Development of National Standards for Child and Adolescent Mental Health Services Scoping Consultation

Why are we consulting you

The Mental Health Commission (MHC) is developing new National Standards for Child and Adolescent Mental Health Services (CAMHS). This follows a formal request from the Minister for Mental Health, Mary Butler TD, to fast-track the work and improve the quality and consistency of care for children and young people.

The Mental Health Bill 2024 will expand the MHC's role to include regulation of community-based mental health services, including CAMHS. These new standards will be a key part of that framework. The Bill also requires the MHC to develop three Codes of Practice for inpatient care, covering:

- How to assess if a young person aged 16 or over can consent to treatment
- Admission with parental consent when a young person lacks capacity
- Criteria for involuntary admission to an acute mental health centre

As a first step, we are running a scoping consultation to gather views from service users, families, professionals, service providers, and advocacy groups. Your feedback will help shape the standards and ensure they reflect what matters most to children and young people.

How to take part

We encourage you to use this online form to complete the survey. To do so, scroll down to the bottom of this page and click the "Start Survey" button. It will take about 15 minutes to answer all the questions.

If you prefer, you can request a Word version of the survey by emailing standards@mhcirl.ie and we will email it to you. You can fill it in and then email or post it back to us. Our postal address is:
Standards and Quality Assurance,
Mental Health Commission,
Waterloo Road,
Dublin 4,
D04 E5W7.
The consultation closes at **5pm on Friday 28 November 2025.**
If you have questions or need support, please contact standards@mhcirl.ie or call 01 636 2400.

Data Protection and Freedom of Information

The MHC will only collect contact information during this consultation. It will do this to verify an organisation's feedback.

- We will publish the names of organisations who contributed to the consultation. After the consultation, we will include the names and types of organisations that sent us feedback.
- We will not publish the names of individuals who provide survey feedback.

For that reason, it would be helpful if you could inform us if you regard the information you have provided us as being confidential or commercially sensitive.

Important: The Commission is subject to the Freedom of Information (FOI) Act and the statutory Code of Practice in relation to FOI.

Have a question or concern?

If you have any concerns about your data, please contact the Commission's Information Governance Manager at dpfoi@mhcirl.ie.

Support

In the MHC, we appreciate and recognise that a public consultation process can be difficult for some people. If you need or would like support, we suggest reading this: Urgent Help and Support | Mental Health Commission.

This page provides key links and contact details for:

- services and organisations that offer immediate or urgent support, and
- organisations that offer general and specialised ongoing support.

Concerns about a particular service

If you have an issue of concern about a particular service, you can report that concern to us. For more information, visit: Reporting a Concern | Mental Health Commission

About you

Which of the following best describes you? (Please tick all that apply)

☐ I am a person who is over 18 who has used CAMHS
☐ I am a parent or guardian of someone who is using or has used CAMHS
☐ I am a carer for a young person who is using or has used CAMHS
☐ I am a family member of someone who is using or has used CAMHS

- ☐ I am an advocate or support worker
- ☐ I work in CAMHS or another mental health service
- ☐ I work in education, youth work, or social care
- ☐ I am a policymaker or work in government
- ☐ I am a member of the public with an interest in youth mental health
- ☐ Other (please specify): Disabled Persons Organisation

Staff Only

What type of mental health service do you work in?

- ☐ In-patient Adult
- ☐ In-patient Child and Adolescent Mental Health Services (CAMHS)
- ☐ Community Residence
- ☐ Community Mental Health Team - Adult
- ☐ Community Mental Health Team – Child and Adolescent Mental Health Services (CAMHS)
- ☐ Other (please specify): ________________________________

Please specify your role:

- ☐ Psychiatrist
- ☐ Clinical Psychologist
- ☐ Social Worker
- ☐ Occupational Therapist
- ☐ Speech and Language Therapist
- ☐ Mental Health Nurse
- ☐ Manager (for example, Registered Proprietor Nominee, Area Director of Nursing, Clinical Director, Executive Clinical Director, Integrated Healthcare Area Manager, Regional Executive Officer – please specify):

  ____
- ☐ Healthcare Assistant
- ☐ Other (please specify):

  ____

Content

1. What values and principles should guide how children and young people are supported by CAMHS?

Children and young people using CAMHS should be supported using a rights-based, person-centred framework that promotes their dignity, agency and personhood. CAMHS should be guided by a rights-based, child-centred and neuroaffirmative approach that respects autonomy, provides consistent, empathetic communication, removes barriers to access, and provides consistent, trauma-informed care. Young people should not simply be recipients of services - they should be treated as rightsholders and active partners in their own planning and decision-making around any services they access.

CAMHS must recognise that young people aged 16 and 17 are presumed to have the legal capacity to consent, and to make independent decisions about their own healthcare. Their informed consent should be sought directly, and their autonomy respected by clinical professionals, with any supports needed to exercise their capacity to make decisions in accordance with the Assisted Decision-Making (Capacity) Act 2015.

For children under 16, consent should be guided by changing capacities: their views, wishes and preferences must be meaningfully considered in line with Article 12 of the UNCRC, and supported decision-making should be used wherever possible. Any involvement from their family should complement, not override, the expressed will and preferences of the child or young person, and young people should have the right to access independent advocacy to support them with making decisions about their mental health.

AsIAm believes that mental health services should be guided by the following values and principles:

Commit to promoting Human rights and equality when accessing mental health services

- CAMHS should uphold the rights of children and young people as set out in the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities.
- Every child and young person – regardless of disability, neurodivergence, sexuality or gender identity, gender, ethnicity or socio-economic background, should access timely, safe and accessible mental health care that is understanding, and affirmative, and meet their needs.

Person-centred and neuro-affirmative mental health services

- Services should be flexible and accessible to meet the child's needs, goals, and communication preferences.
- Services must avoid deficit-based approaches and focus on developing each young person's strengths and lived experiences.
- There should be consistency across all CAMHS teams in Regional Health Areas, so that children and young people have the confidence to access services and trust they will be supported, no matter where they live.

Voice, participation and supported decision-making

- Children and young people should be treated as rightsholders and experts by way of their own lives and lived experience, not as objects of care or charity.
- Children and young people should be actively involved in any decisions made about their mental health, in line with their age and capacity and Article 12 of the UNCRPD, and this must be consistent particularly where capacity evolves or changes.
- Supported decision-making should be prioritised and young people should be supported to make decisions related to their mental health.
- Psychological safety must be prioritised – Autistic young people must be free to be their Autistic selves whren accessing mental health services and to not be judged for who they are when seen by clinical professionals.
- Communication must be accessible – including Plain English, visuals, Easy-to-Read or Assistive Technology (Augmentative and Alternative Communication) devices.

Trauma-informed, compassionate, non-judgemental practice

- Staff should be trained in trauma-informed approaches, recognising that many Autistic young people accessing mental health supports may have experienced significant trauma or adverse experiences within the healthcare or education system, or when accessing mental health and other public services.
- Taking a trauma-informed approach should be standard and best practice for all professionals supporting Autistic people.
- Services should proactively minimise the risk of re-traumatisation (i.e. through coercive treatment, restrictive practices or barriers when managing transitions) and stigmatisation both of being Autistic and having a psychosocial disability or mental health difficulty.

Family partnership and safeguarding relationships

- Families and supporters should be involved, with the young person's consent, and support young people in decisions relating to their mental health and wellbeing.
- CAMHS should recognise the experiences families bring whilst also centring the child or young person's voice and expressed will and preferences, in line with the Assisted Decision-Making (Capacity) Act 2015.
- Children should have access to independent advocacy to support them with making decisions about their mental health.

Accessibility and reasonable accommodation

- Services must be flexible and proactively accessible, including sensory-friendly environments, reasonable accommodations to meet communication and sensory processing differences and have equal access to services in all parts of Ireland.
- Structural barriers to support (i.e. long waiting lists, staffing, barriers to assessment, and gaps between services) should be addressed and services should be adequately resourced.

Consistent, transparent and accountable mental health services

- All young people should receive a consistent, continuous and equitable standard of care, regardless of where they live.
- Clear service plans, transparent transition processes and accountability mechanisms should be implemented, with information provided that an Autistic young person can understand.
- Standards should embed transparency and communication at every stage - including referral, care planning and discharge. The National Autism Implementation Team in Scotland have developed practical resources in developing neuro-affirmative assessments and reports, and collaborating with Autistic people in respect to their wellbeing.

Evidence-informed, early and preventative intervention

- CAMHS should prioritise early intervention and community-based supports rather than just responding to crisis situations.

The current CAMHS model of care places primary responsibility for a child or young person's treatment solely on the consultant psychiatrist. This approach is increasingly unsustainable given current workforce capacity and does not reflect modern multidisciplinary practice. Internationally, shared models of clinical responsibility recognise that each practitioner — including psychologists, social workers, occupational therapists, speech and language therapists, mental health nurses and others - holds professional autonomy and accountability for their own interventions. CAMHS should move towards a shared-care model where responsibility is distributed appropriately across the multidisciplinary team, ensuring safer, more timely and more holistic support for children and young people.

2. What do you think are the most important things the standards should cover to make services better for children and young people?

Standards should clearly set expectations for what safe, effective and rights-based mental health services should look like for Autistic children and young people accessing CAMHS. Standards should guarantee timely access, clear and accessible support pathways, consistent multidisciplinary support, respect for the rights and autonomy of young people, and continuous accountability for safe, high-quality care. The Standards can improve accessibility by requiring CAMHS to provide clear information, offer multiple routes of access, accommodate diverse communication and sensory needs, actively reach out into communities, and support young people to navigate the system.

Standards should include:

Timely access and clear service pathways

- Maximum waiting times from referral to assessment and from assessment to support.
- Transparent, consistent referral criteria, with no Autistic person experiencing discrimination or refusal based on a diagnosis of autism, support needs, disability or mental health support needs.
- A “no wrong door” approach to accessing services consistent with our national mental health policy *Sharing the Vision*, so that Autistic people are not bounced between CDNT, CAMHS and Primary Care services. This abdication of responsibility from services can create significant consequences and disruption and reinforce or exacerbate distress and trauma to young Autistic people.
- Referral pathways must reflect that delays at key stages where a young person may particularly need support may cause harm to an Autistic person’s mental health and wellbeing.

Standards should require:

- A transparent referral pathway into mental-health services which is consistent with a “no wrong door” approach, and which ends the discrimination that Autistic people experience in being passed between services.
- Clear timelines and accountability for managing waiting lists for CAMHS within Regional Health Areas.
- Evidence-based triage systems to identify young people who need urgent access to mental health support.
- Requirements for services to explain decisions clearly and for the young person to be actively involved in making decisions about their mental health, in line with Article 12 of the UNCRPD.
- Pathways that minimise trauma, frustration and putting the young person in situations where they must retell their stories with professional when any aspect of their mental health changes.

Consistent, multidisciplinary, rights-based, needs-led support

- Support plans developed in collaboration with the young person, with regular reviews at key stages.
- Transparency of care plans - provides Autistic people with accessible information on what supports will be provided, by whom, and when.
- Timely access to multidisciplinary teams including psychology, psychiatry, and social work, as well as other disciplines.
- Report writing and information should reflect neuroaffirmative practices – including strengths-based approaches to supporting Autistic people. The National Autism Implementation Team in Scotland have developed Guidance to Writing Neuro-Affirmative Reports, which offers practical supports for professionals working with Autistic people and families to make their practices more accessible.

Rights-based participation and decision-making

- Children and young people must be at the centre of all decisions about their mental health care.
- Supported decision-making should be norm - Involuntary or restrictive practices should only be used as a last resort, with explicit oversight and comprehensive monitoring mechanisms.
- Young people should have accessible information in formats that meet their communication needs.

Trauma-informed, neuroaffirmative and culturally competent practice

- Staff must receive training in trauma-informed care, neurodiversity, disability rights, and LGBTQI+ affirmative care.

Family involvement and navigation support

- Families and carers should be supported to understand support pathways and how to navigate services.
- Family involvement must be guided by the young person's consent and autonomy.
- Children should have access to independent advocacy to support them with making decisions about their mental health.

Seamless transitions (particularly from CAMHS to Adult Mental Health Services)

- No young person should be discharged without a safe transition plan.
- Standards should require joint planning between CAMHS and Adult Mental Health Services, including appointments, and during transition periods.

Accountability and service improvement

- Mechanisms for young people and families to provide feedback and have that feedback influence practice.
- External oversight to ensure that standards are consistently met across Regional Health Areas.

Early and preventative support

- CAMHS should not only respond in crisis situations – it should also include pathways to community-based supports, early intervention and school-based mental health supports.
- Standards should promote collaboration with youth services, primary care, schools and community-based organisations.

Lived Experience Testimonial

One autistic community member shared their experiences from their ten years within CAMHS, accessing the service from age 8 until they aged out at 18. They understood CAMHS as a service that "provides mental health support and treatment to various psychiatric disorders," but described significant barriers from their first point of contact through to their final years in the service.

The respondent strongly felt that CAMHS is not accessible to Autistic or Neurodivergent young people, noting that it was extremely difficult to find information about the service and understand what CAMHS actually does. They faced multiple barriers when trying to access support, including long waiting lists, a lack of external supports, no explanation of what CAMHS is or how it works, significant sensory barriers, and not feeling understood, supported, or listened to. They emphasised that staff often lacked understanding of autism, resulting in them having little to no say in decisions that affected their life.

The community member expressed frustration that CAMHS consultations *"feel like [they] are on trial in a court case,"* with young people seemingly required to reach crisis point before being taken seriously or offered support. They stressed that Autistic young people are often treated as if they are younger or less capable than they are, and highlighted the importance of distinguishing between autism and mental health difficulties, stating that *"the two can be separated and it is crucial that they are so that the right and saving treatment is administered."*

Finally, they emphasised the need for better communication and better access to supported decision-making, saying that service users should be informed of decisions and have genuine influence over them. They described accessible communication as "bullet points on a page and also verbally explained," showing the importance of clear, direct and predictable communication supports.

3. How can the standards help ensure CAMHS are easy to find and accessible to children and young people who need them?

The Standards should require CAMHS to be proactive, transparent and accessible so that young people and families can understand how to get support and what they can expect when accessing services. To achieve this, Standards should include requirements in the following:

Clear, consistent and publicly available information:

- Every CAMHS team must publish clear information about referral criteria, contact details, information on waiting times, and care pathways.
- Information must be available in plain English, Easy-to-Read formats, and alternative communication formats including AAC and Irish Sign Language, including in the Irish language should be available to community members.
- Young people should understand what CAMHS does, and how they can access support.

"No wrong door" to accessing support:

- Referrals should be accepted from a range of sources (including GPs, schools, primary care, self-referral, and community organisations).
- Children and families should not be passed between services or refused due to diagnosis, disability, or support needs.
- Medication should not be used as the first or only intervention, and any use of medication as a form of "chemical restraint" must be prohibited – therapy, psychosocial and wellbeing supports must be prioritised, in line with the rights-based principles of the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities, and the principles of neuroaffirmative, person-centred and trauma-informed practice.

Reasonable accommodation and access:

- CAMHS should be sensory accessible, and inclusive of neurodivergent communication styles and processing differences.
- Appointments and assessments should be flexible (in-person, online, home or school-based sessions).
- Standards should explicitly require accommodations such as:
    - extra processing time,
    - the ability to use AAC devices and Assistive Technology,
    - access to visual schedules and clear written summaries of sessions.

Outreach and community awareness:

CAMHS should raise awareness of support through youth services, schools, and medical settings. Information should be shared in settings where young people attend - schools, youth organisations, community settings, and online platforms.

Transparent pathways and navigation support:

Families and young people should be given a point of contact within CAMHS (i.e. a key worker or coordinator) to support them through appointments, assessments and navigating support.

Standards should require that every young person receives:

- a written support plan,
- a timeline for next steps,
- clear information on who to contact if circumstances change.

Zero tolerance of barriers to entry

- CAMHS should not allow exclusion based on diagnosis, intellectual disability, autism, or socio-economic circumstances.
- Services should track and report on equity of access and take action where particular groups are underrepresented or face barriers.
- Greater connections must be built between CAMHS and community care so that discharge from one service does not mean sitting on an extended waiting list for the next service. There should be an ability step up and down interventions according to need in a timely manner.
- The current waiting lists for CAMHS must be substantially reduced. A review should be done of the current model of care to assess how to make it more efficient and sustainable.
- Standards must address the current difficulties for young people transitioning from CAMHS services to adult services.

Qualified staff across disciplines:

CAMHS must ensure that young people are assessed and supported by professionals with the appropriate qualifications and undertake the necessary continuous professional development to provide evidence-informed, neuroaffirmative and trauma-informed care.

The regulation of psychology must be prioritised to ensure that all professionals providing mental health assessment, diagnosis and intervention meet clear, consistent national standards in supporting Autistic people. The absence of statutory regulation creates risks for children and young people accessing CAMHS, as inconsistency in clinical practice, lack of clear guidance on which disciplines are qualified to assess and support Autistic people, and lack of formal accountability mechanisms harms Autistic people and families and the dedicated Psychologists who tirelessly work to support Autistic people. CAMHS should only engage psychologists who meet recognised professional standards and should advocate for the full statutory regulation of the psychology profession under CORU as a matter of urgency.

4. How can the standards help ensure that CAMHS give children and young people the support they need?

Standards should ensure that every young person receives timely, effective, appropriate support that is centred on their needs, goals, and preferences. The Standards must ensure that CAMHS are proactive, needs-led, and accountable - providing consistent, multidisciplinary, trauma-informed support that centres the young person's experiences and access needs. Standards should:

Require needs-led, outcomes-focused care – not on meeting a diagnostic threshold:

Support should be based on what the young person needs, not on whether they meet a particular diagnostic threshold.

Standards should ensure that young people have access to mental health supports support while any assessment processes are taking place.

Ensure multidisciplinary and holistic support:

- Every child should have access to a multidisciplinary team that includes psychiatry, psychology, social work, and other disciplines.
- Services should support the whole child — mental health, communication, sensory needs, relationships, school participation, and daily living.
- Services should aim to avoid the use of medical treatments or supports where possible.

Require an individualized support plan for each person:

The Standards should require:

- a written support plan co-developed with the young person and family, and independent advocates.
- goals that reflect what matters to the young person and how they will be supported, and the young person's preferences around their mental health supports.
- regular review of progress and adjustments where needed,
- a named key worker or care coordinator.

Mandate supported decision-making and the young person's voice

- Young people must be involved in decisions about their care, with accessible communication supports to understand options and offer the opportunity to give informed consent.
- Supported decision-making should be the default. Restrictive or involuntary practices must only occur as a last resort, with accountability and oversight.

Set expectations for timely intervention

- Clear maximum waiting time standards from referral to assessment and from assessment to direct support.
- Time-specific escalation processes where waiting lists exceed agreed thresholds.

Ensure continuity of care and smooth transitions, especially to adult services

- No young person should be discharged without a confirmed plan, shared appointments, and clear handover to the receiving service, for example, AMHS(Adult Mental Health Services).
- Transitions should be based on whether the young person feels ready to make this transition, and not just when they turn 18 years old. Too often, Autistic people face a "cliff edge" where any disability or mental health support they access stops when they reach adulthood.

Embed trauma-informed, neuroaffirmative, and evidence-informed practice

- All staff should receive mandatory training in neurodiversity, trauma-informed care, disability rights, and cultural competency.
- Standards should explicitly prohibit service refusal based on a diagnosis autism, intellectual disability, or whether their support needs are deemed to be too "complex" to access mental health services.

Require accountability, monitoring and continuous improvement

- Services should collect and publish data on waiting times, outcomes, restrictive practices, and feedback from service users.
- Children and young people should have safe, accessible ways to give feedback - and see how that feedback helps to improve the quality of mental health services.

5. How can the standards help young people transition from CAMHS to adult services when they need them after they reach 18?

Any transitions delivered between mental health services should be planned and support the young person to make the transition when they feel ready and confident to do so. Standards should necessitate a consistent national approach so that no young person is left without support and that Autistic people get the consistency and continuity of care they deserve. The Standards should ensure that moving from CAMHS to adult services is a planned, supported, flexible, and collaborative process, ensuring that the young person is at the heart of this process.

Standards should include:

A Transition Plan developed well in advance

- Planning should begin at least 6-12 months before a young person turns 18.
- Plans should be co-produced with the young person and include their goals, supports, communication needs and preferences.
- The young person should receive written accessible information about the transition process, how they will be supported at each stage, what will change in terms of how they will be supported, and how Adult Mental Health Services may support them in the future.

A named key worker or coordinator

- One person should support the young person and family through the transition.
- This person is responsible for making sure the transition happens as planned.

Joint working between CAMHS and Adult Mental Health Services (AMHS)

The Standards should require:

- joint appointments before any decision is made to discharge the young person,
- information-sharing between services (with consent),
- a *"handover"* where the young person meets the new team before they transition to another service.

CAMHS should not discharge a young person until AMHS has accepted the referral and an appointment is scheduled.

Transitions based on a young person being ready, not age related:

- If a young person is not ready to move at 18, Standards should allow for flexibility to make sure that there is no "cliff edge" of supports.
- This may be that young people at 17–18 may find an immediate shift to adult services overwhelming or distressing and may particularly need to access mental health supports during this period.
- A model like aftercare for children in care — where CAMHS offers continued support until the young person feels safe and prepared to make the transition to AMHS or adult services.
- Transitions should work similarly to school transitions - they should be predictable, be a gradual process, and with consistent supports at each stage of the process and co-produced with the young person.

Reasonable accommodations

- Information about the proposed transition should be accessible (plain English, Easy-to-Read, visual supports, AAC) and made available to the young person in advance.

Respect for autonomy and prioritising supported decision-making

- The young person should have the information they need to understand the transition process and to make informed decisions relating to supports they access.
- Supported decision-making should be the default; the young person should have the support from families if the young person wants it.

Disaggregated data on access to Menal Health Services

- Services should track how many young people successfully transition, how many are lost to follow-up, and waiting times between CAMHS discharge and AMHS appointment.

- The Standards should require feedback from young people on the transition process to drive improvement.

6. What should the standards say about how children, young people, and their families are involved in decisions about their mental health care?

Children and young people should be recognised as rightsholders and as active participants in making decisions regarding their own support. Standards should require services to uphold their rights to be heard, to be respected and to participate in decisions that affect their lives – in line with the UN Convention on the Rights of Persons with Disabilities. The Standards should ensure that young people are fully involved in decisions about their care, with communication that is accessible, consent that is meaningful, and involvement that respects their autonomy and vindicates their rights.

To achieve this, Standards should include requirements in the following:

Young people's voice and autonomy

- CAMHS should speak directly to the young person, not just their family.
- Care plans, goals and interventions must be co-designed *with* the young person.
- Services must support young people to express their views, that their input is valued and decisions are made with them

Supported decision-making

CAMHS must prioritise supported decision-making and allowing the young person to make decisions regarding their mental health and wellbeing based on their expressed will and preferences.

Professionals working with young people should seek consent in ways that they can understand and support them to make decisions around their wellbeing that best works for them.
Young people should receive accessible information about the supports available, any considerations they need to know, and have the right to revisit their decision or change their mind on a support if it does not work for them.

Accessible communication

Information must be given in ways that match the young person's communication style:

- plain language summaries after appointments,
- visual instructions,
- sensory-friendly options during sessions.

Involvement with families

- Families and carers play an important role in supporting the young person, but involvement should always be guided by the young person's consent and expressed will and preferences.
- The role of family should be flexible and reviewed regularly – where possible, they should only make decisions about the young person's care with their consent and in line with their capacity.
- Independent advocates should be available to support the young person in all aspects in accessing mental health services.

Respect and non-judgemental attitudes from professionals

- Young people should never feel dismissed, disbelieved, or blamed.
- CAMHS should adopt a neuroaffirmative and trauma-informed approach that views behaviour as communication, not noncompliance.

Feedback and accountability

- Young people must have safe, accessible ways to give feedback on how services work for them.
- Services should have multiple ways of collecting feedback.
- Services should demonstrate how that feedback is used to improve care and service delivery.
- Reviews and inspections of CAMHS services should be regular and conducted under the auspices of the Mental Health Commission.

7. What should the standards say about how young people, mainly aged 16 and over, are involved in decisions about their mental health care, consent, and their capacity to make choices?

Young people aged 16 and over should be treated as rightsholders with the right to be involved in decisions relating to their mental health and wellbeing. Standards should presume that the young person has the capacity to make decisions about their mental health and wellbeing. Standards should include:

Presumption of capacity and respect for autonomy

- CAMHS must presume that young people aged 16 and over have the capacity to make decisions about their treatment. Disability, Neurodivergence, support needs or communication preferences should not be used to exclude people from making decisions related to their healthcare.
- Clinical professionals must explain options in accessible ways, rather than assuming a young person "does not understand", or speaks to their parents without also including the young person.

Supported decision-making

- If a young person needs support to understand or communicate a decision, services must offer support or facilitate the young person to bring their supports with them.
- These supports can include having information in plain English, Visual Guides or written summaries, additional time to process information, use of AAC, or a trusted support person.

Meaningful and informed consent

- Consent must be voluntary, based on the young person's free and informed consent.
- Young people must receive clear information on what the treatment involves, the benefits and risks of proposed supports, and alternatives (including no treatment).
- Services should make sure that young people have time to process these options and reach a decision based on their will and preferences – clinicians should not pressure into treatment or support which they would not otherwise consent to.

Confidentiality and privacy

- Young people aged 16+ should have privacy in appointments unless they request someone to join them.
- Professionals must explain what information will be shared, with whom they will share it with, and the reasons why they want to share this information.

Family involvement

- Families can play an important supportive role, but this should happen only with the young person's consent.
- If a young person requests privacy, this must be respected unless there is an immediate risk of harm.

Capacity assessments

- Capacity assessments should be rare, time-limited, and transparent.
- If a young person is found to lack capacity for a decision, the decision-making process must still:

  - involve the young person to the greatest extent possible,
  - consider their will, preferences and values, or previous decisions where they have had capacity,
  - be documented clearly.

Preventing coercion and restrictive practice

- Young people should not be pressured to accept treatment but should be informed in an accessible way the pros and cons to accepting or refusing treatment.
- Restrictive practices (including involuntary admission) should be avoided where possible. Restrictive practices must only be used as an absolute last resort, with independent oversight and accountability.

8. How can the standards help make CAMHS welcoming and inclusive for children and young people from different backgrounds, cultures, and communities, including those from minority groups and those with disabilities?

To be truly inclusive, CAMHS must recognise and adapt to Autistic young people's diversity of identities, needs cultures and communication preferences. Inclusion must be embedded as a core part of how CAMHS services are delivered. Standards need to promote inclusion by requiring and promoting accessible communication, cultural competence, neuroaffirmative practice, proactive accommodations, and accountability for equitable access.

Culturally competent, neuroaffirmative and disability-inclusive practice

- All staff need to receive training in autism understanding and acceptance – that their knowledge needs both clinical proficiency or knowledge of the clinical criteria of autism under the DSM-V, but also how this relates to Autistic people's everyday lived experiences. They must also build cultural competence, receive training in anti-racist, LGBTI+ affirming, disability rights and neuroaffirmative practice.
- Young people should not be pathologised or treated differently for differences arising from their neurodivergence, communication or sensory processing differences, or any aspects of their identity.

- Clinical professionals working to support Autistic children and young people should understand the diversity of their lived experiences, including supporting non-speaking Autistic people, Autistic people with PDA, co-occurring differences and disabilities and forms of neurodivergence, Autistic burnout, monotropism and the double-empathy theory, and the impact that masking has on an Autistic young person’s mental health and wellbeing.
- Knowledge of alexithymia, sensory processing differences, and trauma in autistic young people.

Reasonable accommodations as a right

CAMHS should be required to proactively ask about an Autistic person’s access needs at referral and throughout all aspects of a young person's mental health supports.

- Accommodations may include:
    - sensory-friendly waiting spaces,
    - visual supports (schedules, written summaries),
    - additional time to process information,
    - flexibility to attend appointments online, or settings where they feel most comfortable,
    - the use of AAC, assistive technology, and other individualised supports.

Welcoming and inclusive environments

- Signage, forms and waiting areas should be inclusive, accessible and reflect the Autistic community’s diversity (e.g., imagery, representation).
- Staff should use the young person’s chosen name and pronouns and respect their identity.

Accessible communication and information

- Information should be available in:
    - plain English,
    - Easy-to-Read versions,
    - various languages, including the Irish language
    - Irish Sign Language when needed.
- Appointment instructions and care plans should be given in writing so young people can review afterwards or follow-up.

Support for marginalised Autistic people

Some groups may have had negative or traumatic experiences with mental health services (e.g., minority ethnic communities, LGBTQIA+ youth, disabled young people), and may need additional support. Standards should require:

- trauma-informed practice,
- clinicians adopting a non-judgemental approach to delivering services,
- explicit safeguarding against discrimination or stereotyping.

Active outreach to underrepresented groups

- CAMHS should not wait for referrals from communities who are less likely to access services due to stigma, racism, ableism, or mistrust.
- Partnerships should be developed with schools, youth organisations and community groups serving marginalised young people.

7. Equity monitoring and accountability

- CAMHS teams should collect and review data on how young people access CAMHS and any barriers therein (e.g., demographics, disability, ethnicity, gender identity).
- If particular groups are underrepresented or experience longer waits, services must take concerted measures to address these barriers.

Standards should necessitate that:

Clinicians working in CAMHS services receive sufficient opportunities for clinical supervision when working with Autistic young people, in line with best practices set out by their professional bodies, particularly with clinicians with expertise in neuroaffirmative approaches to supporting Autistic people.

Professional competency frameworks should also support clinical professionals to train and develop professional expertise in Autistic-led, trauma informed or neuro-affirmative approaches.

The Commission has powers of monitoring and assessment of clinical competencies, including reporting, decision-making and treatment, and that the use of psychotropic medication and restrictive practices be subjected to regular reviews by the Commission.

The Commission set standards on minimum training and professional practice standards which are consistent with rights-based approaches to supporting persons with psychosocial disabilities as set out in the UNCRPD, which reflect neuro-affirmative practices in mental health supports and which maximise autonomy of Autistic young people who access services.

We would take the view that The MHC is best placed to monitor clinical standards in the context of CAMHS services and should use its new Mental Health Bill powers to investigate services and ensure that competency standards are met.

Design

9. How should the standards be designed so they stay useful over time, don’t become outdated, and do not limit how services grow and improve?

Standards will remain useful and relevant over time if they are rooted in rights and core principles, supported by regularly updated guidance, designed with flexibility, and shaped by continuous feedback from young people and families. Standards should include:

A principles-based approach

- Standards should be based on core values, including promoting human rights, accessibility, participation and promoting neuro-affirmative and trauma-informed support.
- Detailed procedures should be included in the accompanying guidance or Codes of Practice that can be updated more frequently.

Built-in review and update cycles

- The Standards should include a requirement for review **at least every 3–5 years**, with input from young people, families, and Disabled Persons Organisations, as well as professionals working with young people and their representative bodies.
- Reviews should reflect evolving research evidence, changing needs, and emerging best practice.
- Standards should be flexible to be regularly updated as evidence, best practice, and community needs evolve and to reflect growing body of Autistic-led, rights-based and neuro-affirmative autism research and practice.

Continuous improvement and learning culture

- Services should be required to use data on outcomes, waiting times, and feedback to identify areas for improvement.
- The Standards should promote innovation in care delivery, including digital and community-based models.
- A feedback survey should be issued to all attendees of CAMHS within 3 months of discharge.

Flexibility to respond to individual needs

- The Standards should allow services to adapt to diverse cultural, communication preferences, sensory processing differences, and disability.
- Services should be held accountable for meeting a young person's mental health support needs and promoting their overall wellbeing.

Clear accountability and monitoring mechanisms

- The Standards should set measurable expectations (e.g., maximum waiting times, transition planning timelines) but allow services to decide how to meet them.

Co-production and actively involving Autistic young people

Young people, families, and advocacy groups — including Disabled Persons Organisations and Autistic people with lived experience in accessing CAMHS and mental health services — should be directly involved in:

  - developing updates to the Standards,
  - designing measurement tools,
  - evaluating whether the Standards are being implemented.

Alignment with legislation and national frameworks

- The Standards should remain consistent with the Mental Health Bill 2024, and be strongly embedded in UN Convention on the Rights of the Child, and UNCRPD, and promote Universal Design principles, neuro-affirmative practice and trauma-informed supports.
- Where legislation or policy changes, supporting guidance should be updated to reflect growing research led by and co-produced by Autistic people.
- CAMHS standards should align and work effectively with standards in inclusive education, disability supports, independent living and social care, consistent with the approach that young people who access mental health services are rights holders and can access the full range of rights under the UNCRC and UNCRPD.
- Requirements for the MHC to monitor for drift in practice and intervene where harmful norms or restrictive practices emerge.

- Standards should also include Safeguards to ensure clinicians cannot use standards to justify forced treatment or coercive practices used against Autistic young people.

- The Commission can recommend that services use the HSE Passport or a Mental Health Passport to support Autistic young people when accessing mental health services, or to support them when they experience communication differences in engaging with services.

10. How should the standards be designed so they are practical, easy to use, and drive ongoing service improvement in real-life situations?

Standards should be developed to support frontline staff, clinical professionals and their representative professional bodies, services, young people and families to understand what affirmative support looks like in practice, and how this can be delivered. To do this, the Standards must be clear, measurable, and usable in day-to-day practice. Standards will only improve services if they are clear, practical, measurable, and designed with implementation in mind. They should tell staff *exactly what good mental health support looks like*, allow flexibility in how to achieve it, and require continuous learning and improvement based on feedback from young people and families.

The Standards should be designed to:

Be clear, concise and written in plain language

- Avoid jargon, technical language, or vague statements that can be interpreted differently by each service.
- Include short, direct statements of what *must* be done, not what should be "considered."
- Example: "Young people must be involved in decisions about their care and asked how they prefer to communicate."

Show what good practice involves

- Each standard should be supported by practical examples or guidance that staff can use.
- These examples should apply to real situations (assessments, crisis support, transition planning, and family involvement).

Include specific, measurable expectations

- Use measurable indicators — for example:
  - Timeframes for waiting times for assessment and support,
  - timeframes for transition planning,
  - show how young people are supported by CAMHS.

Embed continuous improvement

- Require services to regularly use feedback from young people and families to drive improvement.
- Expect regular assessment against the standards, supported by external review.

Include tools that support implementation

Alongside the Standards, the Mental Health Commission should provide:

- templates (care plans, transition plans, feedback forms),
- self-audit tools,
- short guides for staff,
- Plain English and Easy-to-Read versions for young people.

Ensure accountability

- Services must be able to show *evidence* of how they meet each standard.
- Data should be transparent and published, as with other services regulated by the Mental Health Commission.

11. Which organisations, individuals, or communities should we invite to help develop the standards to ensure diverse voices are heard?

To ensure the Standards reflect the experiences and needs of all children and young people, the Mental Health Commission should meaningfully engage with a wide range of individuals, communities and representative organisations - especially those whose voices are often overlooked in mental health policy and marginalised from mental health services.
Engagement should include:

1. Children, young people, and their families

- Autistic young people and Autistic adults with lived experience of CAMHS (current and past service users)
- Young people who sought CAMHS support but did not receive it (e.g., referral rejected or placed on long waiting lists)
- Youth Ambassadors and advisory panels (including AsIAm's Youth Leadership Team and Youth Ambassadors)
- Parents, carers and siblings with experience of CAMHS (i.e. Families for Reform of CAMHS)
- School and youth workers who help young people navigate CAMHS.
- Young people who have recently transitioned to university or adult life.
- Service users from all entry points: schools, day services, NLI, community services.
- Organisations representing marginalised autistic people:
- Belong To

- Transgender Equality Network Ireland
- EPIC
- NYCI
- National Platform of Self-Advocates

Disabled Persons Organisations (DPOs) and advocacy groups

- Autism and neurodiversity organisations (e.g., AsIAm)
- ADHD, mental health, intellectual disability (i.e. Inclusion Ireland, Disability Federation of Ireland, Mental Health Reform)
- Organisations supporting young people who use AAC, assistive technology, or multiple supports.
- DPOs representing the Deaf community (i.e. Irish Deaf Society)
- Independent Living Movement Ireland
- DPOs representing Disabled women and girls (i.e. Disabled Women Ireland)
- DPOs representing Disabled children and young people

Equality, human rights, and children's rights bodies

- Ombudsman for Children's Office (OCO)
- Children's Rights Alliance
- National Disability Authority (NDA)
- IHREC — Irish Human Rights and Equality Commission

Minority and marginalised communities

- Traveller and Roma organisations
- Migrant and refugee support organisations
- LGBTQIA+ youth organisations
- Groups supporting care-experienced young people and those involved with Tusla
- Youth homelessness and social inclusion services

These groups represent communities with well-documented barriers to accessing CAMHS.

5. Education, youth and community services

- Youth organisations (e.g., NYCI, Children's Rights Alliance, Foróige)
- School guidance counsellors, NEPS (National Educational Psychology Service), and pastoral care teams
- Community health and primary care services involved in referral pathways

Clinical and professional bodies (including Special Interest Groups related to Autism and Neurodiversity, Trauma-informed practice and relevant areas of clinical expertise)

- College of Psychiatrists of Ireland

- Psychological Society of Ireland
- Irish Association of Counsellors and Psychotherapists
- Occupational therapy, speech and language therapy, and social work bodies (i.e. Association of Occupational Therapists of Ireland, Irish Association of Social Work, Irish Association of Speech and Language Therapists)
- GP and community mental health representatives.
- Autistic clinical professionals, clinical professionals with lived experience and professionals with expertise in neuroaffirmative and trauma-informed practice.

Research and academic partners

- Universities and research centres working on youth mental health, disability rights, neurodevelopment, trauma-informed practice, etc.
- i.e. Centre for Disability Law and Policy at the University of Galway.

Lived experience

12. If you are a current or former CAMHS service user or a family member, what type of service did you use?

☐ Inpatient care

☐ Support from a community mental health team

☐ Other type of service (please specify):

13. If you are a current or former CAMHS service user or a family member, can you share examples of services that you received that worked well for you?

14. If you are a current or former CAMHS service user or a family member, can you share examples of services that you received that should be improved?

15. Is there anything else you would like to share that will be useful and help us develop the standards?

Codes of Practice (Applicable to inpatient child and adolescent mental health services)

16. What are the key areas that the Code of Practice on assessment of the capacity of a child aged 16 years or older to consent to admission, care and treatment should cover?

Code of Practice needs to ensure that young people aged 16 or over are treated as rightsholders and decision-makers with the right to give or deny consent to services or treatment, and to have these decisions understood and respected by clinicians. It should ensure that any assessments are rooted in protecting young people's dignity, autonomy, rights and wellbeing.

Presumption of capacity
Professionals working with Autistic young people must presume that young people have the capacity to make informed decisions about their admission, care and treatment.
Autistic people must not be perceived as lacking capacity because of being Autistic or because of their neurodivergence, mental health support needs, sensory processing differences or communication preferences.

Supported decision-making as the standard in decisions about a young person's mental health

- Before assessing capacity, staff must show that they offered supports to help the young person understand and make a decision about their mental health treatment.
- Supports may include:
    - Information in plain English, visual or written information, additional processing time,
    - the use of AAC or assistive technology, or a trusted person or supporter.

Clear, accessible explanation of supports Young people must be given accessible information to support their informed and voluntary consent about:

- what admission or treatment involves,
- benefits and risks,
- alternatives (including community supports),
- the right to refuse or change their decision later.

How to assess capacity fairly and consistently
The Code should specify:

- that capacity relates to a specific decision at a specific time,
- that any assessments must be structured, documented and time-limited,
- that disagreement or anxiety does **not** equal lack of capacity.

Capacity should be assessed based on the young person's ability to:

1. Understand the information,
2. Retain the information,
3. Use the information,

4. Communicate a decision (in any form).

Respecting the young person's will and preferences

- The young person's values, wishes and lived experiences must guide decision-making.
- Best interests should not override a young person's expressed will and preferences unless there is a clear and immediate risk of harm, and only then, they must promote the young person's right to exercise autonomy over their mental healthcare and minimise restrictions related to their mental health.
- Clinicians should seek consent of the young person where possible if any treatment involves the use of medications. Young people should not be coerced into taking medication or accepting medical interventions against their will.

Confidentiality and privacy

- Young people aged 16+ should be able to meet staff alone and make private decisions unless they invite someone to join them.
- Information sharing with parents or others should occur only with the young person's consent or if there is a safeguarding concern, in line with Children First legislation.

Family involvement

- Families can be involved if the young person requests this but must not be used to make decisions on the young person's behalf, but to support the young person with making decisions about their healthcare.

Safeguards against coercive and restrictive practices

- The Code must state that restrictive practices (including involuntary admission) are a last resort.
- There should be oversight, documentation, and independent review when restrictive measures are used.

Appeals, review and complaints process

- Young people must be informed of their right to appeal decisions.
- Accessible routes to complaint and advocacy should be provided, including referral to independent advocacy services, including access to supporters or advocates,.

17. What are the key areas that the Code of Practice on admission with parental consent of a child aged 16 years or older lacking necessary capacity should cover?

The Code of Practice should ensure that any admission that requires parental consent respects the young person's rights, dignity and autonomy.

Admission should only occur under parental consent where the young person genuinely lacks capacity and where all support to enable their decision-making to have been exhausted. The Code must safeguard against unnecessary or coercive admission.

Presumption of capacity - lack of capacity must be clearly proven

- A young person aged 16 or over must be presumed by clinical professionals to be capable of consenting to admission and to access supports in line with their capacity assessments under the Assisted Decision-Making (Capacity) Act 2015.
- Lack of capacity must not be assumed by clinicians due to disability, neurodivergence, emotional distress, or disagreement with clinicians or parents.

Supported decision-making before parental consent is considered

- The young person must be offered supports to help them make their own decision, including:
  - plain language / Easy-to-Read explanations,
  - visual or written information,
  - additional time to process information,
  - information which is compatible with communication supports or AAC,
  - a trusted supporter or advocate.
- Only where all supports have been exhausted should parental consent be considered.

Structured, transparent capacity assessment process

Capacity assessment must be:

- decision-specific and time-specific,
- documented in writing,
- based on the young person's ability to:
  1. understand the information,
  2. retain it,
  3. use or weigh it,
  4. communicate the decision (in any form).

A young person expressing refusal **does not** automatically mean they lack capacity.

Respect for the young person's will, preferences and rights

- Decisions must reflect the young person's values and expressed will and preferences.
- Admission should never be used to manage behaviour or system gaps (e.g., lack of community services).

Safeguards against coercion and misuse

- The Code must prohibit any coercion, pressure, or threats to secure admission.
- Parents or guardians should not be placed in the position of making substitute decisions without clear justification and safeguards.
- Mediation must be established where there is disagreement between parents and young person.

Transparency and documentation

- The rationale for parental consent and lack of capacity must be clearly documented.
- Records should show the supports offered to enable independent consent and why they were insufficient.

7. Independent advocacy and right to review

- The young person must be informed of their right to an independent advocate.
- There must be clear options for review or appeal of the admission decision.

8. Time-limited admission and regular reassessment of capacity

- Admission under parental consent must be time-limited.
- The young person's capacity must be reassessed regularly — capacity can change as distress reduces.

If the young person regains capacity, their ongoing consent must be sought.

9. Family involvement — aligned with the young person's preferences

- Families should be involved as support partners where appropriate.
- However, parental consent must **not** replace the young person's voice or override their rights.

18. What are the key areas that the Code of Practice on criteria for involuntary admission of a child to a registered acute mental health centre should cover?

The Code of Practice should ensure that involuntary admission of a child or young person is only used in exceptional and clearly justified circumstances. It must protect the child's rights, dignity, and autonomy at every stage of the process, and ensure that restrictive practices are avoided unless absolutely necessary and proportionate. The Code must ensure that involuntary admission is used only when strictly necessary, never due to system failures, and always with strong safeguards that respect the rights, dignity, autonomy and voice of the young person. Restrictive practices must be rare, time-limited, reviewed regularly, and replaced with community-based alternatives wherever possible.

Involuntary admission must be an absolute last resort

- All alternatives in the community must be explored and documented first.
- The Code should explicitly prohibit using involuntary admission because:
    - community supports are unavailable,
    - there is a lack of resources or staffing,
    - the young person is neurodivergent or displays emotional or psychological distress.

2. Clear and strict criteria for involuntary admission

Criteria should be based on:

- **Immediate risk of serious harm** to the young person or others,
- **Presence of a mental health condition** that meets the legislative threshold,
- **Need for treatment** that cannot be delivered safely in the community.

Disability, neurodivergence, trauma history or communication differences must not be interpreted as justification for involuntary admission.

Rights-based, trauma-informed and neuroaffirmative approach

- The Code must acknowledge the trauma and fear associated with involuntary admission.
- Decisions must respect the young person's dignity, sensory needs, communication style, cultural identity and gender identity.

Supported decision-making and informed participation

Even during involuntary admission, the young person must:

- be involved in discussions and decisions as far as possible,
- receive information in accessible formats (plain language, visuals, AAC),
- have opportunities to express their views, will and preferences,
- be supported to make choices about daily life and care.

Being detained does not remove the right to autonomy.

Independent advocacy and legal safeguards

- Every young person admitted involuntarily must be informed of their right to access an independent advocate and legal support.
- Advocates must have access to the young person, care meetings and documentation.

Documentation and accountability

Services must record:

- what alternatives were attempted and why they were insufficient,
- how the young person's views were sought and considered,
- the clinical justification for involuntary admission.

Documentation must show that restrictive measures are proportionate and time limited.

Family involvement — based on the young person's wishes

- Families should be involved when the young person wants them to be.
- The Code must clarify that parental involvement cannot override the young person's rights.

Time limits, regular review and discharge planning

- Involuntary admission must be time-limited and subject to frequent reviews.
- A discharge plan must be started **from day one** and include follow-up community supports.

Restriction should end as soon as the criteria are no longer met.

9. Debrief and aftercare

After discharge, the young person should be offered:

- a debriefing session to discuss their experience,
- emotional support,
- opportunities to give feedback about their care.

Experiences of involuntary admission should be used to improve services and reduce the need for restrictive practices.

Thank you for taking the time to complete this survey.

Would you like to take part in a focus group or interview?
We're running sessions to hear more from people with experience of CAMHS. If you're interested, please email standards@mhcirl.ie with your name, age (if under 18) and contact details by **5pm Friday 28 November 2025.**

Also, if you think your service is doing a great job and could be a good example for others, we would love to hear from you. We may arrange a site visit to learn more from what you're doing.

Additional Evidence: Professional Regulation and Safety (from CORU Submission)

AsIAm's submission to CORU highlighted that unclear regulation of psychology and assessment practices in Ireland can leave autistic young people vulnerable to unqualified assessors, harmful interventions, and assessments that are not recognised for service access. Families reported difficulty verifying clinician qualifications, and lack of transparency in training or supervision. Standards for CAMHS must therefore require that only appropriately regulated clinicians with autism-specific, neuroaffirmative training conduct assessments and therapeutic intervention. Professional competence, trauma-informed approaches and safeguarding must be part of the CAMHS standards.