CYP-MH PROJECT ROADMAP

Strengthening the First Pillar of **Children and Young People's Mental Health Services** in Ireland

Scaling-up Early Support Services through effective leveraging of the Voluntary & Community Sector

Mental Health Reform
JIGSAW Young people's health in mind
ispcc
Barnardos
spunout
pieta

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health in mind

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Foreword from the CYP-MH project partners

The Children and Young People's Mental Health (CYP-MH) project is a collaborative programme of work led by Mental Health Reform and involving five well-established Voluntary and Community Sector (VCS) providers of mental health services for children and young people (Barnardos, ISPCC, Jigsaw, Pieta, and Spunout). Since commencing in 2023, the project has been working on a number of interlinked themes. These include preparing evidence-based data and analysis to help contribute to implementation of some key aspects of Sharing the Vision policy on development of mental health services for children and young people, and examining how the Voluntary and Community Sector (VCS) can optimally contribute to delivery on this.

This document is one of two reports released simultaneously by the project. One report was prepared by London School of Economics and Political Science (LSE) and provides an independent mental health economics analysis of the case for scaling-up early support mental health services for children and young people in Ireland. The current report presents a proposed roadmap for investment and a collaborative programme of action between HSE and the VCS to achieve the required scaling-up. It addresses a core aspect of mental health policy for children and young people, namely, the stated objective to provide a continuum of services that includes well-developed early intervention services as well as the more specialist Child and Adolescent Mental Health Service (CAMHS) and Clinical Programmes.

For a variety of reasons, so far much of the attention on service development in Ireland has focused on the CAMHS end of the spectrum. Now that a service improvement programme is underway in this part of the system, further development and scaling-up of early support services requires commensurate attention. Taking a concrete and practical perspective, the CYP-MH project reports provide an evidence-base to support resource allocation in this area and a proposed programme of action to quite quickly achieve substantial scaling-up of services through more effective leveraging of the VCS.

The urgency of need for action has prompted the partners involved in the project to come together to propose a collective effort to substantially scale up our combined capacity in ways that optimally contribute within the publicly-funded child and youth mental health system. Rather than an advocacy document for the VCS, the Roadmap outlines an evidence-based proposal to work with the statutory sector within a co-production framework.

We present it as a contribution to help shape and further develop implementation of existing policy, including the updating of the Sharing the Vision implementation strategy now underway. From an operational perspective we feel the concrete and practical proposals and ideas in our roadmap can help deliver on various aspects of the just published HSE Child and Youth Mental Health Office Action Plan (2024-2027). We look forward to engaging with all relevant stakeholders, including Department of Health, HSE and the wider Voluntary and Community Sector, to progress the vision over the coming months.

On behalf of the Partner Organisations:
Philip Watt (Interim CEO, Mental Health Reform) & Fiona Coyle (CEO, Mental Health Reform); Suzanne Connolly (CEO, Barnardos); John Church (CEO, ISPCC); Stephanie Manahan (CEO, Pieta); Ian Power (CEO, Spunout); Joseph Duffy (CEO, Jigsaw).

Project Lead: Kevin Cullen (Scientific Advisor, Mental Health Reform).

Acknowledgements: Sincere thanks to the many staff from our organisations who participated in the project working groups and made such an indispensable contribution.

Some key messages for policy and action in Ireland

The need to scale up early support services

Early and proactive investment in mental health services for children and young people in Ireland is an imperative from both a moral and an economic perspective. Every delay in scaling up services means many young people who could readily be helped are left unsupported, and opportunities are lost to avert so much distress and negative impacts in their immediate lives as well as for their longer-term wellbeing and life chances.

Voluntary and Community Sector has a key role, in partnership with statutory sector

The LSE report shows that a considerable portion of unmet need falls within the scope of practice of mental health services for children and young people in the Voluntary & Community Sector (VCS), including the 5 partner organisations of the CYP-MH project. These organisations generally focus their interventions on the unmet mental health needs of young people at an earlier and less severe stage of mental distress. Such interventions will help reduce the numbers of children and young people who will require acute and resource-intensive statutory service supports in the future.

Scaling up early support services is a very cost-effective approach

Benchmarks established in other countries suggest the overall children and young people's mental health system in Ireland should annually reach at least 20,000 more children and young people in the 0-17 age range than it currently does. Early support mental health services could address a large proportion of this unmet need, offering levels of support relevant for more than 70% of the prevalence and just over 45% of mental health morbidity amongst children and young people. Scaling-up these early support services would be a very cost-effective way to substantially increase the numbers reached by the overall mental health system for children and young people; achieve better outcomes through reduction of acute mental distress and illness (morbidity); and provide a much better return on public investment.

Supporting delivery on mental health policy for children and young people

Sharing the Vision, recent reviews of the current Child and Adolescent Mental Health Service (CAMHS) system, and the just published HSE Child and Youth Mental Health Office Action Plan (2024-2027) envision an integrated, multi-component system addressing the spectrum of mental health needs of children and young people through a continuum of services. As well as the CAMHS component, these documents all reference the importance of early intervention and support services. Combining quantitative targets and qualitative service improvement components, the CYP-MH project roadmap plots a concrete and practically achievable path to reach these objectives in a very cost-effective manner.

Synergy with the HSE Child and Youth Mental Health Office Action Plan (2024-2027)

We welcome the publication of the HSE Child and Youth Mental Health Office Action Plan (2024-2027) in February 2025. This Roadmap seeks in part to be a contribution to the implementation and further development of the Plan and notes the following ambitions in the Plan:

- The prioritisation of additional child and youth mental health services in parts of Ireland that have few or no services and/or areas of high unmet need
- The prioritisation of the needs of those most socially marginalised, including members of the Traveller community, LGBTQ+, ethnic minorities, those who are homeless, those who have experienced abuse, those in contact with the criminal justice system
- The advantages of developing Single Points of Access (SPoA) for child and youth mental health services. This will help bring together statutory and community services in one place
- The opportunities presented from having enhanced digital mental health solutions available to children, young people and child and youth mental health staff.
- The wider integration of services with other non-health service providers including in education, training, housing and employment
- The potential of building on existing emerging examples of the integration of wider services with mental health services
- Ensure involvement of children, young people and their families in the design, delivery and evaluation of mental health services
- Dedicated multi-annual funding
- Strong clinical governance and leadership in the 6 health regions

In a more cross-cutting manner, the Action Plan presents an opportunity to jointly explore how we could quickly begin to more effectively leverage the capacity of the VCS to scale-up evidence-based services for CYP in ways that would help deliver on various aspects of the Plan and of wider Sharing the Vision Recommendations.

Integration of mental health services in the HSE Health Regions

The CYP-MH project roadmap proposes a collective effort between the statutory and voluntary and community sectors (VCS) to accelerate expansion of mental health services for children and young people through an integrated approach. Current restructuring of the health services in Ireland, including the integration of all mental health services as part of the 6 new health regions, provides an important opportunity for increased integration between the VCS and the core primary and secondary care components of the statutory mental health system, other relevant parts of the wider health system, and non-health sector agencies working with children and young people.

Involving young people and families in service design, and acknowledging diversity

The roadmap also recognises the central importance of involving children and young people, and their families, in service design. This is essential if mental health services are to reflect their needs and preferred modes of access. Acknowledging and catering for the diversity of children and young people with mental health needs, and along all the grounds in equality legislation, must also be a core principle.

As well as its capacity to deliver substantial volumes of services, the VCS has well-developed frameworks for user consultation and ensuring the voices of people with lived experience are heard in this context.

Note on mental health terminology utilised in the report

In reports of this nature, the language and terminology utilised when referring to mental health issues is important. The term mental health 'difficulties' is broadly preferred in various contexts in Ireland. For example, Mental Health Reform advocates for the choice of the individual in how they prefer to identify or describe their mental health but use the term 'mental health difficulties' in their communications. Other terminology commonly utilised in Ireland and internationally include mental health 'conditions' and mental health 'disorders'.

These terms generally carry connotations of difficulties that are diagnosed or diagnosable as at clinical levels of concern warranting consideration of treatment. As our roadmap addresses services for children and young people with these levels of mental health difficulties, we frequently utilise the terms 'condition' or 'disorder' in the document. In part, this is to reflect the terminology utilised in the scientific and statistical sources drawn-upon in our work, including the LSE mental health economics report released in tandem with our roadmap. It is also a reminder that the envisaged users of the scaled-up early support service will generally have levels of difficulty meeting clinical criteria.

Contents

Executive Summary

This document presents a roadmap for strengthening the first pillar of mental health services for Children and Young People (CYP) in Ireland - early support services for CYP with needs not requiring the more specialist Child and Adolescent Mental Health Service (CAMHS). It begins by providing an evidence-based rationale for clearly establishing and scaling-up this component as one of the three core pillars of the Children and Young People's Mental Health Services (CYPMHS) system, working alongside and interworking with the other two pillars (CAMHS and the Clinical Programmes). The roadmap then outlines a proposed 5-year programme to achieve this.

Key target groups for the first pillar of services include the large numbers of CYP with mild-to-moderate mental health difficulties that would benefit from structured therapeutic supports, as well as a broad range of CYP with mixed presentations of needs. Core condition groups include anxiety, externalising conditions (behavioural/neuro-developmental issues), and depression.

Scaling-up early support services for these groups is key to cost-effectively attaining the volumes of service required to meet the numbers of CYP needing help. This would also deliver on Irish policy objectives to provide a continuum of services across the spectrum of CYP mental health needs, and prioritise early intervention to avoid escalation to more specialist services.

CYP-MH project

The roadmap was prepared by the *CYP-MH project*, a collaborative effort led by Mental Health Reform and involving a number of the larger Voluntary and Community Sector (VCS) providers of CYP mental health services. Our organisations have come together because we recognise the urgency and scale of what needs to be done to reduce unmet needs for CYP mental health services in Ireland and how more effective leveraging of our capacities as part of the publicly-funded system could make a major contribution to achieving this. We therefore present the roadmap not as an advocacy document for the VCS but as an evidence-based proposal to work with the statutory sector within a co-production framework.

As part of the CYP-MH project, London School of Economics and Political Science (LSE) produced an independent mental health economics analysis of the case for scaling-up early support services targeting these groups. The LSE analysis found a very positive economic case for allocation of sufficient resources to address unmet need for services provided by this part of the CYP mental health system. This would reduce mental health morbidity and its impacts amongst CYP in their immediate lives, reduce the likelihood of escalation and/or long-term entrenchment and impacts, and contribute to relieving the pressures on over-stretched specialist CAMHS.

Twin-track roadmap

The twin-track roadmap outlines an incremental programme of service development and investment in Pillar 1 services over the coming years. This aims to achieve substantial increases in volumes of CYP mental health interventions delivered, and put in place integrated care frameworks and pathways based on effective interworking within the VCS and between it and the statutory sector. Both tracks should commence simultaneously, so that increased service volumes begin coming onstream immediately and are available to be drawn-upon for service developments such as the proposed 'no wrong door' model for access to CYP mental health services.

Track 1: Scaling-up Early Support Services

Track 1 focuses on scaling up CYP mental health service volumes, particularly Pillar 1 Early Support Services. The LSE analysis indicates externalising conditions and mild-to-moderate anxiety and depression together contribute more than 70% of the prevalence and just over 45% of all CYP mental health morbidity. These cohorts would be key target groups for the expanded first pillar of CYP mental health services. The most practical framework for organising and delivering the required scaling-up of Pillar 1 services might be through close interworking between the main existing components, namely, HSE Primary Care Psychology and larger VCS organisations providing substantial volumes of evidence-based interventions. Where required, additional providers could be drawn-upon locally to augment the core provision system.

Benchmarks established in other countries suggest the overall CYPMHS in Ireland should annually reach at least 20,000 more CYP in the 0-17 age range than it currently does. Whilst development of further capacity in CAMHS ('for the 2%') and the Clinical Programmes is important, commensurate attention to scaling-up the first pillar is also essential if we are to achieve rapid and cost-effective expansion of the overall system capacity. The roadmap anticipates an incremental approach to increasing funding for and expanding the reach of Pillar 1 services. This would allow a phased development process, with increasing service volumes going hand-in-hand with service development activities. Our analysis suggests setting a target to achieve an additional annual allocation of €15 million to this part of the CYPMHS by 2030. This would enable an increase in numbers of CYP reached that would bring service volumes close to minimum benchmarks established in other jurisdictions.

VCS organisations have the capability to substantially increase the volumes of evidence-based CYP mental health services they deliver if sufficient and sustainable public-funding arrangements are in place. This aligns directly with the framework of Recommendation 14 in Sharing the Vision:

Where voluntary and community sector organisations are providing services aligned to the outcomes in this policy, operational governance and funding models should be secure and sustainable.

Additional public funding channelled according to these principles could leverage the combined capacities of the sector to substantially increase the numbers of CYP reached, extend service coverage to all parts of the country, and expand the scope of the system to cover a broader range of needs.

Track 2: Developing the service delivery system

Track 2 focuses on activities to develop the Pillar 1 service delivery system, implemented in parallel with scaling-up the volumes of existing services. Aspects of this include enhanced interworking between VCS service providers and between the VCS and the HSE in-house services, development of new services and care pathways, and leveraging the substantial opportunities for co-location of services.

Delivery infrastructures in mental health services for CYP typically combine a mix of physical access points for in-person contact and digital platforms for online service provision. The Early Support Services envisaged under Pillar 1 are well-suited to delivery in either mode, and the VCS service providers have substantial presence in both forms of service provision. For in-person services they collectively have an extensive estate of premises distributed across the country. They have also been innovators in digital services, including more agile and less structured digital access modes and support pathways, flexible therapeutic support models tailored to CYP presentations, and a range of 24/7 and crisis support services.

Next Steps

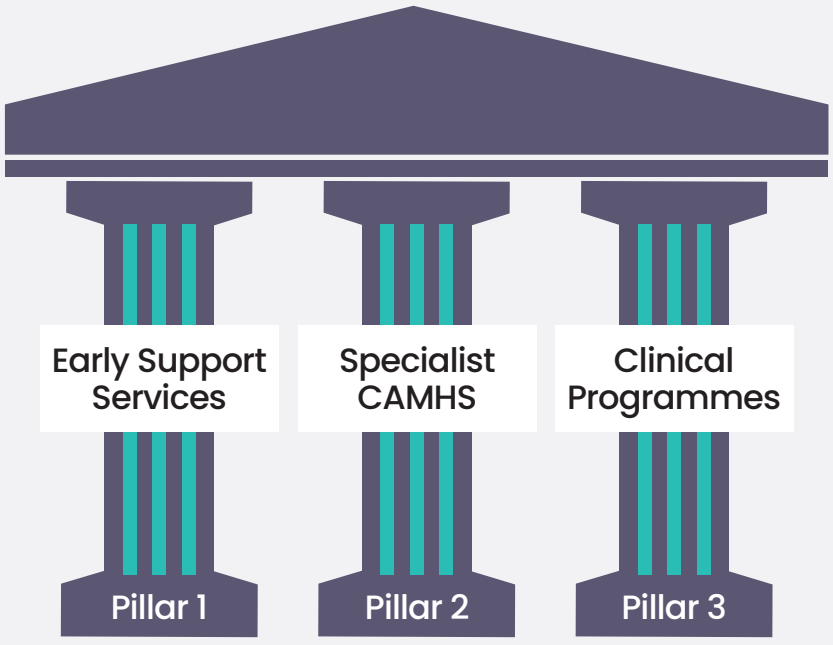
Led by Mental Health Reform, the CYP-MH project plans a 3-year programme of work to encourage and support implementation of the roadmap outlined in this report. The most effective approach would be through a co-production process involving VCS and HSE stakeholders and we look forward to engaging with relevant stakeholders over the coming months to plan and implement an agreed programme of action.

1. Introduction

This document presents a roadmap for accelerating the much-needed scaling-up of mental health services for Children and Young People (CYP) in Ireland. The roadmap is an output from the *CYP-MH project,* a collaborative effort led by Mental Health Reform and involving a number of the larger Voluntary and Community Sector (VCS) providers of CYP mental health services. It outlines a proposed 5-year programme to substantially expand the publicly-funded Children and Young People's Mental Health Services (CYPMHS) system through greater leveraging of the capacity of the VCS component. The target audience are all parties with a role to play in developing a scaled-up and modernised CYPMHS in Ireland, including Department of Health, HSE, National Implementation and Monitoring Committee (NIMC) for Sharing the Vision, and key service providers in both the statutory sector and VCS.

1.1 Strengthening the first pillar of the CYPMHS

The roadmap focuses on strengthening the first pillar of the CYPMHS, providing Early Support Services for CYP with needs not requiring the more specialist Child and Adolescent Mental Health Service (CAMHS) and Clinical Programmes and helping to prevent escalation to more severe and crisis presentations. Target groups include the so-called 'missing middle' – the large numbers of CYP with mild-to-moderate mental health difficulties that would benefit from structured therapeutic supports – as well as a broad range of CYP with mixed presentations of needs. Core condition groups include anxiety, externalising conditions (behavioural/ neuro-developmental issues), and depression.



3 core pillars of CYP community mental health services

Benchmarks established in other countries suggest the overall CYPMHS in Ireland should annually reach at least 20,000 more CYP in the 0-17 age range than it currently does (see section 2.2). Whilst development of further capacity in CAMHS ('for the 2%') and the Clinical Programmes is important, commensurate attention to scaling-up the first pillar is also essential. This is key to cost-effectively attaining the volumes of service on the scale required to meet the benchmark targets.

Recent audits and expert reports have identified a significant need for reform and further investment in the specialist 'CAMHS' for CYP with more severe mental health difficulties (Mental Health Commission, 2023; HSE 2023; HSE 2024). Considerable effort is now focusing on addressing these issues, including actions anticipated in the HSE Child and Youth Mental Health Office Action Plan from the HSE National Office for Child and Youth Mental Health.

In parallel with this, CYP mental health policy documents and reviews of the current system frequently envision an integrated, multi-component CYP mental health system that would address the spectrum of mental health needs through a continuum of services. As well as the CAMHS component, these documents often reference the importance of mental health services delivered at primary care level and the services provided by the VCS (for example, 'Transforming Youth Mental Health Services in Ireland: A New Model' prepared by the Youth Mental Health Transitions Specialist Group to support implementation of Sharing the Vision Recommendation #36). However, there has not yet been sufficient focus on developing this component of the CYP mental health system. To remedy this, and modernise the CYPMHS in Ireland, a concerted effort to more formally establish and develop the first pillar of Early Support Services should commence alongside the ongoing work to improve CAMHS and roll out the various Clinical Programmes.

This would align with stated HSE mental health system improvement priorities (HSE, 2024a):

Our focus is on prioritising child and adolescent early intervention, enhancing early interventions for adult mental health services and improving access to person-centred mental health services. In order to ensure integrated care, service continuity and the best possible outcomes for those experiencing mental health difficulties, mental health services are provided within a stepped care model where each person can access a range of options of varying intensity to match their needs, with the ultimate aim of reducing the requirement for specialist, acute and inpatient services.

Some elements of the first pillar already exist within the publicly-funded CYP mental health system, including HSE's Primary Care Psychology services for children and adolescents and Jigsaw services in various parts of the country. This component of the system needs establishment on a more consistent footing as a clearly-defined and coordinated set of service offerings along with substantial expansion and

scaling-up to address the volumes and spectrum of needs. As well as helping to address increasing demand and changing patterns of need, this could also play a significant role in reducing pressures on the over-stretched CAMHS by addressing needs earlier and before they escalate.

Further development of the first pillar would also help deliver on a number of recommendations in *Sharing the Vision* as well as in recent reviews of the current CAMHS system. Recommendation 40 in the Mental Health Commission's Independent Review of CAMHS (Mental Health Commission, 2023) states:

...HSE must ensure that the mental health services for children are a continuum of services and resource these services so they can provide timely interventions whether children/young people have mild, moderate or severe mental illness.

In *Sharing the Vision* (Department of Health, 2020), relevant recommendations include ensuring availability of a continuum of mental health services for all age groups (e.g. Recommendation 16), early intervention services for CYP with ADHD and/or autism (Recommendation 20), and mainstreaming service innovations addressing impacts of Adverse Childhood Experiences (Recommendation 8).

1.2 A twin-track roadmap to leverage the VCS contribution

Exhibit 1.1 presents a schematic view of the CYP-MH project's proposed twin-track roadmap for an incremental programme of service development and investment in Pillar 1 services over the coming years. This aims to achieve substantial increases in volumes of CYP mental health interventions delivered, and put in place integrated care frameworks and pathways based on effective interworking within the VCS and between it and the statutory sector.

Track 1 focuses on scaling-up Pillar 1 service volumes, particularly through incrementally increasing HSE funding for evidence-based interventions provided by VCS organisations. These organisations already offer a range of such interventions and have the capability to substantially increase the volumes of these they deliver if sufficient and sustainable public-funding arrangements are in place. This aligns directly with the framework of Recommendation 14 in *Sharing the Vision*:

Where voluntary and community sector organisations are providing services aligned to the outcomes in this policy, operational governance and funding models should be secure and sustainable.

Additional public funding channelled according to these principles could leverage the combined capacities of the sector to substantially increase the numbers of CYP reached, extend service coverage to all parts of the country, and expand the scope of the system to cover a broader range of needs.

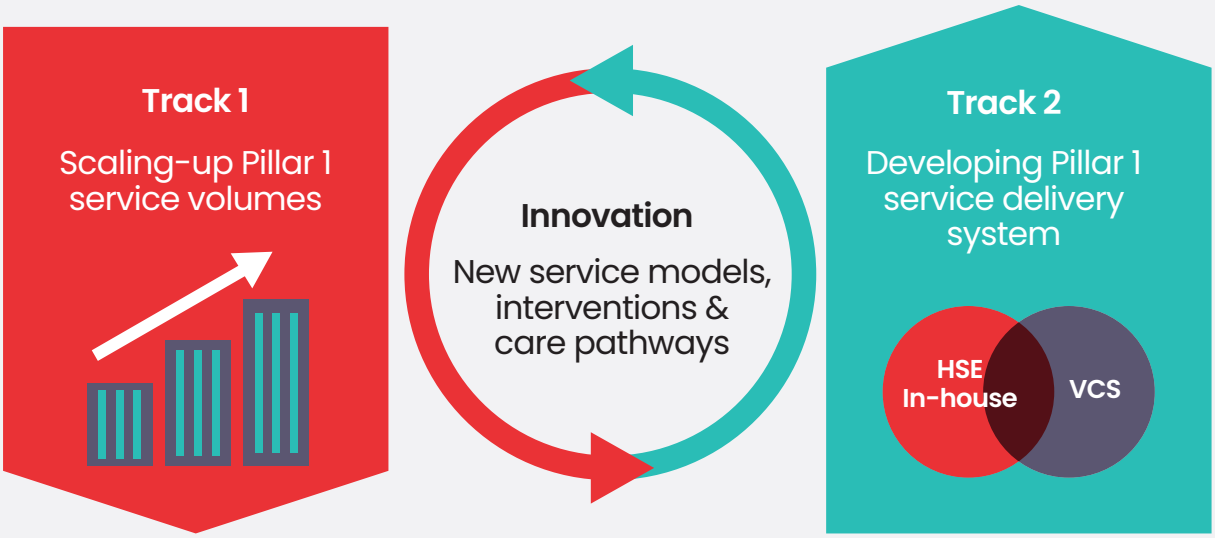


Exhibit 1.1 Twin-track roadmap

Track 2 focuses on activities to develop the Pillar 1 service delivery system, implemented in parallel with scaling-up the volumes of existing services. Aspects of this include enhanced interworking between VCS service providers and between the VCS and the HSE in-house services, development of new services and care pathways, and leveraging the substantial opportunities for co-location of services.

The roadmap envisages substantial cross-links between the two Tracks, with dynamic evolution of the overall process. Both tracks should commence simultaneously, so that increased service volumes begin coming onstream immediately and are available to be drawn-upon for service developments such as the proposed 'no wrong door' model for CYP mental health services.

The following chapters elaborate on each Track in more detail. In doing this, we present the roadmap as a guiding framework rather than a prescriptive programme of action. An optimal approach to implementing the roadmap would be through co-production processes between the statutory sector and VCS at national and regional/local levels. The CYP-MH project will continue to provide support for this through a programme of work including mapping and analysis of national/regional/local CYPMHS ecosystems and organising/facilitating stakeholder engagement processes at the different levels.

2. Track 1: Scaling up service volumes

Track 1 of the roadmap focuses on scaling up CYP mental health service volumes, particularly Pillar 1 Early Support Services. This section elaborates on a number of dimensions of this, including:

- The nature and scale of need
- Yardsticks for setting CYPMHS capacity targets
- Finding the additional capacity for scaling-up service volumes
- Core interventions and illustrative resource allocation scenarios
- Incremental increase in funding and reach of Pillar 1 services.

2.1 Nature and scale of need

Unlike some other countries, such as the Mental Health of Children and Young People Surveys in England (Newlove-Delgado et al, 2023), there is no officially-recognised dataset providing estimates of the prevalence of mental health conditions amongst CYP in Ireland. Whilst there have been a number of large-scale studies and surveys (e.g. Growing up in Ireland; My World) a recent review found these to be widely varying and concluded there was a lack of robust national evidence and data for guiding CYP mental health service design and delivery (Lynch et al, 2022).

At the moment, the most reliable estimates of mental health prevalence and associated morbidity for Ireland are probably those provided in the Global Burden of Disease (GBD) dataset (Institute for Health Metrics and Evaluation, 2024). The latest release (for 2021) allows an estimate of about 153,500 CYP aged 0-17 in Ireland having one or more mental health condition (Table 2.1 and Figure 2.1). Anxiety and externalising conditions (ADHD and Conduct Disorders) are the largest categories numerically, followed by depression, and then smaller numbers with other conditions. Since the previous GBD data release in 2019, a significant increase in the numbers of CYP with anxiety and depression is noticeable.

The GBD dataset also provides estimates of the health burden associated with each mental health condition, measured in Disability-Adjusted Life Years (DALYs). DALYs are a widely utilised metric for the impacts or burden of health conditions, where one DALY represents the loss of the equivalent of one year of full health due to the disabling impacts of the health condition. Figure 2.1 presents the GBD estimates for Ireland for the share of overall CYP mental health prevalence and DALYs contributed by the different condition groups. Some developmental condition groups, such as autism, are often not considered mental health difficulties, per se, but very frequently have co-occurring mental health difficulties.

	Age group				
	0 – 4	5 - 9	10 - 14	15 - 17	All ages (0-17)
Externalising Disorders	1.1	17.9	30.2	11.0	60.2
Anxiety	1.0	15.2	37.1	22.9	76.2
Depression	-	1.4	9.6	12.5	23.5
Autism Spectrum (ASD)	3.5	3.9	4.1	2.2	13.6
Other	-	-	2.2	4.8	7.1
Combined totals	*5.5*	*38.4*	*83.3*	*53.4*	*180.6*
Adjusted for co-morbidities*	4.7	32.6	70.8	45.4	153.5

Table 2.1 Prevalence of mental health conditions amongst CYP (numbers of CYP, thousands)
*Combined totals are reduced by 15% to adjust for estimated co-morbidities

As described in the LSE report, breakdowns of prevalence and DALYs by levels of severity are available for some conditions, including anxiety and depression (Figure 2.2). These show that mild-to-moderate anxiety and depression account for just under two-fifths (38.1%) of the prevalence and a little under one-third (29.8%) of all CYP mental health DALYs. This is an important reminder that 'mild-to-moderate' conditions are far from trivial, having substantial negative health impacts for the individuals concerned and at an aggregate population health level. Overall, the analysis of the GBD data for 2021 indicates externalising conditions and mild-to-moderate anxiety and depression together contribute more than 70% of the prevalence and just over 45% of all CYP mental health DALYs. These cohorts would be key target groups for the expanded first pillar of CYP mental health services.

2.2 Yardsticks for setting CYPMHS capacity targets

A challenge for any health system is to devise ways to appropriately and cost-effectively allocate scarce resources across the full spectrum of health needs. This can be especially challenging for mental health systems and for CYP mental health systems in particular. One aspect is the general challenge of where to concentrate resources (e.g. reserve mainly for the relatively few with more severe needs or distribute across a wider spectrum of levels of need). For the CYP mental health domain, a further issue is how best to address the quite substantial increases in prevalence of common mental health conditions over recent years and exacerbated by the impacts of the COVID pandemic. Mental health policy in some jurisdictions has addressed this issue by establishing targets for the volumes of CYP mental health services the system should aim to provide. For

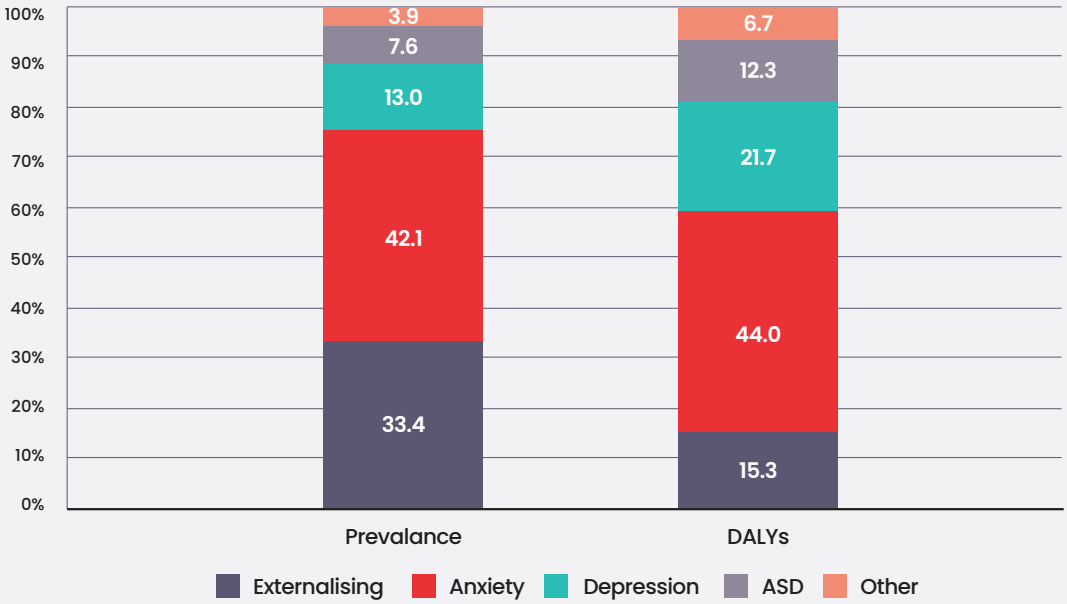


Figure 2.1 Breakdown of prevalence and DALYs by condition group (CYP 0-17)

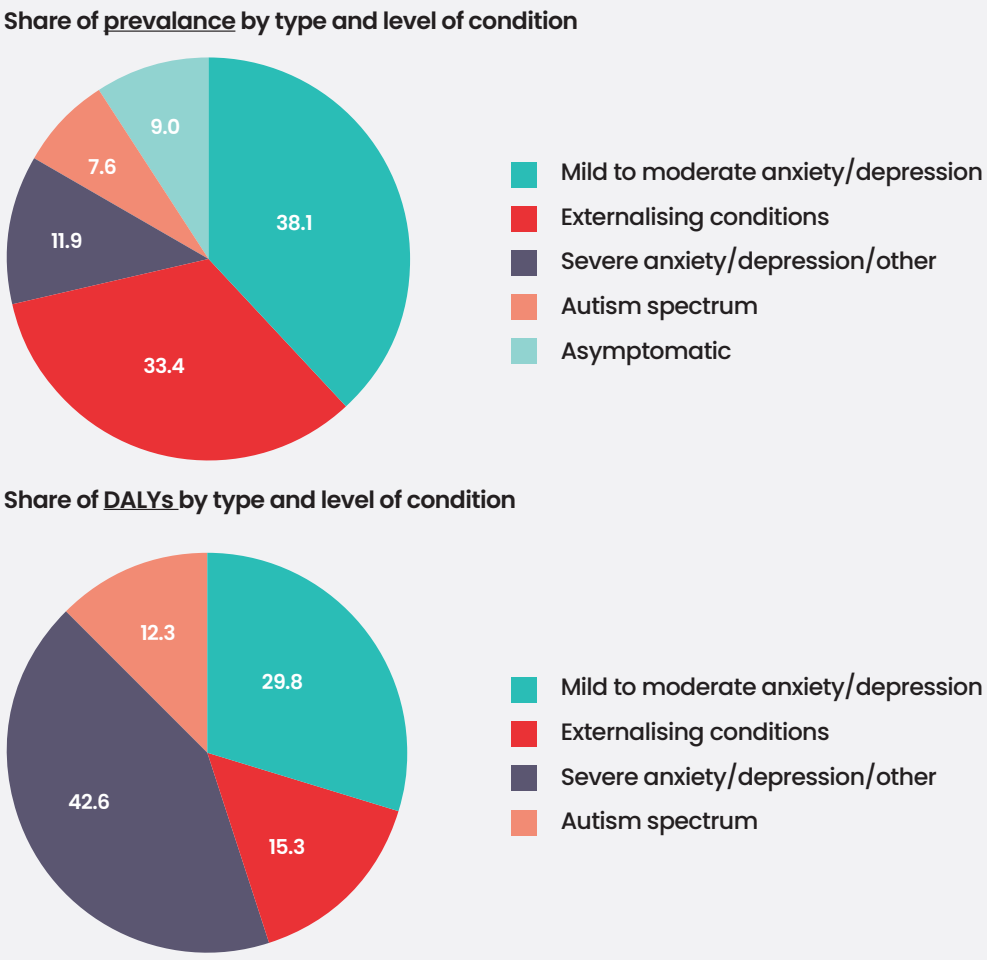


Figure 2.2 Shares of prevalence and DALYs by type and level of condition

example, in England policy is that NHS-funded community mental health services should now be reaching a baseline target of 35% of CYP with a diagnosable mental health condition, and incrementally increase the reach beyond this over the coming years through additional investment in services (NHS, 2016). Applying this 35% yardstick to the Global Burden of Disease estimates for numbers of CYP with mental health conditions in Ireland yields a baseline target of 53,700 CYP to be reached each year by CYPMH services (Table 2.2). Table 2.3 presents an indicative distribution of the service capacity benchmark targets between CAMHS and the first pillar of the CYPMHS.

For CAMHS, if we apply the oft quoted 'for the 2%' yardstick we get a target capacity of just over 24,000 CYP per year. Subtracting this from an overall CYPMHS capacity target of 35% of CYP with mental health conditions yields a baseline target for the first pillar of just under 30,000 CYP per year. This would be the minimum to aim to achieve as quickly as possible, with further increases in percentage reach warranted after that. Table 2.3 also applies an alternative yardstick for scaling the first pillar based on the number of therapeutic contacts aimed to deliver. In England, for example, some services have anticipated an average of about 6 sessions or therapeutic

		CYP age-group				
		0 to 4	5 to 9	10 to 14	15 to 17	0 to 17
Estimated CYP with mental health conditions (thousands)		4.7	32.6	70.8	45.4	153.5
CYPMHS service capacity target (thousands)	35%	1.6	11.4	24.8	15.9	53.7
	40%	1.9	13.0	28.3	18.2	61.4
	45%	2.1	14.7	31.9	20.4	69.1

Table 2.2. Baseline target volumes for CYPMH services (thousands)

		CYPMHS capacity target		Specialist CAMHS target ('for the 2%') *	Targets for Pillar 1**	
CYP aged 0-17 (thousands)	CYP aged 0-17 with mental health needs (thousands)	CYPMHS capacity target (%)	CYP to be reached (thousands)	CYP to reach (thousands)	CYP to reach (thousands)	Therapeutic contacts to deliver (thousands)
1,213.6	153.5	35%	53.7	24.2	29.5	177
		40%	61.4	24.2	37.2	223
			69.1	24.2	44.9	269

Table 2.3 Illustrative distribution of capacity targets across CAMHS and Pillar 1 services (thousands)

*2% of the population aged 0-17; **residual target for Pillar 1

contacts per client for the equivalent of our first pillar CYP mental health services. Applying this to the targeted 30,000 clients would suggest a minimum scaling of the first pillar to deliver about 180,000 therapeutic contacts a year.

Although available data is limited, the CYP-MH project put some effort into estimating the current volumes of publicly-funded CYP mental health services provided in Ireland for the cohorts targeted for the first pillar. The main components of this are HSE's Primary Care Psychology services for children and adolescents and Jigsaw services funded under HSE mental health budgets.

For the HSE services, data gathered for evaluation of the pilot introduction of Assistant Psychologists provides a useful source of information for our purposes (Wormald et al, 2021). This reported about 9,000 referrals and just under 45,000 client engagements in 2019. Jigsaw received a total of 8,952 new referrals in 2023, resulting in 45,376 individual appointments being offered to young people. These data suggest publicly-funded Pillar 1 services currently reach less than one-half of the minimum targets indicated in Table 2.3.

2.3 Finding the additional capacity for scaling-up service volumes

One of the challenges affecting mental health service improvement in Ireland is the difficulty the HSE faces to recruit sufficient numbers of suitably qualified therapists for their in-house services. This applies also for Pillar 1 services provided through HSE's Primary Care Psychology services. Initiatives such as establishment of an Assistant Psychologist role provide some opportunities for expansion, but the magnitude of scaling-up envisaged will require a broader approach to mobilisation of resources. More effective leveraging of the VCS can play a pivotal role in this.

To illustrate the potential contribution of the VCS, Exhibit 2.1 provides an indicative, high-level mapping of target groups addressed and services provided by the five high-volume service providers involved in the CYP-MH project. Individually and collectively they already provide services addressing a spectrum of the needs a scaled-up first pillar of the CYPMHS would target, and they are well-placed to contribute additional service capacity for these within the publicly-funded system. This includes therapeutic services for mild-to-moderate anxiety and depression, and child/parent/family interventions for externalising conditions. Specific expertise in working with CYP with suicidality and self-harm is also a feature, as well as intensive work with children/families with complex needs.

Overall, the structured therapeutic programmes provided by these organisations annually reach more than 16,000 CYP (about two-thirds are in the 0-17 years age and one-third aged 18-25) and deliver more than 93,000 therapeutic contacts/sessions (about three quarters are for CYP aged 0-17 and one-quarter for the 18-25 years age group). CYP are also extensive users of the VCS organisations' helpline/crisis services, with estimated overall volumes of contacts close to the same scale as for structured sessions.

Currently, HSE funds less than half of this VCS activity, mainly through HSE mental

health operations funding for Jigsaw services operating across many but not all parts of the country. The remaining services, through the VCS, are largely supported from charitable fund-raising efforts. Additional public funding could leverage the combined capacities of these VCS organisations to substantially increase the numbers of CYP reached, extend service coverage nationwide, and expand the scope of service to cover the broad range of CYP mental health needs targeted for this first pillar of the CYPMHS system.

2.4 Core interventions and illustrative resource allocation scenarios

As part of the project, London School of Economics and Political Science (LSE) conducted a health economics analysis to identify evidence-based mental health interventions for CYP that can be delivered at scale as Pillar 1 services and would provide strong value for money in the Irish context. The analysis addressed a range of well-established and evidence-based interventions for this purpose, including:

- Family/parent/child programmes for behavioural and/or neuro-developmental conditions.
- Cognitive Behavioural Therapy (CBT) and other psychotherapies for mild-to-moderate anxiety and depression, delivered in a variety of formats (face-to-face and online).
- Stepped care arrangements for mild-to-moderate conditions that start with lower intensity supports but provide for progression to higher intensity supports if required.

These might be considered as a core set of interventions for scaling-up under Pillar 1. The LSE analysis suggests this would be a cost-effective way to

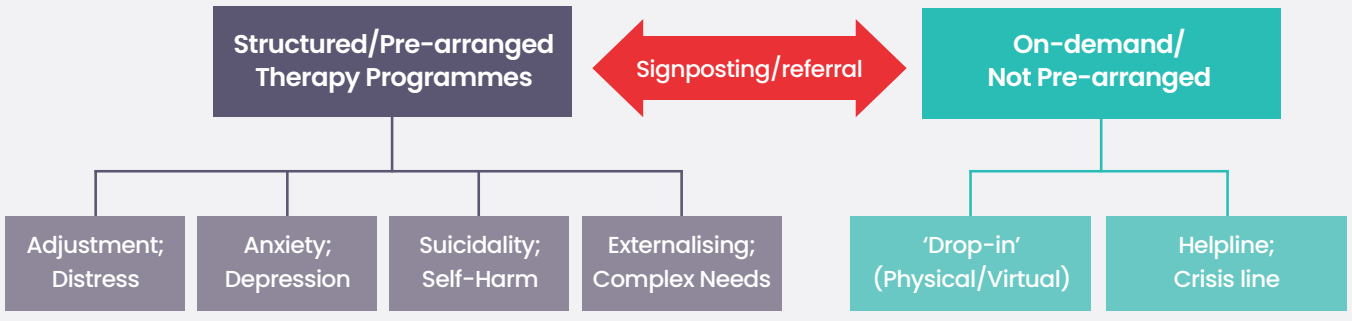


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Exhibit 2.1 VCS services – illustrative view of target groups and delivery modalities

substantially increase the numbers of CYP reached by the CYPMHS system and achieve good outcomes through reduction of mental health morbidity, as well as providing a good return on investment from a public spending perspective. Based on the LSE analysis, Table 2.4 presents some illustrative resource allocation scenarios for additional funding to scale-up Pillar 1 CYP mental health services in Ireland. These scenarios anticipate an additional spend of €15 million per year on early support services, achieved through an incremental increase in annual spend each year over a five-year period (see Section 2.5). Such an investment could increase the reach of Pillar 1 services on a scale that would bring publicly-funded CYP mental health service volumes close to the target minimum benchmark discussed in Section 2.2.

The three scenarios in Table 2.4 distribute the additional funding in different ways across the various condition groups, with two-thirds (€10 million) of the €15 million indicatively allocated to the core set of evidence-based interventions. All scenarios allocate 20% (€3 million) to management/coordination costs, as the LSE analysis assumes that the additional funding would be directed towards a managed system to deliver the envisaged coordinated set of Early Support Service offerings. In all scenarios the LSE analysis also allocates €2 million to a flexible category of additional interventions. This is important to avoid overly 'commodified' and 'one-size-fits-all' perspectives and overly rigid resource allocation frameworks. At one end of the spectrum is the need to allocate resources in ways that allow for provision of more intensive interventions for complex cases (e.g. home-based-supports over a number of months), for example, for CYP and families presenting with adverse familial/socio-economic circumstances. At the other end of the spectrum is the need to allow for agility in provision of interventions for CYP where a full programme of structured therapy in not necessarily warranted (e.g. single/brief interventions; flexible online support; 'first appointments' for screening/triage purposes).

Scenarios		Allocation Split	Spend	CYP reached
1	Externalising conditions	0.33	€3,333,000	2,778
	Internalising conditions	0.66	€6,663,000	9,720
	Additional interventions & Service Management/Coordination		€5,000,000	
	Totals		**€15,000,000**	**12,498**
2	Externalising conditions	0.2	€2,000,000	1,667
	Internalising conditions	0.8	€8,000,000	11,664
	Additional interventions & Service Management/Coordination		€5,000,000	
	Totals		**€15,000,000**	**13,331**
3	Externalising conditions	0.15	€1,500,000	1,250
	Internalising conditions	0.85	€8,500,000	12,132
	Additional interventions & Service Management/Coordination		€5,000,000	
	Totals		**€15,000,000**	**13,382**

Table 2.4 Illustrative resource allocation scenarios for an additional annual spend of €15 million

2.5 Incremental increase in funding and reach of Pillar 1 services

The roadmap anticipates an incremental approach to increasing funding for and expanding the reach of Pillar 1 services. This would allow a phased development process, with increasing service volumes going hand-in-hand with service development activities.

Figure 2.3 presents an incremental roadmap to reach the full additional annual allocation of €15 million by 2030, and enable an associated increase in numbers of CYP reached that would bring service volumes close to the targeted minimum benchmark.

The CYP-MH project has also prepared some initial illustrative calculations of roadmap targets for the 6 HSE Health Regions. These are just indicative and do not take account of existing differences across Regions in the volumes of Pillar 1 service currently provided and/or in the levels of development of the Pillar 1 service system, as well as various other relevant factors such as deprivation profiles. Our project plans to work further on these aspects with regional stakeholders during implementation of the roadmap.

Table 2.5 presents an indicative distribution of target baseline service volumes between CAMHS and Pillar 1 services for each HSE Health Region and nationally. Similar analyses can be prepared at Integrated Health Area and Community Health Network levels in each Health Region.

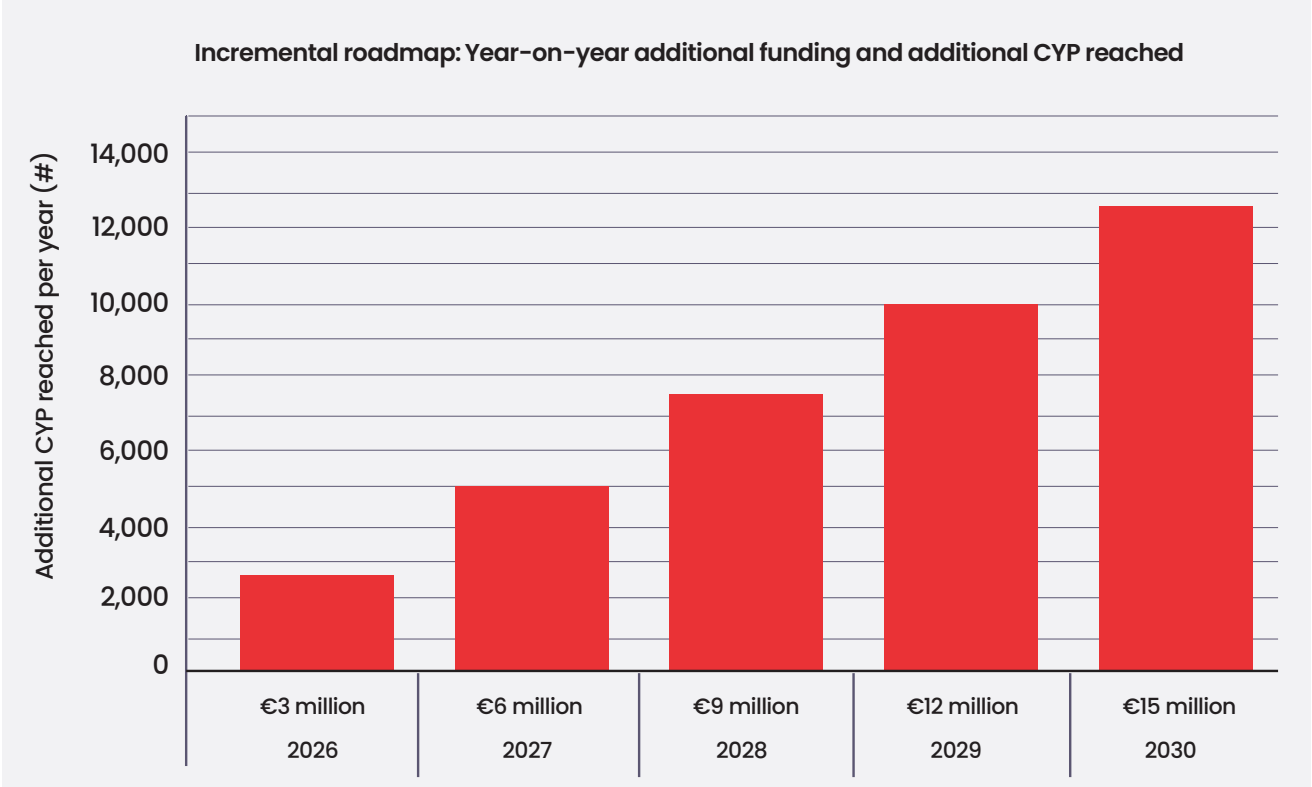

Figure 2.3 Incremental increase in funding and reach of Pillar 1 services

	Thousands CYP (aged 0-17)					Pro rata additional Pillar 1 funding
	All CYP*	CYP with MH problems	35% target for overall CYPMHS	Specialist CAMHS target ('for the 2%')	Target for the first pillar	
Dublin and Northeast	286.4	36.2	12.6	5.7	6.9	€3.5m
Dublin and Midlands	258.4	32.7	11.5	5.2	6.3	€3.2m
Dublin and Southeast	226.0	28.6	10.0	4.5	5.5	€2.8m
South West	172.3	21.8	7.7	3.4	4.3	€2.2m
Midwest	96.5	12.2	4.3	1.9	2.4	€1.2m
West and Northwest	174.1	22.0	7.7	3.5	4.2	€2.1m
National	**1,213.6**	**153.5**	**53.7**	**24.2**	**29.5**	**€15.0m**

Table 2.5 Illustrative targets at HSE Region level (thousands) & pro rata resource allocation (€ millions)
* Derived from HSE regional population profiles (HSE, 2024b)

3. Track 2: Developing the Pillar 1 service delivery system

Track 2 of the roadmap focuses on developing the delivery system for an expanded first pillar of publicly-funded CYP mental health services. The most practical approach would be to build on existing capacity and structures, for example Primary Care Psychology and the larger VCS organisations providing substantial volumes of evidence-based interventions. This should be given equal priority to ongoing work to improve the CAMHS component of the system and the roll-out of Clinical Programmes.

In this chapter we present a vision for a modernised and integrated CYPMHS system with the three core pillars, and then outline some of the aspects of the first pillar suggested for attention in implementing the roadmap. These include service organisation and governance arrangements; physical and digital delivery infrastructures; and development of care pathways and innovative intervention models. The following sections present ideas and suggestions on these themes, but we envisage service development evolving as a co-production process involving all relevant stakeholders. From the VCS side, the CYP-MH project will aim to inject some initial momentum and then provide ongoing support to the process wherever this might be useful. Ideally, this would be conducted in collaboration with the most relevant HSE functions/stakeholders at both national and regional/local levels.

The roadmap also recognises the central importance of involving children and young people, and their families, in service design. This is essential if mental health services are to reflect their needs and preferred modes of access. As well as its capacity to deliver substantial volumes of services, the VCS has well-developed frameworks for user consultation and ensuring the voices of people with lived experience are heard in this context.

3.1 Towards a modernised and integrated CYPMHS

Exhibit 3.1 provides a schematic view of the envisaged framework for a modernised and integrated CYPMHS. The schema positions the first pillar of early support services clearly within the remit of the CYPMHS; this would ensure a coherent and integrated governance and resource allocation framework across the three pillars and avoid the pitfalls of rigidly tiered systems between 'primary' and 'secondary' care. More broadly, the schema locates the CYPMHS within the integrated service delivery framework envisaged for the new HSE Health Regions and their constituent Integrated Health Areas, and indicates some of the more relevant HSE in-house service divisions and external sectors that the CYPMHS should effectively interface with.

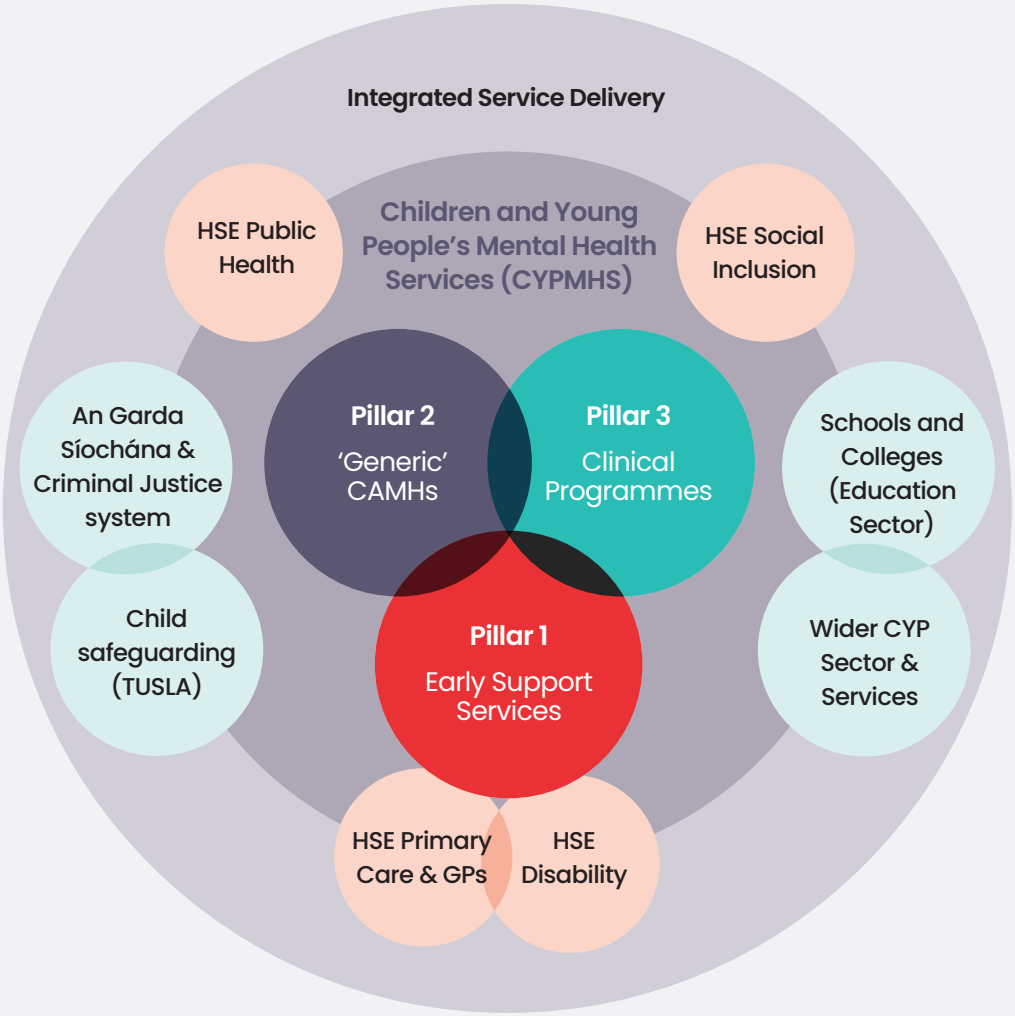

Exhibit 3.1 An integrated CYPMHs with three core pillars

- Providing a continuum of services across the full spectrum of needs – mild, moderate, severe.
- Scaling capacity of each component of the system based on the numbers of CYP with indicated needs for the type/level of support it provides.
- Avoiding bottle-necks arising from rigidly implemented 'tiered' systems (e.g. between mental health in primary care and specialist CAMHS).
- System coordination to ensure seamless movement across, and interworking between, the different components of the system.
- Ensuring sufficient service flexibility and agility to cater for mixed presentations of needs.
- Multi-channel, 24/7 access to support.
- Flexible/adaptive intervention models, including brief interventions.
- Co-location of mental health services in youth-friendly, multi-service facilities.

Exhibit 3.2 Some key features suggested for a modernised and integrated CYPMHS

Internationally, rising prevalence of mental health conditions and changing patterns of need have prompted efforts to modernise and re-configure CYP mental health systems with the aim to substantially scale-up services and effectively support the full spectrum of needs. Exhibit 3.2 presents some of the key features suggested for a modern CYPMHS. Although many of these aspects are variously mentioned in policy, recent review reports and service improvement plans in Ireland, they have not yet received much concrete attention in resource allocation and practical implementation efforts. Strengthening and further development of the first pillar of early support services would make a major contribution to modernising the Irish CYPMHS in these ways.

3.2 Developing a coordinated Pillar 1 delivery system

As discussed earlier, the most practical framework for organising and delivering Pillar 1 services might be through close interworking between the main existing components, namely, HSE Primary Care Psychology and larger VCS organisations providing substantial volumes of evidence-based interventions. Where required, additional VCS and/or private providers could be drawn-upon locally to augment the core provision system.

Such a combined effort could provide a scaled-up 'Early Support Service' (or some alternative service name the stakeholders may prefer), clearly branded as such, and positioned as part of an integrated CYPMHS along with CAMHS and the Clinical Programmes. The first phase of the CYP-MH project identified some local interworking initiatives between VCS services and HSE mental health services in a few parts of the country, for example, provision of agile and holistic support for families with more complex needs. Further developing, scaling-up and disseminating these approaches could be addressed as part of roadmap implementation.

Coordination, governance and funding arrangements

Interim interworking, funding and governance arrangements between the parties could be established immediately to get the programme underway. More longer-term arrangements could then be developed as experience grows and the additional service capacity begins to scale up.

VCS providers involved in the CYP-MH project are in a position to begin providing a range of evidence-based interventions within the proposed system straight away. Embedding and scaling-up of the additional VCS contribution should align with Recommendation 14 in Sharing the Vision: *Where voluntary and community sector organisations are providing services aligned to the outcomes in this policy, operational governance and funding models should be secure and sustainable.*

The incrementally increasing additional funding envisaged under Track 1 would enable the service delivery framework to develop hand-in-hand with the expansion of service capacity, with allocation of resources between the parties in ways that facilitate rapid progress from day one. Section 2.4 discusses some of the core, high-volume target groups and structured intervention programmes the early support service might deliver, as well as the importance of building-in scope to flexibly tailor services according to the level of complexity of cases.

Co-design process involving national level and regional/local stakeholders and functions

Implementing the roadmap will take place during the process of establishing and bedding-in the new regional health service delivery structures. The role of national level structures and processes (the 'centre') will become clearer during this period, as well as how the centre and regions will interact. Ideally, the design and development of the CYP early support system will evolve through a collaborative effort involving national level and regional/local stakeholders and functions.

We envisage that, on the HSE side, relevant national level functions may include the National Office for Child and Youth Mental Health and its Child and Youth Mental Health Service Improvement Programme as well as leads in key disciplines such as Psychology. On the VCS side, Mental Health Reform provides an overall umbrella function and a number of the larger VCS CYP mental health provider organisations also have a national scope of activity. The CYP-MH project anticipates providing ongoing support for a collaborative national level approach between all parties. It will also conduct a programme of work to identify and engage with key stakeholders from HSE and VCS at the regional/local level.

Establishing a portfolio of evidence-based interventions, service models and care pathways

The roadmap envisages a co-production process amongst the service providers to define and establish an agreed portfolio of evidence-based interventions as well as associated service models and care pathways. Section 2.4 discussed some core interventions for consideration for delivery at scale and that align with the current scope of activity of the VCS partners in the CYP-MH project. These include parent support programmes for CYP behavioural and/or neuro-developmental issues and structured psychotherapy delivered via guided online programmes or sessional programmes with a therapist (scaled at lower or higher intensity depending on needs). Also important are flexible and tailored intervention approaches for more or less complex needs, ranging from single or brief interventions, where indicated, to more extensive and home-based programmes for complex needs and family circumstances.

Another component for consideration would be a readily accessible low-threshold 'first appointment' service providing an initial assessment process. The first phase of the CYP-MH project identified a number of potentially relevant approaches in this area internationally. For example, the ACCESS Open Minds model in Canada has developed the 'ACCESS OM Clinician' function where professionals with a relevant discipline (e.g. psychology, nursing) have specific training to provide a first appointment with assessment/triage for any presenting CYP (Malla et al, 2029). This trained function could be added to any local HSE or VCS provider participating in the delivery of the first pillar early support services, and could be configured in a way that avoids CYP having to face long waiting times for specialist CAMHS initial assessment and the possibility of then not meeting the CAMHS threshold and wasting all this time.

Easy and timely access

By definition, easy and timely access to support should be a key feature of the Early Support Service. Drop-in access to services is an emerging feature in CYP mental health service modernisation in a number of jurisdictions. Youth-friendly physical premises are an important component of this, and some VCS providers already offer drop-in access to such facilities in some parts of the country. Co-location of services in a shared facility would support 'one-stop-shop' arrangements. Section 3.3 discusses some of the opportunities to develop this aspect in the Irish context.

Given the likely involvement of a number of service providers in delivery of the first pillar services, effective navigation support for users will also be important. 'Digital front door' platforms and associated background arrangements to organise service access and responsivity could play a central role in this. A convenient way to develop this might be through extending the functionality of the Navigator Tool through introduction of dynamic features that facilitate users to more directly and quickly connect to services. Some examples of potential features include:

- Proactive provision of timely first appointments (e.g. platform offers call-back from a service provider to arrange this).
- Real-time connection of users to services (e.g. to helplines).
- Direct user self-referral / booking of a service via the platform.
- Dynamic scheduling functions running in the background to make best use of available therapists' slots across participating providers.

The potential to support a more coherent system of 24/7 access to CYP mental health services is also of interest, including crisis support but also support at times when young people often think of seeking help (e.g. later at night or in the early hours of the morning).

3.3 Delivery infrastructure – physical and digital

Delivery infrastructures in mental health services for CYP typically combine a mix of physical access points for in-person contact and digital platforms for online service provision. The Early Support Services envisaged under Pillar 1 are well-suited to delivery in either mode, and the VCS service providers in the CYP-MH have substantial presence in both forms of service provision.

3.3.1 Physical premises

The new regional health structures will comprise 6 HSE Health Regions, 18 Integrated Health Areas, and 96 Community Health Networks. Pillar 1 services should be available within easy reach of CYP wherever in the country they live and align optimally with the catchment areas defined by these health structures. One proposed activity under the roadmap is a mapping of the existing availability of premises for this purpose, including HSE primary care and mental health service premises as well as centres owned or operated by the VCS partners.

Exhibit 3.3 presents an indicative geographical mapping of the physical centres of the CYP-MH project VCS service providers. These VCS centres, relevant HSE premises, and the wider mix of youth service and 'youth-friendly' facilities across the country provide an infrastructure that could

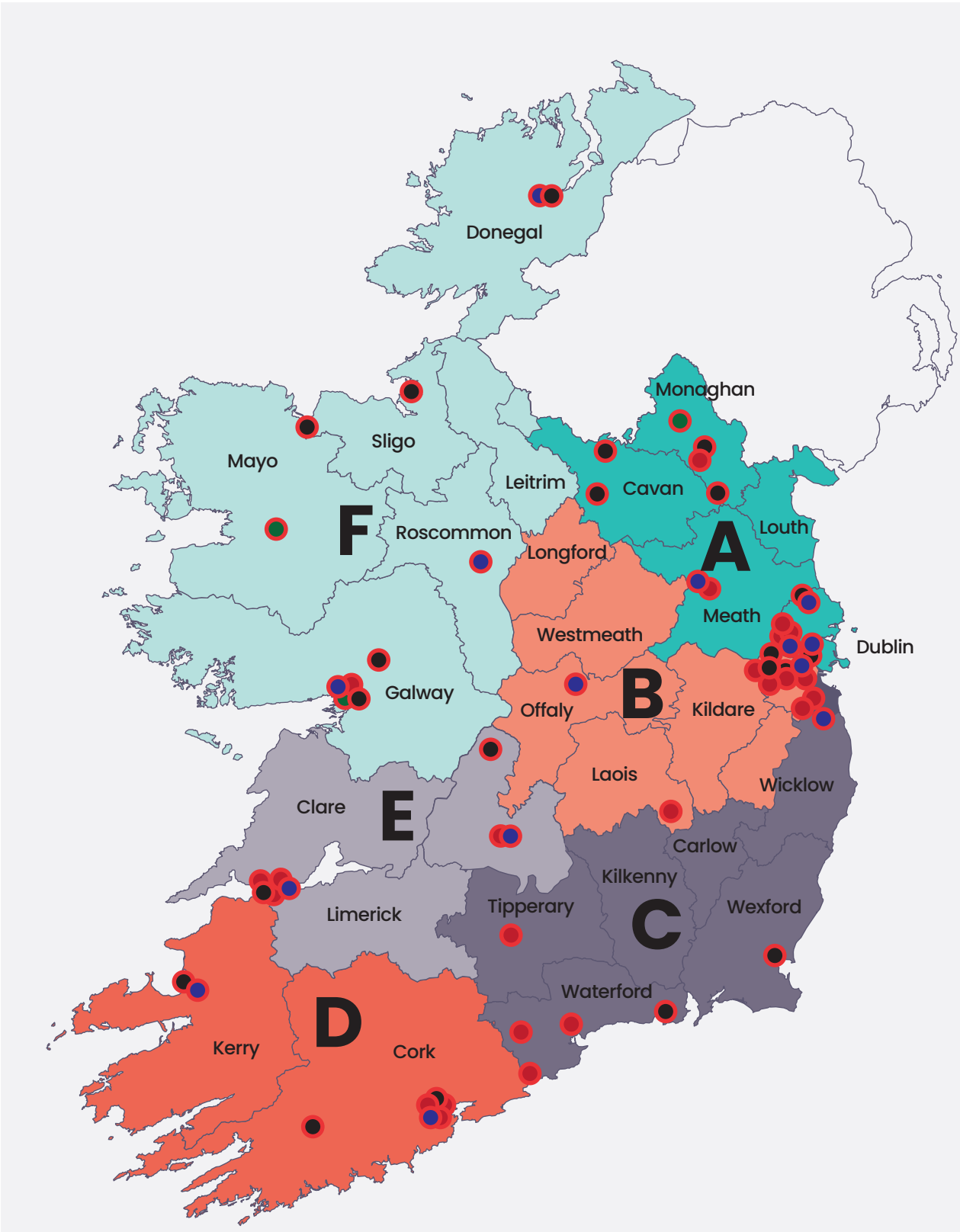

Exhibit 3.3 Indicative mapping of CYP-MH project partner facilities across the country

support acceleration of geographical coverage of early support services in cost-efficient ways through shared usage. There may also be scope for joint acquisition and operation of new centres in currently underserved areas. As well as cost-efficiencies, co-location of provider organisations would provide a basis for developing 'one-stop-shops' and opportunities for new forms of interworking to evolve. The CYP-MH project plans to support further work on this topic as a contribution to roadmap implementation, and hopes to work closely with regional and local stakeholders in this context.

3.3.2 Digital platforms

CYP are 'digital natives' and are therefore also a core target group for mental health services delivered over digital platforms. In the Irish context, the CYP-MH VCS partners were innovators in digital mental health even before the COVID pandemic and have further developed and consolidated digital services since then. This encompasses a broad spectrum of services and supports, including online psychoeducational and self-help resources, guided online CBT-based therapies, and remote one-to-one and group therapy via video platforms. They also have an emerging suite of more agile and less structured digital access modes and support pathways, including flexible therapeutic support models tailored to CYP presentations as well as a range of 24/7 and crisis support services.

As for the physical premises aspect, the CYP-MH project plans further work on mapping the existing digital services and supports and engaging with stakeholders on how best to leverage and consolidate a coherent set of offerings. The project will also continue to monitor emerging models internationally, including commissioning arrangements developed in other jurisdictions to enable regional/local services provide access to location-independent online services as part of their offerings for CYP living in their catchment areas.

4. Next Steps

Led by Mental Health Reform, the CYP-MH project plans a 3-year programme of work to encourage and support implementation of the roadmap outlined in previous chapters. We envisage facilitating a co-production process involving VCS and HSE stakeholders as well as generating data and analysis to support this. These activities will be conducted in tandem so that the data/analysis work focuses on aspects of most relevance for the stakeholders and informs the co-production processes in an ongoing manner. The programme will address both the national and regional/local levels as well as supporting cross-fertilisation between the levels.

National level

At national level, the work will include:

- Supporting collaboration between VCS organisations with national or multi-regional scope
- Engagement with national level stakeholders driving CYP mental health service improvement efforts, including policy-makers, HSE, Mental Health Commission and other relevant bodies
- Facilitating collaborative co-production processes between HSE and VCS service providers
- Ongoing generation of data/analysis to support these processes.

Regional/local level

At regional/local level, the work will include:

- Mapping/analysis of regional/local CYPMH ecosystems
- Initial series of engagements with regional and local VCS and other stakeholders
- Deeper engagement and support for co-production of Pillar 1 CYP mental health services in one or more regions/sub-regions.

Cross-fertilisation between the national and regional/local levels

The approach will also aim to support cross-fertilisation between the national and regional/local levels on an ongoing basis. As for other parts of the health system, regional restructuring is likely to result in the overall CYPMHS system evolving over time through interplay between national and regional level processes. National level analysis and frameworks can provide guidance to the regions and help ensure equal access to services across all parts of the country; regional level processes will have enhanced scope to configure services taking account of local resources and analysis of local needs. This part of our work-programme will therefore aim to bring together the learnings and outputs from the project's national and regional/local level work to maximise the synergies between them.

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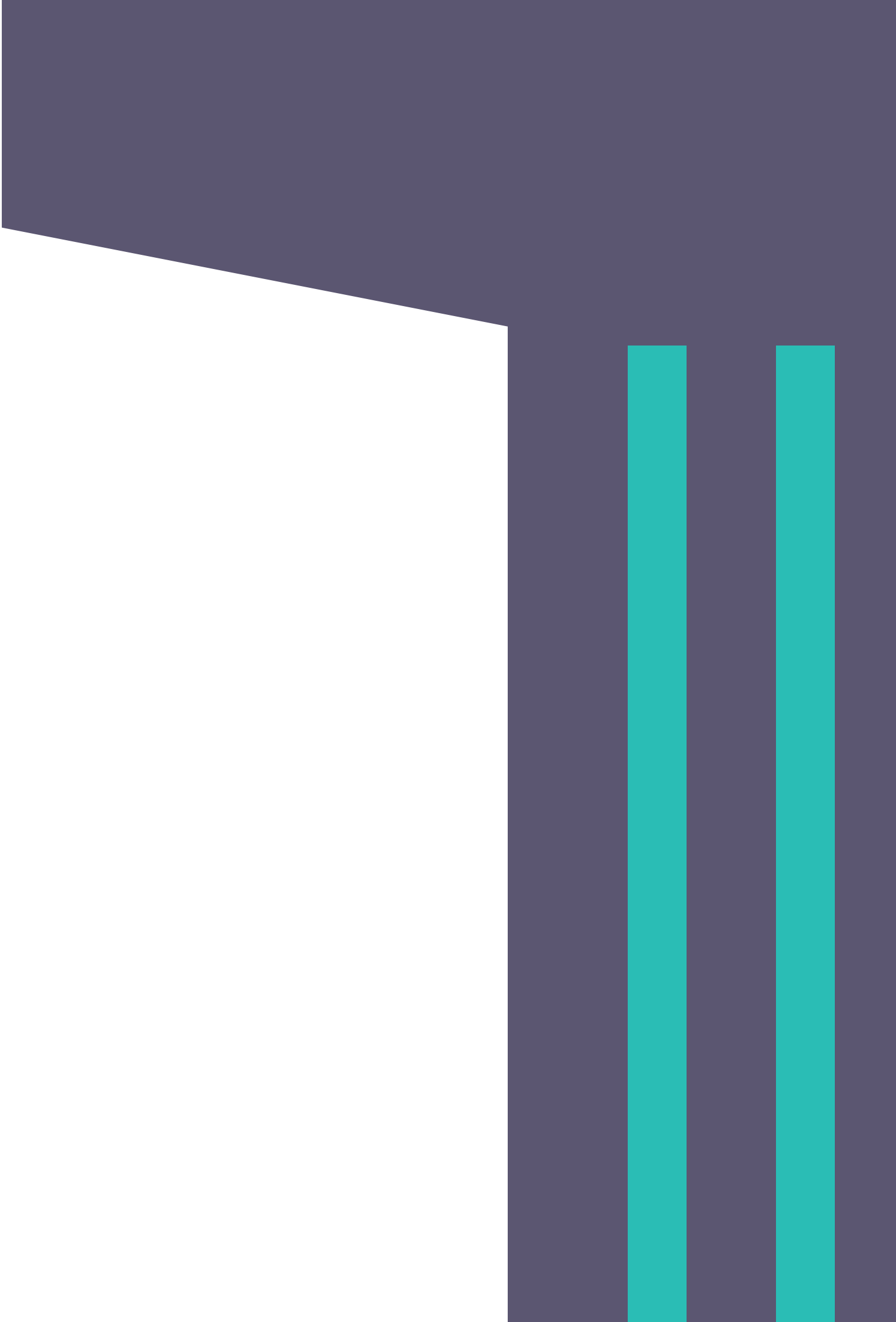

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