

SCOPING REVIEW OPEN ACCESS

Parents' Experiences of Accessing Mental Health Services for Their Adolescents With Mental Health Challenges: A Scoping Review

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ABSTRACT

Aim: To analyse the literature on parents' experiences of accessing mental health services with their adolescents for mental health challenges in Ireland.

Background: Health systems globally have inadequately addressed mental health service needs resulting in notable gaps between population needs and access to adolescent mental health services.

Methods: This scoping review followed Arksey and O'Malley's six-stage framework and PRISMA-ScR reporting guidelines. Five electronic databases SocINDEX, MEDLINE, CINHALL, Scopus and EBSCO were searched and reference lists screened 2015–2024.

Results: Twenty-three studies were included. Applying Braun and Clarke's thematic analysis identified three themes: adolescent community mental health services for adolescents with mental health challenges, accessing mental healthcare services via emergency departments for adolescents with mental health challenges and parents' experiences of accessing mental health services for their adolescents with mental health challenges.

Conclusion: Parents' experiences of accessing mental health services for their adolescents are not fully understood, and further research is required to map key concepts to inform practice and policymaking.

Relevance to Clinical Practice: The findings from this scoping review highlight challenges for adolescent mental health services in Ireland and internationally. Heightening awareness of these issues is necessary to improve the clinical practice of nurses.

No Patient or Public Contribution: This was a scoping review study.

1 | Introduction

This scoping review synthesises evidence on parents' experiences of accessing mental health services with their adolescents for mental health challenges in Ireland. The review was conducted to inform the response to the needs of adolescents and their parents accessing mental health services in Ireland,

with findings anticipated to have implications for child and adolescent mental health services (CAMHS) internationally. Demographic data from the Irish Central Statistics Office reports an increase in the population of adolescents (CSO 2022) with 1 in 10 adolescents experiencing mental health challenges. This directly impacts an increased need for CAMHS (Health Service Executive 2013; McNicholas 2018; Naviaux and

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Summary

- What Does This Paper Contribute to the Wider Global Community?
 - Internationally the number of adolescents with mental health challenges is increasing exponentially.
 - Knowledge of parents' experiences of accessing mental health services with their adolescent is lacking, further research is essential to add to the body of evidence.
 - This scoping review demonstrates challenges that exist for adolescent mental health service provision nationally in Ireland and for the wider global community.

Zdanowicz 2019). McNicholas (2018) highlights strains exist on access to mental health services for adolescents as increasing access to mental health services is sought (McNicholas et al. 2021). There is a dearth of research evidence regarding parents' experiences of accessing mental healthcare services with their adolescents with mental health challenges. This review, guided by Arksey and O'Malley's (2005) framework, synthesises the state-of-art knowledge on the broad topic of adolescents with mental health challenges and their parents' experiences of accessing mental health services. The aim is to map key concepts to inform international best practices, policies and further research.

The World Health Organization (WHO) indicate that health systems globally have inadequately addressed the burden of mental health conditions, and as a result, there is a notable gap between population needs and the provision of mental health services internationally (WHO 2021). The WHO presents a vision for mental health care that is valued and protected, and that those in need of services can access high-quality timely care to achieve their highest level of health. However, to ensure that this vision is reflected in practice for adolescents with mental health conditions innovations are required (WHO 2021; Mental Health Commission 2023). A series of policy documents have been published mapping Irish mental health services in the last two decades as illustrated in Table 1.

A Vision for Change landmark policy framework was published by the Irish Department of Health (DoH 2006). This policy provided a strategic approach aimed at creating a seamless system providing timely interventions through working collectively with families and service users (DoH 2006). Fourteen years later, Sharing the Vision: A Mental Health Policy for Everyone targeted enhancing the quality of mental health care for adolescents (DoH 2020). CAMHS is the 'specialist mental health service which provides assessment and treatment for young people up to 18 years of age who experience moderate to severe mental illness' (MHC 2023, 24). Typically, CAMHS in Ireland currently operates Monday–Friday 9 am–5 pm service, with limited variation in service provision outside of these working hours (McNicholas 2018; MHC 2023) and ongoing deficits remain in the Irish context as identified in the studies of Coyne et al. (2015); McNicholas (2018) and the Maskey Report (Maskey 2022).

McNicholas (2018) identifies that CAMHS is over-stretched and under-resourced from a staffing perspective. Coyne et al. (2015) contend that children are waiting up to 18 months to be seen, resulting in many parents considering accessing private mental health services or attending emergency departments (EDs) due to the uncertainty about accessing timely community-based mental health care. The MHC interim report identifies serious concerns including safety risks due to inadequate clinical governance that impact the well-being of children and adolescents. The Mental Health Commission (2023) contends that they will continue to monitor these risks, however, cannot enforce action as CAMHS is not currently regulated by the MHC. The MHC (2023) recommends the immediate regulation of CAMHS by the MHC. This would enable the State and HSE to implement both governing and clinical reforms to CAMHS services. This aims to ensure adolescents in Ireland have access to a safe evidenced-based service with improved accessibility and involvement of their families within CAMHS services (MHC 2023).

A series of policy documents have also been published mapping International mental health services (Table 2).

The Organisation for Economic Co-operation and Development (OECD) (2023) 'Health at a Glance' Report indicates that adolescent mental health in Europe deteriorated dramatically during the Covid pandemic, with numbers of adolescents presenting with depression and anxiety doubling in some European countries. This sharp increase in service demand poses challenges to an already over-stretched system. This is reflected as one in two adolescents in the EU reporting that their mental health needs were not adequately addressed during the pandemic. Those with pre-existing mental health concerns describe a worsening of their well-being because of the disruption to mental health services (OECD 2023).

Internationally, fragmented mental health services and long waiting times for adolescents to be assessed and reviewed are illustrated by the WHO (2022) and Care Quality Commission (CQC) (2018). Campbell et al. (2020) and Holder et al. (2017) found that subsequently, EDs are increasingly becoming the first point of contact for adolescents to access mental health services. The focus of this scoping review is to explore the experiences of parents' accessing mental health services for their adolescents with mental health challenges by synthesising the evidence-base of parents' experiences of accessing adolescent mental health services.

2 | Aim

To analyse literature on parents' experiences of accessing mental health services with their adolescents for mental health challenges in Ireland.

3 | Methods

3.1 | Study Design

Arksey and O'Malley's (2005) scoping review framework of six stages was employed: identifying the research question;

TABLE 1 | Irish policy reports.

Irish policy reports	Year of publication
A Vision for Change	Department of Health (2006)
A Vision for Change 9 years on	Mental Health Reform (2015)
CAMHS operational guideline	Health Service Executive (2019)
Sharing the vision: A mental health policy for everyone	Department of Health (2020)
Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the inspector of the mental health services	Interim report published by the Mental Health Commission January (2023) Full Report Mental Health Commission July (2023)

TABLE 2 | International policy reports.

International policy reports	Year of publication
Health at a Glance	Organisation for Economic Cooperation and Development (2023)
Comprehensive Mental Health Action Plan 2013–2030	World Health Organization (2021)
World Mental Health Report: Transforming Mental Health for All	World Health Organization (2022)
Are we listening? Review of children and young people's mental health services	Care Quality Commission (2018)

identifying relevant studies; study selection; charting the data; collating, summarising and reporting the results and consultation exercise. The optional Sixth-Stage Consultation Exercise was applied to validate reviewer findings and strengthen justification for further research on the experiences of parents of adolescents with mental health challenges attending EDs to access mental health services (Buus et al. 2022). The PRISMA-ScR checklist was included in this scoping review.

3.2 | Research Question: Identifying the Research Question

This scoping review's research question was what is the current state-of-art knowledge about parents' experiences of accessing mental health services with their adolescents for mental health challenges in Ireland?

3.3 | Study Selection: Identifying Relevant Studies, Inclusion and Exclusion Criteria

A search of the literature was undertaken using the databases; CINAHL, MEDLINE, socINDEX, Scopus and EBSCO with keywords: Child and adolescent mental health AND parent* experience, Child and adolescent mental health AND emergency department or ED/ed or a&e or accident and emergency AND parent* experience, Child and adolescent mental health AND emergency department or ED/ed or A&E/a&e or accident and emergency. Various sources including reference lists; hand-searching key journal; grey literature and existing networks, including the DoH and HSE were searched. This wide approach taken in scoping reviews is intended to 'generate breadth of coverage' as Arksey and O'Malley (2005, 23) support.

The population, concept, context (PCC) framework was used to establish the study's inclusion and exclusion criteria (Table 3) (Pollock et al. 2021). Contemporary literature from 2015 to 2024 was searched to ensure clinical currency and relevancy to the domain of adolescent mental health services. Two reviewers undertook the abstract screening and full-text reviewing independently to ensure reliability and reduction in potential bias.

4 | Results

A total of 4063 articles were identified from SocINDEX (79), MEDLINE (257), CINAHL (77), Scopus (2943) and EBSCO (707) databases. Eight additional records were identified from hand searching. After excluding 501 duplicates, 3562 remained for the title and abstract screening, 86 of which qualified for full-text screening. After excluding 71 studies that did not meet the eligibility criteria, 23 studies were included as illustrated in Figure 1 and Table 4.

4.1 | Study Selection and Characteristics

Twenty-three studies are included in this scoping review, originating from Canada ($n=8$), UK ($n=5$), Ireland ($n=5$), Australia ($n=4$) and Spain ($n=1$). Study methodologies include qualitative ($n=13$), quantitative ($n=8$) and mixed methods ($n=2$).

4.2 | Data Analysis

After data extraction, data analysis was carried out by three reviewers in line with Braun and Clarke's thematic analysis.

TABLE 3 | Inclusion and exclusion criteria.

PCC framework	Inclusion criteria	Exclusion criteria
Population	Parents of adolescents presenting with mental health challenges	Parents of children above 18 years of age
Concept	Parents' experiences accessing mental health services for their adolescents with mental health challenges Studies with English Language translation to enable comparative analysis	Studies about trends of demographic and epidemiological data Studies not in the English language
Context	Any mental health services for adolescents such as community settings and emergency departments Peer-reviewed primary studies: qualitative, quantitative and mixed methods between 2015 and 2024 to enable clinical currency	Hospital inpatient mental health settings Reviews, editorials, commentary articles and non-peer-reviewed studies. Studies outside of the years 2015–2024

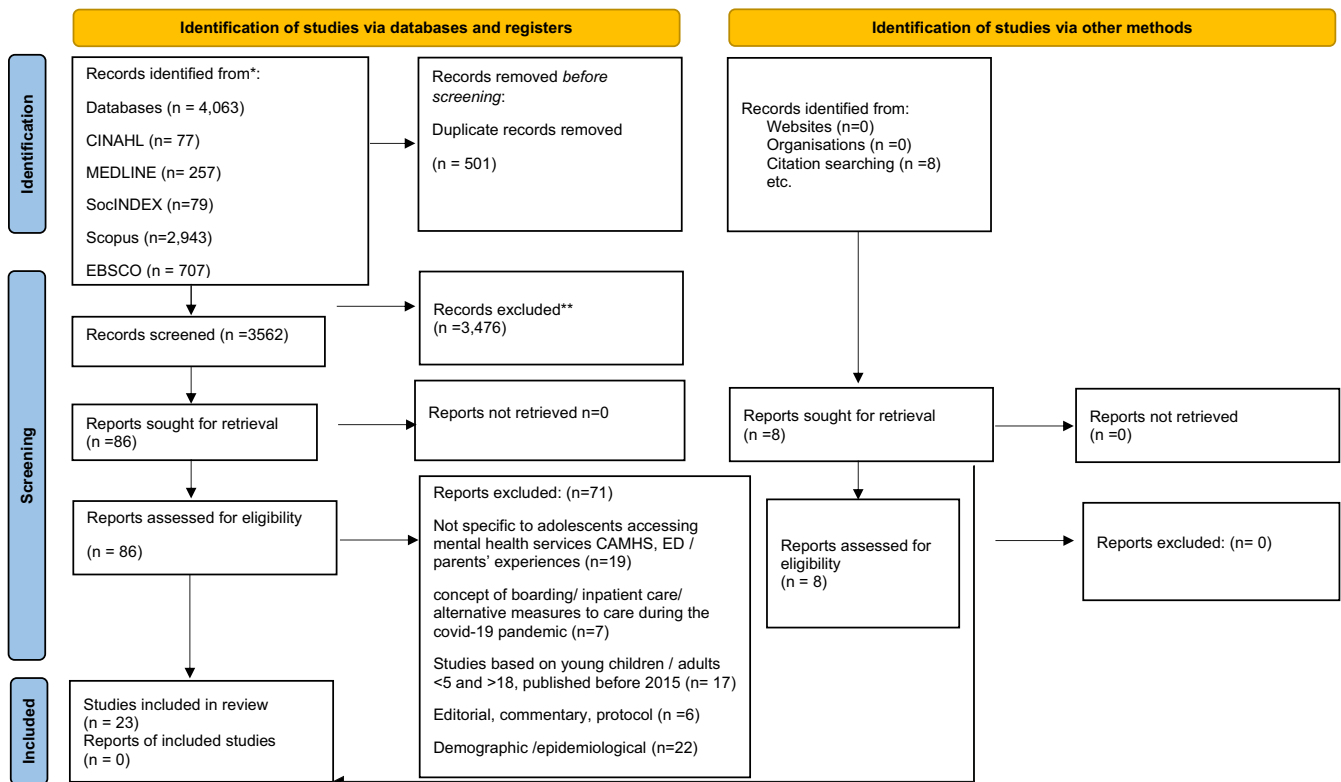


FIGURE 1 | PRISMA flow diagram (Page et al, 2021) <http://www.prisma-statement.org/>. [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com)]

Table 5 outlines the studies that supported the themes and sub-themes that evolved as part of the process of thematic analysis. Following thematic analysis three themes are reported:

Theme 1. Adolescent community mental health services for adolescents with mental health challenges.

Theme 2. Accessing mental healthcare services via EDs for adolescents with mental health challenges.

Theme 3. Parents' experiences of accessing mental health services for their adolescents with mental health challenges.

It is evident from the literature that access for adolescents and their parents to mental health services is through CAMHS, and due to deficits in CAMHS, ED presentations are increasingly

being used to access mental health services. Theme 1 explores accessing adolescent community mental health services for adolescents with mental health challenges.

4.3 | Theme 1 Adolescent Community Mental Health Services for Adolescents With Mental Health Challenges

CAMHS provides community mental health services for adolescents with mental health challenges and their parents. Significantly McNicholas (2018) found a 26% increase in referrals to CAMHS during their 5-year-study period. They found CAMHS was over-stretched and under-resourced from a staffing perspective, resulting in fragmentation of mental health services for adolescents with mental health challenges. In addition,

TABLE 4 | Data Extraction: Charting the data.

Summary profiles	Country	Aim of study	Study design methods	Main results
Brown (2018) Parents' experiences of their adolescent's mental health treatment: Helplessness or agency-based hope	Australia	The research question: 'How does parents' involvement in the child/adolescent's treatment influence their perception of how they can be helpful in their child's recovery?'	Qualitative investigation of parents' experiences of their child's treatment in an adolescent mental health service. A purposive sample of 14 sets of parents participated, being interviewed at admission, discharge and 6 months following their adolescent's discharge	The strongly emergent theme was the relationship between parents' hope and agency/self-efficacy. Parents who remained more passive in expecting expert helpers to fix their child experienced reduced hope months after finishing the program
Care Quality Commission (2018) Are we listening? Review of children and young people's mental Health Services	UK	Review of children's and young people's mental health services gathered from fieldwork in 10 health and well-being board areas in England	Qualitative review study—Interviewed 1300 people through focus groups and one-to-one interviews with staff working across different parts of the system and with children, young people, parents, families and carers who use their services	CQC found that many children and young people experiencing mental health problems do not get the kind of care they deserve. The system is complicated, with no easy or clear way to get help or support. Long waiting lists. The importance of collaboration and communication
Coates (2016) Client and parent feedback on a Youth Mental Health Service: The importance of family inclusive practice and working with client preferences	Australia	To evaluate a Youth Mental Health (YMH) service	Qualitative evaluation of a YMH service from the perspective of discharged clients and their parents. The service researcher conducted telephone interviews with 39 parents of discharged clients and 17 young people themselves	Participants reported positive or mixed experiences with the service. In addition to more generic positive statements about the service, the analysis identified two key themes: the importance of 'family inclusive practice' and the importance of 'working with client preferences'
Coyne et al. (2015) Adolescents and parents' views of Child and Adolescent Mental Health Services (CAMHS) in Ireland'	Ireland	To explore adolescents' and parents' experiences of CAMHS in relation to accessibility, approachability, and appropriateness	Qualitative descriptive approach Adolescents and parents	Challenges exist in accessing and engaging with mental health services due to a lack of information, long waiting lists to be seen, accessibility barriers and stigma including a lack of consistency within the service
Crouch et al. (2019) 'Just keep pushing': parents' experiences of accessing child and adolescent mental health services for child anxiety problems	UK	To understand families' experiences of seeking help and accessing specialist treatment for difficulties with childhood anxiety	Parents of 16 children (aged 7–12years) referred to a child mental health service for difficulties with anxiety were interviewed about their experiences of seeking and accessing treatment within Child and Adolescent Mental Health Service (CAMHS)	Barriers and facilitators: (a) parental recognition, (b) contact with professionals, (c) reaching CAMHS, (d) parental effort and (e) parental knowledge and concerns. High demands on services and parents' uncertainty surrounding the help-seeking process presented key hurdles

(Continues)

TABLE 4 | (Continued)

Summary profiles	Country	Aim of study	Study design methods	Main results
Evans (2017) Experiences of a child and adolescent mental health service	UK	To explore the experiences of children, young people and their families attending their first appointments with a Child and Adolescent Mental Health Service (CAMHS) clinic	Semi-structured interviews were conducted with a sample of 17 family groups who attended an outpatient clinic	Four themes were identified: telling traumatic events, feeling the stigma associated with mental ill health, experience of being in unfamiliar territory and having a therapeutic connection. Families attribute significant meaning to their first engagement with Child and Adolescent Mental Health Service (CAMHS)
Gadancheva, Barry, and McNicholas (2019) Adolescents presenting with mental health crises	Ireland	To examine emergency mental health presentations and assessments at an adult emergency department	Clinical data set was over a 12-month period of adolescents' presentations	Seventy-seven adolescents presented, the majority out of hours. Other presentations included low mood, anxiety and behavioural problems. Following assessment from adult mental health service team members, the majority being referred to CAMHS
Hiscock et al. (2020) Understanding parent-reported factors that influence children and young people's anxiety and depression presentations to emergency departments: A multi-site study	Australia	To determine parent-reported factors contributing to presentations to the emergency department (ED) for anxiety and depression in children	Qualitative study with parents of children and young people aged 0–17 years who attended one of four EDs across Victoria between October 2017 and September 2018 and received a primary diagnosis of anxiety or depression	Key themes as to why families presented to EDs included: listening to trusted professionals, desperation, a feeling of no alternative, respecting their child's need to feel safe and to rule out a potentially serious medical condition
Kirk et al. (2023) Perceptions of the key components of effective, acceptable and accessible services for children and young people experiencing common mental health problems: a qualitative study	UK	The aim was to identify children and young people (CYP), parents' and service providers' perceptions of the effectiveness, acceptability and accessibility of services	Case studies were conducted of nine different services for CYP with common mental health problems in England and Wales. Data were collected using semi-structured interviews with 41 young people, 26 parents and 41 practitioners and were analysed	Four key themes defined participants' perceptions of service effectiveness, acceptability and accessibility, importance of self-referral; the development of therapeutic relationships to promote service engagement; personalisation; development of self-care skills and mental health literacy

(Continues)

TABLE 4 | (Continued)

Summary profiles	Country	Aim of study	Study design methods	Main results
Kirkland, Soleimani, and Newton (2018) Review: The impact of paediatric mental health care provided outpatient, primary care, community and school settings on ED use—A systematic review	Canada	To examine the impact of mental health services delivered in outpatient, primary care, community and/or school settings on ED use and costs for ED-based mental health care	Systematic review—A total of 748 articles were retrieved. This review identified six studies that reported whether mental health programs delivered in outpatient, primary care, community and/or school settings reduced utilisation of the emergency department among children	This review found limited evidence that mental health programs impact mental health-related visits to the ED and associated costs for care. More research is needed to gain an understanding of why children present to the emergency department for mental health care despite receiving concurrent mental health care
Lategan et al. (2023) An evaluation of satisfaction with emergency department care in children and adolescents with mental health concern	Canada	To evaluate overall satisfaction with ED mental healthcare delivery. To explore aspects of ED mental healthcare delivery associated with general satisfaction	Patients < 18 years of age presenting with a mental health concern between February 1, 2020, and January 31, 2021, to two paediatric EDs in Alberta, Canada. Satisfaction data were collected using the Service Satisfaction Scale, a measure of global satisfaction with mental health services	General satisfaction was associated with perceived amount of help received in the ED ($r = 0.85$) and total satisfaction with evaluation by a mental health team member ($p = 0.004$) and psychiatrist consultation ($p = 0.05$). Comments demonstrated satisfaction with ED provider attitudes and interpersonal skills and dissatisfaction with access to mental health and addiction care, wait time and the impact of COVID-19
Leon et al. (2017) Child and Adolescent mental health repeat visits to the emergency department: systematic review	Canada	To synthesise available literature on predictors of paediatric mental health (MH) repeat ED visits and differences between repeat visitors and nonrepeat visitors	Systematic Review—A total of 178 articles were retrieved; 11 articles met inclusion criteria. Predictors were grouped into three categories: demographic, clinical and MH care access and utilisation factors	Common predictors associated with repeat ED MH visits included socioeconomic status, involvement with child protective services and previous and current MH service use
Leon et al. (2019) Family factors and repeat paediatric emergency department visits for mental health: a retrospective cohort study	Canada	To determine if family characteristics were associated with repeat emergency department (ED) visits	Retrospective cohort study. Data were collected from medical record reviews, questionnaires and telephone interviews	Of 266 participants, 70 (26%) had a repeat visit. While caregiver history of MH treatment decreased the odds of having a repeat ED visit, 45% represented ED within 30 days. 75% 3 months

(Continues)

TABLE 4 | (Continued)

Summary profiles	Country	Aim of study	Study design methods	Main results
Leung et al. (2022) Working with parents of children with complex mental health issues to improve care: A qualitative inquiry	Canada	To explore the experiences of parents of children (6–17 years) with complex mental healthcare needs in accessing healthcare services in Alberta, Canada	Qualitative study. Parents were interviewed using a semi-structured guide with open-ended and probing questions	Thematic analysis revealed three main themes: (1) Fragmented health care and a lack of a collaborative approach across disciplines in the healthcare system. (2) Navigating the complex healthcare system was difficult due to fragmented services and was hindered by gaps in accessing and receiving care, lack of continuity of care and lack of resources. (3) Distressed parents discussed the emotional challenges, financial burdens, self-advocacy and stigma they experienced in navigating the system
Mental Health Commission (2023) Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services	Ireland	To examine all community healthcare organisation (CHO) area CAMHS	Mixed methods approach using quantitative and qualitative data	Recommendations included: governance; risk management; clinical governance; staffing of CAMHS; access to CAMHS; integration of children's mental health services; vulnerable children; involvement of young people and their families in CAMHS
McNicholas (2018) Child & Adolescent Emergency Mental Health Crisis: A Neglected Cohort	Ireland	To highlight the ongoing concern regarding the mental health (MH) well-being of children and adolescents in Ireland and access to appropriate and timely MH services	Descriptive qualitative study presents an overview of child and adolescent MH services (CAMHS) and paediatric liaison psychiatry services (PLPs) along with their respective roles in the management of children presenting with acute MH crisis	Despite longstanding and growing public and professional awareness of unequal and inadequate MH services for youth, progress has been slow. The long-standing lack of parity between mental and physical health remains, most prominent in the area of access to urgent MH assessment
Naviaux and Zdanowicz (2019) Creation of an out of hours child and Adolescent Mental Health emergency service	Ireland	To trial an out-of-hours service child MH: reviewing services being delivered for 'out of hours' CAMS cover in Waterford and Wexford	Quantitative pilot study Children and adolescents under 18 years of age. February–August (2018) all interventions recorded	Successful 24 h services as had 675 interventions in 7 months. Approximately three to four patient interventions a night. Continuity of care established

(Continues)

TABLE 4 | (Continued)

Summary profiles	Country	Aim of study	Study design methods	Main results
Reardon et al. (2017) What do parents perceive are the barriers and facilitators to accessing psychological treatment for mental health problems in children and adolescents? A systematic review of qualitative and quantitative studies	UK	To synthesise findings from qualitative and quantitative studies that report parents' perceptions of barriers/facilitators to accessing treatment for mental health problems in children/adolescents	A systematic review and narrative synthesis were conducted. Forty-four studies were included in the review and were assessed in detail	Parental perceived barriers/facilitators relating to (1) systemic/structural issues, (2) views and attitudes towards services and treatment, (3) knowledge and understanding of mental health problems and the help-seeking process and (4) family circumstances were identified
Rosic et al. (2019) Trends and predictors of repeat mental health visits to a paediatric emergency department in Hamilton, Ontario	Canada	To examine patient and visit characteristics associated with repeat visits to a tertiary care paediatric ED for mental health concerns	Retrospective cohort study Data (2013–2017) administrative records review of children's ED presentations	22% (n = 1088) of individuals returned to the ED for a mental health concern within 6 months following their index visit. A repeat visit within 6 months was associated with female sex 14–17 years receiving a risk assessment by the emergency psychiatry team and having an inpatient psychiatric admission
Sarrío-Colas et al. (2020) The experiences of parents as caregivers of adolescents with mental illnesses, the impact of the crisis and the admission to a day hospital	Spain	To analyse the caregiving experience of parents whose adolescent children with a mental illness require admission to a day treatment hospital for mental health services	The study used qualitative interpretative research methods. A total of 18 parents participated in the semi-structured interviews. Methods for the analysis of inductive thematic data were applied	Seven themes were identified: questioning an unseen disease, abnormal behaviour, a long road, truancy and loss of parental authority, internalised stigma on admission and regaining the meaning of life and an uncertain future
Say et al. (2021) Mental health presentations to the paediatric emergency department: A retrospective study	Australia	To describe a cohort of patients aged presenting with mental health (MH) problems to an Australian tertiary paediatric ED	Data for all presentations from January 1, 2018 to December 31, 2018 were extracted and analysed from the hospital's electronic medical record system. MH presentations were identified through rule-based coding and manual file review	In this 12-month period, 1071 children had 1690 emergency MH presentations constituting 6.7% of all ED presentations for children aged 7–17 years. Collectively, the leading cause for presentations was suicidal ideation, self-harm or drug overdose (55%)
Woodgate, Gonzalez, and Tennent (2023) Accessing mental health services for a child living with anxiety: Parents' lived experience and recommendations.	Canada	To explore the lived experience of parents who access mental health services in the context of child anxiety disorders	Qualitative research approach of hermeneutic phenomenology. The sample included 54 Canadian parents of youth living with an anxiety disorder. Parents took part in one semi-structured and one open-ended interview	Parents' ability to seek and obtain services was affected by not knowing when or where to access services, having to learn to navigate the system, limited availability of services, lack of timely services and interim supports, limited financial resources and clinicians' dismissal of parental concerns and knowledge

(Continues)

TABLE 4 | (Continued)

Summary profiles	Country	Aim of study	Study design methods	Main results
Zifkin et al. (2021) An exploration of youth and parents' experiences of child mental health service access	Canada	To examine the experiences of adolescents who have difficulties with emotional regulation and their parents related to service access, while contextualising these experiences	Descriptive ethnographic qualitative study for adolescents aged between 12 and 18 and their parents' experiences	Findings revealed major barriers to service access, including a lack of knowledge, information, and guidance, long wait times and stigma. Facilitators to access included social support, having a contact person and good rapport with healthcare providers. The study highlights the importance of timely mental health service access for adolescents and provides insights for the improvement of service accessibility

Leung et al. (2022) highlight the struggles parents experience as they attempt to access services and navigate a fragmented system, in the absence of resources and continuity of care.

Waiting times for CAMHS are recounted as a stressful period that can extend up to 18 months (Coyne et al. 2015). Parents verbalised having to get a private diagnosis, and an urgent letter of referral, as many experienced long waiting periods (Coyne et al. 2015; Sarrió-Colas et al. 2020; Woodgate, Gonzalez, and Tennent 2023). However, obtaining a private diagnosis has cost and travel implications for parents and adolescents as parents need to be in a positive financial position to access these services (Reardon et al. 2017; Crouch et al. 2019; MHC 2023). There was the perception that parents who made 'a fuss' would get an appointment quicker than those who remained silent. The adolescents did not share this concern; as many were excluded from the decision to attend CAMHS and were often unaware of appointments until they needed to attend (Coyne et al. 2015).

In contrast, the MHC (2023) identified parents of children on waiting lists who did not complain as they were fearful of losing their place. Crouch et al. (2019) identified waiting lists inhibited timely care for children, and often, when services were available, their mental healthcare needs had changed and often services were not of use at that stage. Parents who lived in rural areas described geographic location as a barrier to access services as CAMHS were mostly located in urban areas (Leung et al. 2022). In addition, Reardon et al. (2017) spoke of the geographical variation of supports and the cost implications and disadvantages for families living in rural areas to access services akin to the 'postcode lottery' as exemplified by the MHC (2023).

Parents and their adolescents assumed that they had to be at crisis point before being eligible for support. Failure to meet the CAMHS referral criteria further delayed access to treatment. Crouch et al. (2019) found that parents noted the need to 'tick certain boxes' to be eligible for support. An unfortunate finding was that children and adolescents were advised by their GP to 'pretend things are worse than they are' to access timely support (CQC 2018, 18) Denying adolescents care could be potentially detrimental if these young individuals are being denied services, their mental health could deteriorate with no assistance and become a more problematic issue. A serious finding by CQC (2018, 16) was the voice of a young person who said, 'you shouldn't have to be suicidal to get an appointment'. Parents described persistent efforts that were required to gain accessibility to support (Crouch et al. 2019; Kirk et al. 2023). Additionally, MHC (2023) and CQC (2018) found some voluntary services would not accept referrals if an individual were involved with another service. This resulted in adolescents awaiting mental health treatment being denied further support during their waiting period. This may be a factor in the parents of adolescents encouraging attendance at EDs for support.

Staffing of CAMHS has been negatively impacted by the recruiting and retention crisis in mental health services (MHC 2023). Unfortunately, most CAMHS teams operate at 58% below the levels proposed in a Vision for Change (DoH 2006; MHC 2023). If timely appointments do not take place, Zifkin et al. (2021) acknowledge that adolescents may present as a crisis requiring urgent ED attention with worsening mental health challenges.

TABLE 5 | Thematic analysis: Themes and subthemes and supporting studies.

Themes	Supporting research studies
(1) Adolescent community mental health services for adolescents with mental health challenges	McNicholas (2018); MHC (2023); Coyne et al. (2015); Naviaux and Zdanowicz (2019); Gadancheva, Barry, and McNicholas (2019); CQC (2018); Crouch et al. (2019); Evans (2017); Kirk et al. (2023); Leung et al. (2022); Woodgate, Gonzalez, and Tennent (2023); Zifkin et al. (2021) and Sarrió-Colas et al. (2020)
(2) Accessing mental healthcare services via EDs for adolescents with mental health challenges	MHC (2023); Naviaux and Zdanowicz (2019); Department of Health (2020); CQC (2018); Gadancheva, Barry, and McNicholas (2019); Coyne et al. (2015); McNicholas (2018); Leon et al. (2019); Leon et al. (2017); Lategan et al. (2023); Kirkland, Soleimani, and Newton (2018); Zifkin et al. (2021); Leung et al. (2022); Sarrió-Colas et al. (2020); Say et al. (2021); Woodgate, Gonzalez, and Tennent (2023); Rosic et al. (2019) and Hiscock et al. (2020)
(3) Parents' experiences of accessing mental health services for their adolescents with mental health challenges	MHC (2023); CQC (2018); Coyne et al. (2015); HSE (2019); Brown (2018); Leung et al. (2022); Kirk et al. (2023); Reardon et al. (2017); McNicholas (2018); Sarrió-Colas et al. (2020); Woodgate, Gonzalez, and Tennent (2023); Zifkin et al. (2021); Naviaux and Zdanowicz (2019); Crouch et al. (2019) and Evans (2017)

Kirk et al. (2023) highlights adolescents described their mental health deteriorating while waiting for services. This creates a vicious cycle, where expected mental health assessment, and appropriate interventions to inpatient or outpatient referrals are delayed (Naviaux and Zdanowicz 2019). Continuity of care is viewed as pivotal to the adolescents avoiding 're-telling' their mental health story, however, this was disrupted by high staff turnovers resulting in different treatment options (CQC 2018; MHC 2023; Kirk et al. 2023).

The study MHC (2023) reports that despite research demonstrating population demand and service need, scheduled community mental health services are not routinely provided over weekend periods. Non-scheduled mental healthcare services are accessed via out-of-hours services and EDs (Coyne et al. 2015; Naviaux and Zdanowicz 2019; Gadancheva, Barry, and McNicholas 2019; MHC 2023). ED presentations for adolescent mental health challenges could be avoided through accessible CAMHS in the community (Naviaux and Zdanowicz 2019; Zifkin et al. 2021). Accessing adolescent mental health services via EDs for adolescents with mental health challenges is explored in Theme 2.

4.4 | Theme 2 Accessing Mental Healthcare Services via EDs for Adolescents With Mental Health Challenges

Theme 1 identifies inadequacies in access to adolescent community mental health services resulting in EDs increasingly being used by parents as an access pathway to care for adolescents with mental health challenges. The 24-h nature of EDs means that they will always be an option for people in acute states of distress and for adolescents with self-harm requiring medical care; EDs intended usage. However, international concern is raised regarding increasing presentations for non-acute challenges (MHC 2023). Reasons for ED attendance with non-acute challenges include increasing numbers of adolescents with mental

health challenges internationally; increased waiting times for first and subsequent appointments to CAMHS services; a lack of timely care to allow for an assessment, diagnosis, management and follow-up outpatient supports and increases in appointment waiting times due to reduced availability of mental healthcare practitioners internationally (McNicholas 2018; Naviaux and Zdanowicz 2019; MHC 2023).

The MHC (2023) reports adolescent ED presentations increased in one Irish hospital from 60 in 2006 to 600 by 2022, a 10% increase rate. Despite this increase in numbers presented, they note that there have not been comparable increases in the provision of resources. It has been reported that adolescents are attending EDs for mental health challenges (Naviaux and Zdanowicz 2019; Zifkin et al. 2021). As EDs attempt to create that place of safety many adolescents are admitted to paediatric in-patient beds to be monitored in the absence of alternative solutions (MHC 2023). Despite the ED being a service available for 24 h care, Naviaux and Zdanowicz (2019) found that the ED was not the most appropriate environment for adolescents presenting with mental health challenges.

EDs are primarily designed to address urgent physical health problems and lack resources to adequately address rising needs in mental health-related presentations. It is important to acknowledge in some instances the ED is the appropriate route for adolescents that require emergency care. Therefore, EDs need to be able to respond equally to presentations of both physical and mental health conditions. Naviaux and Zdanowicz (2019) suggest a separate designated area in the ED would provide a safe place to attend for adolescents with their parents. The environmental stimulation was not as intense as in the mainstream ED and they recommended that if an area for adolescents with mental health presentations was available, it would serve as a potential area for accurate assessment and parental support. This could be crucial with the likelihood of diffusing situations and avoiding referral to an already constrained CAMHS (Naviaux and Zdanowicz 2019).

While it is imperative that community services are enhanced to deliver timely mental health services for adolescents, due to deficits outlined in Theme 1, ED systems currently have a significant role in the provision of mental health support. Improvements in ED systems should occur to enhance the quality of care, such as ensuring space to enhance privacy and care pathways and promoting parity with mental health concerns and non-mental health-related presentations (MHC 2023). The ED is considered an increasingly busy environment with significant numbers of patients attending daily, this adds to overcrowding in facilities that are not suited to support adolescents with mental health challenges and their parents (MHC 2023; Naviaux and Zdanowicz 2019; Say et al. 2021). Maintaining privacy within EDs is of concern due to the busy environment and lack of resources, thus questioning the appropriateness of an environment for its readiness to deal with mental health challenges for adolescents and their parents.

In contrast, Lategan et al. (2023) highlight that parents and adolescents were satisfied with the level of confidentiality and privacy of care within ED mental healthcare structures, however, they were least satisfied with the management of their mental health symptoms. Leading on from phase one of the report by the CQC (2018), it is understood that adolescents had concerns that staff did not have the knowledge required to deal with their mental health challenges. Significantly, EDs are considered the primary route for adolescents in need of access to mental health services (McNicholas 2018). This creates a challenge for EDs worldwide as they attempt to meet the demands of an over-stretched mental health system illustrated by Coyne et al. (2015), McNicholas (2018) and MHC (2023). Self-harm such as lacerations and overdose requiring medical attention is also recognised in numerous reports as a reason for ED attendance. However, Gadancheva, Barry, and McNicholas (2019) note the absence of appropriate infrastructure, such as access for adolescents to emergency mental health beds, results in adolescents remaining in the ED to avail of mental health assessment despite being medically fit. Alternatively, adolescents have been admitted to an adult medical ward or adult mental health unit until an appropriate bed becomes available, contrary to best practice for adolescents (Gadancheva, Barry, and McNicholas 2019).

Kirkland, Soleimani, and Newton (2018) acknowledge that adolescents also continue to seek ED supports while in receipt of mental health services, as Hiscock et al. (2020) confirm parents presented to the ED with their adolescent due to no alternative solution out-of-hours. Concepts of 'desperation and exhaustion' emerged as key indicators to present to the ED in the absence of supports and a place of safety. Parents also considered the ED pathway from advice received from healthcare professionals (Hiscock et al. 2020). International studies from Rosic et al. (2019) and Leon et al. (2019) contend that adolescents experience repeat visits, within 1–6 months after their initial presentation to the ED, for further mental health challenges. In addition, Leon et al. (2017) study found social determinates such as adolescents living in rural areas was an indicator suggestive of an increased likelihood of representations to the ED.

These are concerning findings as despite acknowledging that alternatives for mental health ED presentations are certainly

warranted internationally, the 24-h nature of the ED lends itself to always be an option for parents and their adolescents with mental health challenges. Therefore, it is imperative that experiences of parents and their adolescents are understood. Parents' experiences of accessing mental health services with their adolescents with mental health challenges via CAMHS and EDs are explored in Theme 3.

4.5 | Theme 3 Parents' Experiences of Accessing Mental Health Services for Their Adolescents With Mental Health Challenges

Literature on parental experiences of accessing mental health services with adolescents with mental health challenges via EDs is limited. The studies of Coyne et al. (2015), CQC (2018), Brown (2018), Leung et al. (2022) and MHC (2023) have explored parents' experiences of accessing community adolescent mental health services. In contrast, research on parents' experiences of using EDs to access adolescent mental health services is limited.

Variations in accounts from parents exist; some parents feel that they were informed of their adolescents' care; conversely, many parents express frustration when not being involved in care for their adolescents' mental health (Coyne et al. 2015; Coates 2016; CQC 2018; Brown 2018; Leung et al. 2022; MHC 2023). Leung et al. (2022) identify that parents of adolescents experience a sense of a lack of collaboration and communication between health care practitioners from different disciplines, resulting in perceptions of uncoordinated care. Coyne et al. (2015) contend that for high-quality delivery of CAMHS, the adolescent and their families need to be placed at the heart of the service. Coyne et al. (2015) contend positive parental experiences of CAMHS coincided with their views and opinions being considered.

This is supported by Kirk et al. (2023) who found that therapeutic positive relationships are central for adolescents to engage in the provision of services and build trust. They discovered that parents experienced poor communication while their adolescent was waiting for mental healthcare support (Kirk et al. 2023). Difficulties were associated with not knowing when their adolescent would get support from mental health services. Similarly, a lack of information while waiting for assistance from CAMHS was a concerning element for parents or caregivers as identified by Coyne et al. (2015) and Leung et al. (2022).

Research suggests parents of adolescents with mental health challenges are frustrated with service provision for several reasons include long waiting lists (Brown 2018); CAMHS referrals being refused and having to experience re-referral processes and their adolescent deteriorating in the absence of timely mental health support (MHC 2023). Leung et al. (2022) state difficulties are experienced by parents trying to navigate a fragmented system where parents describe the disappointment of reaching 'dead-ends' while on waiting lists (Brown 2018). Parents also highlighted that they did not know where to access supports and that they had to 'battle' with services or felt that they had to be at the point of a crisis before services were made available to them (Coyne et al. 2015; MHC 2023; Kirk et al. 2023).

The concept of their adolescent meeting the criteria for CAMHS, versus not meeting the criteria, was difficult for parents to comprehend. This was exacerbated by a lack of communication. The MHC (2023) suggests that the website that supports parents with information is unclear and often healthcare professionals are unclear regarding the referral process. This can result in referrals being made to incorrect services, resulting in unnecessary delays for parents and adolescents.

McNicholas et al.'s (2016) survey findings suggest many parents had a positive experience of CAMHS, but acknowledge that parents' and adolescents' perceptions within the provision of CAMHS may differ, for example, links between parents living in close proximity to service sites increased satisfaction. The majority of families participating in the study lived within a five-mile radius of CAMHS (McNicholas et al. 2016). Flexibility with mental health service provision was seen as a crucial factor, for example, appointments being available in the evenings and weekends, and timing appointments with transport availability would enhance service accessibility (Coyne et al. 2015; Reardon et al. 2017; Kirk et al. 2023).

Parents recounted that when requiring help for their adolescent it was challenging as they were unsure who to contact to access help (Coyne et al. 2015). Naviaux and Zdanowicz (2019) agree as participants stated that they consulted family members, general practitioners (GPs) and teachers for advice (Crouch et al. 2019). GPs were considered the first point of contact for some parents. However, other parents feared the implications of stigma and labelling affecting their adolescents as they sought supports (Evans 2017; Leung et al. 2022).

Speaking to healthcare practitioners in front of their adolescents was a concern shared by both parents and adolescents (CQC 2018). Parents voiced concerns about potentially distressing their adolescent and the implications that this could have for their relationship. Family members carried a sense of guilt and would have appreciated time with the healthcare professional alone to discuss further (CQC 2018). The CQC (2018) contends that adolescent mental health challenges can pose differing dynamics for family households and their well-being. They suggest that support groups could have positive influences from a parental perspective, as parents face similar concerns to adolescents with fear of being negatively affected by stigma (Coyne et al. 2015). Parents' experiences of stigma was associated with a barrier to seek mental health support for their adolescents as there was a desire for the parent to try to solve the problem of their own accord (Reardon et al. 2017). The importance of parents and adolescents trusting and confidence in their healthcare practitioners was vital.

Care can be negatively impacted by poor communication (Coyne et al. 2015; CQC 2018; MHC 2023). The CQC (2018) highlights the importance of involving children and adolescents in the care they are receiving, as adolescents are more likely to engage in their care if they are directly involved. In contrast, adolescents felt their experience was poor if they felt they were not being heard (Reardon et al. 2017; CQC 2018; Brown 2018; Kirk et al. 2023). Communication is central to ensure effective interventions are delivered by adolescent mental health services. In Ireland, the HSE (2019) Operational Guideline asserts that adolescents

receiving care should have the voice to change the areas that need improvement in mental health services, as they have this knowledge. Some adolescents shared opinions that they felt they were spoken about regularly in conversations in their presence, despite not being included until the end of the conversation where the question of 'is that okay?' may be prompted (Coyne et al. 2015; CQC 2018).

5 | Discussion

This scoping review found issues relating to parents' experiences of accessing mental health services for their adolescents with mental health challenges include resourcing, timely access to community-based services, use of EDs to access mental health services and varied parental experiences of accessing mental health services. These identified findings are further discussed in the following section.

The concept of the 'postcode lottery' as described by the MHC (2023) is a reason parents experience difficulties in accessing services for their adolescents. Due to concern over access, many parents opt for a private healthcare route to access services for their adolescents. However, as identified, this comes with additional costs and travel implications (Coyne et al. 2015; CQC 2018; Sarrió-Colas et al. 2020; MHC 2023). Services provided outside of normative working hours (Monday to Friday 9 am–5 pm) are also often dependent on their community healthcare organisation/catchment area, reflecting inconsistency and inequality in adolescent mental health services (McNicholas 2018; MHC 2023).

Parents spoke of a lack of supports while waiting for CAMHS and that parental support groups would have been a favourable option (Coyne et al. 2015). Often those on the CAMHS waiting lists are removed from other service waiting lists (MHC 2023). This was viewed as problematic as many adolescents require interdisciplinary collaborative approaches to address their mental healthcare needs (MHC 2023). Integrating support agencies' provision is currently being proposed in Irish governmental policy (MHC 2023). Increasingly, EDs are used by parents of adolescents to access mental health services due to the absence of timely community-based adolescent mental health services (Campbell et al. 2020; Hiscock et al. 2020). Randall et al. (2021) and Zifkin et al. (2021) identify that if parents and their adolescents could access timely care within the community, this could potentially decrease the need to present to an ED.

Theme 2 identifies repeat presentations to EDs result from barriers associated with accessing timely community-based mental health services (Gill et al. 2017; Leon et al. 2017, 2019; Rosic et al. 2019). Waiting times and lack of mental health practitioners (nursing and medical) was acknowledged as negatively impacting service provision in EDs (Benerous et al. 2019). EDs provide care for patients with emergency and urgent care needs in fast-paced environments with multiple personnel attending to patients. Adolescents presenting with mental health challenges do not meet the treatment norms of EDs as the complexity of mental health challenges often require longer treatment times and utilise higher service resources (Campbell et al. 2020; Randall et al. 2021).

Parental concern about accessing adolescent community-based mental health services led to adolescents presenting to EDs, in the absence of alternative solutions (Coyne et al. 2015; McNicholas 2018; Campbell et al. 2020; MHC 2023). Increasing numbers of adolescents presenting to EDs for mental health services due to long waiting times to access CAMHS in the community demonstrates deficits in service provision (McNicholas 2018). In the absence of required resources, the need for services exceeds current infrastructures and service provisions. This results in increased numbers of adolescents on waiting lists. This finding is evident in national and international studies that suggest adolescents and their parents experience long waiting times for the provision of community-based mental health services (Coyne et al. 2015; CQC 2018; McNicholas 2018; HSE 2019; Campbell et al. 2020).

Decreasing numbers of mental healthcare practitioners, in both community and hospital-based services, is from a legacy of reduced funding that negatively impacts contemporary service provision (Benerous et al. 2019; MHC 2023). Securing and increasing additional nursing and medical practitioner numbers through recruitment and retention is a priority to address this deficit. However, recruitment is challenging internationally as reduced numbers of mental health practitioners results in reduced potential recruitment pools. The relevance for clinical practice identifies that as ED presentations of adolescents with mental health challenges numbers increase, securing additional ED medical and nursing staff with mental health expertise is a prerequisite. In addition to current provisions, adequately skilled staff are required to respond to adolescents' mental health needs, just as they are to respond to adolescents' physical health needs.

Parents' experiences of using ED pathways to access mental health services with their adolescents with mental health challenges are not well understood. Findings for clinical practice identify that considerations of ED environs are required. Health Information Quality Authority (2022) contend inadequacies exist in the infrastructure of EDs resulting in difficulty maintaining patient confidentiality. Patients' dignity can be compromised due to overcrowding and a lack of privacy (HIQA 2022). Across EDs, these challenges impact on communicating with adolescents as Rowe and Knox (2023) describe the 'unnerving atmosphere', and Dolan (2011) seminal work suggests the increased stimulation within EDs can potentially have negative implications for patients' experiences. Designating a physical space in EDs for adolescents with mental health challenges may provide an effective low stimulus atmosphere to enhance effective communication, privacy and dignity. In addition, developments in digitalisation and eHealth infrastructure internationally provides options for enhancing clinical care pathways to bridge mental health services. Enhanced resourcing of mental health services and increasing specialist mental health practitioner numbers will enable timely responses for adolescents and their parents with mental health challenges.

The aim of this scoping review was to analyse the literature on parents' experiences of accessing mental health services with their adolescents for mental health challenges in Ireland. Gaps in the literature identified that parental experiences of accessing

adolescent mental health services, through community-based and emergency department services, are not fully understood which supports the need for further research.

5.1 | Strengths and Limitations

To ensure methodological rigour, transparent methods are used in this scoping review to map areas of research identified in the range of methods and designs. A strength of this scoping review lies in the transferability and applicability of findings to inform international contexts. The scoping review allows for broad concepts pertaining to parents and adolescents with mental health challenges experiences of accessing mental health services to be explored.

To enable analysis of the data, studies published in the English language were searched. However, it is acknowledged that parents and their adolescents experience of mental health challenges is an international concern. This limitation was addressed by including a diverse range of studies representing international experiences.

The use of an automated data management tool limited data extraction as not all duplicates were removed. This was overcome with a secondary manual review and the removal of additional duplicates. To avoid potential limitations, quality appraisal of the research studies was not undertaken in this review in line with the Arksey and O'Malley (2005) scoping review methodological framework.

6 | Conclusion

Reviewing parents' experiences of accessing mental health services with their adolescents for mental health challenges in Ireland found variations exist in parental experiences of access to community-based adolescent mental health services. Untimely care can result in increased use of EDs to access mental health services for adolescents in the absence of alternative solutions. Significantly, parental experiences of the use of the emergency department to access mental health services is not fully understood. This highlights the need for further studies to explore parents' experiences of accessing mental health services for their adolescents with mental health challenges via an ED pathway of care.

7 | Relevance to Clinical Practice

Issues surrounding access to community-based services, use of EDs to access mental health services and varied parental experiences of accessing mental health services are findings from this review. Heightening awareness of these challenges for nurses is necessary to improve the clinical practice of nurses and ensure quality care provision across all services, including community-based and emergency-based services.

Addressing these challenges promotes more equitable and accessible services for adolescents and their families who seek mental healthcare services. These findings inform

healthcare practices, health systems infrastructure and supports evidenced-based policy development to promote positive health outcomes.

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Ethics Statement

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.