

Acute Psychiatric Care Provision for Children and Adolescents in Ireland

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The increasing number of children and young people (CYP) admitted to general paediatric medical wards across Ireland for primary mental health reasons highlights a changing burden of paediatric mental illness, alongside a failure of implementation of recognised supports for amongst the most vulnerable children in Irish society^{1,2}.

Currently, only 3 of the 18 public paediatric units across Ireland have access to dedicated paediatric liaison psychiatry services, with 2 further units identified as having locum cover in motion^{3,4}. The absence of such services places a disproportionate burden upon paediatricians and emergency medicine clinicians forced to assess and provide care without acute psychiatric input, and further highlights a systemic shortfall in our ability to provide integrated, regulated, and adequately resourced mental health care to CYP in Ireland. Notably, these acute admissions are not captured within public or national CAMHS reporting systems, creating difficulties for service planning. Whilst the data is intermittently published in academic literature by clinicians this goes largely unrecognised, with the data neither published within national CAMHS reports nor readily available in the public forum. Furthermore, these admissions are not regulated by the Mental Health Commission, as paediatric medical wards are indeed not classified as approved mental health centres. Ultimately, this lack of documentation and regulation contributes to the systematic overlooking and undercounting of what is arguably the most unwell CYP with acute mental illness within Ireland's mental health framework¹⁶.

Admission to a paediatric ward may be appropriate for some mental health presentations, such as medically unstable eating disorders, CYP with medical or surgical sequelae post-suicide attempt, significant self-harm or those with complex co-morbid medical and mental health or neuropsychiatric needs for example. For many CYP however, a paediatric medical ward is not a suitable environment⁵. Current care provision in this manner often lacks the infrastructure, the resources, and lacks the necessary specialist input required to optimally manage these cases. Internationally, this practice of managing CYP with acute mental illness in settings lacking appropriate specialist mental health infrastructure is well researched and may result in sub-optimal experiences for CYP including risks of iatrogenic harms and potential overuse of physical restraint^{2, 6, 7}.

A Vision for Change previously proposed the establishment of out-of-hours mental health services for CYP within CAMHS; however, this has not been implemented in practice⁸. More recently, *Sharing the Vision* and the HSE Child and Youth Mental Health Office Action Plan (2024–2027) articulate a renewed ambition to deliver an integrated, 24/7 crisis response

pathway for CYP experiencing a mental health crisis^{9,10}. Strategies must also specifically address the longstanding role of acute paediatric medical wards in the care pathway, the increasing number of CYP who are admitted to these wards with a primary mental health concern, the needs of children with medical and mental health co-morbidity and issues around equity and access to consultant-led, paediatric liaison psychiatry services for all paediatric patients who need them, across all paediatric units nationally. Sláintecare and the provision of care close to home nationally is government policy, but for CYP with acute mental health needs this remains far from the reality¹¹.

It is time to address the problem—internationally, the literature is clear regarding both increases in number and acuity of CYP experiencing acute mental illness and this growing problem of mental health admissions to paediatric wards^{12,13,14}. The recent Consultation Liaison Psychiatry – A Model of Care for Ireland published by the College of Psychiatry in Ireland in collaboration with the HSE and the Faculty of Liaison Psychiatry, is a welcome addition⁴. This Model highlights the deficit of acute provision of psychiatric care for CYP in Ireland and reiterates the urgent need for implementation of 15 paediatric liaison psychiatry teams across Ireland, as previously recommended by A Vision for Change in 2006. As psychiatrists and paediatricians working together, we ask how we can implement the model as it now exists?

What is clear is this—CYP will continue to present in psychiatric crisis to emergency departments nationwide and with increasing frequency will be admitted to paediatric wards, often without specialised psychiatric input¹⁵. Acute paediatric medical wards lacking liaison psychiatric input are not the optimal place to treat CYP with an acute psychiatric illness, however currently in Ireland for the majority of children they are the *only* place. We must acknowledge the value of a “no wrong door” approach and the vital role our paediatric medical colleagues are undertaking in providing care. Furthermore, it is undeniable that CAMHS teams around the country are both under resourced and overburdened, and despite best efforts services simply cannot provide crisis care for the CYP in their geographical region without development of crises teams or paediatric liaison teams to support their work. Internationally, progress is being made to address these well-recognised gaps—acute mental health beds are being protected and established in acute paediatric hospitals¹⁶. In 2024, the Mental Health Parity of Esteem Bill of 2020 lapsed with the dissolution of the Dáil. Ireland once again risks falling behind the curve in parity of esteem for physical and mental health care.

Change is needed. The long-term implications of lack of acute psychiatric intervention are unquantifiable in terms of chronic illness experienced, quality of life and indeed the social stigma experienced by those with chronic debilitating mental illness¹². In 2025, the National Office of Clinical Audit published the National Paediatric Mortality Register indicating that suicide continues to be suspected as the cause of death in approximately half of all deaths in

15–18-year-olds in Ireland¹⁷. The question remains, what will it take to adequately provide for the widespread need of acute psychiatric provision within paediatric hospitals?

With the imminent opening of what will be the largest children's hospital in the world, and amongst the most expensive, we suggest there is a unique and time-limited opportunity to lead internationally in addressing longstanding and systemic gaps in mental health provision for children and young people, particularly at times of acute crisis¹⁸. The question is no longer whether the need for psychiatric care within paediatric wards exists, but where and how specialised care for CYP with acute psychiatric illness is best delivered, and whether current care pathways align with their clinical needs as outlined in established Models of Care. We therefore urge the urgent implementation of long-recognised recommendations to prevent ongoing failures in care for children and young people with mental illness in Ireland.

Declarations of Conflicts of Interest:

None declared.

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