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Trust, access, and referral to CAMHS after a national look-back review: a mixed-methods study of GPs

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Research Article

Keywords: CAMHS, General Practitioners, Service Reviews

Posted Date: November 10th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-10947728/v1

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Additional Declarations: No competing interests reported.

Abstract

Background

Highly publicised reviews of child and adolescent mental health services (CAMHS) aim to improve safety and governance but may also shape professional and public perceptions of service quality and trust. General practitioners (GPs) are the main gateway to CAMHS, yet little is known about how reviews influence GP perceptions or referral and prescribing practices.

Aim

To examine Irish GPs' perceptions of a highly publicised CAMHS look-back review and its reported impact on access, interprofessional communication, prescribing, and trust in CAMHS.

Methods

National cross-sectional mixed-methods online survey of GPs in Ireland, including qualified GPs, locums, and trainees. Survey domains, informed by Donabedian's structure-process-outcome framework, captured communication, referral access, shared prescribing, and perceived changes before and after the review. Quantitative data were analysed using descriptive statistics, Wilcoxon signed-rank tests, and chi-square tests. Qualitative responses underwent inductive content analysis.

Results

A total of 208 GPs responded; most were based in Leinster and had over 10 years' experience. Although 63.9% would bring their own child to CAMHS if needed, 93.8% rated access and 70.7% rated communication as poor. Following the review, GPs reported reduced caregiver willingness to accept referrals, reduced willingness to bring their own child, and greater concern about underprescribing, with little change in communication. CAMHS was viewed as difficult to access but high quality once accepted.

Conclusions

Highly publicised CAMHS reviews may influence trust, referral behaviour, and perceptions of prescribing safety in primary care. Improved communication, referral pathways, and GP–CAMHS collaboration are needed to rebuild confidence and support timely access.

Introduction

Quality in child and adolescent mental health services (CAMHS) is often assessed through service evaluations, audits, inspection reports, and look-back reviews (1–3). While these processes are designed to ensure safety and governance, they can also generate wider narratives about service quality that extend beyond the specific practices under formal review. These narratives are interpreted by clinicians, referrers, patients, and families, and may shape clinical practice, confidence, trust, and perceptions of care (4, 5). Research on healthcare quality and performance initiatives shows that oversight processes such as audits and reviews can influence professional behaviour, perceptions of safety, and trust in services, sometimes in unintended ways (6–11). In this way, service reviews act not only as governance mechanisms but also as 'quality signals' within healthcare systems, shaping how services are perceived and trusted.

This has been particularly evident in Ireland following publication of a look-back review of a rural CAMHS (the Maskey Report). The review was commissioned by Ireland's national public health and social care service, the Health Service Executive, in response to concerns regarding The review identified serious concerns regarding prescribing and monitoring practices and reported that a substantial number of children had experienced harm or were exposed to risk of harm (1). Publication of the report was accompanied by extensive media scrutiny and public discourse. Subsequent research has highlighted unintended professional consequences in the aftermath of the review, including increased stress and reduced work motivation among CAMHS clinicians (5), as well as heightened anxiety around psychotropic prescribing for children, even when such treatment is clinically indicated (4).

Far less is known about how such reviews, and the associated media coverage, are perceived in primary care. General practitioners (GPs) play a central role in supporting children and families to access specialist mental health care. They are typically the first point of contact, assess risk, determine referral urgency, and provide guidance when families are unsure where to seek help. They also act as key advocates for specialist input and help families understand the role and remit of CAMHS, including encouraging engagement with the service when referral is indicated. For GPs, service reviews may therefore function as "quality signals" that influence not only how they view CAMHS, but also how they talk about CAMHS to families, make referral decisions, and share responsibility for prescribing and monitoring.

Despite this, there has been limited empirical research examining GP perspectives on CAMHS in the context of highly publicised service reviews. This mixed-methods study addresses this gap by examining Irish GPs' experiences of working with CAMHS, with a particular focus on their perceptions of a nationally publicised CAMHS look-back review and its perceived impact. By foregrounding GP perspectives, the study offers insights relevant not only to Ireland but also to other health systems seeking to understand how the evaluation and reporting of CAMHS quality may shape professional trust and relationships at the primary–specialist interface. Conceptually, the study draws on literature suggesting that formal reviews and audits can influence professional behaviour, perceptions of safety, and trust in services. This framework is used to examine how a highly publicised CAMHS review and its

reporting may shape GP perceptions of service quality, prescribing safety, and their working relationships with CAMHS clinicians.

Aim

To examine how a highly publicised CAMHS look-back review was perceived by Irish GPs and its reported impact on access to CAMHS, interprofessional communication, prescribing practices, and GP trust in and advocacy for CAMHS.

Methods

Study Design

This cross-sectional mixed-methods online survey examined the experiences of GPs in Ireland working in CAMHS, including the perceived impact of a nationally publicised CAMHS look-back review (Maskey Report). Eligible participants were fully qualified GPs, locum doctors, or GP trainees practising in Ireland who were able to provide informed consent. Survey domains were informed by Donabedian's structure–process–outcome framework (12), with a focus on process elements at the GP–CAMHS interface (communication, access, shared prescribing), and on outcomes such as trust, perceived safety, and family engagement.

Sampling and Recruitment

A multi-faceted recruitment strategy was used to maximise national reach. Survey invitations were first emailed to all GP practices listed on publicly accessible practice directories provided by the national public health authority, the Health Service Executive (HSE). Practice managers were asked to circulate the survey within and beyond their practice teams, supporting a snowball sampling approach. The survey was additionally promoted through a feature in the national GP Forum Magazine, broadening visibility across the primary care community. Committee members of GP faculties in major urban and rural centres further disseminated the survey through local mailing lists and professional networks to ensure participation from diverse regions and practice contexts. This approach facilitated broad national dissemination but constituted a non-probability convenience sample. As the survey used open distribution through practice networks and professional mailing lists and participation was voluntary and anonymous, a response rate could not be calculated.

Survey Administration and Development

The survey was administered via Google Forms, with data collection occurring from March to July 2024. The instrument was piloted with a small group of GPs to optimise clarity, usability, and face validity.

Reporting of the survey followed the Checklist for Reporting Results of Internet E-Surveys (CHERRIES) to ensure transparency and methodological rigour (13). No incentives were offered for participation.

Survey Content

The survey comprised closed- and open-ended items across several domains. Based on Donabedian's model of healthcare quality (12) and prior work on CAMHS and primary care interfaces (14, 15), items focused on core process aspects of care, including communication quality, access following referral, and shared care around prescribing. Respondents first rated their general experiences of working with CAMHS prior to the look-back review and then rated the same domains since the report, allowing assessment of perceived changes over time. These items captured GPs' perceptions of communication with CAMHS, ease of access for referred children, willingness of families to accept referrals, and perceptions of prescribing practices. Finally, open-ended questions explored GPs' overall experiences of working with CAMHS, including examples of good practice, key challenges, the perceived impact of the national service review and subsequent media coverage, and suggestions for improving service quality.

Data Analysis

Quantitative data were analysed using SPSS v29.0. Descriptive statistics were generated, normality was assessed using the Shapiro–Wilk test, and Wilcoxon signed-rank tests were used to compare respondents' ratings of CAMHS experiences before and after publication of the look-back review. Pearson's chi-square tests examined associations between categorical variables, with significance set at $p < 0.05$. All completed surveys were included in the analysis. Qualitative data were analysed using inductive content analysis (16), with three researchers independently coding responses, developing a thematic framework through iterative discussion, and determining the proportion of respondents endorsing each theme.

Ethics Approval

Ethics Approval was granted by the University College Dublin Ethics Committee [LS-LR-23-54-Bond-McNicholas]. All participants provided informed consent prior to the study. The study was conducted in accordance with the Declaration of Helsinki. Participant anonymity and confidentiality were ensured throughout the research process.

Results

Participant Characteristics:

A total of 208 GPs participated. Most were based in Leinster (64.9%), with smaller proportions from Munster (21.2%), Connacht (10.1%) and Ulster (3.8%). Almost all had completed GP training (94.2%) and held a permanent or self-employed contract (61.1% permanent, 31.7% self-employed, 7.2% temporary).

The majority reported more than 10 years' experience as a GP (59.6%), with 20.2% reporting 5–10 years, 18.8% 1–5 years, and 1.4% less than 1 year.

GPs' Perceptions and Experiences of CAMHS

Most GPs (63.9%) reported that they would bring their own child to CAMHS if needed, although over a quarter (26.9%) would not and 9.1% were neutral. Caregiver acceptance of GP-recommended CAMHS referrals was very high, with 91.3% of GPs indicating that caregivers were willing to accept referrals, 4.8% neutral and 3.8% reporting reluctance. Perceptions of prescribing were generally positive: 69.2% viewed CAMHS prescribing as appropriate, 24.0% perceived overprescribing and 6.7% underprescribing. By contrast, access was overwhelmingly rated as poor (93.8%), with only 1.4% describing access as good and 4.8% as average. Communication from CAMHS was similarly rated as poor by 70.7% of GPs, with 18.8% neutral and just 10.6% describing communication as good.

Self-Reported Differences in GP Perceptions and Experiences of CAMHS Following the Look-Back Review

After the nationally publicised review of a rural CAMHS service, the majority of GPs reported that public perceptions of CAMHS had worsened (86.1%, n = 179). A smaller proportion indicated no change (10.6%, n = 22), and only 3.4% (n = 7) felt that public perceptions had improved. Most GPs reported that patient and caregiver views of the CAMHS service they attend had worsened since the review (65.4%, n = 136). Just over one quarter perceived no change (28.4%, n = 59), while 6.3% (n = 13) reported an improvement. Most GPs reported that patient and caregiver confidence in the safety of CAMHS prescribing had worsened since the review (59.6%, n = 124). Over one third perceived no change (36.5%, n = 76), and a small proportion reported an improvement (3.8%, n = 8).

Table 1 summarises pre–post changes across key perception domains, with Wilcoxon Signed Rank Tests indicating several significant shifts. Caregiver willingness to accept a CAMHS referral decreased overall ($Z = -4.87$, $p < .001$): while most GPs reported no change (78.4%, n = 163), more moved toward lower agreement (19.2%, n = 40) than higher agreement (2.4%, n = 5). GPs' own willingness to bring their child to CAMHS also showed a significant decline ($Z = -2.89$, $p = .004$), with 24.5% (n = 51) reporting reduced willingness compared with 10.6% (n = 22) who reported greater willingness. A significant shift was also observed in perceptions of access to CAMHS ($Z = -2.24$, $p = .025$), with more GPs reporting poorer access (16.3%, n = 34) than improved access (9.6%, n = 20). In contrast, there was no significant change in perceived communication between GPs and CAMHS ($Z = -0.72$, $p = .469$), with the majority indicating no difference (82.2%, n = 171). Finally, perceptions of prescribing practices shifted significantly toward viewing CAMHS as underprescribing ($Z = -3.27$, $p = .001$), with 22.6% (n = 47) indicating a shift toward underprescribing compared with 7.7% (n = 16) toward overprescribing.

Table 1
Shifts in GP Perceptions of CAMHS Across Key Quality Domains Following the Look-Back Review

Perception domain	Worse N (%)	No reported difference N (%)	Improved N (%)	Z	p value
Caregiver willingness to accept a CAMHS referral when recommended by their GP	40 (19.2)	163 (78.4)	5 (2.4)	-4.87	< .001
GP willingness to bring their own child to CAMHS if needed	51 (24.5)	135 (64.9)	22 (10.6)	-2.89	.004
Access to CAMHS through GP referral	34 (16.3)	154 (74.0)	20 (9.6)	-2.24	0.025
Communication between GPs and CAMHS	24 (11.5)	171 (82.2)	13 (6.3)	-0.72	0.469
	Shift to underprescribing N (%)	**No reported difference N (%)**	**Shift to overprescribing N (%)**		
GPs' perceptions of CAMHS prescribing practices	47 (22.6)	145 (69.7)	16 (7.7)	-3.27	.001

Overall, GPs reported significant shifts towards reduced willingness to refer and engage with CAMHS and increased concern about underprescribing, but little change in perceived communication quality.

GP Perceptions of the Official Response and Communication Following the CAMHS Look-Back Review

GPs were broadly critical of how the findings of the look-back review and subsequent national audit were communicated to them. Most disagreed that CAMHS clearly communicated the South Kerry review findings (69.7%, n = 145) and the national prescribing audit results (82.2%, n = 171), and two thirds felt they were not given an opportunity to discuss the report (66.8%, n = 139). Media coverage was also viewed sceptically, with 44.2% (n = 92) judging reporting of the look-back review as unbalanced and only 25.5% (n = 53) seeing it as balanced. Nonetheless, the commissioning of a national prescribing audit was widely endorsed as an appropriate response (84.6%), even though fewer than a quarter felt that its findings were widely reported in the media (21.2%).

GPs Qualitative Perspectives of CAMHS

Qualitative findings provided deeper insight into the mechanisms underlying the quantitative patterns. GPs responded to free-text questions and each response was assigned at least one code. Issues raised by more than 10% of respondents, as recommended in qualitative survey reporting guidance (17) are

presented as themes and summarised in Tables 2–6. N indicates the number of respondents who mentioned each theme; % indicates the proportion of the total respondents to this question who endorsed the theme.

GPs Perceptions of the Impact of the Look-Back Review on CAMHS Nationally

Two hundred and eight GPs answered the free-text question on whether the look-back review had any positive national impact on CAMHS, yielding four themes (Table 2). Qualitative responses suggested that while many GPs saw little positive impact, some perceived the review as surfacing structural deficits and catalysing conversations about governance and medication safety. Most GPs reported no perceived positive impact (67%, n = 140), describing no observable change in practice, access, or confidence in local CAMHS. A substantial proportion felt the main value of the review was in exposing deficits, governance gaps, and workforce problems (33%, n = 68), including long-standing structural weaknesses, unsafe prescribing oversight, and understaffing. Fewer respondents expressed cautious hope for future quality improvements (16%, n = 34), pointing to early signs of better referral thresholds, improved organisation, or more transparent systems. Finally, some GPs highlighted gains in medication safety and oversight (12%, n = 25), such as increased parental scrutiny, stronger consent processes, and closer monitoring of antipsychotic prescribing. These benefits were described as limited and contingent, often overshadowed by enduring concerns about access and trust.

Table 2
GPs Perceptions of the Impact of the Look-Back Review on CAMHS Nationally: Key Themes and Illustrative Quotes

Theme	n (%)	Illustrative quotes
No positive impact on CAMHS nationally	140 (67.3%)	*"Not noticed by me in daily practice. I feel most people (clinicians and parents) believed this to be a more isolated issue"* [GP1] *"No positive impact felt locally"* [GP2] *"I have not felt much change of practice in our local CAHMS"* [GP3] *"There is widespread cynicism regarding most HSE services; Maskey confirms this and it will take several years of much improved services to get yourselves out of the hole you've dug for yourselves"* [GP4]
Recognition of deficits, governance gaps, and workforce issues	68 (33.7%)	*"It has highlighted the longstanding inadequacies of the CAMHS service and shed some light on the poor prescribing practices within the service, and the oversight of same" [GP4]* *"Highlighted unsafe working conditions for NCHDs and lack of senior clinical oversight that is not restricted to south Kerry or the CAMHS speciality"* [GP5] *"Highlights the need for sufficient qualified staffing and robust clinical governance"* [GP6] *"It highlighted the deficiencies in the system, and the unsafe, unsupervised prescribing that was previously undetected"* [GP7] *"Recognition of the gross under resourcing of services"* [GP8] *"Creating awareness of the difficulties families have in accessing quality psychiatric care for their children"* [GP9]
Cautious hope for quality care improvements	34 (16.3%)	*"There is definitely a sense that CAMHS is striving to improve, which we are delighted to see"* [GP10] *"I do not know if it is a co-incidence but there has been increased acceptance of our CAMHS referrals in the last year… I estimate that they now accept 50% of referrals"* [GP11] *"Potentially to bring referrals from GPs to CAMHs online so that there is a transparent process of referral"* [GP12] *"My impression is improved staffing and organisation in our area since the look-back review"* [GP13] *"Seem to have more reasonable threshold to review referrals"* [GP14]

Theme	n (%)	Illustrative quotes
Improved medication safety and oversight	25 (12.0%)	*"Parents and caregivers are more aware of the negative impacts of medications and overprescribing, which may be a possible positive"* [GP15] *"Wider parental awareness to question medication"* [GP12] *"I became aware of the need to monitor patients who are on anti-psychotics, and now do so"* [GP16] *"Yes, I feel we are more able to query overprescribing"* [GP17] *"Consent required for medication prescribing now"* [GP18]

GPs Perceptions of the Negative Impact of the Look-Back Review on CAMHS Nationally

Two hundred and eight GPs provided free-text responses on whether the look-back review had any negative national impact on CAMHS, from which five themes were identified (Table 3). Themes highlighted substantial erosion of trust and confidence in CAMHS, perceived worsening access, and reputational harms driven by media and public narratives. The most frequently reported was a loss of trust and public confidence in CAMHS (57%, n = 118), with GPs describing widespread parental reluctance to accept referrals, erosion of faith in the service, and growing cynicism among families and clinicians. A further 28% (n = 55) reported worsening access and more restrictive referral practices, including higher rejection rates, reduced assessment capacity, and intensified gatekeeping. Public and media-driven reputational damage was also commonly described (20%, n = 41), with concerns that increasingly negative rhetoric may deter families from seeking help. Heightened parental anxiety about medication and psychiatric treatment accounted for 18% (n = 38), reflecting fears about prescribing safety and reluctance to consider pharmacological options even when potentially beneficial. Finally, workforce impact and demoralisation were identified by 13% (n = 27), with reduced morale, recruitment challenges, and perceptions of CAMHS as a less attractive career option.

Table 3
GPs Perceptions of the Negative Impact of the Look-Back Review on CAMHS Nationally: Key Themes and Illustrative Quotes

Theme	n (%)	Illustrative quotes
Loss of Trust and Public Confidence in CAMHS	118 (56.7%)	*"Confidence in CAMHS has been severely damaged"* [GP19] *"Yes, parents may explicitly cite this as a reason they do not wish their child referred to CAMHS"* [GP20] *"Has caused worsening confidence in the CAMHS service and a reluctance for parents to bring their child to the service, leading to an increasing reliance on an already strained general practice service"* [GP21] *"Parents have lost faith in the system"* [GP22] *"Cynicism and lack of trust now exist between the public, GPs and CAMHS"* [GP23]
Worsening access and gatekeeping of referrals	55 (28.4%)	*"Yes – much more difficult to get a referral accepted even for assessment"* [GP24] *"It seems as a GP that no referrals are accepted… They can't be held responsible for cases they never see"* [GP25] *"Huge increase in rejected referrals without patient being seen. Feels like they are avoiding patients being in the waiting list"* [GP26] *"Access to CAMHS remains a huge barrier"* [GP27] *"The negative effects have been tremendous… CAMHS referral process in response has become a nightmare of form filling"* [GP28]
Damaged reputation and public/media negativity	41 (19.7%)	*"The public rhetoric is more negative towards CAMHS. Public perceptions of services has been negatively affected"* [GP11] *"Very poor public image for CAMHS"* [GP18] *"May negatively affect public perception of the potential help of psychiatric services for their children and delay them reaching out for help"* [GP20] *"Reputational damage to CAMHS has been massive."* [GP29] *"Further degradation of CAMHS' bad reputation"* [GP30]
Heightened Parental Anxiety About Medication and Treatment	38 (18.2%)	*"Parents fear of CAMHS and what their child will be prescribed has increased"* [GP31] *"Yes, parents may explicitly cite medication and safety as a reason they do not wish their child referred to CAMHS"* [GP32] *"Children who really might need medication more nervous"* [GP33]

Theme	n (%)	Illustrative quotes
		"Parents feel medication is given instead of appropriate counselling / therapy as it is easier and cheaper and requires less resources. Parents do not trust the service will assist them and their child" [GP34]
Workforce impact and demoralisation	27 (13.0%)	*"Disillusioned healthcare workers, reputational damage for CAMHS"* [GP35] *"Frightening doctors off working in CAMHS… No local permanent CAMHS psychiatrist for 3 years"* [GP36] *"See previous. Now huge issues recruiting and retaining staff"* [GP37] *"Lack of confidence, failure to be an attractive career option"* [GP38] *"The manpower issue at the core of this has not been addressed"* [GP39]

GP Perspectives on What CAMHS Is Doing Well

Two hundred and eight GPs provided free-text responses describing what they perceived CAMHS to be doing well, from which four positive themes were identified (Table 4). The most frequently endorsed strength was high-quality care once children are accepted into the service (64%). GPs highlighted holistic assessment, specialist clinical expertise, and consistent follow-up for those who successfully gained access to CAMHS. Effective management of severe, high-risk, and acute presentations was identified by 41% of respondents, with GPs noting timely responses to crisis, stepped-up levels of care, and intensive support for the most unwell young people, including those presenting with suicidality or eating disorders.

Nearly one-third of GPs (29%) described clinician compassion and professional commitment despite system constraints, emphasising the care, dedication, and advocacy demonstrated by individual CAMHS staff working within an overstretched and under-resourced service. Finally, 26% of respondents commented on the perceived value of multidisciplinary team (MDT) input for children and families, highlighting the benefits of integrated psychiatric, psychological, and allied health involvement in addressing complex needs. Across all themes, strengths were almost universally framed as conditional. High-quality care, effective MDT working, and positive outcomes were perceived to be largely confined to children who succeeded in being accepted into CAMHS, particularly those with severe or high-risk presentations.

Table 4
GP Perspectives on What CAMHS Is Doing Well: Key Themes and Illustrative Quotes

Theme	n (%)	Illustrative quotes
High-Quality Care Once Children Are Accepted into the Service	132 (63.4%)	*"They provide an excellent service and holistic approach to children with mental health problems"* [GP12] *"Once a child is accepted by CAMHS, the care and expertise are generally excellent"* [GP27] *"Very comprehensive assessments and good multi-disciplinary input when a child is actually in the service"* [GP40] *"Good at managing severe and complex mental health disorders in young people"* [GP41] *"High quality psychiatric care when cases are seen, with thoughtful reviews and appropriate treatment plans"* [GP42] *"CAMHS are very good with complex needs, particularly in relation to psychosis, bipolar disorder and severe depression"* [GP43] *"When enrolled and accepted into the system it performs very well and children and families are very grateful"* [GP44]
Effective Management of Severe, High-Risk, and Acute Presentations	86 (41.3%)	*"They are very helpful when there is acute risk, especially with suicidal ideation or self-harm"* [GP33] *"Doing well in crisis support for the most unwell teens"* [GP39] *"Responsive to emergency referrals and safeguarding concerns"* [GP43] *"They try their best for complex cases in difficult circumstances and under extreme pressure"* [GP44] *"The inpatient and intensive community responses for young people at high risk are generally very good"* [GP45] *"Good at stepping up the level of care quickly when a young person deteriorates significantly"* [GP46]
Clinician Compassion and Professional Commitment Despite System Constraints	61 (29.3%)	*"Individual clinicians are doing their best in a very under-resourced system"* [GP5] *"The staff I have dealt with are caring, compassionate and clearly advocate for their patients"* [GP13]

Theme	n (%)	Illustrative quotes
		"CAMHS teams are working hard despite impossible demand and limited resources" [GP22] *"Clinicians appear genuinely committed to helping young people, even if the system around them is flawed"* [GP47] *"There are some excellent doctors and therapists in CAMHS who go above and beyond for families"* [GP48] *"Front-line staff are generally kind and supportive to distressed young people and their parents"* [GP49]
Perceived Value of Multidisciplinary Team (MDT) Input for Children and Families	54 (26.0%)	*"Very comprehensive assessments and good multi-disciplinary input when a child is actually in the service"* [GP11] *"Good access to psychology, OT and family therapy once a child is taken on by CAMHS"* [GP50] *"The MDT model works well – psychiatry, psychology and other team members all contributing to care"* [GP51] *"Good multi-disciplinary team working for complex cases, with input from different professionals around the child"* [GP52] *"Once accepted, children benefit from a range of supports within the team rather than just seeing a doctor"* [GP53]

GP-Identified Concerns and Challenges with CAMHS

Two hundred and eight GPs provided free-text responses describing their concerns and challenges in working with CAMHS, from which five overarching themes were identified (Table 5). The most frequently reported theme related to severely restricted access and high rates of referral rejection (69.2%). GPs described CAMHS as effectively inaccessible for many children, with limited assessment capacity and a large proportion of referrals declined despite high levels of clinical concern. Over one-third of respondents (36%) described a perceived 'them and us' culture and breakdown in GP–CAMHS working relationships, characterised by poor communication, lack of collegiality, and a sense that GP clinical expertise was not respected or valued.

Concerns regarding service culture, ethos, and perceived impact on quality of care were reported by 29% of GPs. These accounts included perceptions of inefficiency and low work ethic, limited trauma-informed practice, and service responses that were viewed as exacerbating rather than alleviating distress among children and families. A further 22% highlighted bureaucratic burden and administrative processes as barriers to care, describing cumbersome paperwork, outdated communication systems, and complex

referral requirements that delayed or obstructed timely access to services. Finally, 21% of respondents described a perceived inappropriate transfer of clinical responsibility and risk to general practice, including expectations that GPs undertake specialist monitoring, manage psychotropic medication without adequate support, and absorb clinical risk when young people were discharged or ‘timed out’ of CAMHS without clear transition arrangements to adult services.

Table 5
GP-Identified Concerns and Challenges with CAMHS: Key Themes and Illustrative Quotes

Theme	n (%)	Illustrative quotes
Severely Restricted Access and High Rates of Referral Rejection	144 (69.2%)	*"Access to services are so poor. ADHD assessment and management is nearly impossible to access. Parents are at their wits end trying to manage children and all services including psychology is so difficult to access. It appears that CAMHS can only take children and teens in crisis. More referrals are rejected than accepted- this is not the case with any other service"* [GP54] *"Almost complete lack of access and unacceptable waiting times for vulnerable children. Almost always advised to access elsewhere despite even longer waiting lists elsewhere"* [GP55] *"Completely inaccessible, verging on a 'non-service"* [GP56] *"Refuse 70%+ of referrals and 'refer to local services' that are non-existent"* [GP57] *"CAMHS more often reject appropriate referrals from GPs. It seems to me that CAMHS spend more time actively rejecting referrals than actually treating patients"* [GP58]
A 'Them and Us' Culture: Breakdown in GP–CAMHS Working Relationships	75 (36.1%)	*"Very poor service in my area… CAMHS can be very lazy about communicating with GPs and they don't seem to be computerised or have any practice software or even internet or emails which is insane"* [GP59] *"Access, communication. Open dialogue with GP colleagues. Very much a them and us culture"* [GP60] *"Very little communication… Communication can be patchy… Referrals returned as if CAMHS team knows more than GP about a patient they have not seen"* [GP60] *"Poor access, no communication, not treating us like colleagues and treating us like junior drs which I hate"* [GP61] *"There is a sense of superiority with regards to CAMHS and a belittlement of what GPs see on a daily basis. There is no sense of collegiality or consideration into how we can both come together to make this situation better for the patients involved"* [GP62]
Perceived Service Culture, Ethos, and Impact on Quality of Care	60 (28.8%)	*"They are the most difficult service that I work with. They refuse most referrals. I have had many children say that they feel worse after seeing CAMHS. They do not practice trauma informed care"* [GP63] *"It feels like CAMHS spend most of their time finding reasons not to see patients. Meanwhile children are struggling in school and slipping behind especially if they do not have parents who can advocate for them"* [GP64] *"As part of my GP training I worked in the CAMHS service… I was taken aback by the low work ethic and inefficiency within*

Theme	n (%)	Illustrative quotes
		the service… Often times Team members would only see 3 or 4 patients per day" [GP65] *"They are purposefully distant, inaccessible, overwrought with paperwork, unwilling or incapable of owning their personal responsibility in monitoring and managing young children on medication and delighted to off load and dump on GP"* [GP66] *"CAMHS will also often discharge patients for non- attendance at clinics which should be a red flag rather than a reason to stop seeing the patient given the population we are dealing with"* [GP67]
Bureaucratic Burden and Administrative Processes as Barriers to Care	46 (22.1%)	*"Non engagement with technology, still on fax!. Awful communication"* [GP68] *"Fussy forms and not accepting a letter, lots unnecessary info asked on referral form. Recently I downloaded CAMHS referral form from HSE website and sent that in only to have another different form sent to the surgery for me to complete"* [GP69] *"The entire CAMHS referral process is a disgrace. There should be no need to fill in realms of paper work with impossible questions to answer. We should not have to effectively do your job for you before we refer – e.g. what is the diagnosis, ECG and bloods etc"* [GP70] *"Very poor communication, only correspond by letter. In an urgent case, can only speak to a registrar"* [GP71] *"Given up referring, long waiting list, complicated referral system, too many barriers to referral, too many criteria, complicated forms designed to make it more cumbersome to refer and hence reducing numbers"* [GP72] *"Very onerous requirements to provide education documents and reports – which GPs don't have. Also requesting on occasion cardiology and paediatric reports or even psychological reports – average for same 3 years"* [GP73] *"The service is overwrought with paperwork and administrative processes that delay care rather than facilitate it"* [GP74]
Perceived Inappropriate Transfer of Clinical Responsibility and Risk to General Practice	44 (21.2%)	*"CAMHS discharging children to GP solely at age 18 with ADHD on medication instead of transfer to adult psychiatry. This is a huge problem"* [GP31] *"Where children have ADHD and are going on medication, referring them back to GP for a cardiology assessment – which is essentially a transfer of risk to us. I am not a paediatric cardiologist"* [GP33] *"Refusal to monitor medications… Asking GPs to do monitoring bloods, ECGs etc."* [GP67] *"Requesting GP carry out ECG which is beyond our scope of expertise citing that paediatric hospital not providing service.*

Theme	n (%)	Illustrative quotes
		Leads to difficulties with parents who can view the GP as being obstructive" [GP68] *"Access, communication, fragmentation between CAMHS subgroups, timing out many teens in the run up to being 18. Tendency to discharge before 18 rather than transfer to adult services"* [GP75]

GP Perspectives on How to Improve the Care Quality of CAMHS

Across the 208 responses, GPs most frequently called for radically improved access, capacity, and referral pathways, with three-quarters of respondents (75%) describing CAMHS as functionally inaccessible and emphasising the need for clearer, more integrated triage systems spanning CAMHS, primary care psychology, disability, and voluntary services. Over half of respondents (58%) highlighted the need for system-wide expansion and adequate resourcing across the child mental health care continuum, including increased staffing, strengthened multidisciplinary capacity, improved access to talking and family-based therapies, and dedicated provision for children with mild to moderate difficulties who currently fall between service thresholds.

Just over half of GPs (52%) emphasised the importance of improved communication, collaboration, and respectful GP–CAMHS working relationships, calling for clearer referral criteria, shared guidance, and more trusting, collegial engagement between primary and secondary care. Finally, more than one-third of respondents (36%) identified the need for greater clinical ownership and accountability within CAMHS, including assuming responsibility for physical monitoring associated with psychotropic prescribing, providing clear and timely post-review communication, and ensuring safe transitions and continuity of care into adult services.

Table 6
GP Perspectives on How to Improve the Care Quality of CAMHS: Key Themes and Illustrative Quotes

Theme	n (%)	Illustrative quotes
Radically improved access, capacity and referral pathways	156 (75.0%)	*"Improve access for new patients… It would be helpful if autistic children weren't sidelined… It's not helpful as parents feel like they are constantly getting the run around"* [GP23] *"See more patients, do outreach clinics with GPs, work more closely with GP around referrals"* [GP24] *"Improve access. Clear pathways. Perhaps consider a triage system… if they deem referral inappropriate they can send it on to the appropriate service"* [GP30] *"Access to an appropriate timely consultant appointment to assess a child that a GP is concerned about as opposed to just triaging a referral and saying no"* [GP76] *"A central referral triage for all child mental health issues which would involve integration and co-operation between CAMHS, HSE child psychology, disability services and voluntary sector"* [GP77]
Call for Expansion and Adequate Resourcing Across the Child Mental Health Care Continuum	121 (58.2%)	*"There needs to be some service provided for children with mild to moderate difficulties… I have children who are self-harming / anxious / depressed but as they don't fall into the severe category the referrals are sent back to us with vague advice"* [GP33] *"Need more funding, significantly increased access to talking therapy and especially family therapy"* [GP44] *"More services for moderate mental health issues, more access to psychology and MDT even if medications not indicated"* [GP50] *"Need to identify pathways for children with mental health difficulties who you don't feel meet your criteria. There are no other services for them, so to decline to see them is inappropriate"* [GP78] *"Needs to have multidisciplinary service that talk to each other… If we care for children's mental health we will likely have healthier adults"* [GP79] *"Recruitment and retention of staff — the service is clearly understaffed and lacking clear leadership"* [GP80] *"More doctors, nurses, psychologists and support staff"* *"Increased funding to CAMHS themselves and to primary care psychology, CNDT etc."* [GP81] *"The entire structure of child and adolescent mental health needs to be looked at to provide appropriate comprehensive and coordinated care"* [GP82]

Theme	n (%)	Illustrative quotes
Improved Communication, Collaboration, and Respectful GP–CAMHS Relationships	109 (52.4%)	*"I feel they should trust the referrer if they feel there is a clear mental health issue. They can always discharge the patient if they disagree upon assessment"* [GP16] *"Open communication with GPs on indications for referral. An easily accessed guideline agreed by the colleges of GPs and psych would be a helpful start"* [GP26] *"Improve communication between consultants and GPs. Clear referral criteria"* [GP61] *"Better communication and team work with GPs – we are all working under extraordinarily challenging conditions… We should be members of the same team, not pitted against each other"* [GP75]
Greater Clinical Ownership and Accountability Within CAMHS	74 (35.6%)	*"Do their own bloods and ECGs… the service needs to be sufficiently resourced to have adequate staffing levels"* [GP76] *"Letter to GP after each clinic visit outlining actions from that review and clearly documenting medications prescribed. CAMHS should also take responsibility for the baseline requirements for these medications"* [GP78] *"Ensure patients are linked in with adult services before discharge… Greater clarity on patient throughput, new patient assessment waiting times, and community psychiatric nursing supports"* [GP83] *"Stop dumping work of physical work up and meds monitoring on patients to GPs. We have neither contract nor resources to do it"* [GP84]

Discussion

Summary of Findings

This national mixed-methods survey is, to our knowledge, the first to examine Irish GPs' experiences of CAMHS in the context of a highly publicised look-back review. GPs overwhelmingly described CAMHS as functionally difficult to access, with high rates of referral rejection and a perception that only the most acute cases were seen, yet reported high-quality specialist care once children were accepted. The review was perceived to have further damaged trust in CAMHS, reducing caregiver and GP willingness to engage, worsening perceived access, and intensifying strain at the GP–CAMHS interface, including concerns about communication, gatekeeping, transfer of prescribing risk and a growing sense of a "them-and-us" culture.

Interpretation of Findings

These findings suggest that highly publicised service reviews or regulatory inquiries, although intended to strengthen safety and governance, may generate unintended consequences across the wider child and adolescent mental health system. This aligns with wider literature showing that quality and performance initiatives can alter professional behaviour, foster defensive practice, and reduce trust among clinicians and patients (6–11). In the Irish CAMHS context, previous research following the look-back review (Maskey report) has documented increased stress, reduced work motivation, and heightened prescribing anxiety among child and adolescent psychiatrists, alongside greater caregiver concern regarding medication safety (4, 5). Our findings indicate that these dynamics extend into primary care, influencing GPs' confidence in CAMHS, willingness to refer, and perceptions of prescribing safety.

Taken together, this pattern reflects an "evaluation paradox": review processes designed to restore trust and improve accountability may inadvertently undermine confidence in services and reshape clinical behaviour. For GPs, this was experienced as greater reluctance among families to accept referrals, concern about underprescribing in CAMHS, and a sense of carrying more clinical and relational work when specialist services were viewed as unsafe or inaccessible. The impact of highly publicised service reviews may therefore extend beyond the service being evaluated to affect professional relationships, referral pathways, and perceptions of safety across the wider child mental health system.

Access emerged in this study as the central quality concern from the GP perspective. GPs consistently described CAMHS as difficult to access for many referred children, citing high rates of referral rejection, long waiting times, and a sense that services could only accommodate the most acute or crisis presentations. Similar concerns raised by GPs have been reported internationally (14, 15, 18, 19). These findings may reflect a structural mismatch between rising demand for child mental health care and constrained workforce and service capacity. In such contexts, services may apply more restrictive referral thresholds in order to manage demand, which may be experienced by GP referrers as gatekeeping practices.

At the same time, CAMHS was widely perceived as delivering high-quality specialist care once children were accepted into the service. This creates what may be described as a "service paradox": excellent multidisciplinary care for a relatively small group of the most unwell young people, while many children referred from primary care are never seen. For GPs, this means that access is not simply an operational challenge but a core dimension of service quality.

However, improving access without expanding system capacity risks longer waiting times, workforce strain, and delayed interventions. This has been observed in other child mental health systems where access initiatives, such as Single Points of Access, rapidly increased demand on already near-capacity services (18, 20). Meaningful improvement will therefore likely require investment across the wider child mental health pathway including primary care, community services, schools, and disability supports so that CAMHS can maintain its specialist role while ensuring children presenting in primary care are not excluded from appropriate care (14, 15, 19).

The working relationship between CAMHS and primary care emerged as a further key concern. As the main gateway to specialist services, GPs play a central role in identifying difficulties, supporting families, and initiating referrals. Yet this role was often described as insufficiently supported. GPs reported limited communication, unclear or inconsistently applied referral criteria, and a perceived lack of shared clinical ownership of young people's care, particularly when referrals were declined or when responsibility for monitoring and follow-up was returned to general practice without a clear plan. International work has similarly highlighted uncertainty about primary care roles in child mental health, limited support from specialist services (21, 22), and relatively rare use of structured joint-working models such as shared case management, joint clinics or primary mental health worker roles (23).

Evidence from integrated care models suggests that stronger links between primary care and specialist mental health services can improve coordination and access. Approaches such as joint consultations, shared-care arrangements and consultation services can support case discussion, clarify referral decisions, and build primary care capacity (24, 25). Strengthening the CAMHS–primary care interface through clearer referral pathways, accessible consultation, and shared responsibility for monitoring and risk may therefore be an important route to improving continuity of care for children presenting with mental health difficulties in general practice. Given their role as the first point of contact for most families, service changes should be developed with GPs as active partners rather than downstream implementers.

Strengths and Limitations

This study has several strengths. It includes a relatively large national sample of GPs from across Ireland, providing insight into GP experiences of working with CAMHS in routine practice. The mixed-methods design combined quantitative survey data with qualitative responses, allowing both the scale and the context of GP experiences to be explored. Examining GP perceptions in the context of a nationally publicised look-back review also offers insight into how system-level reviews may influence professional confidence and referral behaviour.

Several limitations should be acknowledged. Participation was voluntary and the sample may therefore be subject to self-selection bias, with GPs holding stronger views more likely to respond. The findings reflect GP perceptions rather than objective service performance, and we did not collect linked CAMHS activity data to corroborate reported access and referral patterns. The cross-sectional design limits causal inference regarding the relationship between the national review and observed changes in perceptions; recollection of "before" and "after" may also be influenced by contemporaneous media coverage and wider system pressures. Finally, the study was conducted in one national context; while many findings are likely transferable to similar CAMHS-style systems, applicability to different service models should be considered cautiously.

Researcher Reflexivity

The research team included clinicians and researchers from CAMHS, paediatric liaison psychiatry, academic general practice, and pharmacy. These perspectives influenced how the research questions were framed and how findings were interpreted, particularly around service quality and prescribing. To mitigate this, analyses were conducted collaboratively by researchers from different professional backgrounds, with coding decisions and interpretation discussed until consensus was reached. We recognise, however, that our own experiences of working in stretched child and adolescent mental health systems may have sensitised us to themes of access, trust and professional relationships.

Implications for Clinical Practice, Policy and Future Research

For GPs, these findings highlight the importance of clear, reliable referral pathways and timely feedback from CAMHS. Strengthening routine communication, including referral guidance, accessible consultation and advice lines, and consistent discharge information could help support decision-making, reduce uncertainty, and share clinical responsibility more equitably. When major service reviews are undertaken, structured engagement with primary care, including early communication of findings and agreed local plans for managing risk and prescribing, may help prevent the “evaluation paradox” of reduced trust and confidence in services that are under scrutiny.

At a policy level, addressing the “service paradox” will require investment across the child mental health system, not only within CAMHS. Enhancing community-based psychological and family interventions, school-linked supports and primary care mental health resources could provide appropriate care for children who do not meet CAMHS thresholds, while allowing CAMHS to focus on the most complex presentations. Future research should examine the impact of specific joint-working models between CAMHS and primary care on access, prescribing safety, and family experience, and explore how communication around service reviews can be designed to rebuild, rather than erode, professional trust and working relationships.

Conclusion

This study provides the first national examination of Irish GPs’ experiences of working with CAMHS in the context of a highly publicised service review. While CAMHS was widely perceived as providing high-quality specialist care for children who access the service, GPs consistently described severe constraints on access and growing strain at the primary–specialist interface. The findings suggest that highly publicised service reviews may influence professional trust, referral behaviour, and perceptions of safety across the wider child mental health system, extending beyond the specific service under review. These findings highlight the importance of clear communication, collaborative referral pathways, and stronger working relationships between CAMHS and primary care to support timely access to care for children and families.

Abbreviations

CAMHS
Child and Adolescent Mental Health Services
MR
Maskey Report
SPA
Single Point of Access
UK
United Kingdom
UNICEF
United Nations Children's Fund
US
United States
WHO
World Health Organisation.

Declarations

Ethics Approval and Consent to Participate

Ethical approval for this study was obtained from the University College Dublin Human Research Ethics Committee (reference: LS-LR-23-54-Bond-McNicholas). All participants provided informed consent before participation. The study was conducted in accordance with the Declaration of Helsinki. Participant anonymity and confidentiality were protected throughout.

Acknowledgements

The authors would like to thank the non-profit organisations who supported dissemination of the survey, and the GPs who generously shared their experience and expertise.

Consent for Publication

Not applicable. This study did not involve identifiable personal data, images, or other information requiring individual consent for publication. All data were collected anonymously, and no participants can be identified from the results presented.

Availability of Data and Materials

All data generated or analysed during this study are included in this published article. The study was based on an anonymous, cross-sectional online survey of GPs, and no additional datasets were generated or analysed beyond those reported. Due to the sensitive nature of the qualitative responses and the need to protect participant confidentiality, individual survey responses and raw qualitative data are not publicly available. Further information about the data or access to aggregated, de-identified data

may be available from the corresponding author upon reasonable request and subject to ethical approval.

Competing Interests

The authors declare no competing interests.

Funding

There was no funding for this study and no funders to declare.

Authors' Contributions

LB conceived the study, led the media analysis, and drafted the manuscript. AG and RP contributed to data collection, coding, and analysis. JH and SG provided methodological guidance and critical revisions. FM supervised the project, contributed to the interpretation of findings, and reviewed the manuscript for important intellectual content. All authors read and approved the final manuscript.

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