

# A System at a Crossroads

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An Assessment of the Strategic Design and Delivery of Children's Mental Health Services Through a Child's Rights-based Approach.

February 2026

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## Executive Summary

The following report represents the culmination of a Periodic Review of children and young people’s mental health services, and the governing key strategic documents underpinning and driving same, conducted by NICCY, in accordance with its functions under Article 7(2) and 7(3) of The Commissioner for Children and Young People (NI) Order 2003. The aim of the Periodic Review was to assess the strategic design and delivery of children’s mental health services through a child’s rights-based approach. There were three strands within the Periodic Review, whereby NICCY sought to understand the:

- Operational provision of existing children and adolescent mental health services (“CAMHS”) between the timeframe 2021-2024;
- Challenges / issues arising within the provision of these services; and
- Implications of the Department’s 2024/2025 Budget on operation of services, through assessment of impact upon delivery of the Mental Health Strategy, and other associated strategies / frameworks.

Several information requests were submitted to key relevant authorities to ascertain the operation of children and young people’s mental health services, as well as the current status of the delivery of the Mental Health Strategy, and the Still Waiting report recommendations and the Still Waiting Action Plan (“SWAP”) actions. Information returns were reviewed and collated and analysed accordingly. A traffic light grading system was then used to assess the progress of implementation of the Mental Health Strategy and the SWAP actions.

This report presents an evaluation of the status of the strategic design and delivery of mental health services, including an assessment of the current operation of CAMHS, and the status of the SWAP. The report firstly seeks to understand the mental health landscape faced by children and young people in NI within the global context and scale of mental health challenges faced by young people, identifying key trends on critical issues (Chapter 2). It presents an examination of mental health within the international human rights framework governing the obligation to ensure the highest attainable standard of health for children and young people provided by Article 24 of the UNCRC (Chapter 3). The report assessed the status of implementation of the Still Waiting report recommendations, reviewing NICCY’s previous monitoring of the SWAP actions (Chapter 4) and updating this monitoring process through an evaluation of the status of the SWAP (Chapter 6). Through the collection and collation of CAMHS data, the report provides an analysis of the status of CAMHS (Chapter 7). Further, the report analyses the delivery of key strategic frameworks, namely the Mental Health Strategy (Chapters 8 and 9). Concluding observations and recommendations are outlined at Chapter 10.

## Key findings

### Status of the SWAP: updates

Of the 32 SWAP Actions which were subject to information returns, **19 have been identified as remaining in the same status / progress since 2023.**<sup>1</sup>

**10 SWAP Actions were marked as completed;** these were actions which had previously been confirmed as having been completed in 2023, indicating no further/additional progress has been made. These included Action 2.4 (Development of an App to assist young people requiring help and support with health and social wellbeing) and Action 2.5 (review of CAMHS appointment systems to consider the viability and practical implications and to fully implement CAMHS care pathway across NI).

**For three of the Actions,** there are discrepancies arising between the updates provided in 2023 and the updates provided in 2025 in that they had been categorised as in progress in 2023, but in 2025 NICCY was informed that they had been completed prior to 2023. This includes: Action 1.9-Establishment of a fully implemented and operational Managed Care Network, which NICCY was advised had been completed in 2022; 2.1- Scope what supports are currently on offer for children and young people awaiting appointments or in between appointments, which NICCY was advised had been completed in 2022; and 2.3 - Review Integrated Elective Access Protocol to ensure fit for purpose for children and young people (which NICCY was advised had been completed in 2021).

*The full review can be found in Appendix 1, “Review of the Still Waiting Action Plan February 2023 – February 2025”.*

### Status of the SWAP: analysis

Of the 32 SWAP Actions which were subject to information returns, six actions were coded as red. NICCY is concerned as to the status of progression of these actions, and considers these as actions requiring urgent attention. Only four actions were coded as green. Whilst NICCY welcomes the efforts made in these specific areas, it is concerned at the pace of progress for the SWAP more generally. A summary of the status of the SWAP actions with NICCY’s progress coding is below:

Objective	Action	NICCY’s Progress Coding
<b>Sustainable investment in CAMHS</b>	1.3 Create a fund map of spending in children and adolescent mental health and emotional wellbeing services.	Yellow
	1.4 Increase funding for CAMHS.	Red
<b>Collect better information more regularly</b>	1.5 Full implementation of CAMHS dataset.	Yellow

<sup>1</sup> Where an action is categorised as ‘same status/progress since 2023’, it means that it has been identified as remaining in the same status in both 2023 and as of 2025 in the information returns.

	1.6 Development of Encompass across the HSCT to provide a system of recording and reporting on patient data and trends.	
	1.8 On an annual basis trusts, along with SPPG will reflect back on referral trends to identify changes in referrals patterns and undertake specific awareness rising activities as required.	
<b>Joined up working between services</b>	1.9 Establishment of a fully implemented and operational Managed Care Network (MCN).	
	1.10 Develop MH Liaison Service (for 16+), CAIT and acute care pathways for children and young people. REPLACED with 1.10 Create a regional mental health crisis service that will meet the needs of children and young people.	
	1.11 CAMHS referral pathways will be kept under review.	
<b>Removing barriers that stop young people accessing services</b>	2.1 Scope what supports are currently on offer for children and young people awaiting appointments or in between appointments. Analyse any resource and practical implications for implementing this.	
	2.2 Consider creation of a Mental Health Passport Scheme, through existing portals.	
	2.3 Review Integrated Elective Access Protocol (IEAP) to ensure fit for purpose for children and young people.	
<b>Greater Flexibility and choice in how young people engage with services.</b>	2.4 Develop an APP that will assist young people requiring help and support with health and social wellbeing or who may have difficulty in engaging with CAMHS	
	2.5 Review CAMHS appointment systems in relation to recommendation 8 to consider the viability and practical implications. Fully implement CAMHS care pathway across NI, including gap analysis and where additional resources should be deployed.	
<b>Mental health training for all professionals who work with young people</b>	3.1 Roll out at Trust level of short course programme on the CAMHS Care pathway to GPs and other children services.	
<b>Integrated working across the system to strengthen children and young people's emotional and mental wellbeing</b>	3.2 Implement primary care Multi Disciplinary Teams (MDTs) with a mental health practitioner attached to all GPs across the region. The role of the MHP within the MDT is to provide mental health support across a whole life approach.	

	<p>3.3 Establishment and launch of additional specialist mental health support available for schools, delivered through the Emotional Health and Wellbeing in Education Framework:</p> <ul style="list-style-type: none"> <li>-Text a Nurse (Post primary)</li> <li>-Expanded rise provision (Primary)</li> <li>-CAMHS school service (Primary and Post Primary).</li> <li>-Extension of Abbey School Nursing pilot.</li> </ul>	
<b>Greater range of community based mental health support</b>	4.1 Provide greater opportunities for mental health support community and voluntary sector organisations to apply for funding from the Department of Health's core grant funding scheme, through introducing an open call for applications to the scheme.	
	4.2 Provide a greater range of self-help support for young people.	
<b>Needs led support and treatment in mental health hospitals</b>	4.4 Fully implement psychological therapies in CAMHS, as per the existing 2010 Psychological Therapies Strategy.	
	4.5 Evaluate and analyse the need for Psychiatric Intensive Care provisions in Northern Ireland and make decision on the future need.	
<b>Children and Young People on Adult wards</b>	4.7 Ensure suitable protocols exist for children who are admitted to adult wards.	
	4.9 Review the Card Before You Leave (CBYL) Scheme for children and young people.	
<b>Implement and monitor minimum care standards in A&amp;E</b>	4.10 Create a regional crisis service for children and young people.	
<b>Transition planning from CAMHS to post-18</b>	5.1 Develop proposals for transitions between CAMHS and adult mental health services, engaging widely with all relevant stakeholders	
<b>Provide clear information on service standards and how to make a complaint and feedback</b>	6.1 Audit of existing complaints process across trust and review complaints made within 2 years for baseline. Consult with existing Service User groups re: appropriateness of current arrangements.	
<b>Strengthen involvement of young people in decisions about their care and how services are delivered</b>	6.2 Scope children and young people involvement in service evaluation and development. Consider development of an action plan and setting up a mental health youth forum in each trust to support this action.	

<b>Equal access for young people with a learning disability to services and support</b>	8.1 Understand current provision of ID CAMHS across all trusts through undertaking scoping exercise of existing pathways.	
	8.2 Establish a regional board with SPPG/lveagh and 5 trusts to strengthen operating procedures within lveagh to prevent delayed discharges as well as keep focus of plans to discharge.	
	8.3 Development of the Children and Young People Emotional Health and Wellbeing Framework including scoping a regional ADHD service.	
	8.4 Carry out a review of community based emotional, mental and behavioural support services for children and young people.	
<b>Access to services to address mental health and substance use problems at the same time</b>	8.5 Establish a service that will provide support and care for young people with co-occurring drug and/or alcohol and mental health problems.	
	8.6 The SPPG and the PHA will review services available for children and young people, particularly looking at the transition of young people from children to adult services, and ensure this is incorporated into the new outcomes-focused strategic plan being developed to replace the Alcohol and Drugs Services Commissioning Framework.	

*The full review can be found in Appendix 1, “Review of the Still Waiting Action Plan February 2023 – February 2025”.*

### Status of CAMHS

- A trend of decreasing referrals to CAMHS between 2021/2022 to 2023/2024 was identified.
- As of March 2024, there were 1,990 total CAMHS waiters.
- Whilst there has been some fluctuation in CAMHS waiting lists during 2021/2022 to 2023/2024, those waiting beyond the targeted nine weeks has increased to 51.5% (1,026) - the highest figure for this category within the period under assessment.
- For 2023/2024, there were 6,573 accepted referrals, and referral categories were at the lowest levels recorded within the period under assessment.
- Girls have consistently been the majority of overall referrals for CAMHS service use compared to boys; this includes Step 2 and Step 3 CAMHS.
- Girls are the majority users of Eating Disorder services, and boys are the dominant users of Addiction Services - but the composition of girls relative to the total referrals to the

system has increased, now forming the highest levels of referrals in the period under assessment.

- Overall, girls comprised the majority of referrals to Crisis services: boys had slightly edged out girls for referrals within the 5-11 age band in 2021/2022 and 2022/2023, but by 2023/2024, girls were the dominant figures across all age bands.
- The percentage of discharges within Step 2 and Step 3 CAMHS made on the basis of the identified goal having been achieved has decreased each year, and the rates for 2023/2024 are the lowest within the period under assessment (at 51.4% and 60.3% respectively). Conversely, the percentage of discharges within Step 2 and Step 3 made on the basis of the identified goal having not been achieved has increased each year, and the rates for 2023/2024 are the highest within the period under assessment (at 5.1% and 3.0% respectively).
- The percentage of discharges within Addictions services made on the basis of the identified goal having been achieved has fluctuated, initially increasing (from 37.8% in 2021/2022 to 57.1% in 2022/2023) before decreasing (to 48.9% in 2023/2024).
- The percentage of discharges within Step 2 made on the basis of the identified goal having been partially achieved has increased each year, and the rate for 2023/2024 is the highest within the period under assessment (at 16.1%);
- The percentage of discharges within Step 3 made on the basis of the identified goal having been partially achieved has fluctuated, initially increasing (from 8.8% in 2021/2022 to 13.6% in 2022/2023) before decreasing (at 11.1% in 2023/2024); and
- The percentage of discharges within Eating Disorder services made on the basis of the identified goal having been partially achieved has fluctuated, initially increasing (from 9.7% in 2021/2022 to 13.8% in 2022/2023) before decreasing sharply (at 6.6% in 2023/2024).
- There has been a steady decline in the number of regional active clients recorded within CAMHS (Step 2, Step 3, Eating Disorders services, Addictions services, and Crisis) during the period under assessment. In March 2022, 6,485 total active clients were recorded. By March 2023, this had decreased to 6,168. As of March 2024, 5,749 total active clients were recorded.

*The full CAMHS data set can be found in Appendix 2, “CAMHS Data 2021/22; 2022/23; 2023/24”.*

### **Status of the Mental Health Strategy: analysis**

Of the four Actions which were subject to information returns, three actions were coded as red, outlined below. NICCY is concerned as to the status of progression of these actions and considers these as actions requiring urgent attention.

Action	NICCY's Progress Coding
10. Increase the funding for CAMHS to 10% of adult mental health funding and improve the delivery of the stepped care model to ensure it meets the needs of young people, their families and their support networks.	
11. Ensure that the needs of infants are met in mental health services, and meet the needs of vulnerable children and young people when developing and improving CAMHS, putting in place a 'no wrong door' approach.	
12. Create clear and regionally consistent urgent, emergency and crisis services for children and young people that will work together with crisis services for adult mental health.	
13. Develop proposals for transitions between CAMHS and adult mental health services, engaging widely with all relevant stakeholders.	

The updates provided for Actions 10, 12, and 13 were limited, lacking information such as clear timeframes and targets for full implementation. This is particularly concerning in the context of Actions 12 and 13, given their importance to CAMHS system reform and response to immediate need. The updates provided for Actions 10, 12, and 13 advised generally that they “should be” completed. NICCY is mindful of the financial constraints experienced by the Department, and the uncertainty this generates for future planning and delivery. However, it is concerning that general comments are provided in relation to critical actions which are needed to ensure much-needed systematic and operational reform of CAMHS. This is particularly in the context of addressing the prolonged issue of transitions from CAMHS to adult mental health services which has been well-documented, and which has repercussions for safeguarding the future mental health of young people.

NICCY is concerned by the limited progress made in relation to Action 11, and by the wider fragmented focus made in respect of protection and promotion of infant mental health. This is particularly given its importance to early intervention and prevention, and for ensuring the best possible start in life for children.

Analysis of identified actions for 2025/2026 provided by the Department is difficult due to the limitations of the information provided, and the Department’s own guidance that the required

additional funding to progress Actions 10, 12, and 13 is contingent on additional funding being received to the Department.

*The full review can be found in Appendix 3, “Review of the Mental Health Strategy”.*

### Status of the Transformation Agenda analysis

Efforts have been made to advance the vision of *Delivering Together*, but progress has been fragmented to date, hampered by political instability and funding uncertainty. The omission of specific actions to address mental health challenges within the NI population, including the omission of any comprehensive indicators, targets, and timeframes for progression of items pertaining to mental health services, has restricted a clear direction of travel for reform of mental health services. This is particularly apparent in the context of children and young people’s mental health services.

The Mental Health Strategy being included as a lynchpin of the Transformation Agenda is welcome; however given the issues facing the future progression of the Mental Health Strategy, its role as a driver of change may be hampered – with detrimental impact for the reform and change of issues within CAMHS.

NICCY believes that transformation and reconfiguration of the health and social care system in NI should be perceived as a critical moment for the progression of children’s health, insofar as working to ensure timely access to adequate health infrastructure for all children and young people, including within the prevention and early intervention context for their mental health. For the Transformation Agenda to be truly radical, the adoption of a CRBA for the future design and delivery of healthcare reform is required.

### Recommendations

This report identifies 31 recommendations to support the transformation of children and young people’s mental health services.

#### NICCY recommends:

- 1. The Department, in conjunction with the Public Health Agency, review and clarify its adopted definition of “early intervention” within children and young people’s mental health policy. This review should be grounded on the principle that early intervention is recognised as a lifelong approach - which covers infancy, early childhood, school-based supports and community provision, as well as specialist services. This principle should be embedded within the development of mental health policy including the Early Intervention and Prevention Action Plan, as well as associated funding allocation and workforce design. Public health messaging should also adopt this principle to better address the scale and complexity of mental health and wellbeing issues faced by children and young people.**
- 2. Recognising the need for improvements in the accessibility and quality of disaggregated, basic operational mental health data, the Department and the SPPG should undertake and publish a review of the rollout of the Encompass system and**

illustrate the progress made towards the standardisation of data collected and utilised by HSCTs for the purposes of planning, commissioning, and delivering CAMHS.

3. The Department examines the potential for a mental health dashboard, as considered by the Scottish Government's commitment, which is grounded on performance, targets, and indicators.
4. Understanding the mental health landscape for children and young people in NI, that the Department, in conjunction with relevant authorities and stakeholders, commits to developing a mechanism to build capacity and facilitate engagement with children and young people on an ongoing basis, ensuring delivery is based on actual need not presumed need. This mechanism should be designed in accordance with a child rights-model of participation such as the Lundy Model and should reflect the Participation Principles as agreed by all Government Departments.
5. The Department and the SPPG commit to ensuring that child- and young person-friendly, accessible information is made publicly available in order to engage young people in an effective and meaningful way on mental health policy and service planning.
6. The Department incorporates clear and direct reference to Article 24 of the UNCRC within future strategic documents governing the design and operation of children and young people's mental health services. This should include clearly outlining how these Strategic documents provide for establishment and implementation of a rights-based approach to the design and delivery of children and young people's mental health services.
7. The Department should include child public health as a specific, individual category within its strategic policymaking, and should incorporate a Child Public Health Approach model which upholds children's rights in public health awareness and prevention measures.
8. The Department utilises the Childs' Rights-Based Approach framework within the design and delivery of future strategic documents governing the design and operation of children and young people's mental health services. This should include consideration of workforce capacity, resources, recruitment, retention, and safe working environments.
9. The NI Executive incorporates a Childs' Rights-Based Approach into its Departmental budgeting processes. This should include the undertaking of Child Rights Impact Assessments by all Departments and corresponding agencies in addition to EQIAs, to ensure that all due consideration as to how budgetary decisions will affect children and young people. This is especially critical in the context of continued budgetary pressures.
10. The establishment of an information-exchange system which will enable communication between the Department and NICCY on the status of the Still Waiting recommendations and SWAP actions. This should include the provision of bi-annual updates from the Department on the progression of all outstanding SWAP Actions to enable comprehensive engagement and accountability, and NICCY's engagement within the implementation process.
11. The establishment of a dialogue / monitoring mechanism, involving representatives of the CVS, which will enable the continued monitoring of progress

and impact arising from the continued implementation of the SWAP actions. This should include the provision of engagement from the Department, the SPPG, and the HSCTs.

12. The Department clarifies how the SWAP has been incorporated into the Mental Health Strategy, and further clarifies what is meant by its comments that the “intent” of the Still Waiting report is being “met” through the governance and accountability arrangements of the Mental Health Strategy.
13. The Department undertake and publish a mapping exercise which demonstrates the precise incorporation of relevant SWAP Actions within the Mental Health Strategy. This mapping exercise should also detail the exact status of progress of the identified SWAP Actions within the development of their corresponding Mental Health Strategy Actions, and identify actions for future progression within the 2026/2027 financial year.
14. The Department undertakes a robust, refreshed mapping exercise which produces a refreshed funding map for CAMHS services, as well as ascertaining the existing need among the CVS in the mental health support sector, recognising increasing demand on CVS support services.
15. Funding for CAMHS is increased by the Department to sit at 10% of mental health services allocations.
16. The Department, the SPPG, and the HSCTs undertake an internal review of existing referral pathways, which assesses the current design and operation of referral pathways using a CRBA, including recognition of waiting lists and waiting times for access. The review should include the design and application of relevant indicators as an assessment framework. This review should be published within one year, and subsequent review should be undertaken using the same CRBA, including Child Rights-based indicators.
17. That reviews of the pilot programmes undertaken under SWAP Action 3.3 are published, with evidence of learning and recognition of best practice and opportunities for design improvement identified. These reviews should comply with Article 12 of the UNCRC and participation of those engaged in services provided by the pilot programmes, including in the design of recommendations for future work.
18. The Departments of Health and Education in accordance with the Children’s Services Co-Operation (NI) Act 2015, produce a comprehensive action plan for the future design and delivery of specialist mental health support services within schools and educational settings. This action plan should be framed within a CRBA and identify opportunities for collaboration and cooperation across all relevant services, including between the Emotional Health and Wellbeing in Education Framework and the Emotional Health and Wellbeing Framework (when finalised).
19. The Department engage in a stakeholder consultation exercise to understand the needs of the CVS, and to work alongside the CVS to ensure sufficient funding is provided in order to realise the ambitions of the Mental Health Strategy, and the role identified for the CVS within this, as well as the (draft) Emotional Health and Wellbeing Framework.
20. The Regional Mental Health Crisis Service is rolled out as a matter of urgency.
21. The Department advises of the status of implementation of recommendations made within the 2024 GIRFT review report, “The Emergency Departments of NI” and

particularly in relation to those made in respect of the Royal Belfast Hospital for Sick Children, and further, confirms what work has been undertaken within the Belfast HSCT region to progress on ensuring a safe ED environment for children and young people experiencing mental health crisis and/or requiring CAMHS assessment.

22. The development of a clear, regionally consistent, and child rights-based transitions pathway is upgraded to a priority by the Department, and undertaken as a matter of urgency.
23. The Department undertakes a robust, refreshed mapping exercise which produces a refreshed funding map for CAMHS services, as well as ascertaining the existing need among the CVS in the mental health support sector, recognising increasing demand on CVS support services.
24. Funding for CAMHS is increased to sit at the identified 10% of mental health services.
25. The Regional Mental Health Crisis Service is rolled out as a matter of urgency.
26. The development of a clear, regionally consistent, and Child Rights-based transitions pathway is upgraded to a priority by the Department, and undertaken as a matter of urgency.
27. The refreshed Infant Mental Health Framework is published by the Public Health Agency without further delay.
28. The Department to consider producing updates to its 2025 Deliverability Review within each financial year.
29. The Department undertakes a mapping exercise to ascertain the positioning of infants, children, and young people within the design and delivery of the Transformation Agenda to date.
30. The Department demonstrates its awareness and understanding of intersectionality within its strategic policy-making, indicating how it is designing mental health services in recognition of specific issues and barriers faced by communities such as LGBTQIA+ young people, disabled young people, ethnic minority young people, neurodiverse young people, rural communities, carers within their families etc.
31. The Department adopts a mainstreaming approach towards the design and delivery of future strategic developments associated with the Transformation Agenda, whereby children's rights and specifically, the standards and norms associated with Article 24 of the UNCRC, are actively incorporated within strategic frameworks.

