”*

*“There is no help out there. Not enough information on mental health for young adult or for the parent who is just as desperate and in need of help and support as well.”*

*“15yo autistic grandson struggling with mental health issues, although already in the system and under camhs he has been waiting for years to see a psychologist/psychiatrist. Camhs personnel consistently coming and going! He continues to be let down and in my opinion neglected”*

*“Went to GP, she talked with my daughter (she is suffering with mental health aged 15). GP gave me Assessment of needs form, I then went to daughters school, and a family friend*

*who directed me ( the mum) to a youth worker who is willing to help my daughter while waiting to be assessed”*

*“.. Supported her myself . She preferred this. I am a mental health nurse.”*

## **Mixed Experiences With CAMHS**

Despite the overwhelming barriers, families also highlight what did make a positive difference. Some charities like Pieta House and Jigsaw were recognised as being helpful. Private therapists — when families can afford them — often make the biggest impact. Family Resource Centres and online therapy options like BetterHelp have also been valuable lifelines. Above all, what helped most were the individual people who listened, cared, and believed them, along with persistent parent advocacy that pushed through a system stacked against them.

Some families did encounter excellent care within CAMHS. Individual staff members were described as “*angels*” and “*lifesavers*”, offering compassion, consistency, and genuine support. In the cases where CAMHS worked well, young people received steady, reliable care that made a meaningful difference. These experiences show that when the system functions as it should, it can be transformative, but they also highlight how far too many families never get to see it at its best.

### **Member stories that show some positive or mixed experiences with CAMHS**

*“I had a great experience with local SHIP service in my area and received compassionate and effective treatment from a skilled counsellor.”*

*“As a family we contacted our doctor first for our daughter and she was referred to camhs. To be honest she was quickly looked after because as well as her mental health she was suffering with an eating disorder also.”*

*“Long waiting list but good service once you got in.”*

*“Lucky to have obtained terrific support from local mental help team.”*

*“I completed DBT (Dialectical Behavioral Therapy) designed for people with Borderline Personality Disorder. It teaches you how to understand your emotions, how they affect everything. They teach you how to communicate your emotions and needs. It teaches you skills on how to manage and deal with these emotions, and how to manage in every day life. I think this should be involved in every school curriculum and it has massively changed my life. It would be extremely helpful and effective in helping young people gain knowledge and support on how to deal with these challenges. “*

*"It was only when my eldest turned 18 they finally for the help they needed. We took her to a&e as she was suicidal and the next day she had a team around her to provide the help she needed."*

*"Three of my four children have had need to access mental health supports. Eldest was 10 years ago where we accessed [x] and they referred to CAMHS. Fairly good experience. Two youngest children both have ADHD diagnosis through CAMHS after years on waiting list to been seen. ADHD approach is medication but nothing to support the associated issues such as emotional deregulation, low mood etc. very lonely place for both them and me as a parent."*

*"I was a rare case, I was about to turn 18 so I was seen quickly for an ADHD diagnosis. For years I had struggled with mental health to the point I even dropped out of school and I was never referred to camhs until I was looking for an ADHD diagnosis."*

*"Once I got to the public health camhs/yamhs was great service. The wait to get seen was too long. "*

*"I got support from my direct family members like my mother and father; one of my nearest classmates helped me a lot when I was young; a person who was in her psychology major helped me; my faith gives me hope, and one of the leared understood my situation"*

*"Daughter was rejected help by camhs the first time gp referred. Child was self harming. Now with camhs. All that we are offered is medication."*

*We were very lucky when we needed to access care - however the services are criminally stretched and we found that after a while CAMHs started using phrases like "stuck" and tried to bounce us to other services. Shocking behaviour."*

*"Contacted a number of local "teen services" to access help for my daughter only to be told they couldn't help and didn't know where to guide me to either."*

*"I have worked as a psychotherapist in private practice with adolescents. Referring some to CAMHS has been a mixed experience, depending on who is employed on the team at any given time, some superb, some not experienced enough."*

*"CAMHS is too medical and is over run with inappropriate ASD referrals"*

*"We accessed our gp, and were referred to psychology community centre, from there it was combination of their support with private counselling. We were referred to CAMHS, but they didn't want to engage with us due to "young age" and "not serious enough" evaluation"*

*"There's too much medical influence and sending young people away to get help, the upset young people need love, apologies and care for other people's words and actions that caused the young persons upset. Young people should be taught life skills on how to stand up to bullies and jealous siblings."*

*"I have direct experience in dealing with my child having had a serious mental health crisis. We went to our GP who completed a referral to CAMHS and at first our experience was difficult, it was during the Covid pandemic and I feel that impacted services, naturally. However closer to the end of the three years my daughter was in CAMHS services, she was able to get a formal diagnosis-I feel this was far too long to get a diagnosis, and she was put on medication that was wholly unsuitable to her condition. I feel that her condition, and the fact she is female affected the decisions to test for other conditions. She was happy enough at the end of the three years, but myself as a nurse feel that it could have been a lot more effective in part because of the pandemic and also because the service was going through another (x) crisis. My daughter liked her final doctor and trusted her, which helped us a lot. I suppose I have mixed opinions on the service as a whole. The area could do with more funding for more multidisciplinary input in the area of diagnostics."*

*"When I was 11, a GP referred me to CAMHS. I had a bad experience there and felt the people who worked there were not trained to deal with my mental health condition, OCD. It was a bad experience and in the end I discharged myself from the service."*

*"We were very lucky to be enrolled in the ISPCC Silvercloud programme for my teen when she suffered from anxiety. More online free resources would act as a relief system and help clear the system for those with exacerbated urgent need. Also undiagnosed untreated mental health issues are more likely to fester over time and are much more likely to lead to poorer life outcomes for young people with underattendance at school, underachievement in exams, underattendance at work and poorer economic outlook. Each euro invested in such a scheme would bring enormous return on investment. I would also like to see more investment in school counsellors and publicly available counsellors for talking therapies/ art or movement therapies in the community."*

*"I went through five or six different resources before landing on CAMHS, and while it was helpful in some senses, I felt that the reason I had come in the first place wasn't properly addressed and I wasn't heard in how I wanted to go about my sessions or deal with the issue. I always felt under pressure to talk, and like I was being difficult for not wanting to have very difficult conversations with a parent in the room. I felt like the counsellors in CAMHS did not acknowledged what had happened to cause me to go in the first place, and rather focused intently on issues that I was not even really struggling with. I was out of school at the time as a result of personal experiences and issues (unrelated to school, but there was just so much going on that being in school was too much), and rather address the actual issue, it felt like every appointment was just "what do you not like another school?" Over and over again, even when I made myself clear about school not being the issue. Eventually, I found a separate avenue outside of CAMHS."*

*"Positive - SLT followed by GP followed by CAMHS"*

*"I have suffered with mental health issues from a very young age. I was 12 when I first told my gp I was suicidal. What followed was years of battles to try and get me the help I desperately needed. Unfortunately CALMS wasn't a thing back then so I was passed from gp to private councillors with so many types of Therapy all privately. Absolute nothing was offered publically until after my first suicide attempt. Since then I have been under the care of "outpatients" psych team who have been in charge of all my medication and have organised*

*every type of therapy you could possible think of. Since being under outpatients I can't complain at all about the care I received. I have done every course or Therapy that has been offered and there has been a lot over the years. It's just a shame that it took a serious suicide attempt to get the help I needed. Earlier intervention is critical. If I hadn't been failed in those first few years maybe I wouldn't have had an attempt."*

*"Great support in the hospital after overdose but follow up waiting list long."*

*"There is no support other than knowing as a mother how important it is to communicate with your child about feelings and emotions that effect mental health. Myself and family suffer mental health and never get help from gp , they say no funding for counselling. Even when high risk. Shocking this happens that there isn't great services to help. Only ones are ones in local community that help quicker than gp. "*

*"I myself suffer with mental health issues and also have a diagnosis of adhd which i had to get privately as I was told I was put on the waiting list years ago but never heard anything back about it. I also was never offered counselling until I researched it myself. I was just put on medication which I stopped taking as I felt it wasn't benefiting me. I now attend counselling which helps a lot more. I feel that I didn't really get the help I needed when I was really depressed and the mental health team just asked me basic questions but never offered any solutions other than medication."*

*"Decent experience with Camhs, my daughter had a great mental health nurse allocated to her. Barely any involvement of psychologists, applied independently for CBT, took approx 2 years to get a place. In summary, services are great, only the wait times are way too long."*

*"My daughter was lucky, she was seen straight away but I feel this was an exception."*

*"My son was taken very seriously and help was and is still be give there kind compassionate and very helpful for my son and to me helping me navigate through and providing me with courses and help i feel very fortunate for all the help I am receiving."*

*"My two daughters needed help for anxiety and we did recieve it but it was very basic and didnt go into any further appointments."*

*"Have been through Yoda service and camhs for my son in fairness I did get seen fast and was helpful but my son wouldn't engage."*

*"Awful experience with 1 son and great experience with daughter.'*

*I have delt with depression and got counseling help from a charitable organisation. If I had not found them it would have been a much longer process getting well. If I had not had help from my family i would have been lost."*

*"My son began to exhibit serious mental health issues. He completely shut down, couldn't walk, talk or carry out any physical functions. I went to my gp before it got very bad, he suggested the only way we could access services was by presenting in A&E. My son was 11. We presented and were sent home. He got worse. We presented again. We were left in a*

*waiting room for 4-5 hours. He deteriorated during this time. No food or water offered. Eventually we were admitted. He literally had a breakdown in the room, shared with another child. No privacy. I screamed for help. They offered chocolate. Suffice to say he needed something else. We spent six weeks in Crumlin. Nothing changed. Eventually, after he caught covid we were allowed home. They put him on antidepressants but he wasn't depressed. We ended up in Camhs Ballyfermot for psychiatric help. They were amazing. My son eventually walked and talked again. It took 6 months. He is now 15, just completed his JC. He is in mainstream school and doing HL subjects. It turned out he had ASD. We had suspected this but no diagnosis would get called. Our experience of Camhs was very positive, but the waiting was ridiculous."*

*"I don't have direct experience since my daughter was young in the 1990s but I do know that timely intervention can make all the difference between surviving and thriving for young people who are in crisis."*

*"We were very lucky. My child was seen by CAMHS from the ages of 13-18."*

*"We have had experiences with Camhs for 2 of our children in Sligo they are stretched to the last and at the moment their is no senior phycologist but we found it very hard to see improvements and eventually my teenagers stopped attending but my daughter has since had to attend A&E but it was a very positive experience and she got the help that was needed but that was adult services"*

*"My step daughter (20) has mental health challenges. Her teacher 1st flagged the need for psychological support when she was in national school. Unfortunately her mum was not receptive to this and ignored the issues. After her mum passed away (age 12) she came to live with us. We immediately realised that she needed some support so our 1st port of call was the GP who informed us of supports available in our local community while we waited for a CAHMS appointment. We alerted her new school of her challenges and they organised an assement of needs and offered some extra resources for her. We then contacted our local family resource center where she received bereavement counselling. Once the CAHMS appointment came through, she saw the team until she turned 16. Now, as an adult she is fully aware of the supports and resources available to her and thankfully is doing really well. "*

*"I attended CAMHS for about 3 years due to suffering from a severe anxiety disorder, depression, self harm & suicidal ideation which left me agoraphobic and caused me to lack attendance in school. Fortunately, I had an excellent experience in CAMHS. The workers there genuinely saved my life and I don't know where I'd be without them today. The people who work there are absolute angels. They never rushed me or forced me to do anything. I will never be able to thank them enough. However, I am aware that many people do not have great experiences with CAMHS, and that I was extremely lucky with the experience I had. In my opinion, I do think CAMHS needs a lot more funding and work put into it due to the mental health of young people struggling severely at times."*

*"I have had two children who have struggled and are struggling with mental health issues around social anxiety and school in particular. Both children were attending a private counsellor and we also had support from the school. On one occasion we were referred to CAHMS when my daughter wrote a suicide note following the suicide of a child in our estate.*

*We found CAHMS very good in this situation as long term support was not available. Most of the support was provided by myself and I find myself drained and exhausted after supporting both my daughters through their issues and the crises that arose."*

*'Quality of care is fantastic when you get it.'*

## **Eating Disorders: A Critical Gap in Services**

Members' experiences reveal severe deficiencies in eating disorder treatment for young people in Ireland. Multiple families report CAMHS offering only weekly weigh-ins with no counselling or psychological support, with parents explicitly stating "*CAMHS have no services*" for eating disorders. One parent described their daughter "*fading before our eyes*" with anorexia while being rejected by CAMHS, eventually requiring hospitalisation.

Bodywhys, a charity organization, is repeatedly cited as providing more education and support than the health system itself. The lack of specialist eating disorder services is compounded by CAMHS discharging patients once they turn 18, even when still in acute crisis. The treatment approach is criticised as inadequate. One parent paid for a private dietitian because CAMHS had none available, and this was "*the only actual treatment provided*" after months of engagement. Talk therapy and CBTE (Cognitive Behavioral Therapy for Eating Disorders) are offered as the only interventions, with families reporting these don't work for many young people. Eating disorder specialists are few and far between, so depending on where you live you might or might not get the care you need.

### **Member stories about coping with eating disorders and their experience of CAMHS**

*"....The ED clinic staff are very professional but their methodology is half baked, doesn't include talk therapy or patient counselling, nor CPD, nor a variety of other approaches that are evidence based in treating what is a very complex disorder, reaching epidemic levels in South Dublin alone..... A variety of tailored programmes should be available, not a one size fits approach. They are discharging my daughter soon because she is turning 18. They say she doesn't qualify for referral to adult services because she is not sick enough. But she is in no real way better than when she found them. They told us we were not allowed consult other therapists etc while she was in their programme. Fortunately, I'm increasingly well informed on treatment for anorexia & I enabled my child to seek a bit of therapeutic support privately. Why would any mentally unwell young person be denied talking opportunities with professionals, if recovery outcomes are desired?"*

*"Daughter has anorexia, very little help. Camhs no services eating disorder specialist in [x] very limited service no psychological support available to my daughter been on this journey 3 years so know what im talking about."*

*"Nephew has an eating disorder and suffers with anxiety, Cahms only help when the child hits rock bottom. "*

*“My 16 year old daughter was diagnosed with anorexia and severe anxiety and OCD she was sent to a and e for blood and was humiliated by a nurse who asked was she thin because she wanted to be a model and when she couldn’t get her blood she said it was her fault because she was eating and this was the start another doctor told her to go to the gym already dangerously thin and was sent to a gym. Then we were sent to CAMHS where the psychiatrist told her to stay in bed and drink prescription based meal drinks threatened her with hospital and 24 hour watch then blamed me her mum for letting her get that bad. We never went back, we got a private therapist and went from there I wouldn’t send a dog to CAMHS.”*

*“GP didn’t really help. Suggested mainly private care. Massive wait for CAMHS. They only had one answer which was CBTE. It didn’t work. Talk therapy was a last resort. We had to get it privately. It did help. But feeling with CAMHS was they wanted to get you through CBT and discharge without any real impact on Eating Disorder.”*

*“I have one child attending CAMHS following admission to hospital for an eating disorder.”*

*“My daughter is with Camhs since July. She has an eating disorder. We have had appointments with 3 different dr’s. They all seem to be trainees. We have never met the consultant despite asking for it a number of times. We are being offered weekly weighins with no counselling. Apparently they can’t source a psychologist and the psychiatrists dont have time to do counselling. My child was rebuked by one dr for not putting on weight one week. My daughter came out distraught. I made a complaint by email which was never responded to except for the generic email saying it was received. When I followed up with a phone call I was told they couldn’t find it. I made the complaint to the dr in person and she apologised and said she was a trainee. We were referred to a private dietitian after repeatedly asking for one as they also have no dietitian. This private dietitian has been fantastic and the only actual treatment provided. We still have received no diagnosis. They keep saying it is an ongoing process. My daughter is improving with the help of her gp and the dietitian. CAHMS have been severely lacking. We are only keeping the appointments now so that we can keep access to the dietitian. It is completely confounding to me that the childrens mental health services dont provide counselling support.”*

*“I have tried to access help for juvenile eating disorders and for adult mental health.”*

*“My experience is not great, suffered with anorexia for years. Could not get help, got turned anyway on many occasions. It’s only when I nearly died from organ failure people started to listen to me and offer help. The mental health system in this country is shocking “*

## **Postcode Lottery**

Families across Ireland face stark geographic inequalities in accessing mental-health care. In many rural areas, services are virtually nonexistent, creating a “postcode lottery” where the level of support a child receives depends entirely on where they live. Some counties have significantly better access than others, and many families are forced to travel one to two hours, or more for every appointment. The divide between Dublin and rural regions is especially glaring, leaving children outside major urban centres at a severe and unfair

disadvantage. Some CAMHS services have eating disorder specialists while others have none at all.

## **Member stories about trying to get CAMHS support across Ireland**

*“I understand the limitation with out of hours timings etc. but a lot of our issues were like this and there was nobody available. An around the clock service for at least advice especially at weekends.”*

*“My son (18) was struggling with his mental health - depressed and dropped out of school and thinking about suicide - earlier this year. He had just turned 18. He was open to seeing a therapist. But we were having some financial difficulties. There were no options for free or subsidised counselling services in our area.”*

*“I went to [x], I applied for the limerick one because I am close to limerick but they said I had to use the Tipperary one because I was a resident of Tipperary which meant quite long drives to get therapy.”*

*“My teen daughter needed help many years ago, and the system failed us. But I fought very hard and went out of my way to get her the help she needed. We attended Camhs but that has its own problems, ever changing doctors, starting all over again. Then we moved 5 miles down the road and although we didn’t change doctors, schools etc Camhs refused to continue, saying we moved over the border and had to now travel 52 miles to Camhs in Sligo! She was put on strong medication, which made her 100% worse, and today I know she shouldn’t have been put in it. Again we went through ever changing doctors. Having to go through her story each time with different foreign speaking doctors. She couldn’t always understand them and she also didn’t always feel understood. I certainly didn’t either as a mother and wasn’t always treated with either respect or care. They have so called help in A&E but that was a waste of time for a young person in need. The system is not fit for purpose. Only that I, as a lone parent, sought help with a private counsellor, I don’t know how we would have gotten through it. That was the only thing that helped my daughter. In fact looking back, I would say the way she was treated in Camhs, it messed her up even more. I would see it as not fit for purpose, it’s another Tulsa! The GP only does referrals and prescriptions. They don’t have time to listen. The youth need a lot more support on ground level and not only when they’re at point of self harm. It also needs to be made affordable. Drugs should be used as a last option, not just to shut people up and get them out of the way as I felt that was what was done to my daughter.”*

*“I was desperate that a loved one would take their life; we had private appointment with a consultant - could we wait for the three months? NO. My kind sister phoned [x] and they offered counselling; we did not take it up but I was relieved it was available. My loved one did survive with NO thanks to our neglectful state - I resent them SO much. All talk and little action. Funnily, a friend living in Dublin 4 presented to her GP with suicidal wishes; she was in counselling within a week - free. We live on the northside and were going private. This country is class ridden.”*

*'I think my daughter has ADHD and she has sensory differences and I enquired with my gp about how to get her assessed. She said that I would have to get her assessed privately because Camhs would not see her because of my catchment area.'*

*"Waiting times are shocking! They are far too long! Especially for people living in rural Ireland there is very little support you need to go in to the city for CAMHS.*

*I must say [x] have an excellent service for young people and I think it's YWI who also provide an outreach youth counselling service for rural communities.*

*There's too much emphasis on the medical model rather than a holistic approach.*

*Overall there are no local mental health services and the waiting list are far too long."*

*"Blocks due to catchment areas especially for those YP experiencing homelessness. Availability of free talk therapies."*

*"In my work I have found differences in how CAMHs services respond. Some CAMHs services respond appropriately and other CAMHs services repeatedly refuse referrals even those made by mental health professionals. Also some CAMHs don't respond if they identify environmental issues such as family difficulties. Adults receive a response when they experience a reactive depression. Young people and children should also receive a response they have less control over their circumstances".*

*"We found it ok because of where in the country we are I am originally from Dublin and live in Roscommon so we were able to get our son some help quickly but on the other hand my nephew who lives in Dublin had to go private because of the waiting list and he was in urgent need of assessment and mental health does not improve without urgent care and attention this is vital and as a mental health sufferer myself I know admission is the first and very important step and if you're not treated it can quickly escalate to a dangerous or life threatening situation."*

## What needs to happen?

***"The system needs complete transformation from crisis-reactive to preventive and supportive, with adequate resources, trained staff, and recognition that every child deserves timely, appropriate, compassionate mental health care, not just those in immediate crisis or with money for private services."***

Uplift members aren't asking for the impossible. They're demanding what should be basic: that every Irish child and young person can access mental health support when they need it, without bankruptcy, without endless waiting, without being blamed or dismissed.

## Immediate Actions Needed Include

- **Create 24/7 services** - community based & emergency
- **Stop rejecting referrals** - see all referred children
- **Hire more staff** - triple or quadruple current numbers
- **Reduce waiting lists** - to maximum 4-6 weeks

- **End age 18 cliff** - provide transition support to adult services
- **Accept dual diagnosis** - stop refusing autistic children
- **Provide actual therapy** - not just medication
- **Youth & Counsellors** - in every school, in every community
- **End care gaps** - provide continuity of care
- **Early intervention** - don't wait for crisis
- **End blaming culture** - young people & their parents are not the problem

## A Vision for Youth Mental Health in Ireland

Uplift members' experience reveal not just frustration, but a clear, practical vision for transforming Ireland's youth mental health system.

### Build Real 24/7 Mental Health Emergency Support

Create dedicated mental health emergency departments staffed around the clock so young people aren't left waiting in general A&E. Provide immediate psychiatric assessment, rapid crisis intervention, and safe, appropriate spaces for emergencies.

### Make Help Available Whenever Crisis Hits

***"Give young people the skills they will inevitably need LONG before they experience a crisis."***

Members want prevention prioritised over emergency reaction. This means:

- Real out of hours, 24/7 support in community settings
- Rapid-response teams who can reach families at home
- Dedicated mental health emergency departments
- End the "not severe enough" barrier
- Automatic acceptance of GP referrals
- Interim support while families wait
- Same-day access to counsellors when they need support

### Cut Waiting Times So Young People Get Help When They Need It

***"ALL children deserve prompt and appropriate care."***

Early intervention is the key to ensuring best outcomes.

- Maximum 6-week wait for first appointment
- No child turned away for being "not depressed enough."
- Free care regardless of family income
- Evening and weekend appointments for working families
- Options that don't require leaving the house (online services initially)
- Occupational therapy accessible without years-long waits
- Long-term counseling, not just "six sessions and done"

- Treatment that's NOT solely medication-based

## Equip Schools to Identify and Support Struggling Students

***"Schools should become not only centres of education but hubs for family support."***

Schools could have a vital role as community mental health centers:

- Counsellors (not chaplains) embedded in every school (primary and secondary)
- Mental health check-ins for all students
- Family Resource Centers resourced to work with schools
- Multidisciplinary teams accessible through schools
- Teacher training in mental health
- Embed mental health education into the curriculum
- Mental health education starting in preschool
- Teaching emotional regulation and coping strategies as core curriculum
- Screening children automatically in schools before problems escalate

## Safe Spaces, Community-Based, Accessible Services

***"Most problems can be managed in community with the resource of time."***

The vision includes:

- Services available in every town, not just cities
- Transport support for those who can't drive to appointments
- Local psychiatric nurses and specialist GPs
- Community drop-in centers treating "all of the above"
- Services that don't require referrals - direct access
- Youth centers and drop-in spaces open evenings and weekends.
- Family resource centers which are properly resourced to provide community support
- Activities beyond drinking culture - arts, sports, nature programs.
- Safe places for teenagers to socialise after 6pm
- Holistic therapeutic options: such as horse riding, animal welfare work, art, drama, music, nature based and outdoor activities, computer coding

## Support and Education for Parents

***"Parental classes and support" (repeated multiple times)***

Families need:

- Make family therapy standard
- Provide guidance for managing crises at home
- Support parents navigating the system
- Education on recognising mental health signs in children
- Guidance on social media impacts and healthy tech use
- Help understanding neurodivergence (ADHD, autism, etc.)
- Training on how to talk about mental health without judgment

- Support rather than judgment from professionals
- Parents listened to - "we know our children better than the professionals."
- Understanding that parents of neurodivergent children may be neurodivergent themselves
- Partnership approach between families and services

## Listen to and Believe Young People

***"Young people need to be listened to and heard."***

This means:

- Stop blaming young people for their behavior - understand root causes
- Taking children seriously when they say they're struggling
- Believing kids, not dismissing or belittling their experiences
- Including young people in decisions about their care
- Programs on healthy relationships, consent, emotional literacy
- Teaching resilience and emotional skills before a crisis hits

## Specialised Support for Neurodivergent Children

***"CAMHS don't want to take on autistic kids with mental health."***

Members demand:

- Integrated, multidisciplinary teams that coordinate across CAMHS, CDNT, schools, and GPs
- Speed up ASD and ADHD assessments, allow them to happen together
- ADHD services available before age 7
- Recognition that dual diagnosis exists and needs integrated treatment
- Understanding that boys and girls present differently
- Accept private diagnoses
- Remove the "choose one service" barrier

## Dedicated Mental Health Emergency Services

***"There should be a local primary care center you can go to" - not A&E.***

The vision includes:

- Mental health emergency departments separate from general A&E
- Staff trained specifically in psychiatric crises
- Immediate assessment for suicidal young people (not 12-hour waits)
- No discharge based on literal answers to "do you want to harm yourself right now?"
- 7-day-per-week crisis services
- Direct access to psychiatric support without A&E gatekeeping

## Continuity and Consistency of Care

***"Staff rotations were a problem... feels like starting from scratch every time."***

Families need:

- Replace the abrupt "18 and out" system with a proper 18–25 transition service.
- Consistent care providers who stay with children long-term.
- No discharge after one meeting with a rotating staff member.
- A primary carer/coordinate who young people choose and trust.
- Clear pathways - not being bounced between services.
- Make Services Accountable and Consistent.

## **Address Social Determinants of Health**

***"The main misconception is that mental health is a personal problem. It's not, it's a societal issue."***

Systemic changes needed:

- Address poverty, housing needs, cost of living crisis
- Support for families experiencing domestic violence
- Recognition that addiction in families affects children profoundly
- Living wages so both parents aren't working constantly

## **Regulate Social Media and Technology**

***"Young people are going to suffer more than ever with generative AI videos being made of them."***

Members want:

- Hold Social Media corporations accountable
- Turn off recommender algorithms by default
- Properly police predatory and surveillance advertising
- Strengthen digital literacy and cyber-bullying education in schools

## **Invest in Training and Staff**

***"Understaffed resources, no increase in college places to train the people we need."***

The system needs:

- Trauma-informed, neurodiversity-led, culturally competent training standard
- More training places for psychiatrists, psychologists, OTs, SLTs
- Competitive wages to attract professionals to CAMHS
- Better working conditions (not exhausting shifts impairing judgment)
- Listen to people on "the coal face" - frontline workers, families, young people themselves
- Ensure proper maternity leave cover so teams aren't left even more stretched

## Special Attention to Vulnerable Groups

Members highlight specific needs:

- Young people leaving the care system need wraparound support (not abandonment)
- Traveller youth need services that understand discrimination, racism, trauma, and social determinants
- LGBTQ+ youth, particularly transgender teens, need affirming, specialised support
- Children in socioeconomically disadvantaged areas need proactive outreach
- Young people with eating disorders need specialised inpatient beds
- Provide regional specialist teams, including dietitians, that offer real therapeutic treatment and partner with expert organisations for support

## Finally

We trust that you will find this submission to be informative and eye opening about the tangible improvements needed to create a functional mental healthcare system for our children and teenagers. This submission deserves careful attention as it contains a wealth of direct experience and experience based recommendations for improvement of CAMHS. This submission would not be possible without the hundreds of Uplift members who so generously shared their most private and upsetting experiences with us in the hopes that changes can be made so other families won't have to go through the same experiences.

## Contact

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