



HSE Child and Youth Mental Health Office Action Plan

2024-2027



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Abbreviations

We have used a lot of abbreviations and acronyms in this document. It helps keep this document shorter. Please refer to this list as you need to and remember we also have a glossary that explains **key services and plans** that starts on [page 55](#).

ADHD	Attention Deficit Hyperactivity Disorder
AMHS	Adult Mental Health Services
CAMHS	Child and Adolescent Mental Health Services
CfL	Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024
CPD	Continuous Professional Development
COG	CAMHS Operational Guideline
CYMH	Child and Youth Mental Health
CYMHO	Child and Youth Mental Health Office
CYMHS	Child and Youth Mental Health Services
DoH	Department of Health
DGOU	Digital Government Oversight Unit
EHR	Electronic Health Record
FCS	Family, Carers and Supporters
FOI	Freedom of Information
GDPR	General Data Protection Regulation
HR	Human Resources
HSE	Health Service Executive
IHA	Integrated Health Area
IT	Information Technology
KPI	Key Performance Indicator
MoC	Model of Care
NEPS	National Educational Psychological Service (Department of Education)
PQ	Parliamentary Question
QI	Quality Improvement
QPS	Quality and Patient Safety
REO	Regional Executive Officer
RHA	Regional Health Area
SPoA	Single Point of Access
StV	Sharing the Vision – A Mental Health Policy for Everyone
VCS	Voluntary and Community Sector

Vision for Child and Youth Mental Health in Ireland

Children and young people in Ireland can enjoy good mental health and wellbeing supported by strong mental health promotion, prevention, and early intervention approaches.

When it is needed, children and young people are able to rapidly access comprehensive, integrated youth-focused mental health care at the right time and place for them.

Mental health care should be evidence based and recovery-focused and be provided in a flexible and non-stigmatising manner.

Services should be connected and easy to navigate and the rights of all children and young people should be respected.

These services need to range from early intervention to specialist treatment, to be co-created with young people and their families, who should be supported to take an active role in their own care.

Executive Summary

The HSE Child and Youth Mental Health Office was set up in September 2023. This document sets out our ambitious plan for comprehensive reform to achieve our vision for Child and Youth Mental Health Services (CYMHS) in Ireland. Achieving this vision means that all children and young people would have the greatest chance to enjoy a healthy life and reach their full potential. Supporting healthy emotional and social development from infancy and early childhood lays the foundation for good mental health and resilience throughout the lifespan.

We need to promote good mental health, build resilience in children and young people and their families, and identify mental health needs early. To do this, we must ensure that the appropriate services are in place.

What our goal is

Our goal is to (re)design and deliver services which are safe, effective, easy-to-access and which offer appropriate support at all levels of need. To achieve this goal, this plan identifies 16 priority improvement themes (See [page 25](#) for the summary list of actions).

We aim to:

Improve consistency

Improve consistency in how we deliver care. We will do this by developing a model of care for child and youth mental health services (CYMHS).

Our revised Child and Adolescent Mental Health Services (CAMHS) Operational Guidelines will also ensure that children and young people mental health services will get care in line with the most up-to-date standards in mental health services.

Improve the safety of services for children and young people

We will do this by developing protocols (clear ways) for safe prescribing practice. We will also set out agreed ways to share these protocols and ensure they are put in place across all services in Ireland.

Improve accessibility and integration

We will do this by developing a single point of access (SPoA) for child and youth mental health services. A single point of access will bring together statutory and community services in one place. This will help to identify the most suitable interventions or treatment options for children and young people. The SPoA embraces the concept of partnership and multi-agency working. It also enables the whole community to support the mental health and wellbeing of children and young people.

We will implement guidelines to improve the experience of transition from child to adult services to help young people move seamlessly between mental health services.

We will provide outreach supports to reach young people close to home and in community settings familiar to them.

Enhance digital mental health support

Enhancing digital supports will improve access to mental health care and support self-help approaches to mental health.

Build on the integration of services to date

We will further integrate services such as those providing out-of-hours and crisis responses, and services supporting children and young people with co-existing mental health and neurodevelopmental needs.

Provide improved approaches to staff development

We will improve staff development in terms of how we train, recruit and retain our highly skilled workforce in mental health services.

Improve IT systems and the built environment

We will do this by:

- introducing an electronic health record (EHR) to replace current paper-based records.
- ensuring the needs of CYMHS are considered as part of a national capital plan for the HSE.

Prioritise the needs of priority groups and those most socially marginalised

We will work with key stakeholders to prioritise the mental health needs of priority groups. These groups include:

- members of the Traveller Community
- LGBTQ+
- ethnic minorities
- those who are homeless
- those in care
- those who have experienced abuse
- those in contact with the criminal justice system

Ensure involvement of children, young people and their families in the design, delivery and evaluation of mental health services

We will do this by using a co-production approach. This approach ensures that the lived experience perspective is central to how we develop services, including through representation at governance level.

Provide assurance that services are delivered in a transparent and robust manner

We will do this by developing a shared clinical governance model for CYMHS to ensure accountability at all levels of service delivery.

Ensure services are designed using a strong evidence base.

We will do this by focusing on service users' outcomes and experiences. This will allow us to learn what works well and to use this information to continuously improve services.

Implementation

While the plan outlines actions over a three-year period up to the end of 2027, we expect its full implementation will take significantly longer in some instances. There are critical factors required to support this ambitious plan including:

- dedicated, multi-annual funding,
- strong clinical governance and leadership in the six Health Regions,
- integrated information systems such as an electronic health record for CAMHS
- support from our stakeholders including government, key statutory and voluntary agencies, our staff and young people and their parents.

To readers

We are highly motivated to put the actions in this plan in place and to see our vision for Child and Youth Mental Health Services realised. We have already started putting many of its actions in place. Our work is based on robust principles and important recommendations to improve mental health services for children and young people over the years.

We invite you now to read this Action Plan.

- You can read a summary on [page 25](#) or the full report on [page 36](#).
- If you want to read the background to this plan, you will want to read the next two sections: [Introduction](#) and [Background and Policy Context](#).
- Finally, we have included a short glossary on [page 55](#) and a list of abbreviations on [page 2](#) to guide you as you read.

Introduction

The mental health of Ireland's children and young people is a key priority for the Health Service Executive (HSE). In developing child and youth mental health services (CYMHS), we aim to:

- prioritise the promotion of good mental health
- intervene early when problems develop and
- ensure clear, integrated pathways to community-based mental health services for those who need extra supports.

About 1,660,000 young people under the age of 25 live in Ireland (Census, 2022). This is over 32% of the total population. About 2% of these young people require specialist mental health support for moderate to severe mental illness. The period of life from adolescence to young adulthood is a core window of opportunity for enhancing mental health outcomes, with 75% of all mental disorders developing by the age of 25.

Services involved

The response to children's mental health currently involves a variety of services at different levels. These range from early intervention and health promotion programmes to primary and community care services and specialist mental health services for the treatment of more serious mental illness. These services can be challenging to navigate and can present problems if children need to access more than one service.

Our aim is to ensure that children and young people and their families can access any service they need quickly and move between levels of care, if required, seamlessly.

The Child and Youth Mental Health Office (CYMHO) was set up in September 2023. It represents a commitment to the most comprehensive reform of child and youth mental health services in Ireland. For the first time ever, a dedicated office has oversight and responsibility for the full continuum of mental health care for children and young people. This office wants to see children and young people receiving mental health treatment and services that are among the best in the world and are inclusive, accessible, and easy to navigate.

Ireland's national mental health policy Sharing the Vision (StV) was published in 2020. It outlines the principles and strategic direction of mental health services. The CYMHO will work in partnership with the implementation team for StV to develop child and youth mental health services.

In addition, the CYMHO has developed this Action Plan. It outlines the initial three-year priorities and actions as part of a HSE Child and Youth Mental Health Service Improvement Programme. The publication of this document is an important milestone, and it reflects the significant improvements already underway in CYMHS. It also provides a roadmap for continued and sustained improvement over the next three years up to the end of 2027.

This Action Plan provides assurance to young people, families, our key partners and stakeholders that the findings and recommendations of recent reports, audits and reviews in CAMHS (See section 'Why our plan is timely' on page 12 for details) are incorporated into the overall child and youth improvement programme. It should be noted that many of these recommendations are already completed or are being progressed.

Background and Policy Context



This Plan focuses on actions to create immediate and sustainable change for child and youth mental health.

This Action Plan is in line with best practice

The CYMHO action plan is in line with, and seeks to build on, the wealth of published national and international health and mental health policies whose implementation are under way. These include policy documents such as:

- [Sláintecare](#)
- [Sharing the Vision: A Mental Health Policy for Everyone \(2020\)](#)
- [Patient Safety Strategy 2019-2024](#)
- [Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024](#)
- [Stronger Together](#) – HSE Mental Health Promotion Plan
- [Young Ireland: the National Policy Framework for Children and Young People 2023-2028](#)
- [First 5](#) a whole of government strategy for babies young children and their families
- [WHO Comprehensive Mental Health Action Plan 2013-2030](#)
- [I -Thrive model](#) in the UK
- [Orygen](#) in Australia
- [Integrated Youth Services](#) in Canada.

It builds on recent improvements

The HSE has prioritised targeted improvements and investment over recent years. It did this to recognise the challenges in current service provision including levels of access, capacity and consistency in quality of services provided.

Important Plans

Key documents were developed that inform improvements to Child and Adolescent Mental health services in the last number of years. These include:

- [CAMHS operational Guidelines \(2019\)](#)
- [Model of Care for CAMHS Hubs \(2023\)](#)
- the National Clinical Programmes including the
 - [National Clinical Programme for Self Harm and Suicide related ideation](#)
 - [Eating Disorders Service \(spanning Child and Adolescent and Adult Mental Health Services\)](#)
 - [Early Intervention in Psychosis](#)
 - [ADHD in Adults](#)
 - [CAMHS in Intellectual Disability National Model of Service](#)
 - [Model of Care for Dual Diagnosis](#) services which sets out pathways to access Adolescent Dual Diagnosis services
 - [Connecting for Life](#) which sets out Ireland's strategy to reduce suicide

There is also a plan to develop a model of care for children and young people with ADHD in 2024.

Two other important plans

A specialist group was set up in 2021 to progress a youth focused recommendation in Sharing the Vision, Ireland's national mental health policy. A key output in 2024 has been the specialist group's two reports.

The first is called '*Enhanced Transition Plan*'. It features recommendations to improve the experience of moving from CAMHS to Adult Mental Health Services (AMHS). The second is a reconfiguration plan '*Transforming Youth Mental Health Services in Ireland: A New Model*'. It features recommendations to provide accessible, age-appropriate, integrated specialist mental health services for people up to age 25.

Why our plan is timely

This action plan is timely as it comes after a series of concerns about how CAMHS is delivered in Ireland.

In 2021, the [Look-Back Review into CAMHS in South Kerry \('Maskey Report'\)](#) was commissioned following concerns about how medications were being prescribed, how care was being planned and how diagnoses were being made in South Kerry CAMHS. Its findings, which included 35 recommendations for improvement, were published in 2022. In response, the HSE commissioned four audits to examine quality of service provision nationally. These included:

- [a National Audit of Prescribing in CAMHS \(2023\)](#)
- [a National Audit of Adherence to the CAMHS Operational Guidelines Report \(2024\)](#)
- a clinical review of open cases
- a survey of Staff, GP and Family's Experience of CAMHS.

Also in 2023, the Mental Health Commission (MHC) published [an Independent Review of the provision of CAMHS in the State \(2023\)](#). It has 49 recommendations for improvement.

HSE Child and Youth Mental Health Improvement Programme Timeline



Governance and accountability

A National Oversight Group (NOG) oversees how the improvements are being implemented. This group is chaired by the HSE's Chief Clinical Officer and Chief Operations Officer.

The HSE CYMHO is committed to communicating with young people, families and staff in an open, honest, timely and transparent manner. Our aim is to implement effective, person-centred incident management and open disclosure frameworks/policies, processes and procedures which support staff to practice safely. This includes identifying and reporting safety incidents and managing and improving patient safety in a positive learning culture.

Led by the HSE Child and Youth Mental Health Office (CYMHO), the recommendations from these audits and

reports are addressed in this action plan. We have already started to implement many of the recommendations.

Rather than focusing on CAMHS only, the HSE is now prioritising a whole of government¹ (WGA) and whole of society approach to our youth mental health improvement programme. There will be a focus on early intervention approach to youth mental health services.

In April 2024, The HSE launched [Stronger Together: The HSE Mental Health Promotion Plan 2022-2027](#). *Stronger Together* is a five-year plan. It includes action areas focused on promoting positive mental health across the population and among HSE staff. There is an urgent need for a population level approach to mental health and that is reflected in this Action Plan. This is an approach that goes beyond individual treatment and supports individuals and families, communities, and society to enjoy positive mental health.

1. Whole-of-Government Approach (WGA) refers to the joint activities performed by diverse ministries, public administrations and public agencies in order to provide a common solution to particular problems or issues, and involve some form of cross-boundary work and restructuring.



How the office will oversee this Action Plan



The Child and Youth Mental Health Office (CYMHO) was set up in September 2023. It is led by an Assistant National Director and a Clinical Lead. Its role is to provide leadership, operational oversight and enhanced governance to improve child and youth mental health services right through from prevention and promotion to specialist services. This office is responsible for making sure the actions in this Action Plan are achieved and in a timely fashion.

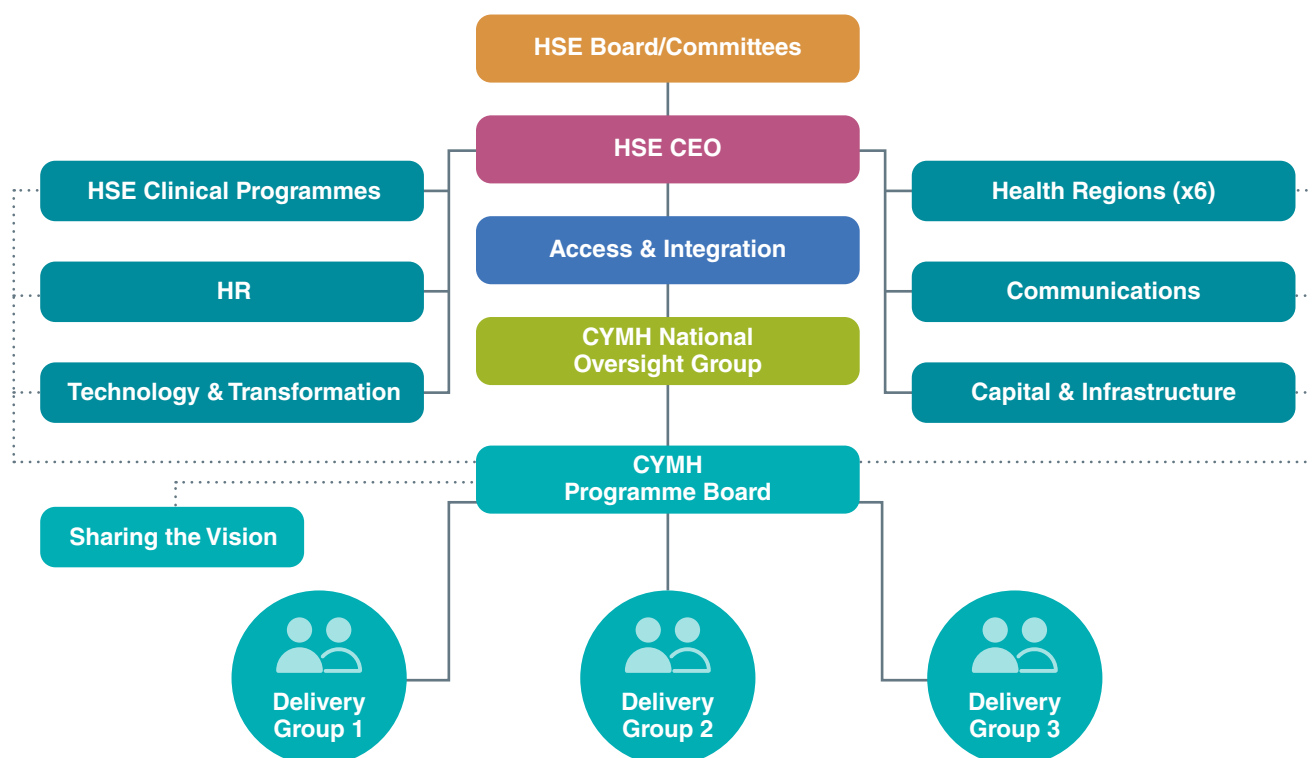
Governance arrangements for the CYMHO will be reviewed regularly. They may evolve to ensure programme delivery is optimised and there is alignment to the new HSE Health Region structures.

Strong Leadership and Governance

The Action Plan provides the framework for three CYMHO Delivery Groups. These groups will deliver the programmes of work within this Action Plan. They will also consider local and regional level service improvement plans as part of delivery.

Each delivery group will be led by a senior CYMHO manager. They will provide guidance, support, and leadership throughout to achieve the outcomes of this Action Plan.

Governance Structure



Delivery groups and the CYMH Programme Board

The CYMHO Delivery Groups will be accountable (responsible and answerable) to a CYMH Programme Board. The Board is chaired by the Assistant National Director for CYMH and National Clinical Lead and will have representation from wider delivery partners. The Programme Board will work to ensure resources are available to deliver the Action Plan.

National Oversight Group (NOG)

The Programme Board will be accountable to a National Oversight Group (NOG). This group is jointly chaired by the HSE's Chief Operations Officer and Chief Clinical Officer and reports to the HSE Board Committees.

This accountability ensures CYMH Action Plan delivery is aligned with wider HSE policy, legislative, regulatory developments and standards. The governance lines will evolve, if needed, to ensure they align to new HSE structures as they emerge.

Service users and governance

Service Users will be involved at all levels of Governance including the National Oversight Group and the Programme Board.

Robust Programme Structures – Delivery Groups

CYMHO delivery groups will be accountable for delivering on specific workstreams. Specialist working groups will be formed under the Delivery Groups as required. This will help ensure that the right partners with the right expertise are engaged when and where it matters.

Active monitoring and review of delivery of this Action Plan will be assured through status and progress reporting from the Delivery Groups to the Programme Board every three months. These groups will coordinate input across clinical programmes and the six Health Regions. The structures will be in line with any legislative and policy developments such as amendment of the Mental Health Act 2001.

The role of the Delivery Groups will be to:

- Support and drive delivery of the outcomes for each of the themes in this plan
- Monitor and report on progress of each working group
- Assist with identifying solutions to challenges and problems as they occur
- Bring the right partners together to collaborate
- Bring together similar pieces of work to prevent duplication
- Work with local and regional service improvement groups

Each delivery group will have a lead person who will drive and oversee work and will report to the CYMHO Programme Board.

Effective

To ensure, insofar as possible, that their work is aligned to the priorities in this Action Plan, and to help drive that work forward, the CYMHO will continue to work with existing programmes including:

- HSE Health and Wellbeing
- HSE Social Inclusion
- HSE National Clinical Programmes
- HSE Primary Care
- HSE Disabilities
- National Quality and Patient Safety Directorate (NQPSD)
- The HSE National Healthy Childhood Programme
- National Office for Suicide Prevention (NOSP)
- Sharing the Vision (StV)
- Voluntary and community partners

We will also work with:

- Young people who are using our services and their families
- Clinical and operational staff
- Advocacy groups
- Professional bodies
- Statutory agencies
- Regulatory bodies

to ensure that they are fully involved in the development and design of services. We will do this by seeking representation and participation in our delivery groups to ensure the outputs are co-produced (see Appendix 1 for Summary of Engagements on Action Plan).

CYMHO Stakeholder Engagement and Collaboration



Key Principles of the office



These key principles* underpin our work in delivering on the commitments in this action plan.



Mental Health Promotion, Prevention and Early Intervention: Mental wellbeing and literacy for children, parents and communities will be promoted from birth. CYMH Services will be available as soon as they are needed. This will mean children and young people, who need to, can avail of early needs assessments to help prevent more complex mental health issues developing in the future.



Child and Young Person Centred Ethos: Working in true partnership with children and young people to design and deliver services young people can access in a non-judgemental and non-stigmatising way. CYMH services will be needs led, putting children, young people, and their families first.



Evidence Based Services: CYMH services will be evidenced based, aligned to best clinical practice and regularly reassessed in line with emerging research. The impact and outcomes of service improvement programmes will be measured and assessed over time to embed a culture of patient safety and improvement.

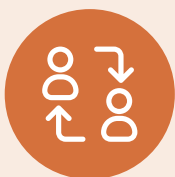


Inclusive and Accessible: Children and young people should feel included and valued and barriers to care should be removed particularly for those in priority groups. Children and young people should be able to access mental health supports without experience of stigma. Priority groups include:

- members of the LGBTQ+ community
- the Traveller community
- children in care
- those who are homeless
- those who have issues with substance misuse
- those who come in contact with the criminal justice system
- those who have experienced abuse
- asylum seekers, refugees and migrants.



Integrated Care: CYMHS will be integrated with statutory services, partner agencies and our voluntary and community partners so that children and young people will be able to move seamlessly between all care levels throughout their care journey.



Work in Partnership with Children, Young People and Families: Children and young people and families with lived experience will work as equal partners with service providers and be engaged in the earliest stages in the design, development, delivery, and evaluation of CYMH services.



* Analysis of best practice, reports, audits, recommendations and feedback from service users and families has informed identification of the key principles of the CYMHO.

Challenges to the Child and Youth Mental Health Service Improvement Programme



We face many challenges. We know this from analysis of services, from consultation with young people and families and from audits and reports. We will address these challenges by delivering this Action Plan.

The challenges include:

Access: there are capacity constraints across all mental health services, including mental health promotion, prevention, early intervention, and specialist mental health service provision. As a result, there are some significant waiting lists to access services.

Funding: the delivery of this improvement programme is dependent on its resourcing by Government. The current single year budgetary process is a challenge, and a multi-annual funding commitment is required.

Communication: young people, families and service providers have reported frustrations with communication channels, including communication about how to access support and services, and communication from and between health services.

Growth in population and demand: 32% of the population is under 25 years of age, and about 2% of these require specialist mental health treatment. This means demand for services is high.

Integrated IT systems: moving the many services that use paper-based systems to an electronic health record system will be challenging. However, when complete it will streamline sharing relevant information between services to support children, young people, and their families.

Integration of services: services are not as integrated as they should be and a move to a SPoA will ensure that there are no longer siloed approaches to care delivery. This will also reduce wait times to access services.

Availability of staff: there has been a challenge to ensure that key people with the right skills are available to deliver what children need. To address this, multiannual funding and an ambitious recruitment and workforce development strategy will be needed with a local and bespoke recruitment approach.

This action plan sets out to directly address identified priority improvement themes to provide a comprehensive and collaborative approach to develop child and youth mental health services.

Timeline for Impact

This Action Plan outlines the steps the CYMHO will take to deliver on key priorities within the Service Improvement Programme in the next three years. Given the challenges and the need for major, system-wide transformational change, it will take longer than three years to implement and embed the full improvement programme.

To make sure relevant stakeholders fully take part and support improvement initiatives, we need to ensure careful negotiation, regional and local leadership and effective change management approaches.

Action Plan: Summary



The following pages provide a summary version of the CYMHO three-year Action Plan from 2024 to 2027 inclusive.

You should read this Action Plan along with relevant [legislation and policies](#).

While actions in this Plan are implemented and developed, service users, their families and carers will be supported. This will be done in line with existing and evolving legislation and policies.

You can find the detailed Action Plan in the next section. This starts on [page 36](#).

CYMHO Service Improvement Programme Actions

There are 16 action areas:

1. **Mental Health Promotion and Prevention:** Early Intervention
2. **Evidence Based Care:** Model of Care for CYMHS
3. **Evidence Based Care:** CAMHS Operational Guidelines
4. **Safe Care:** Protocols for Prescribing Practice
5. **Accessible Care:** Enhanced Transition between services
6. **Evidence Based Care:** Shared Clinical Governance Model
7. **Accessible Care:** Single point of access
8. **Safe Care:** Integrated Crisis Response Pathway
9. **Integrated Care:** Support for children and young people with co-existing neurodevelopmental and mental health needs
10. **Accessible Care:** Digital Mental Health
11. **Evidence Based Care:** Research and Evaluation in a Learning Health System
12. **Person Centred Care:** Enhancing Service User involvement
13. **Safe Care:** Electronic Health Record for CAMHS
14. **Person Centred Care:** Social Inclusion
15. **Safe Care:** Recruitment and Retention
16. **Person Centred Care:** Built Environment and Capital

For each action area we outline what will be delivered, how we will get there and what the impact will be. We also give an estimated timeline for delivery.

1. Mental health promotion and prevention: Early Intervention

What will be delivered?	How to get there?	What will the impact be?
A comprehensive suite of interventions and supports for children, young people and their families. The suite will aim to: • enhance population level mental health • prevent mental health difficulties.	Work with the HSE Health and Wellbeing team, National Healthy Childhood Programme teams and other key stakeholders to develop and roll-out evidence-based interventions and supports. Stakeholders will span many areas and sectors such as health, education, social care, community and voluntary sector.	Children and young people will be better supported in their social and emotional development across key settings (home, school, community). This will lead to improved mental health and wellbeing.

2. Evidence Based Care: Model of Care for CYMHS

What will be delivered?	How to get there?	What will the impact be?
A national, standardised Model of Care (MoC) that outlines best practice in Child and Youth Mental Health service provision.	An expert group will consult and work with key stakeholders to inform the design of the Model of Care and how it is implemented.	A MoC for CYMHS will mean that children and young people receive evidence-based best practice interventions across the continuum of care ranging from early intervention through to specialist care.

3. Evidence Based Care: CAMHS Operational Guidelines

What will be delivered?	How to get there?	What will the impact be?
CAMHS Operational Guideline (COG) reviewed and updated.	Following consultation, review, and update of the CAMHS Operational Guidelines regular audits will support compliance.	Children and young people will experience consistency in care delivery across all CAMHS teams with clear guidelines on operational best practices in place.

4. Safe Care: Protocols for Prescribing Practice

What will be delivered?

National protocols and guidelines for prescribing medications to children and young people in mental health services.

How to get there?

A working group will guide the development of enhanced guidelines for prescribing practice. Regular audits will support compliance.

What will the impact be?

If children and young people are prescribed medication as part of their mental health treatment plan, having national protocols in place will result in improved governance, safety, outcomes, and experiences for them.

5. Accessible Care: Enhanced Transition Between Services

What will be delivered?

Clear seamless transition pathway between CAMHS and Adult Mental Health Services.

How to get there?

Implement the Enhanced Transition Plan recommendations, while ensuring the lived experience of young people is captured and integrated into service delivery improvements.

What will the impact be?

When young people move from child and youth services to youth and adult mental health services it will be a seamless transition of care.

6. Evidence Based Care: Shared Clinical Governance Model

What will be delivered?

A shared clinical governance model of leadership for Child and Youth Mental Health Services which reflects the many different disciplines involved in the overall care pathway.

How to get there?

A specialist working group will develop a shared governance model aligned to national policy and guidance.

What will the impact be?

Improved distribution of responsibilities, cooperation and interdisciplinarity in mental health teams will ensure children and young people receive quality and safe care leading to better health outcomes and experiences.

7. Accessible Care: Single Point of Access

What will be delivered?	How to get there?	What will the impact be?
A single point of access (SPoA) for all child and youth mental health referrals in partnership with disabilities, primary care, and voluntary and statutory agencies.	Through resourcing, partnership and collaboration and the design and development of a single integrated pathway to mental health services.	Children and young people will have improved access to integrated and appropriate mental health services through streamlined referrals and simplified care pathways.

8. Safe Care: Integrated Crisis Response Pathway

What will be delivered?	How to get there?	What will the impact be?
An Integrated Care Pathway for children and young people experiencing a Mental Health Crisis across the 24/7 Continuum of Care.	Through partnership, collaboration and evidence based review, design and develop an integrated crisis response pathway.	Children and young people across the country will have access to an enhanced and integrated care pathway across the continuum of care to provide assessment and intensive mental health support and interventions which can support them in times of crisis.

9. Integrated Care: Support for children and young people with co-existing neurodevelopmental and mental health needs

What will be delivered?	How to get there?	What will the impact be?
Integration with HSE Disabilities, Primary Care and with Voluntary and Community services to ensure neurodiverse children and young people have access to appropriate mental health care and supports when needed.	Mental Health Services will work with Disability Services to implement the Disabilities Service Improvement Roadmap, National Autism Protocol, and integrated Health Regions Action Plans.	By increasingly integrating disability and mental health services, children and young people living with neurodevelopmental differences will receive age-appropriate, person-centred care. They will also have equity of access to mental health supports.

10: Accessible Care: Digital Mental Health

What will be delivered?

Enhanced digital mental health solutions available to children, young people and child and youth mental health staff.

How to get there?

Collaborate with the StV Digital Mental Health specialist group to sustain, develop and roll-out tools and resources.

What will the impact be?

Children and young people will be able to avail of mental health supports through a wider range of channels and child and youth mental health staff will be better equipped to provide timely, accessible care to service users.

11. Evidence Based Care: Research and Evaluation in a Learning Health System

What will be delivered?

Culture of continuous learning, measurement-based care, data-driven quality improvement and decision making within Child and Youth Mental Health Services

How to get there?

Identify and address research gaps and priorities and ensure a learning health system approach is incorporated into service design.

What will the impact be?

Adapting a learning health system approach and embedding research and evaluation in service delivery will enable the measurement and demonstration of outcomes. This will reassure children, young people, and their families of consistent quality care provision.

12. Person Centred Care: Enhancing Service User Involvement

What will be delivered?

Service users, families, and carers involved in all aspects of service review, provision, and design.

How to get there?

Develop a sustainable engagement framework, advocacy and an independent advisory panel to ensure service user participation and involvement.

What will the impact be?

Involving children, young people, families and their supporting networks through collaboration and co-production, will ensure that service improvement programmes are implemented in a way that best considers their views.

13. Safe Care: Electronic Health Record (EHR) for CAMHS

What will be delivered?

An electronic health record across all community and inpatient CAMHS.

How to get there?

Design, build, test and implement an integrated electronic health record system.

What will the impact be?

A single, unified EHR will improve transparency and consistency of care delivery, reduce the administrative burden for CAMHS staff, and facilitate quality improvement, clinical audit, and wider service planning. For children and young people, it will reduce the need to 're-tell' their story when moving between services.

14. Person Centred Care: Social Inclusion

What will be delivered?

Socially inclusive CYMH services that recognise the cultural and diverse needs of the whole population, including priority groups.

How to get there?

Work closely with all key partners including children and young people with lived experience from priority groups to ensure CYMHS are equitable and accessible to all.

What will the impact be?

Vulnerable children and young people in priority groups with mental health difficulties will have equitable access to culturally appropriate CYMH services without experiencing stigma.

15. Safe Care: Recruitment and Retention

What will be delivered?

A comprehensive recruitment and retention approach for child and youth mental health services.

How to get there?

In partnership with StV, develop tools to identify staffing needs based on local population mental health needs and deprivation levels. This work will include projections to inform a CYMH workforce strategy and implementation plan.

What will the impact be?

The highly skilled workforce in CYMHS will feel valued through investment in and development of robust retention and focused recruitment strategies. Professional development and training opportunities will mean CYMH teams can upskill to continue to provide excellent, person-centred services for children and young people.

16. Person Centred Care: Built Environment and Capital

What will be delivered?

Support and progress the development of appropriate infrastructure for Child and Youth Mental Health Services that best meets the needs of service users.

How to get there?

Review how existing capital infrastructure meets service needs and assess future needs to develop capital plans in the short (3 year), medium (5 year) and long term (10 year).

What will the impact be?

Children and young people will access CYMHS in age-appropriate, fit for purpose facilities which are integrated with other health and social care services.

CYMHO Operational Actions

CYMHO Operational Actions are the actions that will enable the three Year Action Plan to be delivered. We have three operational action areas:

- Communications and Change Management
- Planning
- Administration

Communications and Change Management

What will be delivered?

All relevant stakeholders support and are committed to progressing the work of the CYMHO as required.

How to get there?

A dedicated Communication and Change function will lead out on identified communication initiatives and campaigns to support stakeholder consultation and engagement, and ensure positive mental health and change initiatives are effectively promoted to service users and the public.

What will the impact be?

Improved communication, collaboration, and alignment of priorities across the CYMHO, relevant HSE programmes and VCS organisations, and wider awareness of available CYMH services and supports among children, young people their families and the wider public.

Planning

What will be delivered?

A structured, transparent, and consistent approach to progressing, monitoring, and delivering of the CYMH Service Improvement Programme.

How to get there?

Robust monitoring and reporting methodologies will be designed and embedded in CYMHO. This will support the implementation of the action plan.

What will the impact be?

The publication of a CYMHO Action Plan, and the subsequent application of robust project management methodology to guide its delivery, will ensure programme priorities are effectively scheduled, resourced, monitored and communicated to stakeholders and provide people with a level of assurance around improvement plans for CYMHS.

Administration

What will be delivered?

A resourced CYMHO that can fulfil all regulatory, statutory, and legal requirements and deliver the service improvement programme in full.

How to get there?

The CYMHO office will engage skilled staff to fulfil all regulatory, statutory, and legal requirements and deliver on the actions of this plan.

What will the impact be?

Experienced staff will be in place to deliver the CYMH Service Improvement Programme. The office will be positioned to respond to freedom of information (FOI) requests, parliamentary questions (PQs) and press queries. It will also adhere to the HSE Complaints Process and GDPR requirements.

Detailed Action Plan



How to read this action plan

You should read this Action Plan along with relevant legislation and policies.

Each action area is classified as short, medium or long term.

Short-term actions are either those that are already underway and will be enhanced or extended or those that are likely to take **less than 18 months to deliver**.

Medium-term actions are those that require a strategic approach. They may require service re-design and are likely to take up to **24 months to deliver**.

Long-term actions are those that will require significant change and are likely to take a **minimum of two to three years to deliver**.

Given the transformational nature of several of these actions, full implementation and embedding into practice may take more than three years.

There are 16 actions in this plan. Each action is linked to one of our six key principles such as Mental Health Promotion and Prevention, Evidence Based, Safe, Accessible, Person Centred and Integrated.

There are 16 action areas:

1. **Mental Health Promotion and Prevention:** Early Intervention
2. **Evidence Based Care:** Model of Care for CYMHS
3. **Evidence Based Care:** CAMHS Operational Guidelines
4. **Safe Care:** Protocols for Prescribing Practice
5. **Accessible Care:** Enhanced Transition between services
6. **Evidence Based Care:** Shared Clinical Governance Model
7. **Accessible Care:** Single point of access
8. **Safe Care:** Integrated Crisis Response Pathway
9. **Integrated Care:** Support for children and young people with co-existing neurodevelopmental and mental health needs
10. **Accessible Care:** Digital Mental Health
11. **Evidence Based Care:** Research and Evaluation in a Learning Health System
12. **Person Centred Care:** Enhancing Service User involvement
13. **Safe Care:** Electronic Health Record for CAMHS
14. **Person Centred Care:** Social Inclusion
15. **Safe Care:** Recruitment and Retention
16. **Person Centred Care:** Built Environment and Capital

Theme	1. Mental health promotion and prevention: Early Intervention	Estimated Timeframe
Deliverable	Comprehensive suite of mental health promotion and prevention interventions are available for children, young people and their families	Long-term action
Actions		
1	Support Universal Child Health Services Strengthen supports for building parental awareness and skills in promoting social and emotional development in babies and young children through universal child health services.	
2	Increase access to programmes Increase access to evidence-based parenting and family support programmes aimed at enhancing children and young people's social and emotional skills, parental practices and parental mental health.	
3	Strengthen supports in early childhood education Strengthen supports for social and emotional learning in early childhood education settings.	
4	Strengthen supports in schools Strengthen the supports provided in primary and post primary schools aimed at enhancing children and young people's mental health and wellbeing, including targeted support for students identified at risk of developing mental health difficulties.	
5	Support better evaluation Further develop and evaluate mental health promotion interventions and supports for children and young people delivered in primary care and community settings. Our focus will be on addressing the social determinants of children and young people's mental health and wellbeing.	
6	Develop staff Develop the skills and competencies of staff working with infants, children and young people through professional development opportunities so that effective mental health promotion approaches are embedded in practice.	
Impact	Children and young people and their families will be able to avail of mental health supports aimed at enhancing their mental health and wellbeing and preventing mental health difficulties; and staff working with children and young people will be better equipped to support social and emotional skill development.	

Theme	2. Evidence Based Care: Model of Care for Child and Youth Mental Health Services (CYMHS)	Estimated Timeframe
Deliverable	An overarching national Model of Care (MoC) for CYMHS	Long-term action
Actions		
1	Establish a working group Establish a working group to draft a MoC for CYMHS. The MoC needs to include governance arrangements and defined integrated care pathways for children and young people with mental health needs.	
2	Collaborate and Engage with Key Stakeholders Collaborate closely with Sharing the Vision and wider HSE Clinical Programmes*. CAMHS to agree on how specific mental health priorities will be delivered in the most efficient and practical way possible. This may require CYMHO representation on relevant working/specialist groups. (*These programmes include Early Intervention in Psychosis, Eating Disorders, ADHD, Dual Diagnosis, CAMHS in Intellectual Disability, Self-Harm and Suicide Related Ideation.)	
3	Complete consultation period Complete consultation and engagement with all key stakeholders on the MoC for CYMH services and finalise model of care.	
4	Implementation plan Develop an implementation plan for the model of care for CYMHS designed to support local services and key partners.	
5	Monitoring and evaluation plan Prepare a plan designed to monitor and evaluate the effectiveness of the MoC when it's implemented.	
Impact	A MoC for CYMHS will mean that children and young people receive evidence-based best practice interventions across the continuum of care from early intervention through to specialist care.	

Theme	3. Evidence Based Care: CAMHS Operational Guideline (COG)	Estimated Timeframe
Deliverable	CAMHS Operational Guideline (COG) reviewed and updated	Short-term action
Actions		
1	Working group to review audits, best practice and agree COG revisions Establish working group to revise the COG. Among the group's responsibilities will be to review recent audits and national reports on CAMHS provision and identify best practice recommendations that needs to be considered for inclusion.	
2	Consult with key stakeholders Ensure there is a consultation period that includes all relevant stakeholders inside and outside of the HSE.	
3	Publish the new COG Publish updated version of the COG ensuring it is effectively disseminated to all relevant stakeholders.	
4	Help staff adhere to the COG Support all efforts, including training and education, to guide staff in adhering to the updated COG through their work practices.	
5	Schedule audits Develop a schedule of national audits which includes audit tools to support measurement of compliance against the revised COG across CAMHS.	
Impact	Children and young people will experience consistency in care delivery across all CAMHS with clear guidelines on operational best practices in place	

Theme	4. Safe Care: Protocols for Prescribing Practice	Estimated Timeframe
Deliverable	National protocols and guidelines for prescribing to children and young people in mental health services	Short-term action
Actions		
1	Working group to identify and develop required guidelines for key areas Informed by the prescribing practice review report and its recommendations, establish working group to identify and, where required, to develop, protocols and guidelines for prescribing, monitoring (including physical health monitoring), and consent.	
2	Collaborate with the StV working groups Collaborate with the StV working groups to actively manage polypharmacy and developing a national framework for shared physical healthcare.	
3	Effectively communicate to key stakeholders Ensure effective communication around agreed protocols and guidelines to all relevant stakeholders and identify training and support requirements to enable full implementation.	
4	Ensure regular auditing of prescribing practice Ensure regular local and national audit of prescribing practice (including use of psychotropic medicine) and physical health monitoring are completed to measure adherence to agreed protocols and guidelines.	
Impact	If children and young people are prescribed medication as part of their mental health treatment plan, having national protocols for prescribing practice will result in improved governance, safety, outcomes, and experiences for them	

Theme	5. Accessible Care: Enhanced Transition between Services	Estimated Timeframe
Deliverable	Clear seamless transition pathway between CAMHS and AMHS	Short-term action
Actions		
1	Implement the ‘Enhanced Transition Plan’ Implement this plan developed by the StV Youth Mental Health Transitions Specialist Group for children moving from CAMHS to AMHS. It recommends moving from CAMHS to AMHS be treated as a continuation of care, rather than as a new referral.	
2	Revise CAMHS Operational guidelines (COG) in line with this Plan Ensure the recommendations from the ‘Enhanced Transition Plan’ are considered when revising CAMHS Operational Guidelines.	
3	Ensure Operational Guidance for AMHS is in line with the Plan Ensure any Operational Guidance for AMHS aligns with the recommendations of the ‘Enhanced Transition Plan’.	
4	Establish robust structures that enables oversight Establish governance structures that enable national oversight of the implementation of the ‘Enhanced Transition Plan’.	
5	Survey Young People Continue to survey young people to seek their views and experience of transitioning from CAMHS to AMHS.	
Impact	When young people move from child to youth and adult mental health services it will be a seamless transition of care	

Theme	6. Evidence Based Care: Shared Clinical Governance Model	Estimated Timeframe
Deliverable	A shared clinical governance model of leadership for Child and Youth Mental Health Services to reflect the many different professions involved in the overall care pathway.	Medium-term action
Actions		
1	Collaborate Collaborate with the StV Mental Health Services workstream to ensure national policy, legislation and guidance which has already been progressed informs a shared clinical governance model for child and youth mental health services.	
2	Agree description of shared clinical governance model Agree a description of a shared clinical governance model for child and youth mental health services, that includes clear agreements of distribution of responsibilities, cooperation and interdisciplinarity.	
3	Working group to develop the model Identify a working group best placed to develop a shared clinical governance model for child and youth mental health services. The work of this group will include reviewing current governance and oversight arrangements, identifying international models that may be effective in an Irish context, and evaluating the existing practice manager and team coordinator roles.	
4	Shared Care Support youth focused mental health interventions that span CAMHS/AMHS to include consideration to develop a shared clinical governance model for shared care practices between CAMHS and AMHS.	
5	Oversee Change Management Plans Consult with Health Regions and staff and oversee development of a change management plan that will be required to reconfigure to a shared clinical governance model within child and youth mental health services.	
Impact	Improved distribution of responsibilities, cooperation and interdisciplinarity in mental health teams will ensure children and young people receive quality and safe care leading to better health outcomes and experiences.	

Theme	7. Accessible Care: Single Point of Access	Estimated Timeframe
Deliverable	A single point of access (SPoA) for all child and youth mental health referrals in partnership with disabilities, primary care, and voluntary and statutory agencies	Long-term action
Actions		
1	Waitlist Analysis Collect and analyse data from mental health services to understand the causes for waiting lists and ensure children and young people are on the appropriate waiting list.	
2	Develop the SPoA Clinical Triage System • Review best practice and evidence • Conduct site visits to international exemplar sites • Build on demonstration sites in IHA Area Donegal, IHA Area Galway & Roscommon, IHA Area Cavan/Monaghan and IHA Dublin North Citywest.	
3	Develop robust governance and support structures Develop robust governance and support structures that enables all participating services to raise queries, provide feedback, share learnings and best practice, and attend training and workshops.	
Impact	Children and young people will have improved access to integrated and appropriate mental health services through streamlined referrals and simplified care pathways which will reduce waiting lists.	

Theme	8. Safe Care: Integrated Crisis Response Pathway	Estimated Timeframe
Deliverable	An Integrated Crisis Response Pathway for CYP experiencing a Mental Health crisis across the 24/7 continuum of Care.	Long-term action
Actions		
1	Establish a working group to support the design and development of enhanced and integrated crisis response pathways for children and young people across the 24/7 Continuum of Care.	
2	Collaborate closely with a range of stakeholders responsible for the provision of intensive Mental Health crisis response services to collectively enhance and further develop the services across the Continuum of Care.	
3	Develop options for the future state integrated crisis response pathway and system including the key service delivery component services (enhanced CAMHS out of hours on-call, CAMHS Hubs, Child and Youth Emergency Liaison and Youth Crisis Café services).	
4	Finalise Pathway Approach with key stakeholders and develop an implementation plan for the integrated Crisis Response Pathway to support key partners in the delivery of services.	
5	Prepare a plan to monitor and evaluate the effectiveness of the Integrated Crisis Response Pathway.	
Impact	Children and young people across the country will have access to an enhanced and integrated crisis response care pathway across the Continuum of Care to provide assessment and intensive mental health support and interventions which can support them in times of crisis.	

Theme	9. Integrated Care: Supports for children and young people with co-existing neurodevelopmental and mental health needs	Estimated Timeframe
Deliverable	Build on existing integration with HSE Disabilities, Primary Care and with Voluntary and Community services to ensure neurodiverse children and young people have access to appropriate mental health care and supports when needed.	Short-term action
Actions		
1	Support a national strategy for integration Support national oversight and implementation of a national strategy for integration of children's and young person's care across the health regions including primary, community and acute health and wellbeing services.	
2	Support the delivery of Integrated Service Improvement Programme Plans Support the Roadmap for Service Improvement 2023-2026 Disability Services for Children and Young People by participating in its associated roadmap governance structures for implementation. Support the service improvement programme for Primary Care.	
3	Develop integrated Actions Plans Participate fully in development of integrated Action Plans for implementation of the ' National Access Policy ' and the ' HSE Joint Working Protocol. Primary Care, Disability and CAMHS '.	
4	Support the National Autism Protocol Support the roll-out and implementation of the National Autism Protocol.	
Impact	By increasingly integrating disability and mental health services, neurodiverse children and young people will receive age-appropriate, person-centred care and have equity of access to mental health supports.	

Theme	10. Accessible Care: Digital Mental Health	Estimated Timeframe
Deliverable	Enhanced digital mental health solutions are available to children, young people and child and youth mental health staff.	Short-term action
Actions		
1	Work on tools and resources to improve accessibility Collaborate with the StV Digital Mental Health specialist group in the continued development of tools and resources to improve accessibility to mental health supports available to children and young people, including the digital work plan/strategy, and guided online CBT.	
2	Help develop the Navigator Tool Contribute to the development of an online Navigator Tool which will help children and young people navigate to relevant mental health information and advice.	
3	Support Talk Therapies In collaboration with Health Regions, support and oversee the targeted roll out of online Talk Therapies to children and young people as part of the wider CYMH service offer.	
4	Ensure appropriate access to Healthlink (e-referrals) Support local child and youth mental health services in ensuring all teams are accepting Healthlink (e-referrals)..	
5	Support digital enhancement projects Support these projects across all child and youth mental health services, including consistent use of electronic shared team diaries, electronic transcription software, e-referral, and prioritised migration to HealthIRL.	
6	Further develop and evaluate telehealth in CAMHS This further development and evaluation of telehealth in CAMHS will include the analysis of activity and outcomes data and service user collaboration.	
Impact	Children and young people will be able to avail of mental health supports through a wider range of channels and child and youth mental health staff will be better equipped to provide timely, integrated care to service users.	

Theme	11. Evidence Based Care: Research and Evaluation in a Learning Health System	Estimated Timeframe
Deliverable	Data driven quality improvement and measurement based approaches inform quality of care provision and demonstrates outcomes.	Medium-term action
Actions		
1	Identify service provision not in line with best practice and address gaps Complete mapping exercise to identify where elements of child and youth mental health service provision are not underpinned by clinical guidelines and establish an evidence base to address those gaps (see section on Model of Care).	
2	Develop a national outcomes framework In collaboration with the National Health System Performance Assessment Framework (HSPA), develop a national outcomes framework for child and youth mental health. This will facilitate a process to measure, monitor and report on achievements against objectives for child and youth mental health and would mark a move from activity-based indicators.	
3	Identify research priorities and trends Work with academic and research partners to identify research priorities with a focus on emerging trends and how best to respond to them.	
4	Provide data to strengthen service planning Ensure child and youth mental health services have appropriate and integrated datasets in place to inform and guide key performance monitoring and service planning decisions. This data should be managed in line with key provisions in the upcoming Health Information Bill .	
5	Support self-assessment and audit tools Continue to support the roll-out of online self-assessment and audit tools to allow local services to measure compliance with care standards and to develop quality improvement plans.	
6	Use a measurement-based care approach Use a measurement-based care approach to child and youth mental health service planning and evaluation that includes the lived experience, staff, and service-provider perspective. Measurement based care values the importance of measuring inputs and outcomes in a standardised way to improve outcomes that are important for young people and their families.	
Impact	Adapting a learning health system approach and embedding research and evaluation in service delivery will enable the measurement and demonstration of outcomes. This will provide reassurance to children, young people, and their families of consistent quality care provision.	

Theme	12. Person Centred Care: Enhancing Service User Involvement	Estimated Timeframe
Deliverable	Service users, families, and carers are involved in all aspects of service review, provision, and design.	Short-term action
Actions		
1	Ensure the needs of children and young people are represented Ensure the needs of children and young people are represented on the StV Mental Health Engagement and Recovery (MHER) workstream and contribute to its work on advocacy and service user collaboration as it relates to children and young people.	
2	Independent advisory panel set up In partnership with MHER, establish an independent advisory panel who will represent the interests of children and young people and will include children and young people from priority groups. In partnership with MHER, establish an independent parents advisory panel who will represent the interests of parents and will include parents from advocacy groups.	
3	Develop a framework for CYMH service users Develop a framework for CYMH service user involvement, oversee its implementation and ensure it is aligned with the principles of the National Framework for Recovery in Mental Health (HSE, 2017) and consistent with the objectives within MHER's 2023-2026 strategy Engaged in Recovery (HSE, 2023).	
4	Advocacy services rolled out Ensure that advocacy services are available nationally.	
5	Oversee and monitor the roll out and uptake of a sustainable engagement model Oversee the rollout of a sustainable engagement model to all CAMHS services and monitor its uptake. An engagement model involves working in collaboration with service users and their families to ensure that they are fully involved in the development and design of services. This will include collection of experience and outcomes measures from CAMHS users and their families.	
Impact	Involving children, young people, families and their supporting networks through collaboration and co-production will ensure that service improvement programmes are implemented in a way that best considers their views.	

Theme	13. Safe Care: Electronic Health Record (EHR) for CAMHS	Estimated Timeframe
Deliverable	An electronic health record system across all community and inpatient CAMHS	Medium-term action
Actions		
1	Develop the business case and project plan Develop this plan to support the specification, procurement, development and roll out of the EHR solution in partnership with HSE Technology and Transformation. This will include confirming and fulfilling resource requirements prior to engaging with any vendor.	
2	Embed robust governance and oversight Ensure that all programme documentation is reviewed and approved by all relevant internal and external stakeholders as per project plan. This will include the HSE, Department of Health (DoH) and the Digital Government Oversight Unit (DGOU).	
3	Set up a project team Operationalise the project team and related resources responsible for working with the vendor to design, build, test, and implement the EHR system across CAMHS in collaboration with HSE Technology and Transformation.	
4	Develop plan for full end user ‘buy-in’ to the EHR Develop a comprehensive communication, engagement and change management plan with local CAMHS services to ensure full buy-in to the EHR system by the end user. This will involve extensive consultation, workshops and staff training.	
5	Launch EHR On completion of testing, launch EHR solution ensuring there is a smooth transition to business as usual.	
6	Develop audit and evaluation processes Develop an ongoing auditing and evaluation process so uptake, effectiveness and usage can be monitored and assessed. Update the system as required to meet changing service needs.	
Impact	A single, unified EHR will improve transparency and consistency of care delivery, reduce the administrative burden for CAMHS staff, and facilitate quality improvement, clinical audit, and wider service planning. For children and young people it will help to reduce the need for them to ‘re-tell’ their story when moving between services.	

Theme	14: Person Centred Care: Social Inclusion	Estimated Timeframe
Deliverable	Socially inclusive CYMH services that recognise the cultural and diverse needs of the whole population, including priority groups.	Medium-term action
Actions		
1	Support implementation of Social Inclusion recommendations Support implementation of StV Social Inclusion recommendations by working with their implementation leads.	
2	Support young people who have co-morbid substance use disorder Collaborate with HSE Dual Diagnosis Clinical Programme to support young people attending mental health services who also have a substance use disorder.	
3	Ensure priority groups represented on Independent Advisory Panel Ensure there is representation from priority groups in the Independent Advisory Panel for children and young people (see Service User Involvement section).	
4	Support staff training Support staff to undertake training that ensures those working in CYMH services have the appropriate skills and knowledge to work effectively with children and young people in priority groups.	
5	Progress recommendations on key areas Contribute to the progression of StV Social Inclusion recommendations related to cultural competency and mental health services for refugees and applicants seeking protection.	
6	Get feedback from priority groups Work with StV implementation leads and other relevant stakeholders to collect feedback from service users in priority groups and CYMH staff regarding culturally appropriate service provision.	
Impact	Vulnerable children and young people in priority groups with mental health difficulties will have equitable access to CYMH services.	

Theme	15. Safe Care: Recruitment and Retention	Estimated Timeframe
Deliverable	A comprehensive recruitment and retention approach for child and youth mental health services	Medium-term action
Actions		
1	Support important research In collaboration with StV, support research designed to examine current mental health needs of the population and the development of modelling tools. The latter will help to identify staffing needs based on local population and associated deprivation levels. This will include future projections to inform the workforce plan.	
2	Support the new Health Regions in their CYMHS workforce planning efforts In partnership with HR, support the six Health Regions in their CYMHS workforce planning efforts. This will be informed by workforce analysis and staffing requirements as proposed within the Model of Care for CYMHS. This will involve a service-wide approach to children's services. This will incorporate: • Primary Care • Mental Health • Disabilities • Voluntary and Community Services.	
3	Assure good governance and support recruitment Support the recruitment of Clinical Directors, Team Coordinators and Practice Managers within CAMHS.	
4	Help develop a staff retention strategy Work with national HR to agree on the specific recruitment, retention and succession planning needs for CYMHS on the back of the identified workforce needs / gaps.	
5	CPD opportunities are available Work nationally and with local health areas to support professional development and training opportunities for all child and youth mental health staff. Planning, investment and a ring fenced budget will be required to deliver on this.	
Impact	The highly skilled workforce in CYMHS will feel valued through investment in, and development of, robust retention and focused recruitment strategies. Professional development and training opportunities will mean CYMH teams can upskill to continue to provide excellent, person-centred services for children and young people.	

Theme	16. Person Centred Care: Built Environment and Capital	Estimated Timeframe
Deliverable	Support and progress the development of appropriate built environments for Child and Youth Mental Health Services that best meets the needs of service users.	Long-term action
Actions		
1	Review capital infrastructure to see if and how it meets needs Review how existing capital infrastructure (premises, buildings) meets service users' needs now and what is needed in the future, including the single point of access initiative.	
2	Help develop HSE's capital plan for providing services in appropriate settings Contribute to the HSE capital plan for delivery of services in appropriate settings which may include: • co-location of child and youth mental health services with other services • use of suitable community-based locations in the short (three year), medium (five year) and long term (ten year).	
3	Support plan and development of CYPMHS unit Support the ongoing project plan and oversee the development of the Children and Young People Mental Health Service (CYPMHS) unit in the New Children's Hospital.	
Impact	Children and young people will access CYMHS in age-appropriate, fit-for-purpose facilities which are integrated with other health and social care services.	

CYMHO Operational Actions

CYMHO Operational Actions are the actions that will enable this three year Action Plan to be delivered. We have three operational action areas:

- Communications and Change Management
- Planning
- Administration

Theme	Communication and Change Management	Estimated Timeframe
Deliverable	All relevant identified stakeholders support and are committed to progress the work of the CYMHO as required	Short-term action
Actions		
1	Set up a communications and change function Establish and resource a communications and change function within the CYMHO.	
2	Develop a communications strategy Develop a comprehensive communications strategy for the CYMHO that describes communication objectives, identifies, and maps stakeholders, and details communication type, form, and frequency.	
3	Set up stakeholder forums Establish regular stakeholder engagement and consultation forums with the CYMHO. Stakeholders will include HSE colleagues, wider government departments, statutory and voluntary organisations, and service users and their families.	
4	Follow a change management approach Follow the HSE Change Guide 2023 for each action that is identified to have an element of change associated with its delivery. This will define activities, initiatives, and communications necessary to support the planned change.	
5	Support and help develop important initiatives Support and contribute to the development and roll out of initiatives that promote positive mental health and perceptions of CYMH including its role within the wider health service, ensuring these campaigns direct the public to available services and resources.	
Impact	Improved communication, collaboration, and alignment of priorities across the CYMHO, relevant HSE programmes and external VCS organisations, and wider knowledge and awareness of available CYMH services and supports among children, young people their families and the wider public.	

Theme	Planning	Estimated Timeframe
Deliverable	A structured, transparent, and consistent approach to progressing and monitoring delivery of the CYMH Service Improvement Programme.	Medium-term action
Actions		
1	Publish this plan Publish this high-level CYMHO Action Plan to provide readers with an overview of its work and priorities up to the end of 2027. This plan includes the set of actions planned and indicative timelines.	
2	Use project management approaches and methodologies Apply robust project methodology approaches in developing governance, oversight, and reporting mechanisms for each delivery group.	
4	Develop reporting capabilities Develop the reporting capabilities that enable the CYMHO to measure the impact of the work being progressed over time at national and at local level. This may include: • reviewing existing metrics to see if they remain useful • developing new KPIs (signs of progress) • establishing structures so activity, administrative and outcomes data can be analysed.	
5	Provide costed estimates Provide costed estimates to deliver the service improvement programme through engagement with the Department of Health (DoH) Estimates and Budgetary processes.	
Impact	Application of robust project management methodology. This method will guide the plan's delivery and ensure programme priorities are effectively scheduled, resourced, monitored, and communicated to stakeholders. The published action plan will provide people with a level of assurance around improvement plans for CYMHS.	

Theme	Administration	Estimated Timeframe
Deliverable	A resourced CYMHO that can fulfil all regulatory, statutory, and legal requirements and deliver the service improvement programme in full.	Short-term action
Actions		
1	Resource the CYMHO Establish and resource a corporate function within the CYMHO. Key tasks will include development of processes to ensure the office has the capacity to fulfil all regulatory, statutory, and legal requirements.	
2	Recruit staff Recruit dedicated staff to allow delivery of programme priorities.	
3	Train new staff Complete inductions and mandatory training for all new staff joining the CYMHO.	
Impact	Experienced staff will be in place to deliver the CYMH Service Improvement Programme. The office will respond to freedom of information (FOI) requests, parliamentary questions (PQs), and press queries. It will also deal with complaints in line with the HSE Complaints Process and GDPR requirements.	

Glossary

Adult Mental Health Services (AMHS)

These are multidisciplinary services that provide mental health care to service users over the age of 18. AMHS aims to provide an integrated, comprehensive, high quality, individualised system of care and support to people with acute mental health needs.

Built Environment

This is the premises and buildings in which mental health services are delivered. Good design of premises and buildings leads to an improved experience for both service users and staff.

Child and Adolescent Mental Health Services (CAMHS)

This is a service that assesses and treats for young people under the age of 18 and their families who are experiencing mental health difficulties.

Child and Youth Mental Health Services (CYMHS)

These are specialist services for service users up to the age of 25 with moderate to severe mental health needs.

Electronic Health Record (EHR)

This is a healthcare information system for delivering, managing and transforming care. It delivers better co-ordinated care for patients as well as improving health care worker experience. It allows authorised clinical staff access to essential patient information to inform on important decisions at the point of care.

Enhanced Transition Plan (Sharing the Vision Youth Mental Health Transitions Specialist Group)

This is a plan produced by the *Sharing the Vision Youth Mental Health Transitions Specialist Group* setting out recommendations and an associated implementation plan, designed to improve CAMHS to AMHS transition pathway.

Learning Health System

This is a system in which health outcomes and experience are continually improved by applying science, informatics, incentives and culture to generate and use knowledge in the delivery of care.

This system can also improve value, reduce unjustified variation, support research and enhance workforce education, training and performance.

Open Disclosure

The HSE defines Open Disclosure as: an open, consistent, compassionate and timely approach to communicating with patients and, where appropriate, their relevant person following patient safety incidents. It includes expressing regret for what has happened, keeping the patient informed and providing reassurance in relation to on-going care and treatment, learning and the steps being taken by the health services provider to try to prevent a recurrence of the incident.

Reconfiguration Plan (Sharing the Vision Youth Mental Health Transitions Specialist Group)

This is a document to plan for the provision of age-appropriate specialist mental health services up to age 25.

It provides short- and medium-term priorities such as improving transition between and access to services. It also provides long-term priorities such as a single point of access and targeted youth mental health supports. The single point of access will improve referral processes, waiting times and how child services work together. Targeted Youth Mental Health supports will service 15–25-year-olds where identified gaps in current supports exist.

Recovery Approach

Recovery is the most important part of mental health for service users. Recovery is about the whole person, not just their mental health problems. Having somewhere to live, something to do and someone to love, are important parts of recovery. Controlling or stopping symptoms of mental ill-health, with the help of mental health staff, is also very important in helping people to recover and work on the goals that are important to them.

A recovery approach should inform every level of the service provision, so service users:

- learn to understand and cope with their mental health difficulties
- build on their inherent strengths and resourcefulness
- establish supportive networks
- pursue dreams and goals that are important to them and to which they are entitled as citizens.

Social Determinants of Health and Mental Health

This refers to non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems

Whole of Government Approach

This refers to the joint activities performed by ministries, public administrations and public agencies to:

- provide a common solution to common problems or issues and
- involve some form of restructuring and working across organisational boundaries.

This will mean engagement with governmental, statutory and voluntary agencies related to children and young people.

Appendix 1: Summary of Engagements on Action Plan*

Name	Who was invited	Type of engagement for those who could attend
April – June 2024	Key governance and implementation partners including: • National Oversight Group, • StV HSE Implementation Group, • Service User Representatives National Office for Suicide Prevention, • HSE Health & Wellbeing, • HSE Mental Health Promotion, • HSE Disabilities, • HSE Social Inclusion, • HSE Primary Care, • HSE Mental Health Clinical Programmes, • DoH, • Heads of Service, • youth advocacy groups, • CAMHS inpatient units, • acute hospitals, • Children First Office, • HSE Human Resources, • QPS	In person and online meetings
10 July 2024	• HSE Staff including staff from CAMHS inpatient units, • CAMHS and AMHS teams, • Chief Officers, • Clinical Directors, • Heads of Service, • staff working in the Clinical Programmes, • health and social care professionals	Webinar

Name	Who was invited	Type of engagement for those who could attend
15 July 2024	Community Partners: • Non-Governmental Organisations and Charities such as Foróige, • Jigsaw, • As I Am, • Mental Health Reform, • Inspire Ireland, • National Disability Authority, • National Youth Council of Ireland, • National Suicide Research Foundation, • Rethink Ireland, • Parents Plus, • Transgender Equality Network Ireland, • Barnardos, • Bodywhys, • Pieta, • Mental Health Ireland, • Samaritans, • spunout, • YAP Ireland	Webinar
18 July 2024	• Unions including FORSA, • SIPTU, • the Psychiatric Nurses Association of Ireland, • Irish Nurses and Midwives Organisation, • Ibec, the Irish Congress of Trade Unions, • the Irish Medical Organisation • Irish Hospital Consultants Association	Webinar
24 July 2024	• Children and Young People	Online meeting supported by spunout
7 August 2024	• Professional Bodies and Associations such as Association of Occupational Therapists of Ireland, • Irish Association of Speech and Language Therapists, • Irish Nutrition and Dietetic Institute, • the Psychological Society of Ireland, • Social Care Ireland, • Irish Association of Social Workers, • Irish College of General Practitioners, • College of Psychiatrists of Ireland	Webinar

Name	Who was invited	Type of engagement for those who could attend
10 August 2024	• Families and Carers including parents on the National Parents Council database, • St. Patrick's Mental Health Services, • Inclusion Ireland, Special Classes, • Special Schools Parent Group, • Chasing Justice Parent Group, • Children's Rights Alliance and Families for Reform of CAMHS	In person meeting facilitated by National Parents Council
14 August 2024	• Ombudsman for Children	Online meeting
15 August 2024	• NEPS, • Tusla	In person meeting
15 August 2024	• Mental Health Commission	Online meeting
August 2024	• NALA (National Adult Literacy Association)	Literacy input on selected parts

*We scheduled engagements based on stakeholders' availability.

Appendix 2: Key Contributors

The staff in the HSE Child and Youth Mental Health Office developed this Action Plan in collaboration with our key partners and stakeholders both internally and externally – See Appendix 1. We would like to thank all of those who gave their time and expertise in developing this comprehensive plan. **You can email this office at:** youth.mentalhealth@hse.ie.

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