

The Children's Rights Alliance unites over 100 members working together to make Ireland one of the best places in the world to be a child. We change the lives of all children in Ireland by making sure that their rights are respected and protected in our laws, policies and services.

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Ag Eisteacht
Alcohol Action Ireland
Alliance Against Cutbacks in Education
Amnesty International Ireland
ASH Ireland
Assoc. for Criminal Justice Research and Development (ACJRD)
Association of Secondary Teachers Ireland (ASTI)
ATD Fourth World – Ireland Ltd
Atheist Ireland
Autism Network Ireland
Barnardos
Barretstown Camp
Bedford Row Family Project
BeLonG To Youth Services
Care Leavers' Network
Catholic Guides of Ireland
Child Care Law Reporting Project
Childhood Development Initiative
Children in Hospital Ireland
COPE Galway
Cork Life Centre
Crosscare
Cybersafe
Dental Health Foundation of Ireland
Department of Occupational Science and Occupational Therapy, UCC
Disability Federation of Ireland
Down Syndrome Ireland
Dublin Rape Crisis Centre
Dun Laoghaire Refugee Project
Early Childhood Ireland
Educate Together
EPIC
EQUATE
Extern Ireland
Focus Ireland
Foróige
Future Voices Ireland
Gaelscoileanna Teo
GLEN- the LGBTI equality network
Immigrant Council of Ireland
Inclusion Ireland
Independent Hospitals Association of Ireland
Institute of Community Health Nursing
Institute of Guidance Counsellors
Irish Association for Infant Mental Health
Irish Association of Social Workers
Irish Centre for Human Rights, NUI Galway
Irish Congress of Trade Unions (ICTU)
Irish Council for Civil Liberties (ICCL)
Irish Foster Care Association
Irish Girl Guides
Irish Heart Foundation
Irish National Teachers Organisation (INTO)
Irish Penal Reform Trust
Irish Primary Principals Network
Irish Refugee Council
Irish Second Level Students' Union (ISSU)
Irish Society for the Prevention of Cruelty to Children
Irish Traveller Movement
Irish Youth Foundation (IYF)
Jack & Jill Children's Foundation
Jesuit Centre for Faith and Justice
Jigsaw
Kids' Own Publishing Partnership
Law Centre for Children and Young People
Lifestart National Office
Mental Health Reform
Migrant Rights Centre Ireland
Mounttown Neighbourhood Youth and Family Project
MyMind
National Childhood Network
National Organisation for the Treatment of Abusers (NOTA)
National Parents Council Post Primary
National Parents Council Primary
National Youth Council of Ireland
One Family
One in Four
Parentstop
Pavee Point
Peter McVerry Trust
Rape Crisis Network Ireland (RCNI)
Realt Beag
SAFE Ireland
Saoirse Housing Association
SAOL Beag Children's Centre
Scouting Ireland
School of Education UCD
Sexual Violence Centre Cork
Simon Communities of Ireland
Social Care Ireland
Society of St. Vincent de Paul
Sonas Domestic Violence Charity
Special Needs Parents Association
SpunOut.ie
St. Nicholas Montessori College
St. Nicholas Montessori Teachers' Association
St. Patrick's Mental Health Services
Step by Step Child & Family Project
Suas Educational Development
Teachers' Union of Ireland
Terenure Rugby Football Club
The Ark, A Cultural Centre for Children
The Prevention and Early Intervention Network
The UNESCO Child and Family Research Centre, NUI Galway
Traveller Visibility Group Ltd
Treoir
UNICEF Ireland
youngballymun
Youth Advocate Programme Ireland (YAP)
Youth Work Ireland

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1. Introduction

The Children's Rights Alliance welcomes the opportunity to make a submission to the Seanad Public Consultation Committee on Children's Mental Health in Ireland.

The Children's Rights Alliance unites over 100 members working together to make Ireland one of the best places in the world to be a child. We change the lives of all children in Ireland by making sure that their rights are respected and protected in our laws, policies and services.

The Children's Rights Alliance is deeply concerned about the provision of mental health services to children and young people in Ireland. Recent studies suggest that young people in Ireland may have a higher rate of mental health issues than similarly aged young people in other countries.¹ This has not resulted in a correlated level of service provision.²

All children have a right to the enjoyment of the highest attainable standard of physical and mental health under Article 24 of the UN Convention on the Rights of the Child. The UN Committee on the Rights of the Child has emphasised the serious nature of mental health problems for children and the need to tackle 'behavioural and social issues that undermine children's mental health, psychosocial wellbeing and emotional development'.³

The Children's Rights Alliance welcomes the introduction of the Mental Health (Amendment) Bill 2016 which proposes, if passed into law, to introduce a prohibition on the admission of children to adult psychiatric units. However, as recognised by the Seanad Committee, there is a need to not only prevent the admission of children into adult in-patient units but to also address the underlying issues in the Child and Adolescent Mental Health Services which result in these admissions taking place.

The Children's Rights Alliance recognises the important work of the Youth Mental Health Taskforce focusing on reducing stigma and providing greater information on services and community interventions. However, the Alliance notes that the scope of the Taskforce is limited as its Terms of Reference do not address pressing issues including the lack of primary care psychology services, inadequately funded CAMHS services as well as the availability of age-appropriate in-patient mental health services for young people⁴ as outlined in this submission.

This submission highlights some of barriers to children accessing mental healthcare in Ireland and makes recommendations for the improvement of services for children and young people.

1 Mary Cannon and others, *The Mental Health of Young People in Ireland: A report of the Psychiatric Epidemiology Research across the Lifespan (PERL) Group* (RCSI 2013) 7.

2 Health Service Executive, *Fifth Annual Child & Adolescent Mental Health Service Report 2012 – 2013* (HSE2014).

3 UNCRC 'General Comment No. 15 on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (Art 24)' (2013) UN Doc CRC/C/GC/15 para 38.

4 Department of Health, 'Terms of Reference for the National Taskforce on Youth Mental Health' <<http://health.gov.ie/national-taskforce-on-youth-mental-health/terms-of-reference/>> accessed 4 May 2017.

2. Child and Adolescent Mental Health Services (CAMHS)

Waiting Lists for CAMHS

The Child and Adolescent Mental Health Services (CAMHS) are underdeveloped and demand for CAMHS services continues to exceed availability. In December 2016, there were 2,419 children waiting for a first appointment with Child and Adolescent Mental Health Services.⁵ Of these 1,252 children were waiting for longer than three months and 210 were waiting over one year.⁶ In 2016, there was a 19.7 per cent increase in the number of children waiting more than a year for an appointment due to the lack of available primary care based psychological supports and recruitment difficulties in appointing clinical staff.⁷

In 2016, the Committee on the Rights of the Child expressed its concern about children and young people's access to mental health treatment in Ireland and the long waiting list for mental health support and recommended the State take action to 'improve capacity and quality of mental health services'.⁸

There are significant staff shortages within CAMHS. Of the recommended 127 specialist teams needed for CAMHS to operate effectively,⁹ only 67 CAMHS teams are currently in operation, not all of which are operating at full capacity.¹⁰ There are geographic variances in service provision around the country, for example there are no services for 17 year olds in North Tipperary as the HSE has been unable to fill a clinician post.¹¹

There are challenges with the recruitment and retention of CAMHS staff,¹² including staff mobility between regions¹³ and challenging work environment.¹⁴ Achieving the full staff complement of CAMHS teams is vital to ensure children and young people are not put at risk waiting too long for vital supports. Reducing waiting lists for children and young people seeking to access mental health requires ongoing investment in the development of Child and Adolescent Community Mental Health teams.

It is clear that the lack of coordinated services is also impacting on service demand as in the case of one CAMHS service which has 'identified that the majority of their cases require Primary Care Service such as Psychology and Occupational Therapy'.¹⁵ There is an urgent need to develop and build the capacity of the primary care sector to respond to the needs of children with mental health difficulties.¹⁶ The World Health Organisation has acknowledged that integrating mental health services into primary care structures is 'the most viable way of closing the treatment gap and ensuring that people get the mental health care they need'.¹⁷

Recommendations

5 Health Service Executive, *Performance Report October – December 2016* (HSE 2016) 57.

6 *ibid.*

7 The increases are mainly restricted to a small number of Community Healthcare Organisations. Communication received by the Children's Rights Alliance from the Health Service Executive, 24 January 2017.

8 UNCRC, 'Concluding Observations: Ireland' (2016) UN Doc CRC/C/IRL/CO/3-4, para 53 (b).

9 Department of Health, *A Vision for Change*, (2006 Stationery Office) (revised as per Census 2011). Health Service Executive, *Fourth Annual Child and Adolescent Mental Health Service Report 2011–2012*, (HSE 2012) 9.

10 Minister of State for Mental Health and Older People, Helen McEntee TD, Dail Debates, Topical Issue Debate, Mental Health Services Tuesday 7 March 2017.

11 *ibid.*

12 Health Service Executive, *September Performance Report* (Health Service Executive 2015) 10.

13 Minister of State for Disability, Equality, Mental Health and Older People, Kathleen Lynch TD, Seanad Debates, Mental Health Services: Statements, 29 April 2015.

14 *ibid.*

15 Health Service, *Performance Report March/April 2016* (2016 HSE) 55.

16 Children's Mental Health Commission, *Meeting the Mental Health Support Needs of Children and Adolescents: A Children's Mental Health Coalition View* (2015 CMHC) 15.

17 World Health Organisation, *Integrating mental health into Primary Care: A Global Perspective* (2008 WHO) 1.

4 Children's Rights Alliance (2017) *Submission to the Seanad Public Consultation Committee on Children's Mental Health in Ireland*

- Primary care psychology services for children and young people should be introduced as a matter of priority.
- Adequate funding should be provided for ongoing development of Child and Adolescent Community Mental Health teams.

Children in Adult Units

The UN Committee on the Rights of the Child states that, where placement in a psychiatric unit is necessary, adolescents should be separated from adults, where appropriate and emphasises that any decision on their care should be made in accordance with their best interests.¹⁸ In 2016, the Committee on the Rights of the Child expressed concern at the ongoing practice of admitting children and young people to adult wards in Ireland due to a lack of suitable facilities.¹⁹ In particular they highlighted inadequate access to age-appropriate mental health units and recommended the state take action to address the issue by 'improving the capacity and quality of its mental health-care services for in-patient treatment...'.²⁰

The Mental Health Act 2001 is the primary legislation governing children with mental health problems and their access to mental health services. Even though the 2001 Act was only brought into effect in 2006, it is outdated and is not in line with Ireland's international human rights obligations, particularly as these relate to children.²¹ The provisions of the 2001 Act relating to children and young people are spread throughout the Act so the extent to which provisions apply to children is unclear.²² The Act does not require that children and young people be admitted to age-appropriate mental health facilities. As a result, children and young people are routinely placed in adult facilities.

In 2016, 17.8 per cent of all admissions of children and young people to in-patient mental health services were to adult in-patient units.²³ Further, there are only 66 operational CAMHS beds across the country,²⁴ falling significantly short of the 108 beds recommended in *A Vision for Change*.²⁵

The Mental Health Commission's Code of Practice states that the placement of children in adult wards should be phased out by the end of 2011²⁶ but it is clear that this has not been delivered. The continued admission of children to adult units has been criticised repeatedly as being unsatisfactory by the Mental Health Commission.²⁷ Given the continued placement of children in adult in-patient wards, it is clear that the non-legally binding Code has not been effective.²⁸

A review of the Mental Health Act 2001 was recently completed and the *Report by the Department of Health's Expert Group on the review of the Mental Health Act 2001* was published in 2015.²⁹ It contains a number of important recommendations relating specifically to children including that 'services should be provided in an age-appropriate environment wherever possible'.³⁰ It was also recommended that a new section on children should be introduced with its own set of guiding principles, including the best interests of the child and the children's right to be heard central to the section.³¹ The report also recommended that consultation with the child is required at each and every state of diagnosis and

18 UN Committee on the Rights of the Child (2003) *General Comment No. 4: Adolescent Health*, CRC/GC/2003/4, para 29.

19 UNCRC, 'Concluding Observations: Ireland' (2016) UN Doc CRC/C/IRL/CO/3-4, para 53.

20 *ibid.*

21 Mental Health Commission, *Response to the Law Reform Consultation Paper on Children and the Law: Medical Treatment* (2010) 24.

22 Department of Health and Children, *Report of the Steering Group on the Review of the Mental Health Act 2001*, (DOH 2012) 14.

23 Minister of State for Mental Health and Older People, Helen McEntee TD, Written answers, Mental Health Services Data, Wednesday 29 March 2017 [415578/17].

24 *Ibid.*

25 Department of Health, *A Vision for Change*, (2006 Stationery Office) 88 (revised as per Census 2011).

26 Mental Health Commission, *Code of Practice Relating to Admission of Children under the Mental Health Act 2001: Addendum* (MHC 2009).

27 Mental Health Commission, *Annual Report 2015* (MHC 2016) 8.

28 Health Service Executive, *Health Service Management Data Report, September 2013*, (2013 HSE), 76.

29 Department of Health, *Expert Group Review of the Mental Health Act, 2001* (2015 HSE) Recommendation 111.

30 *ibid* Recommendation 113 b.

31 *ibid* Recommendation 111.

treatment,³² which is reflective of the child's right to be heard under Article 12 of the UN Convention on the Rights of the Child. It is now urgent that the Mental Health Act 2001 be amended in line with the recommendations of the Expert Group Report, in particular those relating to children and young people.

Recommendations

- Ensure that all children under 18 years receive age-appropriate mental health treatment by amending the Mental Health Act 2001 to prohibit the placement of a child under 18 years in an adult in-patient unit, save in exceptional circumstances where it would be in his or her best interests to do so.
- Invest in the provision of child and adolescent in-patient beds to ensure demand can be met.
- Put in place a legal framework to protect and fulfil the child's rights in relation to mental health by implementing the recommendations relating to children contained in the *Report of the Expert Group Review of the Mental Health Act 2001*.

Out of Hours Services

Currently a young person who needs to access out-of-hours mental health treatment can generally only do so through hospital emergency departments. There are reports of young people who have attempted suicide after unacceptable waits in busy emergency departments before being assessed.³³ This practice has been criticised by the UN Committee on the Rights of the Child³⁴ which recommended that the State take action to address these issues by 'improving the capacity and quality of its mental health-care services for in-patient treatment, out of hours facilities and facilities for treating eating disorders'.³⁵

Recommendation

- The State must prioritise the UN Committee's recommendations to strengthen capacity for out-of-hours facilities.³⁶

Advocacy Service for Children and Young People

An independent advocacy and information service exists for adults with mental health difficulties,³⁷ but there is no equivalent national, independent service for those under 18 years, particularly those using in-patient services. This means that a child cannot access their rights to information,³⁸ to be heard in decision-making,³⁹ and to participate fully as service users in mental health service provision.⁴⁰

The UN Committee on the Rights of the Child has recommended establishing a mental health advocacy service for children that is 'accessible and child-friendly'.⁴¹

Recommendation

- Establish a national specialist independent, advocacy service for all children under 18 years who are engaging with mental health services.

32 ibid recommendation 113.

33 A Lust for Life, 'We're Calling on the Government to Make Community Mental Health Care Available 24/7' <<http://www.alustforlife.com/the-bigger-picture/were-calling-on-the-government-to-make-community-mental-health-care-available-247>> accessed 30 January 2017.

34 UNCRC, 'Concluding Observations: Ireland' (2016) UN Doc CRC/C/IRL/CO/3-4, para 53 (b).

35 ibid para 54 (b).

36 ibid para 53-54.

37 Irish Advocacy Network <<http://irishadvocacynetwork.com/wp/>> [accessed 2 May 2017].

38 Article 17 UN Convention on the Rights of the Child, A/RES/44/25 (20 November 1989).

39 ibid Article 12.

40 UN Committee on the Rights of the Child (2009) General Comment No. 12: The right of the child to be heard, CRC/C/GC/12, para. 36.

41 UNCRC, 'Concluding Observations: Ireland' (2016) UN Doc CRC/C/IRL/CO/3-4, para 54 (c).