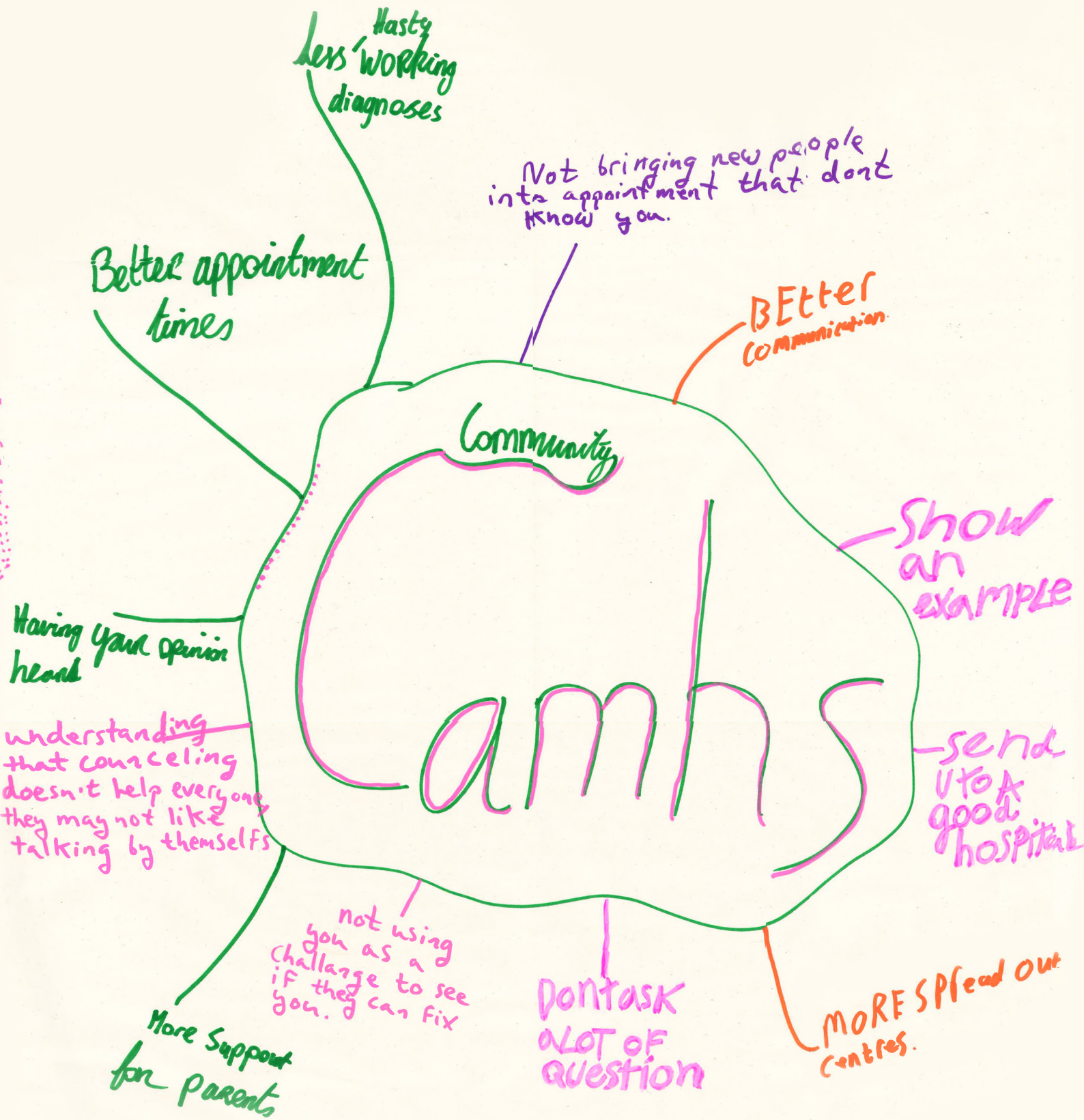
ombudsman
do leanaí
for children

"Take My Hand"

Young People's Experiences of Mental Health Services

A Report by the Ombudsman for Children's Office
2018

"I like photography. This is my and my sisters hands."


Hasty less working diagnoses
Not bringing new people into appointment that dont know you.
Better appointment times
BEtter communication
Community
Show an example
Having your opinion heard
CAMHS
understanding that conceling doesn't help everyone they may not like talking by themselfs
send u to a good hospital
not using you as a challange to see if they can fix you.
Dontask alot of question
MORE SPread out centres.
More support for parent

CHANGES

PEOPLE WHO
THE GUIDANCE COU
TALK TO OTHER YEA
THEIR V

HELPFUL

CHALLENGES

GUIDANCE COUNSCELLOR

She helped reduced stresses that arised within school.
She provided a safe place to go.
She offered support to my sister and friends who were in the school also after I left.

REPEATING 5th Yr.
!
FRIENDS NOT KNOWING HOW TO REACT.

CHALLENGES

NO IN HOUSE CONSULTANT FOR 10 MONTHS.
WOULD NOT TAKE ME IN.
HAD TO GO PRIVATE, FOR FIVE MONTHS IN DUBLIN.
TOO LONG A JOURNEY, almost half the da
is travelling.

CAMHS


I'VE BEEN TO TWO UNITS (PRI. & PUB.)
INPATIENT UNIT
PROGRAMME TO
FOCUS ON PEER SUPPORT
DISTRACTION TECHNIQUES
NO GROUPS
OUTPATIENT
EXPLAINED MY ILLNESS
PROVIDES CONSTANT SUPPORT.
REFERRED ME TO HOSPITALS & IN PATIE
EXPERIENCE
"OUTSTANDING"
NO FAULTS
HELPFUL
CHALLENGES
A SERVICE FOR PEOPLE RECOVERED OR NOT AT MEDICA RISK.
ATING DISORDER (EDC) CLINIC
TER/BEFORE CAMHS
GP/DOCTOR (PHYSIOTHERAPIST

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

The Ombudsman for Children's Office would like to acknowledge and express our appreciation to the management and staff of the following adolescent inpatient units for facilitating us to undertake our consultation with young people:

- Linn Dara Child and Adolescent Mental Health (CAMHS) Inpatient Unit, Cherry Orchard Hospital, Dublin
- Willow Grove Adolescent Unit, St Patrick's University Hospital, Dublin
- Ginesa Suite, Saint John of God Hospital, Dublin
- Child and Adolescent Mental Health (CAMHS) Inpatient Unit, Merlin Park Hospital, Galway
- Éist Linn Child and Adolescent Mental Health (CAMHS) Inpatient Unit, Bessborough, Blackrock, Cork

We would also like to express our thanks to the young people who participated in the consultation. We appreciate their willingness to speak about their experiences and their openness in expressing their views and ideas.

Front cover image:
"I like photography. This is my and my sisters hands."

Inpatient Unit
Reduction in numbers until more staff employed
Makes it easier to sit in lounge with us than go outside & get air.
More getting out into fresh air.
Some staff tend to stare in unnecessary moments.
Little variety for cold tea.
Lack of activities~
Treated like "unnatural" - not like a 'normal' teenager.
Some staff can be sarcastic or Rude at inappropriate times.
understaffed
If you are not allowed do "sports-ercise" or P.E there should be something of lesser intensity to do.
No matter how physically bad your condition is there needs to be some form of physical release.

MESSAGE FROM DR NIALL MULDOON, OMBUDSMAN FOR CHILDREN

Influencing positive change for children with mental health issues is one of my priorities under the OCO's Strategic Plan 2016-2018. Children and young people under 18 have a right to the highest attainable standard of health. In the case of children and young people experiencing mental health difficulties, fulfilling this right means providing them with the mental health services they need when they need them, where they need them, and in a manner that recognises their status as children and young people.

Children and young people using mental health services also have a right to be heard in relation to these services. In my view, it is essential that their perspectives as service users inform decision-making about the future development and delivery of mental health services for children and young people. The overall purpose of this report is to highlight the experiences, views and ideas of young people under 18 receiving inpatient mental health care and treatment as regards their respective journeys through mental health services. The young people's perspectives are presented against the backdrop of Ireland's obligations to children and young people under international standards and relevant developments in legislation, public policy and service provision.

Each of the young people who took part in our consultation is an individual with their own unique story. Taken together, the young people's perspectives offer a clear and compelling insight into their experiences of mental health services, with a particular focus on what helped, what was challenging and what improvements they would like to see made in mental health supports and services for young people.

The voices and views of these young people matter and it is vital that they are heard. In publishing this report, it is my hope that legislators, policy-makers and service providers working in the area of children and young people's mental health will not only give serious consideration to what the young people have to say, but redouble their efforts to take action and effect positive change in a manner that honours these young people's stories and their courage in sharing them.

Dr Niall Muldoon
Ombudsman for Children

Dr Niall Muldoon

Ombudsman for Children

Section 1

Background and Context for the Consultation with Young People

1.1 About the Ombudsman for Children's Office

The Ombudsman for Children's Office (OCO) is an independent statutory body, which was established in 2004 under the *Ombudsman for Children Act 2002.* Under the 2002 Act (as amended), the Ombudsman for Children has two core statutory functions:

- to promote the rights and welfare of children up to the age of 18 years
- to examine and investigate complaints made by or on behalf of children about the administrative actions, or inactions, of public bodies that have had, or may have had, an adverse effect on a child.

The Ombudsman for Children reports directly to the Oireachtas in relation to the exercise of these statutory functions.

1.2 About the OCO's consultation with young people

One objective of the *OCO's Strategic Plan 2016-2018* is to influence positive change for and with children and young people. A corresponding priority area for action for the OCO in this regard is to pursue the progressive realisation of the rights of vulnerable groups of children. Among these groups are children experiencing mental health difficulties.

The OCO has engaged, and continues to engage, with matters relating to children's mental health through our complaints-handling function and in the context of the Ombudsman for Children's positive duties under section 7 of the 2002 Act to advise on developments in legislation and public policy affecting the rights and welfare of children. Areas of concern arising from this work and corresponding priorities for action from the OCO's perspective are highlighted in section 1.4 of this report.

Our 2017 consultation with young people under 18 receiving inpatient care and treatment for their mental health was designed to complement our engagement with issues relating to children's mental health through our other areas of work and was undertaken in light of the Ombudsman for Children's duties under section 7 of the 2002 Act to:

- consult with children
- highlight issues relating to children's rights and welfare that are of concern to children themselves
- encourage public bodies to develop policies, practices and procedures that are designed to promote the rights and welfare of children
- advise on matters relating to the rights and welfare of children.

Overall aim and objectives

The overall aim of the consultation was to hear and highlight the experiences and perspectives of young people receiving inpatient mental health care and treatment as regards their respective journeys through mental health services.

In delivering this aim, we worked to achieve the following objectives:

- to engage directly with young people under 18 receiving inpatient mental health care and treatment
- to support young people to reflect and share their views on mental health services, based on their experiences as service users of engaging with primary care services through to specialist inpatient services
- to enable young people to identify changes, which they feel would improve supports for young people in relation to their mental health
- to highlight young people's views and ideas to policy-makers and practitioners working in the area of children and young people's mental health.

Planning and implementing the consultation with young people

Following initial planning, the Ombudsman for Children and OCO staff engaged with the CEO/Clinical Director for each of the six units providing residential mental health care and treatment to young people under 18 in order to explain the purpose of and proposed approach to the consultation and to secure their support. OCO staff subsequently engaged with staff in participating units to explain the purpose of the consultation and discuss different elements of our proposed approach to working with young people. The OCO appreciates the support and assistance of management and staff in the five adolescent inpatient units where we worked with young people:

- Linn Dara Child and Adolescent Mental Health (CAMHS) Inpatient Unit, Cherry Orchard Hospital, Dublin
- Willow Grove Adolescent Unit, St Patrick's University Hospital, Dublin
- Ginesa Suite, Saint John of God Hospital, Dublin
- Child and Adolescent Mental Health (CAMHS) Inpatient Unit, Merlin Park Hospital, Galway
- Éist Linn Child and Adolescent Mental Health (CAMHS) Inpatient Unit, Bessborough, Blackrock, Cork.

OCO staff subsequently met with young people in each of the five units to introduce the OCO and the proposed consultation. We obtained voluntary, written assent from young people who wished to take part in the consultation as well as voluntary, written consent for their participation from their parents/guardians. Overall, 25 young people across the five units (which provided approximately 67 beds at the time) took part in the consultation. The young people concerned were between 14 and 17 years of age.

As regards safeguarding the young people's confidentiality, OCO staff explained to the young people the steps we would take to protect their privacy and supported the young people to play an active role in protecting their own privacy, including by facilitating them to create a pseudonym they could use for work (e.g. photographs, paintings, poems or stories) they created to express their views.

OCO staff also supported each participating young person to decide how they wanted to express their views. The methods chosen by young people were painting, collage, photography, mind maps, and semi-structured interviews. Young people who chose to use visual methods to express their views were asked to provide an accompanying written explanation of their artwork.

Young people were supported to reflect on their experiences of and highlight their corresponding views on mental health services by considering three broad questions:

1. What have you found helpful?
2. What have you found challenging?
3. What changes would you like to see made?

OCO staff collected, collated and reviewed all of the material generated through the consultation. The material was analysed to identify key themes and messages emerging from the young people's responses to the three questions. Section 2 of this report focuses on highlighting these key themes and messages, including by providing a montage of quotes and images from participating young people in relation to each of the three questions.

1.3 Context for the consultation

Mental health services for children

The first point of contact for children and young people with mental health difficulties is generally primary care services. These services can include community psychologists, speech and language therapists, community occupational therapists and public health nurses. Children and young people may be referred onto General Practitioners (GPs) by other primary care professionals if this is deemed necessary, or families may contact GPs directly themselves.[1] A recognised deficit in the supports currently available to children and young people at primary care level is mitigating against early intervention and leading to an increase in referrals to Child and Adolescent Mental Health Services (CAMHS).[2]

Secondary services consist of specialist community CAMHS teams. CAMHS teams comprise consultant psychiatrists, doctors in training, clinical psychologists, CAMHS nurses, social workers, speech and language therapists and occupational therapists. Within each CAMHS team, the clinical lead role is carried out by the CAMHS consultant psychiatrist.[3] A child or young person can be referred to CAMHS by a GP, a senior social worker or a senior

1 HSE Child and Adolescent Mental Health Services, *Standard Operating Procedure* (2015) at pp. 9-10. Available at www.hse.ie/eng/services/list/4/mental-health-services/camhs/camhssop.pdf.

2 Joint Committee on the Future of Mental Healthcare, *Second Interim Report: Recommended actions arising from progress made to date* (2018) at p. 27. Available at data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_future_of_mental_health_care/reports/2018/2018-04-26_second-interim-report-recommended-actions-arising-from-progress-made-to-date_en.pdf. In a Dáil debate on mental health services on 1 May 2018, Minister of State, Jim Daly, TD referenced a decision by Government to increase access to counselling services in HSE primary care services to reduce pressures on CAMHS and indicated that 114 assistant psychologists and 20 psychologists have recently appointed in this regard. See Dáil Debates, Mental Health Services (1 May 2018). Available at www.kildarestreet.com/debates/?id=2018-05-01a.416.
The lack of supports available at primary care level was also highlighted in RTE's documentary, *The Big Picture, Young and Troubled*, aired on 26 April 2018.

3 HSE Child and Adolescent Mental Health Services, *supra* note 1 at pp. 9, 11.

psychologist who is known to the child being referred.[4] The term CAMHS usually applies specifically to services that provide specialist mental health treatment and care to young people up to 18 years of age through a multi-disciplinary team.[5] However, according to the HSE's Mental Health Unit, a small number of community CAMHS teams do not yet see 16 and 17 year olds.[6]

Tertiary services, or specialist tertiary CAMHS, consist of intensive community-based care and inpatient care through specialist mental health inpatient services. These services are for children and young people who have "complex and severe mental health problems" and offer intense support and treatment to young people and their families.[7] CAMHS inpatient teams consist of psychiatrists, psychologists, nurses, social workers, occupational therapists, dieticians and speech and language therapists.[8] There are four inpatient CAMHS facilities, which are located in Dublin (Linn Dara CAMHS inpatient unit, Cherry Orchard Hospital and St Joseph's adolescent inpatient unit, St Vincent's Hospital Fairview), Cork (Éist Linn CAMHS inpatient unit, Bessborough) and Galway (CAMHS inpatient unit, Merlin Park Hospital). There are also two private hospitals in Dublin that offer inpatient mental health services to children and young people (Willow Grove adolescent unit, St Patrick's University Hospital and Ginesa Suite, Saint John of God Hospital).[9]

Data relating to children and young people's mental health services

The following data offers an insight into the demand for, access to and use of mental health services by children and young people:

- Number of children and young people awaiting a primary care community-based psychology appointment at the end of July 2017: **6,811**[10]
- Number of children and young people awaiting a primary care community-based psychology appointment for over a year at the end of July 2017: **2,186**[11]
- Number of children and young people on waiting lists to see CAMHS at the end of 2017: **2,419** (of which **1,257** were waiting more than 12 weeks)[12]
- Number of children waiting over 12 months on CAMHS waiting lists as of September 2017: **317**[13]
- Number of children and young people seen by Child and Adolescent Mental Health Services (CAMHS) in 2017: **10,304**[14]
- Number of referrals expected to CAMHS in 2018: **18,800**, with a

4 HSE Child and Adolescent Mental Health Services, *Referral process and criteria*. Available at www.hse.ie/eng/services/list/4/mental-health-services/camhs/communitycamhs/referrals/.

5 HSE Child and Adolescent Mental Health Services, *supra* note 1 at p. 8.

6 HSE Mental Health Division, *Delivering Specialist Mental Health Services* (2016) at p. 50. Available at www.hse.ie/eng/services/publications/mentalhealth/hse-mental-health-division-delivering-specialist-mental-health-services.pdf. See also Seanad Public Consultation Committee, Report on *Children's Mental Health Services* (2017) at p. 28. Available at data.oireachtas.ie/ie/oireachtas/committee/dail/32/seanad_public_consultation_committee/reports/2017/2017-10-18_seanad-public-consultation-committee-report-on-children-s-mental-health-services_en.pdf.

7 HSE Child and Adolescent Mental Health Services, *supra* note 1 at pp. 9, 11.

8 HSE, *Inpatient CAMHS Units*. Available at www.hse.ie/eng/services/list/4/mental-health-services/camhs/inpatientcamhs/.

9 Mental Health Commission, *Register of Approved Centres*. Available at www.mhcirl.ie/Registration/ACRegister/.

10 Dáil Debates, Written Answers – Department of Health HSE Waiting Lists, 41188/17 (28 September 2017). Available at www.kildarestreet.com/wrans/?id=2017-09-28a.574.

11 *Ibid*.

12 Information obtained directly from CAMHS by the OCO on 21 March 2018.

13 HSE Performance Profile, *July – September 2017 Quarterly Report* at p. 28. Available at www.hse.ie/eng/services/publications/performancereports/july-september-2017-performance-report.pdf.

14 Information obtained directly by the OCO from CAMHS on 21 March 2018. This information is only collected for number of first appointments.

pproximately **14,300** expected to be seen by the service[15]

- Number of CAMHS teams: **69** teams, of which **three** have a full complement of staff[16]
- Number of CAMHS inpatient beds as of December 2017: **72** (as opposed to the 100 beds envisaged in *A Vision for Change*)[17]
- Number of beds at CAMHS Linn Dara inpatient unit closed from the end of May 2017 until November 2017 due to staff shortages: **11** (i.e. half of the 22 beds)[18]
- Number of children and young people admitted to the four CAMHS inpatient units in 2017: **226**
- Breakdown of number of children and young people admitted to each of the four CAMHS inpatient units in 2017:
  - Eist Linn: **56**
  - Merlin Park: **60**
  - St. Joseph's: **44**
  - Linn Dara: **66**[19]
- Average duration of stay by children and young people across the four CAMHS inpatient units in 2017: **64.26 days**[20]
- Number of children and young people admitted to adult inpatient units in 2017: **81**[21]
- Average duration of stay for a child or young person in an adult inpatient unit in 2016: **6 days**[22]

International standards and guidelines

Ireland ratified the *UN Convention on the Rights of the Child* (UNCRC) in 1992, thereby making a commitment under international law to respect, protect and fulfil the rights of children set out in the Convention for all children under the age of 18 living in Ireland. The UNCRC is a comprehensive agreement and among its provisions is Article 24, which recognises children's right to "the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health". Article 24 further provides that State Parties to the UNCRC, like Ireland, must "strive to ensure that no child is deprived of his or her right of access to such healthcare services."

In its guidance on how State Parties, including Ireland, can progress the realisation of children's rights to the highest attainable standard of health, the UN Committee on the Rights of the Child (the Committee) has adopted the World Health Organisation's definition of health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[23]

15 Dáil Debates, *supra* note 2. The HSE's *National Service Plan 2018* proposes an increase of 27% in the number of CAMHS referrals to be seen in 2018 as compared to 2017, at p. 37. Available at www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2018.pdf.

16 These figures were highlighted in RTE's documentary, *The Big Picture, Young and Troubled*, aired on 26 April 2018. The same programme indicated that there would be 95 such teams in place if the 2006 national mental health policy *A Vision for Change* was fully implemented.

17 Children's Rights Alliance, *Report Card 2018* (2018) at p. 60. Available at www.childrensrights.ie/content/report-card-2018. In providing for a figure of 100 inpatient beds for children and young people, the Expert Group on Mental Health Policy that prepared *A Vision for Change* recommended that this provision should be evaluated after five years to assess how it is meeting the needs of the population. See Expert Group on Mental Health Policy, *A Vision for Change* (2006) at p. 88. Available at www.hse.ie/eng/services/publications/mentalhealth/visionforchange.html.

18 Dáil Debates, Written Answers – Mental Health Service Provision, 41914/17 (3 October 2017). Available at www.oireachtas.ie/en/debates/question/2017-10-03/444/?highlight[0]=linn&highlight[1]=dara.

19 Information obtained directly by the OCO from CAMHS on 20 March 2018. See also, Dáil Debates, Written Answers – Mental Health Services, 10160/18 (27 February 2018). Available at www.kildarestreet.com/wrans/?id=2018-02-27a.1300.

20 Information obtained directly by the OCO from CAMHS on 20 March 2018.

21 Dáil Debates, *supra* note 18.

22 Mental Health Commission, *Annual Report 2016 - Including Report of the Inspector of Mental Health Services* (2016) at p. 25. Available at www.mhcirl.ie/File/2016_AR_Incl_OIMS.pdf.

23 UN Committee on the Rights of the Child, *General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health*, 17 April 2013, CRC/C/GC/15 at para. 4. Available at: www.refworld.org/docid/51ef9e134.html.

Correspondingly, the Committee advises that under Article 24 children are entitled to "quality health services, including prevention, promotion, treatment, rehabilitation and palliative care services". In this regard, primary healthcare services should be "available in sufficient quantity and quality, functional, within the physical and financial reach of all sections of the child population, and acceptable to all." Secondary and tertiary level healthcare services should also "be available, to the extent possible, with functional referral systems linking communities and families at all levels of the health system."[24]

The Committee has underscored the importance of recognising children's right to the highest attainable standard of health as connected to and indivisible from children's other rights.[25] Among these rights are children's rights to family support and care, to information, to privacy, to education, to play and leisure, and to protection from harm and abuse. The UNCRC's four general principles are especially important in this regard. Set out in Articles 2, 3, 6 and 12 respectively, these principles are: children's right to enjoy all rights under the UNCRC without discrimination; children's right to have their best interests treated as a primary consideration in all actions concerning them; children's right to life, survival and development; and children's right to express their views freely in all matters affecting them and to have due weight given to their views, in accordance with their age and maturity. Accordingly, the Committee has clarified that States:

- have an obligation to ensure that children's right to health is not undermined as a result of discrimination, including on the grounds of mental health[26]
- should "place children's best interests at the centre of all decisions affecting their health and development, including the allocation of resources, and the development and implementation of policies and interventions that affect the underlying determinants of their health"[27]
- should take account of children's evolving capacities, including as regards independent decision-making, and provide children with opportunities to express their views freely on all aspects of health provision and afford due weight to their views, in line with their age and maturity.[28]

As regards mental health, the Committee has highlighted the importance of children's mental health and the need for increased attention to be given to "behavioural and social issues that undermine children's mental health, psychosocial well-being and emotional development".[29] Cautioning against over-medicalisation and institutionalisation, the Committee has indicated that Article 24(2)(b) of the UNCRC obliges States to provide adequate treatment for children with mental health issues.[30] States are encouraged to "invest in primary care approaches that facilitate the early detection and treatment of children's psychosocial, emotional and mental [health difficulties]"[31] and to provide universal access to primary healthcare services close to where families live.[32] In this regard, the Committee notes that effective provision of such healthcare services requires, among other things, a robust financing mechanism, a well-trained and adequately paid workforce, well-maintained facilities, and strong governance.[33]

24 *Ibid.* at para. 25.
25 *Ibid.* at para. 4.
26 *Ibid.* at para. 8.
27 *Ibid.* at para. 13.
28 *Ibid.* at paras. 19, 21.
29 *Ibid.* at para. 38.
30 *Ibid.*
31 *Ibid.*
32 *Ibid.* at para. 36.
33 *Ibid.*

In 2016, the Committee published its *Concluding Observations* on progress made by Ireland as regards fulfilling its obligations to children under the UNCRC.[34] The Committee expressed a number of concerns about mental health services for children in Ireland, including about children being admitted to adult psychiatric wards owing to inadequate availability of mental healthcare facilities for children, long waiting lists for access to mental health support, and insufficient out-of-hours services for children and young people with mental health needs. The Committee recommended that the State should:

- enact legislation that explicitly and comprehensively provides for children's consent to and refusal of medical treatment and does so in a manner that clearly recognises children's evolving capacities
- undertake measures to improve the capacity and quality of mental healthcare services for children and young people
- prioritise strengthening the capacity of its mental healthcare services for inpatient treatment, out-of-hours facilities and facilities for treating eating disorders
- consider establishing a mental health advocacy and information service that is specifically for children.[35]

Mental health and emotional well-being are among the priority areas of focus for the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.[36] In a report published in March 2017, the Special Rapporteur offers an international perspective on key challenges and opportunities for advancing the realisation of the right to mental health. In this regard, the Special Rapporteur raises several issues and makes a number of recommendations that are relevant to mental healthcare for children and young people, including:

- Users of mental health services should be empowered to participate meaningfully in all matters that concern them, which can be facilitated through the development of advocacy groups as well as their involvement in the design, implementation, delivery and evaluation of mental health services, systems and policies.[37]
- Informed consent is a core element of the right to health as the "proliferation of paternalistic mental health legislation and lack of alternatives has made medical coercion commonplace".[38]
- Adequate mental health services, including a broad package of integrated and coordinated services for promotion, prevention, treatment, rehabilitation, care and recovery, should be made available.[39]
- Mental health services must be accessible, both geographically and financially.[40]
- Mental health care must move in the direction of primary care and general medicine and be integrated into mainstream healthcare.[41]

34 UN Committee on the Rights of the Child, *Concluding observations on the combined third and fourth periodic reports of Ireland*, 1 March 2016, CRC/C/IRL/CO/. Available at http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fIRL%2fCO%2f3-4&Lang=en.

35 *Ibid*. at paras. 53-54.

36 UN Human Rights Council, *Report of the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, 28 March 2017, A/HRC/35/21 at para. 1. Available at documents-dds-ny.un.org/doc/UNDOC/GEN/G17/076/04/PDF/G1707604.pdf?OpenElement.

37 *Ibid*. at paras. 43-44, 95(a).

38 *Ibid*. at paras. 63, 95(f).

39 *Ibid*. at paras. 55, 93-94.

40 *Ibid*. at para. 57.

41 *Ibid*. at paras. 78, 95(c).

- States must make efforts to develop a workforce to provide the necessary mental health supports which includes health professionals and other professionals such as teachers and social workers.[42]

At European level, the Council of Europe, of which Ireland is a Member State, adopted *Guidelines on Child-Friendly Healthcare* (Guidelines) in 2011 with a view to embedding a child rights approach to the provision of health services and administrative decision-making more generally.[43] These Guidelines call for an approach which "places children's rights, needs and resources at the centre of health care activities, taking into account their family and social environment" and which "promotes policies to deliver child-oriented services based on child-specific developmental needs and evolving capacities, ensuring children's participation at every level of decision making, in accordance with their age and degree of maturity."[44] With regard to children's participation in decisions regarding their healthcare, the Guidelines state that in cases where children do not have capacity to consent to treatment according to the law, their views should be taken into account in accordance with their age and maturity.[45]

The Guidelines highlight the importance of coordination and continuity of care based on an integrated, multi-disciplinary approach that extends across the boundaries of primary, secondary and tertiary health care and includes the health, education, social care and justice sectors.[46] The Guidelines also emphasise that children, including children with mental health difficulties, who have repeated or long-term contact with health services should be able to maintain contact with their families and friends and their education and future health should not be impaired through a prolonged stay in hospital.[47]

Developments in legislation

While there is no express right to health in Ireland's Constitution, Article 42A, which was inserted into the Constitution in 2015 following the enactment of the *Thirty-First Amendment of the Constitution (Children) Act 2012*, strengthens the visibility of children's rights at a constitutional level. Of particular note for legislators working to amend existing legislation or to develop new legislation affecting children is Article 42A.1, which provides that the State "recognises and affirms the natural and imprescriptible rights of all children" and requires that the State "shall, as far as practicable, by its laws protect and vindicate those rights."

Fully commenced in November 2006, the *Mental Health Act 2001* (2001 Act) currently provides the main statutory framework in relation to mental health. As regards children, Section 25 of the 2001 Act provides for the involuntary admission of children and sets out that the HSE may make an application to the District Court for an order authorising the detention of a child suffering from a "mental disorder" in an approved centre. Section 61 of the 2001 Act regulates the provision of treatment to children who are involuntary patients under Section 25.

The provisions of the 2001 Act as they relate to children have been the subject of analysis by the Special Rapporteur on Child Protection,[48] the Law Reform Commission,[49] and the Department of Health's Expert Group on the review of the Mental Health

42 *Ibid.* at para. 56.

43 Council of Europe, *Guidelines on child-friendly health care* (2011). Available at rm.coe.int/168046ccef.

44 *Ibid.* at para. 2.

45 *Ibid.* at paras. 12, 23, 35.

46 *Ibid.* at para. 19.

47 *Ibid.* at para. 43.

48 Geoffrey Shannon, *Fourth Report of the Special Rapporteur on Child Protection* (2010). Available at www.dcya.gov.ie/documents/publications/Rapporteur-Report-2010.pdf.

49 Law Reform Commission, *Children and the Law: Medical Treatment* (LRC 103-2011). Available at www.lawreform.ie/_fileupload/Reports/Children%20and%20the%20Law103%202011.pdf.

Act 2001,[50] which followed an interim report by a Steering Group in 2012.[51] Among the key issues and recommendations emerging from these analyses are:

- Provisions relating to children should be included in a standalone part of the 2001 Act.[52]
- The 2001 Act should be amended to provide that a person who is 16 or 17 years of age is presumed to have capacity to consent to and refuse healthcare and medical treatment, including psychiatric treatment.[53]
- The capacity of children under 16 to consent to treatment should be determined on a case by case basis, taking the age, maturity and level of understanding of the child into account.[54]
- The practice of admitting a child "voluntarily", solely on the basis of parental consent, is flawed and out of line with the rights of children.[55] For an admission of a 16 or 17 year old to proceed on a voluntary basis, the child must consent, or at least must not object to, their voluntary admission.[56]
- All children and young people should be given an opportunity to express their views with regard to their diagnosis, admission and treatment and these views should be given due weight, in accordance with their age and maturity.[57]
- Children and young people admitted under the 2001 Act should be accommodated in an environment that is suitable for their age.[58]
- Children, young people and their families should have access to independent advocacy services.[59]
- Services should be provided in close proximity to family and/or carers wherever possible.[60]

The OCO understands that the Department of Health is working on preparing the heads of a Mental Health (Amendment) Bill to give effect to recommendations of the Expert Group review of the 2001 Act.[61] In the meantime, two Private Members' Bills (the *Mental Health (Amendment) Bill 2016* and *Mental Health (Amendment) Bill 2017*) proposing legislative changes to the provision of mental health care services for children and young people are making their way through the Oireachtas.

In this regard, the stated aim of the 2016 Bill is to "protect children where admission orders are made on their behalf to approved centres and to provide that the child's environment in the approved centre is suitable having regard to his/her age and needs."[62] In relation to the 2017 Bill, the OCO notes that the 2017 Bill, as passed by the Seanad on 16 May 2018, makes provision for the insertion of a new section 4A in the 2001 Act, which sets out guiding principles in respect of children. The new

50 Department of Health, *Report of the Expert Group on the Review of the Mental Health Act 2001* (2015). Available at health.gov.ie/wp-content/uploads/2015/03/Dept-Health-Report-Expert-Group-for-website.pdf.

51 Department of Health, *Interim Report of the Steering Group on the Review of the Mental Health Act 2001* (2012). Available at health.gov.ie/wp-content/uploads/2014/03/int_report_sg_reviewMHA_latest.pdf.

52 Department of Health, *supra* note 50 at p. 99 and Geoffrey Shannon, *supra* note 48 at p. 67.

53 Law Reform Commission, *supra* note 49 at pp. 141-145; Department of Health, *supra* note 50 at p. 100; and Geoffrey Shannon, *supra* note 48 at p. 67.

54 Law Reform Commission, *supra* note 49 at p. 142; Department of Health, *supra* note 50 at p. 100; and Geoffrey Shannon, *supra* note 48 at p. 67.

55 Law Reform Commission, *supra* note 49 at pp. 119-223 and Geoffrey Shannon, *supra* note 48 at p. 67.

56 Department of Health, *supra* note 50 at p. 100.

57 Law Reform Commission, *supra* note 49 at p. 142 and Department of Health, *supra* note 50 at p. 99.

58 Law Reform Commission, *supra* note 49 at p. 144 and Department of Health, *supra* note 50 at p. 99.

59 Law Reform Commission, *supra* note 49 at pp. 144, 146; Department of Health, *supra* note 50 at p. 100; and Geoffrey Shannon, *supra* note 48 at p. 68.

60 Department of Health, *supra* note 50 at p. 99.

61 Office of the Government Chief Whip, *Legislation Programme Spring/Summer Session 2018* (2018). Available at merrionstreet.ie/en/ImageLibrary/Legislative_Programme_Spring_Summer_2018.pdf.

62 Mental Health (Amendment) Bill 2016, as of 7 February 2018. At the time of this report going forward for publication, this Bill was at Third Stage before Seanad Éireann. Available at data.oireachtas.ie/ie/oireachtas/bill/2016/113/eng/ver_a/b113a16s.pdf.

section 4A establishes that in all decisions under the 2001 Act concerning the care or treatment of a child, the best interests of the child shall be the paramount consideration. It also provides for the child to have access to health services that aim to deliver the highest attainable standard of child mental health and for the child to be consulted directly at each stage of their diagnosis and treatment and to have due weight given to their views and to their will or preferences in accordance with their age and maturity. The importance of providing care and treatment in an age-appropriate environment in close proximity to the child's home or family and in a manner that respects the right of the child to dignity, bodily integrity, privacy and autonomy is also recognised.[63]

Developments in public policy

At a public policy level, there have been several public policy initiatives focused on or relevant to mental health. Published in 2006, a key national policy is *A Vision for Change*, which sets out a "framework for building and fostering positive mental health across the entire community" and for "providing accessible, community-based, specialist services for people with mental illness".[64] This policy framework was due to be implemented in full by the end of 2016. However, this has not occurred, with the Children's Rights Alliance recently characterising progress to date as "slow and inconsistent" and noting that parts of the policy remain unimplemented.[65] One example in this regard which is of concern is staffing levels: as of November 2017, the recommended staffing level for CAMHS teams stood at 56%.[66] *A Vision for Change* has been reviewed, with the corresponding *Evidence Review to Inform the Parameters for a Refresh of A Vision for Change* published in July 2017.[67] An Oversight Group has been established to oversee the development of a new national policy based on the review and is due to complete its work by December 2018.[68]

Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020 (Connecting for Life) sets out a vision of an Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing. The seven goals of Connecting for Life are:

1. To improve the nation's understanding of and attitudes to suicidal behaviour, mental health and wellbeing
2. To support local communities' capacity to prevent and respond to suicidal behaviour
3. To target approaches to reduce suicidal behaviour and improve mental health among priority groups
4. To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour
5. To ensure safe and high-quality services for people vulnerable to suicide
6. To reduce and restrict access to means of suicidal behaviour

63 See Seanad Éireann Debate, Mental Health (Amendment) Bill 2017: Report and Final Stages (16 May 2018). Available at www.oireachtas.ie/en/debates/debate/seanad/2018-05-16/11/.

64 HSE Expert Group on Mental Health Policy, *A Vision for Change* (2006). Available at www.hse.ie/eng/services/publications/mentalhealth/visionforchange.html.

65 Children's Rights Alliance, *Report Card 2018* (2018). Available at www.childrensrights.ie/content/report-card-2018.

66 Joint Committee on Future of Mental Healthcare Debate, *A Vision for Change: Update from Health Service Executive* (30 November 2017). Available at www.oireachtas.ie/en/debates/debate/joint_committee_on_future_of_mental_health_care/2017-11-30/.

67 Department of Health, *Evidence Review to Inform the Parameters for a Refresh of A Vision for Change (AVFC): A wide-angle international review of evidence and developments in mental health policy and practice, Final Report* (2017). Available at health.gov.ie/blog/publications/evidence-review-to-inform-the-parameters-for-a-refresh-of-a-vision-for-change/. See also, Mental Health Ireland, *Minister Daly welcomes the Evidence Review of A Vision for Change* (2017). Available at www.mentalhealthireland.ie/news-events/minister-daly-welcomes-evidence-review-vision-change/.

68 Mental Health Ireland, *supra* note 67. See also, Dáil Debates, Leaders Questions (21 March 2018). Available at www.kildarestreet.com/debates/?id=2018-03-21a.143.

7. To improve surveillance, evaluation and high-quality research relating to suicidal behaviour.[69]

The *Connecting for Life Implementation Plan* was published in January 2018[70] and 17 local action plans are also being developed around the country.[71] A Cross-Sectoral Group comprising high-level representatives from Government Departments and key State agencies has been established to support the implementation of Connecting for Life.[72]

The National Youth Mental Health Taskforce was established in 2016 to provide national leadership in the field of youth mental health and brought together representatives from statutory, voluntary, public, private and youth sectors. The view of the Taskforce is that "youth mental health is a multi-faceted issue that calls for a broad perspective rather than a narrow health service focus".[73] In December 2017, the Taskforce published its report, which made recommendations for action in the following areas:

- consultation and advocacy
- awareness and training
- online youth mental health supports
- supporting families to promote mental health in young people
- mental health supports in third level education
- schools and youth mental health
- community supports for youth mental health
- accessibility and alignment of mental health services
- consent issues.[74]

Among the notable recommendations that the Taskforce made were for:

- the establishment of a National Youth Mental Health Advocacy and Information Service
- the reform of the Mental Health Act 2001, including reform of the consent provisions to allow young people under 18 direct access to mental health services
- improved inter-agency communication and coordination, the creation of a standardised referral process, and coordination and oversight of transition between child mental health services and adult mental health services.[75]

In this regard, the Taskforce identified the Youth Mental Health Pathfinder Project as a key mechanism for achieving greater coordination. This Project is one of three Pathfinder Projects under Action 5 of the Civil Service Renewal Plan (2014).[76] While it is not yet operational,[77] the OCO understands that this Project is to be led by the Department of Health and will draw its membership from the Department of Education and Skills, the Department of Children and Youth Affairs, the Department of Public Expenditure and Reform, the Health Service Executive and the Centre

69 HSE, *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020* at pp. XIV, XV. Available at www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf.

70 HSE, *Connecting for Life Implementation Plan* (2018). Available at www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting-for-life-implementation-plan.html.

71 HSE, *Local Action Plans*. Available at www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/local-action-plans/.

72 HSE, *Cross Sectoral Group*. Available at www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/strategy-implementation/cross-sectoral-group/.

73 Department of Health, *National Youth Mental Health Taskforce Report 2017* (2017) at p. 4. Available at health.gov.ie/wp-content/uploads/2017/12/YMHTF-Final-Report.pdf.

74 *Ibid.*

75 *Ibid.* at p. 8.

76 Dáil Debates, Mental Health Services Provision, 8579/17 (21 February 2017). Available at www.kildarestreet.com/wrans/?id=2017-02-21a.513. See also, Department of Health, *supra* note 73 at p. 5.

77 As of 10 May 2018, this Pathfinder Project had not come into operation. See Dáil Debates, *Mental Health Services* (10 May 2018). Available at www.kildarestreet.com/wrans/?id=2018-05-10a.495&s=pathfinder#g496.q.

for Effective Services.[78] The objectives of the Project include the development of an implementation plan and the piloting of new approaches to coordinate and give effect to priority youth mental health actions.[79] In its report, the Taskforce recommended that "Pathfinder should carry out a detailed assessment of the services and supports currently available in relation to youth mental health, in order to identify gaps in service provision and to scope what improvements could be achieved through greater coordination."[80]

Children and young people's mental health services have also been a focus of attention within the Oireachtas. In 2017, the Seanad Public Consultation Committee conducted a public consultation on the issue of children's mental health services in Ireland. Following written and oral submissions, the Committee published its *Report on Children's Mental Health Services* in October 2017.[81] The Committee concluded that there is a chronic lack of standardised services and a lack of clarity surrounding the operation of CAMHS, particularly from the perspective of service users. The Committee set out a number of proposed solutions focused on effective access to mental health services for children, recruitment, and outcome monitoring by CAMHS. The Committee's recommendations include:

- CAMHS referral criteria should be expanded to include children with intellectual disabilities
- CAMHS must be extended nationwide to children up to the age of 18
- admissions to adult psychiatric units should be prohibited
- CAMHS out-of-hours services must be extended across all Community Healthcare Organisation (CHO) areas for acutely ill children and adolescents
- CAMHS ought to measure geographic need for services and distribute services in accordance with need and not solely population size.[82]

The Joint Committee on the Future of Mental Healthcare was established in July 2017 with the stated aim of achieving cross-party agreement on the implementation of a single, long-term vision for mental health care and the direction of mental health policy in Ireland. Through briefing sessions with relevant stakeholders, this Committee is examining the current integration of delivery of mental health services in Ireland; the availability, accessibility and alignment of services and supports; the need to further develop prevention and early intervention services; the significant challenges in the recruitment and retention of skilled personnel; and the efficacy of establishing a permanent Mental Health Oireachtas Committee.[83] In its second interim report, published in April 2018, the Committee set out its preliminary recommended actions to be undertaken, as appropriate, by the Department of Health and the HSE. Among the recommendations of relevance to the delivery of mental health services to children and young people are:

- *Primary care* - The Committee has called for the development of a realistic plan and timeframe for the provision of 24/7 crisis intervention teams nationally. It has also recommended an increased focus on:

78 Department of Health, *National Youth Mental Health Task Force Report 2017: Second Meeting Report* (2016) at p. 4. Available at health.gov.ie/wp-content/uploads/2016/11/Second-Meeting-Minutes-NTYMH.pdf. For a report on the Pathfinder process, see effectiveservices.org/downloads/CES_Pathfinder_261017.pdf.

79 Dáil Debates, *supra* note 76.

80 Department of Health, *supra* note 73 at p. 18.

81 Seanad Public Consultation Committee, *supra* note 6.

82 *Ibid.* at p. 41.

83 Joint Committee on the Future of Mental Healthcare, *Interim Report of the Joint Committee on the Future of Mental Health Care* (2017). Available at data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_the_future_of_mental_health_care/reports/2017/2017-12-12_interim-report-of-the-joint-committee-on-the-future-of-mental-health-care_en.pdf.

- addressing capacity in primary care CAMHS services
- the lack of cohesion between primary care and mental health services
- referral pathways for mental health services in secondary and tertiary care, including those presenting with a dual diagnosis
- signposting services that are available in the community
- investment in counselling and talk therapies
- e-Mental Health services.

- *Recruitment* - The Committee has made several recommendations focused on improving recruitment and retention practices in mental health services, including with regard to flexible work patterns, professional development and salaries. It has called for the mainstreaming of mental health training across all health disciplines, including in maternity and neo-natal care.
- *Funding* - The Committee has recommended that the proportion of the health budget allocated to mental health services be increased to the level seen before de-institutionalisation, in order to realistically allow for the implementation of *A Vision for Change*.
- *Mental health services for people from minority groups* - The Committee has highlighted the need to consider removing the requirement for parental consent for under 18s to access mental health services. It has also called for increased specialised supports for people from the Traveller, LGBTI+ and migrant communities in Ireland.
- *Performance indicators* - The Committee has recommended that the data collection processes in place be expanded to include patient experiences outside of inpatient units and that the feasibility of developing Electronic Health Records be assessed.[84]

In relation to CAMHS services, the Committee has stated that "[g]iven the special vulnerability of children and the very poor rates of CAMHS team fulfilment in various CHOs (and consequent distressing waiting list figures for children waiting to access mental health services) ... community based primary care CAMHS services need prioritised investment and development, including the level of attention of a full service plan".[85] The Committee is expected to make its final report to both Houses of the Oireachtas by the end of October 2018.

Concerns, commitments and recommendations regarding children and young people's mental health also feature in broader health policy initiatives. *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025* (Healthy Ireland) is a national framework for action to improve the health and wellbeing of the population over the coming generation.[86] The vision of this framework is to develop a "Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility".[87] Goal 1 of this framework is to increase the proportion of people who are healthy at all stages of life, which involves addressing risk factors and promoting protective factors at every stage of life, including through early childhood and in

84 Joint Committee on the Future of Mental Healthcare , *supra* note 2.

85 *Ibid.* at p. 26.

86 Department of Health, *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025* (2013). Available at health.gov.ie/blog/publications/healthy-ireland-a-framework-for-improved-health-and-wellbeing-2013-2025/.

87 *Ibid.* at p. 5.

adolescence in order to support lifelong health and wellbeing.[88]

Within Healthy Ireland, mental health is recognised as a growing health, social and economic issue. In this regard, the framework notes that one in every four people will experience mental health problems during their lifetime[89] and acknowledges that "levels of depression and admissions to psychiatric hospital are higher among less affluent socio-economic groups and mental health problems are also related to deprivation, poverty, inequality and other social and economic determinants of health".[90] While the majority of actions identified in the framework apply to the population as a whole, a number of actions relate specifically to children and include:

- supporting and linking "existing partnerships, strategies and initiatives that aim to improve the decision-making capacity of children and young people through strengthening self-esteem, resilience, responses to social and interpersonal pressure, health and media literacy (including social media literacy)"
- fully implementing "Social Personal and Health Education (SPHE) in primary, post-primary and Youthreach settings"
- supporting and improving "existing partnerships, strategies and initiatives that aim to improve the capacity of parents, carers and families to support healthier choices for their children and themselves".[91]

In June 2016, the Dáil established the Committee on the Future of Healthcare with the goal of achieving cross-party, political agreement on the future direction of the health service.[92] In May 2017, this Committee published the *Sláintecare Report* (Report), which sets out its proposals for a ten year strategy for health care and health policy in Ireland.[93] This Report recommends the allocation of significant resources to develop counselling and public psychology services in primary care, including the development of a CBT online resource. With regard to community mental health services, the Report recommends the investment of over €45 million in CAMHS by Year 5 of the strategy, as well as the development of child and adolescent liaison posts. It also focuses on the need to resource and develop a universal child health and wellbeing service, including through the increased availability of specialised public health nurses and parenting supports. The Report calls for the funds allocated to health care priorities, including mental health, to be ring-fenced and for the current spend to be examined to ensure that it is providing value for money.

The issue of mental health also arises at a national policy level in public policy initiatives focused on children. In this regard, good mental health is one of the aims identified in *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Better Outcomes).[94] This framework includes a corresponding commitment to implement *A Vision for Change* as it relates to children and young people and to ensure equity of access to children and adolescent mental health services, particularly for those aged 16 and 17.[95] Listening to children and young people

88 *Ibid.* at p. 6.

89 *Ibid.* at p. 10.

90 *Ibid.*

91 *Ibid.* at p. 24.

92 Information about the Committee on the Future of Healthcare is available at: https://www.oireachtas.ie/en/committees/32/future-of-healthcare/.

93 Committee on the Future of Healthcare, *Sláintecare Report* (2017). Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/committee_on_the_future_of_healthcare/reports/2017/2017-05-30_slaintecare-report_en.pdf.

94 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures, The National Policy Framework for Children and Young People 2014-2020* at p. 53. Available at www.dcya.gov.ie/documents/cypp_framework/BetterOutcomesBetterFutureReport.pdf.

95 *Ibid.* at p. 57.

in decision-making for health and wellbeing at a community level is identified as being central to achieving the commitments made.[96]

With its basis in Better Outcomes,[97] the *National Youth Strategy 2015-2020* (Youth Strategy) is focused on children and young people aged 10 to 24 years.[98] Outcome 1 of the Youth Strategy is about health and well-being and has a corresponding objective for young people to enjoy a healthy lifestyle, in particular with regard to their physical, mental and sexual health and well-being.[99] Among the priorities for action set out in the Youth Strategy are:

- promoting quality-assured, online youth mental health services among young people and within youth work and education settings[100]
- implementing Connecting for Life as it relates to young people
- optimising the potential of youth services in promoting suicide prevention as part of those strategies and plans which focus on young people
- promoting the guidelines document *Technology, mental health and suicide prevention in Ireland: A good practice guide*[101] to ensure the safe and responsible delivery of online support services for young people
- exploring ways of making health facilities more youth friendly, including transitions from child to adult facilities and services.[102]

In the area of formal education, the Department of Education and Skills' (DES) *Action Plan for Education 2016-2019* contains several commitments to improving services and resources to promote well-being in schools. These commitments include:

- supporting all schools in implementing *Wellbeing in Post-Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention*[103]
- undertaking an assessment of the provision of supports to schools in the areas of mental health and social and emotional intelligence
- working with the Department of Health and other Departments involved in the National Taskforce on Youth Mental Health to consider how best to introduce and teach resilience, coping mechanisms, and how to access services voluntarily at a young age.[104]

In September 2017, the DES introduced a new *Wellbeing Programme* (Programme) for students starting first year of post-primary school. This Programme incorporates physical education, relationships and sexuality, anti-bullying programmes, social, personal and health education, and civic and political education. The Programme is due to be fully integrated across all Junior Cycle year groups by summer 2020 and the National Council for Curriculum and Assessment has developed

96 *Ibid.* at p. 58.

97 Department of Children and Youth Affairs, *National Youth Strategy 2015-2020* at p. 1. Available at www.dcya.gov.ie/documents/publications/20151008NationalYouthStragety20152920.pdf.

98 *Ibid.* at p. V.

99 *Ibid.* at p. 3.

100 *Ibid.* at pp. 4, 24.

101 D. Chambers and F. Murphy, *Technology, Mental Health and Suicide Prevention in Ireland – A Good Practice Guide* (Dublin: Reach Out Ireland, 2015).

102 Department of Children and Youth Affairs, *supra* note 97 at p. 25.

103 These Guidelines were published in 2013 and are available at www.education.ie/en/Schools-Colleges/Information/Resources-Guidance/Well-Being-in-Post-Primary-Schools-Guidelines-for-Mental-Health-Promotion-and-Suicide-Prevention-2013.pdf. As regards primary education, *Well-Being in Primary Schools: Guidelines for Mental Health Promotion* were published in 2015. See www.education.ie/en/Publications/Education-Reports/Well-Being-in-Primary-Schools-Guidelines-for-Mental-Health-Promotion.pdf.

104 Department of Education and Skills, *Action Plan for Education, 2016-2019* at pp. 17-18. Available at www.education.ie/en/Publications/Corporate-Reports/Strategy-Statement/Department-of-Education-and-Skills-Strategy-Statement-2016-2019.pdf.

Guidelines on Well-being in Junior Cycle to support schools with implementing it.[105]

As regards psychological support services, psychologists working with the National Educational Psychological Service (NEPS) support schools to promote the wellbeing and social/emotional competence of all students. In October 2017, the Minister for Education and Skills made a commitment to increase the capacity of NEPS. In the context of post-primary schools, the focus of this additional support is on extending the delivery of training to teachers in disadvantaged schools involved in the Friends programme. The objective of this programme is to reduce anxiety and promote coping, resilience and school-connectedness in children and young people.[106]

In July 2017, the Oireachtas Joint Committee on Education and Skills published a *Report on Positive Mental Health in Schools* and made a range of corresponding recommendations, including:

- Each school needs a strategy to enable them achieve a whole school approach to mental health.
- Teachers should be allocated sufficient time, training and resources to enable them to promote positive mental health amongst students.
- Sufficient time and resources should be allocated to ensure the promotion and support of positive mental health throughout the school community.
- Teacher training programmes should be revised to incorporate a module on resilience and promoting positive mental health in schools.
- The introduction of school-based counselling should be investigated.
- The provision of psychotherapy training and other further professional development to guidance counsellors in secondary schools should be explored.[107]

1.4 Areas of concern and priorities for action

As noted in section 1.2, the OCO has engaged, and continues to engage, with matters relating to children's mental health across our statutory functions. Among the stakeholders that the Ombudsman for Children met with during 2017 to encourage progress in relation to mental health provision for children and young people under 18 were the former Minister of State at the Department of Health with special responsibility for Mental Health and Older People, Helen McEntee, TD and the current Minister of State, Jim Daly, TD. In 2017, the OCO also made a submission[108] and subsequent presentation to the Seanad Public Consultation Committee on Children's Mental Health Services in Ireland.[109]

In the context of our complaints handling role, we continue to receive complaints relating to mental health service provision for children. Among the issues that have come to our attention in the context of dealing with complaints are:

105 NCCA, *Guidelines on Well-being in Junior Cycle* (2017). Available at www.ncca.ie/media/2487/wellbeingguidelines_forjunior_cycle.pdf.

106 Dáil Debates, Schools Mental Health Strategies (26 October 2017). Available at www.oireachtas.ie/en/debates/question/2017-10-26/103/. See also Dáil Debates, School Therapy Services 36480/17 (26 July 2017). Available at www.kildarestreet.com/wrans/?id=2017-07-26a.1025.

107 Oireachtas Joint Committee on Education and Skills, *Report on Positive Mental Health in Schools* (2017) at pp. 15-16. Available at www.oireachtas.ie/parliament/media/committees/educationandskills/reports/Report-on-Positive-Mental-Health-in-Schools.pdf.

108 Ombudsman for Children's Office, *Submission to the Seanad Public Consultation Committee on Children's Mental Health Services in Ireland* (2017). Available at www.oco.ie/library/submission-seanad-public-consultation-committee-childrens-mental-health-services-ireland/.

109 Ombudsman for Children's presentation to the Seanad Public Consultation Committee on Children's Mental Health Services (6 July 2017). Available at www.oco.ie/library/presentation-seanad-public-consultation-committee-childrens-mental-health-services/.

- inadequate supports for early intervention and mental health promotion[110]
- delays in the development of community mental health services
- access to primary care services, including psychology services
- access to Child and Adolescent Mental Health Services[111]
- collaboration between CAMHS areas (transfer between one CAMHS area and another not being accepted, poor sharing of files following transfer, differences of view between CAMHS teams regarding a child's diagnosis)
- deficiencies in interagency communication and collaboration[112]
- geographical disparities as regards access to mental health services in different parts of the country.[113]

As we highlighted in our *Annual Report* for 2017, issues relating to the availability of accessible, appropriate and timely mental health services continue to be brought to our attention. During 2017, we received 57 complaints about access to mental health services, with the majority of cases that came to our attention relating to children waiting for primary psychology services. Challenges that can arise for families when children are suicidal and seek help and regarding the response of services when children present as suicidal also came to our attention.[114]

Two case studies below, which we first published in our Annual Reports for 2016 and 2017 respectively, offer an insight into challenges that children and young people experiencing serious mental health difficulties can encounter as regards accessing the services they need.

110 Ombudsman for Children's Office, s*upra* note 108. at pp. 3-4. See also, Ombudsman for Children *supra* note 109.

111 Ombudsman for Children's Office, *Annual Report 2016* (2016) at p. 30. Available at www.oco.ie/app/uploads/2017/05/OCO-Annual-Report-2016.pdf.

112 Ombudsman for Children's Office, *Report of the Ombudsman for Children to the UN Committee on the Rights of the Child on the occasion of the examination of Ireland's consolidated Third and Fourth Report to the Committee* (2015) at pp. 26-27. Available at www.oco.ie/library/report-un-committee-rights-child-examination-irelands-consolidated-third-fourth-report-committee/.

113 Ombudsman for Children's Office, *supra* note 108 at pp. 3-4 and the Ombudsman for Children, *supra* note 109. In a Dáil debate on mental health services on 1 May 2018, the Minister of State, Jim Daly, TD indicated that a review currently being undertaken by the HSE of its 2015 standard operating procedures for inpatient and community CAMHS is expected to "reinforce the messages that services must be delivered equitably across the country", *supra* note 2.

114 Ombudsman for Children's Office, *Annual Report 2017* (2017) at p. 30. Available at www.oco.ie.

Case Study: HSE Mental Health Services[115]

John was 14 years old and an in-patient at a private psychiatric hospital at the time his parents made a complaint to us. His parents explained that John was referred to the private hospital by CAMHS as the only treatment recommended and no public options were suggested. When John was admitted to the hospital, the family was told that their health insurance company would not cover the treatment. While the hospital assessed that there was a clinical need for John to receive in-patient treatment, the family was not in a position to afford the treatment cost of more than €1,000 per day. The family told us that there was no public in-patient bed for John.

What we did

Based on the reported impact and on-going effect of this situation on John, we started an accelerated examination of the HSE's involvement in this case. Our examination focused on obtaining information about the steps that the HSE was taking to meet John's immediate needs and we encouraged resolution of this complaint at a local level. By law, we can only investigate voluntary hospitals, which meant that it was not possible to examine the actions of the private hospital involved in this case. In relation to the health insurance company, we explained to the parents that they could bring a complaint to the Financial Services Ombudsman.

Outcome

While the HSE raised concerns about the actions of the private hospital in this case, the HSE agreed that John and his family should not have to bear the financial burden of mistakes made in handling this case. The HSE agreed to fund John's treatment at the private hospital on the basis of the CAMHS Team's involvement in the care plan. In addition, the HSE made a commitment that the CAMHS Team would liaise with the family and assist in John's transition home following discharge from the hospital.

115 Ombudsman for Children's Office, *supra* note 111 at p. 32.

Case Study: Children and Mental Health[116]

We received a complaint from a health care professional about a Child and Adolescent Mental Health Service (CAMHS) in one of the 10 HSE community health organisations (CHO). We were told that:

- At times there was no CAMHS consultant available to assess children in the area when they went to hospital with suicidal behaviour. This meant that some children had to be admitted and stay in hospital for several days until a CAMHS consultant was available.
- The situation had been ongoing in the area for four years, every time the consultants were on leave, with up to 60 children affected during this time.

What we did

We contacted the HSE in the local area. They told us that:

- The local CAMHS team did not have enough resources and the area was way below the staffing levels that were recommended in the 2006 national mental health policy *A Vision for Change*.
- The situation wasn't helped by the fact that there is a national shortage of consultant psychiatrists.
- Their preferred model of providing consultant cover for Emergency Departments (EDs) was from other CAMHS consultants in the area (CHO). However, some consultants' contracts did not provide for this and this was a barrier to resolving the issue of consultant cover for hospitals.

We held two meetings with the HSE so that we could get more information; one with the Community Health Area and one with the National Mental Health Division.

116 Ombudsman for Children's Office, *supra* note 114 at p. 30.

The local area told us that they had tried a number of things to resolve the issue, including ongoing recruitment, asking other CHOs for help, and arranging for Human Resources to review consultants' contracts. They also said that GPs and EDs in the area had been advised to contact a named general manager when seeking assessments for children outside of CAMHS hours.

The National Mental Health Division told us that:

- Liaison teams should be in place for acute hospitals as per the *Vision for Change* policy but are only in place for national children's hospitals (i.e. Tallaght, Crumlin and Temple St). HSE focus to date has been on establishing liaison teams for adult hospitals. These teams provide clinical services and education, teaching and research in general hospital settings.
- The HSE has prioritised self-harm presentation to EDs as one of its national clinical programmes. This programme provides clinical nurse specialists to assess self-harm. However, this has only focused on adults to date. The plan is to broaden the programme to include children under the age of 16. They also told us that 16 years of age is the maximum for admission to paediatric emergency departments.

The HSE also provided information on the number of CAMHS consultants nationally who provide out-of-hours cover in the 10 HSE CHO areas. This varies from no cover at all in CHO5 (South Tipperary, Carlow/Kilkenny, Waterford and Wexford) to full cover in CHO2 (Galway, Roscommon and Mayo) and CHO3 (Clare, Limerick, North Tipperary/East Limerick).

Overall, the HSE advised that 70 consultants provide out-of-hours cover nationally while 25 do not. We were told that there were 13 posts vacant around the country with one to be filled shortly.

Outcome

We were concerned about the inequity of CAMHS consultant cover around the country. We did not investigate further because the reasons appeared to be due to resource deficits and consultant contracts rather than administrative failings and therefore fell outside our statutory remit. However, we told the HSE that we had serious concerns about how suicidal young people access emergency services. Our view is that the HSE should provide equitable services and all children who need an assessment of mental health in EDs should be able to access this quickly. We asked the local area to prioritise ensuring that children attending acute hospitals who need CAMHS get appropriate services.

We asked the National Mental Health Division to consider developing a separate clinical programme for assessment and management of children and young people aged up to 18 years presenting to EDs following self-harm similar to the national clinical programme for adults. We also advised the HSE to collect national data on the number of children affected by limited consultant CAMHS cover.

While we closed this case we continued to engage with the Department of Health and HSE on these issues throughout 2017.

In light of the OCO's work on mental health, including our consultation with young people in 2017, key areas of concern and corresponding priorities for action from the OCO's perspective are as follows:

1. Overall approach

The OCO is concerned that the overall approach to the development, implementation and review of legislation, policy and services relating to mental healthcare for children is not consistently child-centred and rights-based. Taking a child rights-based approach includes:

- recognising that children are rights holders and that they have a right to enjoy the highest attainable standard of health and to access facilities for the treatment of illness and the rehabilitation of health
- ensuring that every child can enjoy their right to the highest attainable standard of health and can access the health services they need, without discrimination
- considering the best interests of children in all actions and decisions affecting them, including actions and decisions taken in relation to legislation, public policy, and service planning and delivery concerning children's mental health
- ensuring that children have the opportunity to express their views and that due weight is given to their views, in accordance with their age and maturity, in decisions relating to their mental health.

In light of the State's obligations to children under the UNCRC and the guidance available from the UN Committee on the Rights of the Child and the Council of Europe, the OCO recommends the development of a child-centred, rights-based vision for mental healthcare for children in Ireland and encourages all those working to progress mental healthcare provision for children to ground their decision-making in a child rights-based approach.

2. Legislation

Legislation is a key mechanism for advancing the realisation of children's right to the highest attainable standard of health. The OCO has serious concerns about the current statutory framework relating to children's mental health and about the pace of legislative reform in this area. The OCO strongly encourages the necessary reforms to be introduced without delay and recommends that such reforms take account of the State's obligations to children under the UNCRC and Article 42A.1 of the Constitution.

Noting recommendations made by, among others, the UN Committee on the Rights of the Child, the Law Reform Commission, the Special Rapporteur on Child Protection and the Expert Group on the Review of the Mental Health Act 2001, the OCO is of the view that the 2001 Act, once amended, should include a dedicated part focused on provisions relating to children and that it should make appropriate, explicit provision for:

- children's right to the highest attainable standard of mental health
- children's right to have their best interests considered in all actions and decisions relating to their mental health
- children's right to be heard in all decisions concerning their mental health and for their views to be afforded due weight, in accordance with their age and maturity
- children's consent to and refusal of medical treatment in a manner that recognises children's evolving capacities

- children and young people who are admitted to be accommodated in a child-centred environment that is appropriate to their ages and needs
- services to be provided to children in close proximity to their parents/ guardians and families, wherever possible.

3. Public policy

The development of national policy is a further key mechanism for progressing the realisation of children's right to the highest attainable standard of health. A range of national policies and strategies have been developed within the health, children and education sectors that include a focus on children's mental health. In this regard, the OCO remains concerned about deficits in policy implementation and the risk of incoherence arising from having multiple strategies and plans.

The OCO encourages the development of a dedicated, cross-sectoral national policy framework on children's mental health – a dedicated Vision for Change for children - that takes appropriate account of and builds on existing policy commitments in this area and provides a single point of focus for the diverse actors who have a role to play in advancing provision for children's mental health. The framework should be underpinned and driven by a child rights-based approach and developed in consultation with relevant stakeholders, including children and parents/guardians. Facilitating coordination, the framework should clearly set out what actions will be taken and by whom, timelines for delivery, and associated costs.

4. Coordination

The UN Committee on the Rights of the Child has identified coordination as one of several general measures for implementing children's rights under the UNCRC. Effective coordination, cooperation and communications between those working in the area of children's mental health as well as on a cross-sectoral basis are central to delivering mental health services and supports that work for children.

The OCO is concerned about deficiencies in this regard and the negative impact that such deficiencies can have on children and their families. The OCO welcomes recognition that deficiencies need to be addressed and commitments made through the recent *National Youth Mental Health Taskforce Report* to improve inter-agency communication and coordination, to create a standardised referral process, and to coordinate and oversee young people's transition from child mental health services to adult mental health services.

The OCO hopes that the Youth Mental Health Pathfinder Project will become operational very soon and provide the necessary catalyst to achieve greater coordination in mental health services provision for children and young people. In this regard, the OCO encourages monitoring of this Pathfinder Project and regular reporting on its progress, with a view to ensuring that any emerging challenges are addressed and achievements can be built on.

5. Access to appropriate services

Issues regarding children's timely access to appropriate mental health supports and services are well known and extend across the healthcare system from primary community-based care through to specialist inpatient services.

The OCO is deeply concerned about the negative impact that delays in accessing appropriate services can have on children's health and wellbeing, including in circumstances where children cannot access appropriate primary care services, where children have to wait for significant periods of time to see CAMHS, and where children requiring specialist inpatient care are admitted to adult psychiatric units.

The OCO is of the view that the development of universal, accessible, evidence-based prevention and early intervention mental health services at community level needs to be prioritised. Measures required in this regard include:

- training to build the capacity of professionals working with children, including in education settings, to identify potential mental health difficulties among children
- providing for the timely use of psychology, psycho-social and other non-medical interventions, including by facilitating every school to access a therapist in order to enable the provision of timely support for children and young people experiencing mental health difficulties
- establishing a sufficient number of multi-disciplinary community teams.

As regards inpatient care, action is required to mitigate against the practice of placing children and young people in adult psychiatric units and in paediatric wards. Sufficient specialist inpatient and out-of-hours facilities for children and young people with complex mental health needs, including eating disorders, need to be established.

The OCO is aware that financial and human resources are presenting barriers to the provision of timely, appropriate mental health supports and services for children and young people.

As regards financial resources, the OCO is of the view that resources, once allocated, should be ringfenced. Furthermore, information needs to be made routinely available about the amount of money being spent on mental health supports and services for children and how it is being spent in order to assess whether the allocations are appropriate and the extent to which they need to be supplemented to progress the realisation of children's right to the highest attainable standard of mental health.

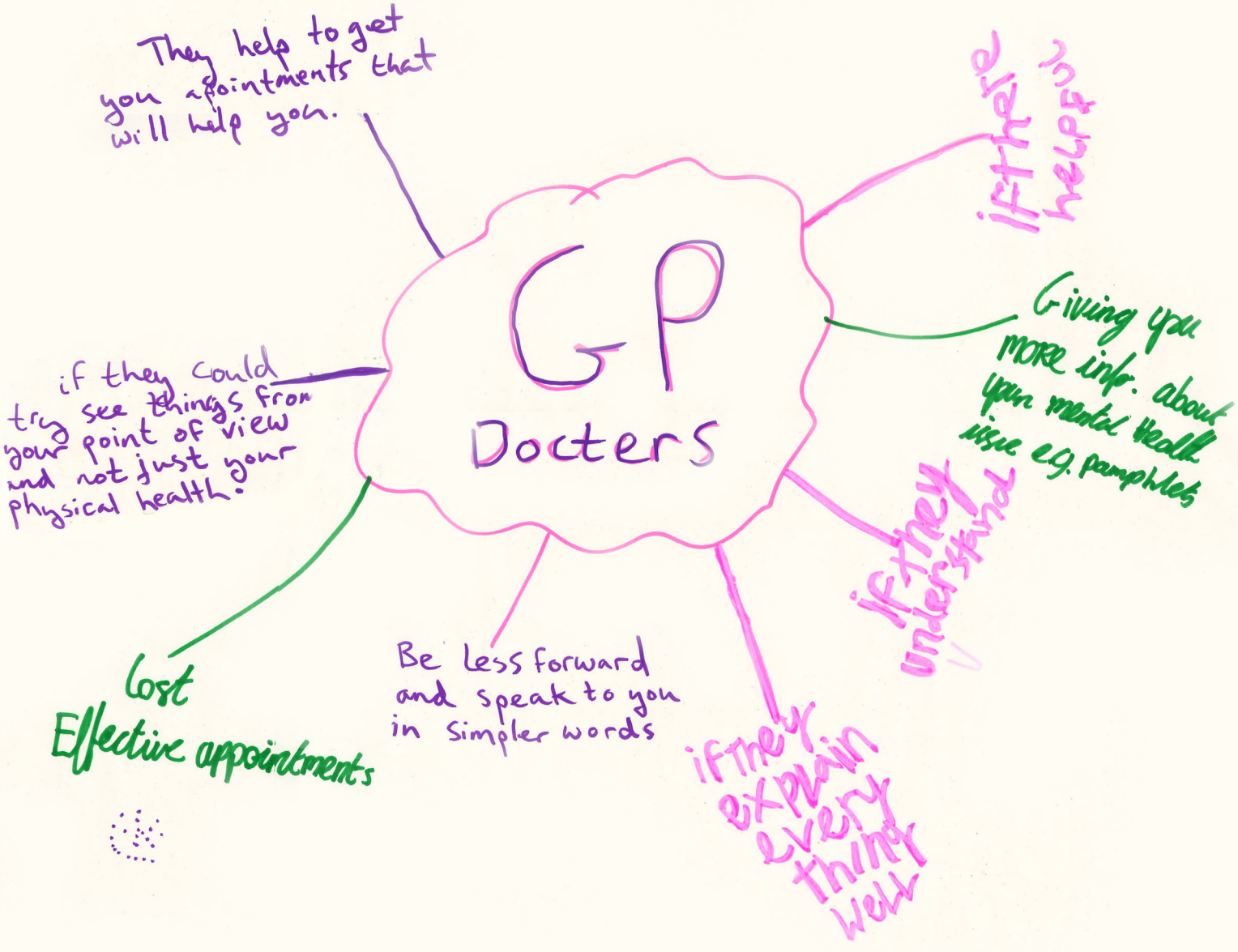
In relation to human resources, the OCO has previously expressed concerns about the negative impact of recruitment difficulties and staff shortages on the provision of mental health services for children and young people. The OCO is of the view that among the measures that should be considered to address recruitment and retention difficulties are measures to facilitate experienced professionals to undertake responsibilities of clinical leads and other roles, with a view to ensuring that children and young people are not left waiting for the support they need due to unfilled posts. In addition, the HSE needs to address issues relating to the out-of-hours contracts of consultant psychiatrists.

6. Information and advocacy

The need to establish a mental health advocacy and information service in Ireland that is specifically for children was highlighted by the UN Committee on the Rights of the Child in 2016, following its examination of Ireland's progress towards fulfilling its obligations to children under the UNCRC. The OCO welcomes the recommendation by the National Youth Mental Health Taskforce regarding the establishment of a National Youth Mental Health Advocacy and Information Service. The OCO encourages the timely establishment of this service and particular attention to be given to ensuring that the service is both readily available and accessible to all children, young people and their families who need it no matter where they live.

7. Awareness raising and education

As the OCO has highlighted previously, it is vital to put in place universally accessible prevention measures that focus on promoting children and young people's mental health and wellbeing. These measure must also promote their capacity to recognise if they may be experiencing mental health difficulties and an understanding of where to seek support. The OCO welcomes developments in the formal and non-formal education sectors to foster positive mental health and wellbeing, including the introduction of a junior cycle Wellbeing Programme in post-primary schools. The OCO also welcomes recommendations by the National Youth Mental Health Taskforce focused on building awareness, understanding and skills in relation to mental health and wellbeing among children, young people, parents/guardians and individuals working with children and young people. The OCO urges ongoing work to coordinate and mainstream prevention measures of this kind in the interests of promoting and supporting mental health and wellbeing among all children.


GP
Docters
They help to get you appointments that will help you.
if they could try see things from your point of view and not just your physical health.
Cost Effective appointments
Be less forward and speak to you in simpler words
if they explain every thing well
if they understand
if there helpful
Giving you more info. about your mental health issue eg. pamphlets

Section 2

Young People's Experiences of Mental Health Services

The overall aim of the OCO's consultation with young people under 18 receiving inpatient mental health care and treatment was to hear and highlight their experiences and perspectives as regards their respective journeys through mental health services. This section of the report documents the views shared by participating young people in response to three broad questions:

1. What have you found helpful?
2. What have you found challenging?
3. What changes would you like to see made?

In responding to these questions, participating young people spoke about the roles of family, friends/peers and schools as well as about their experiences of engaging with general practitioners (GPs), CAMHS, private mental health services, general hospitals and adolescent inpatient units.

2.1 What young people find helpful

Positive relationships with professionals, family and peers

Initial and ongoing engagement with mental health services can be a difficult experience for many young people. The young people who took part in our consultation spoke about a number of factors that made engagement easier. Among these factors were the positive relationships they had with three groups of people: professionals, family members and other young people who are also in receipt of mental health services.

According to the young people, professionals who engage with them have an important role to play in shaping their experiences of mental health services. Many of the young people were positive about the support they received, of building trusting relationships with professionals and of the understanding that was shown to them.

When speaking of ***medical professionals*** such as GPs, nurses and consultants, the young people stressed the importance of understanding, empathy and effective communication. Professionals who used empathetic approaches, who could relate to young people and who could communicate well with them and their families contributed to young people's positive experiences and to them feeling heard and understood. Some of the young people described the professionals who worked with them as being "very understanding" or going "above and beyond" in their efforts to help them. The availability of specialised medical professionals in the inpatient units, such as psychiatrists and nurses, was seen by the majority of the young people as being very helpful. Reflecting on this, one young person stated that it is "reassuring to be in an environment where everyone understands".

Many of the young people spoke positively about the knowledge and experience of ***education professionals*** such as teachers, school counsellors, principals and deputy

principals. They described them as being "very supportive", especially when the professionals had prior experience of young people using mental health services such as CAMHS. Young people commended arrangements put in place by schools to help them cope, such as allowing them to have time out of class when necessary and protecting their privacy by ensuring that information was shared only with members of staff who needed to know.

Family support was frequently referenced by the young people as being very helpful in dealing with mental health difficulties and services. The young people indicated that support provided by parents when visiting doctors was particularly important as the young people themselves were feeling "uncomfortable" and "alone". The young people spoke positively about the efforts family members made to help them. Support in this regard included family members travelling long distances to visit the young people in inpatient units and parents sleeping over in the hospitals in order to provide observation and support for the young people. The importance of family was also highlighted by young people for whom arrangements such as being able to go home on visits when in the inpatient unit was of huge significance. In one instance, a young person told us that they were allowed to remain at home with their family while availing of the services of an inpatient unit during the day. Such arrangements, which recognised the importance of their families, were noted by a number of young people as playing a key role in their recovery.

According to the young people, ***peer relationships*** with other young people using mental health services were an important source of support. While this was true of their friends in school who also experienced mental health issues and services, their relationships with other young people in inpatient settings were of particular importance. Some of the young people spend considerable time in inpatient units and indicated that family visits can be difficult due to the distance of the units from their homes. In addition, while some young people talked of their friends' acceptance of their mental health difficulties, some also recalled times where they may have "pushed away" friends when their mental health was in decline or suffering. In these circumstances, having a support group of peers within the inpatient units who have experience of and understand the challenges of living with a mental health illness was of particular significance and provided valuable support.

Within the inpatient units, the young people noted the benefit of programmes that encouraged team building and social interaction as this contributed to building relationships with their peers. They also valued the informal peer support groups that developed organically among patients. However, the need to recognise the specific difficulties that some young people may have was also highlighted. The young people felt that professionals could give greater consideration to those with social anxieties who may struggle with meeting new young people and mixing on a daily basis. They felt there is a need for other activities to be developed to help young people with such anxieties.

Diagnosis, access to services, treatment and supports

The young people spoke about their positive experiences of professionals and services involved in the diagnosis of their mental health issues. The knowledge and understanding the young people gained through engagement with professionals such as GPs, physiotherapists and doctors in inpatient units were invaluable to them. A number of the young people spoke highly of the physical health checks that were available in some services such as the inpatient units. These physical health checks sometimes identified unforeseen or underlying issues that had been previously undiagnosed. Multidisciplinary teams were seen to provide a quicker diagnosis when it had "taken so long to get [a diagnosis] before".

Many of the young people had accessed a range of services, both in the community and as inpatients. Although the majority of young people in the inpatient units were a long way from their homes, many commented on the proximity of their local GP and CAMHS service. Many of the young people considered the availability of services locally to be particularly helpful.

Young people also talked about the significance of the treatment and support they received in the inpatient units. This treatment and support addressed a number of the consequences of the young people's mental health illnesses, including the impact on their physical health and their need for additional support beyond their families and community services.

The young people enjoyed a number of the support programmes, groups and activities in the inpatient units. These included music appreciation, art, physical activity and life skills groups. Additional leisure activities noted were playing pool, outings to the cinema and, importantly, having a choice of places to hang out. Some of the young people spoke about positive outcomes arising from therapeutic treatment programmes. These included "finding ways to manage anxiety", developing "a different attitude" and having "time to think things through".

Self-development

The young people we met were at different stages of treatment: some had been in the inpatient unit for a week, some for a couple of weeks or months, while others were very near the end of their placement and were transitioning back to their home and school lives. Despite being at different stages, the young people consistently reflected in a positive and pragmatic way about their own physical, social and emotional development. A number spoke about their transition from denial to acceptance and of developing a deeper understanding of the mental health illness they were suffering from. Some of the young people acknowledged that they felt "alone" in dealing with their own illness and spoke of the need for self-reliance in "coming to the decision to get better".

What helped

"She's way more thorough than a normal GP. I think it's because she's a mum as well."

"My mam, even though she is not a health care professional, she has been a huge support."

"GP was first experience of talking and took away a bit of stigma."

"I have used the logos of companies and organisations and words associate with them to show who has been helping me while I've been in various different services."

"When you are in the hospital you haven't had many relationships for some time so it's nice to build that in here because you can be in here for so long."

"I liked my nurse, he was lovely. He was my nurse when I was doing DBT. It was just nearby my house and this unit."

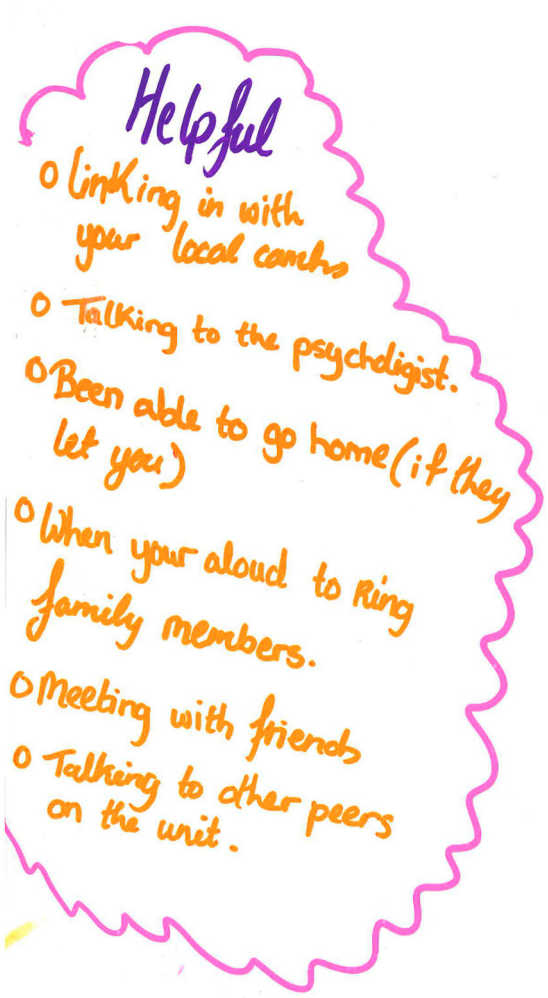
"Being able to constantly talk to somebody specialised about my worries and my fears other than just my parents."

"They do check out your physical health and they look at the broad version of all the things that could actually be affecting mood and affecting different things."

"I've been to school 3 days this week. I am back in the zone. Back in school they're not necessarily doing anything but I feel like I'm managing myself more than anything. When I am feeling anxious I can go out of class now, I feel comfortable going out of class now."

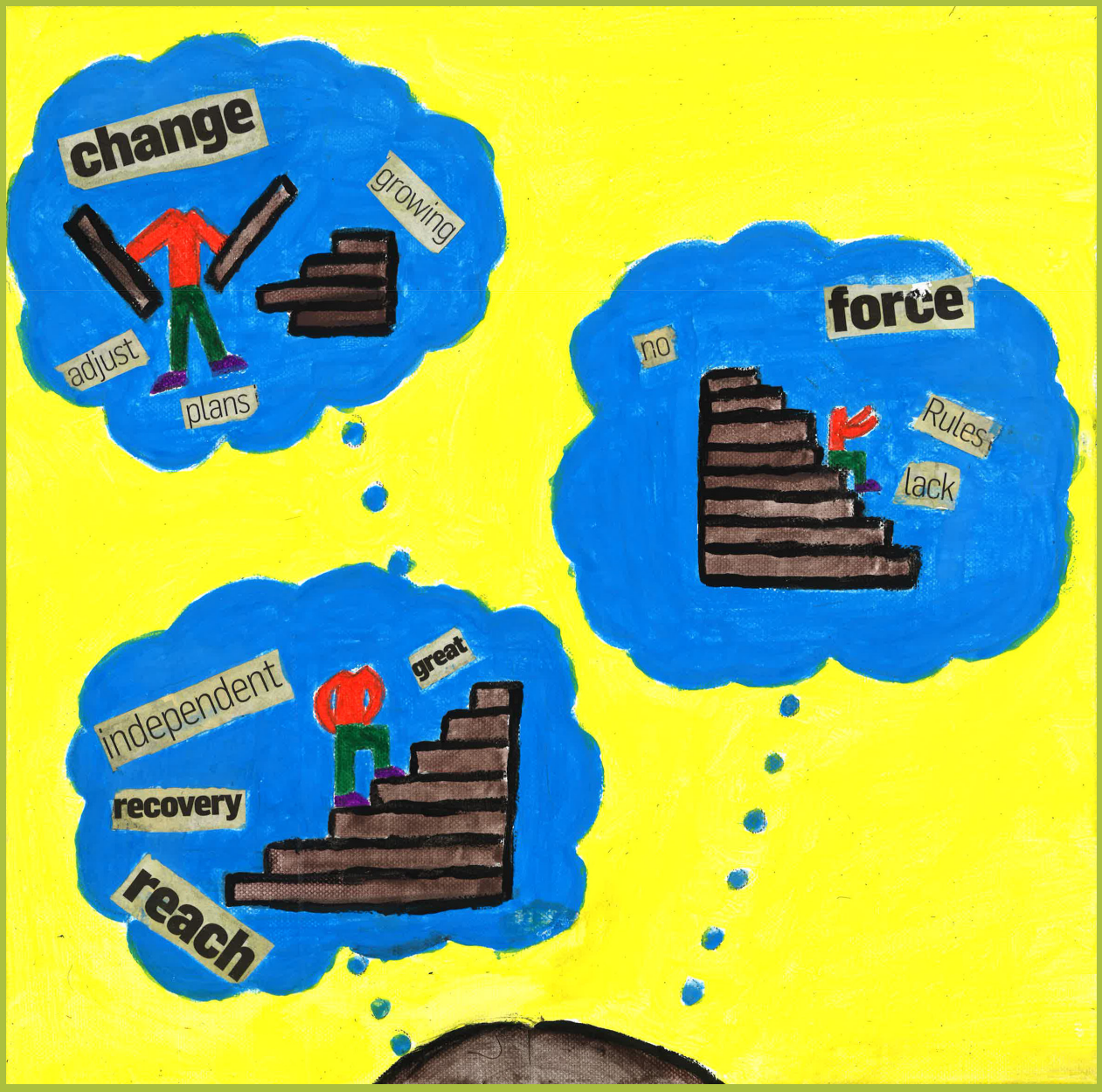
"We do life skill groups, if you go to college, like how to screw in a light bulb, manage money, false advertisement and designer brands pulling you in and social media. We all love that group."

"He sorted out everything in terms of talking to the board of education and all the necessary people about why I was absent for so long without us having to do really anything. He was very supportive and he was really the best principal that I could have had in that situation."

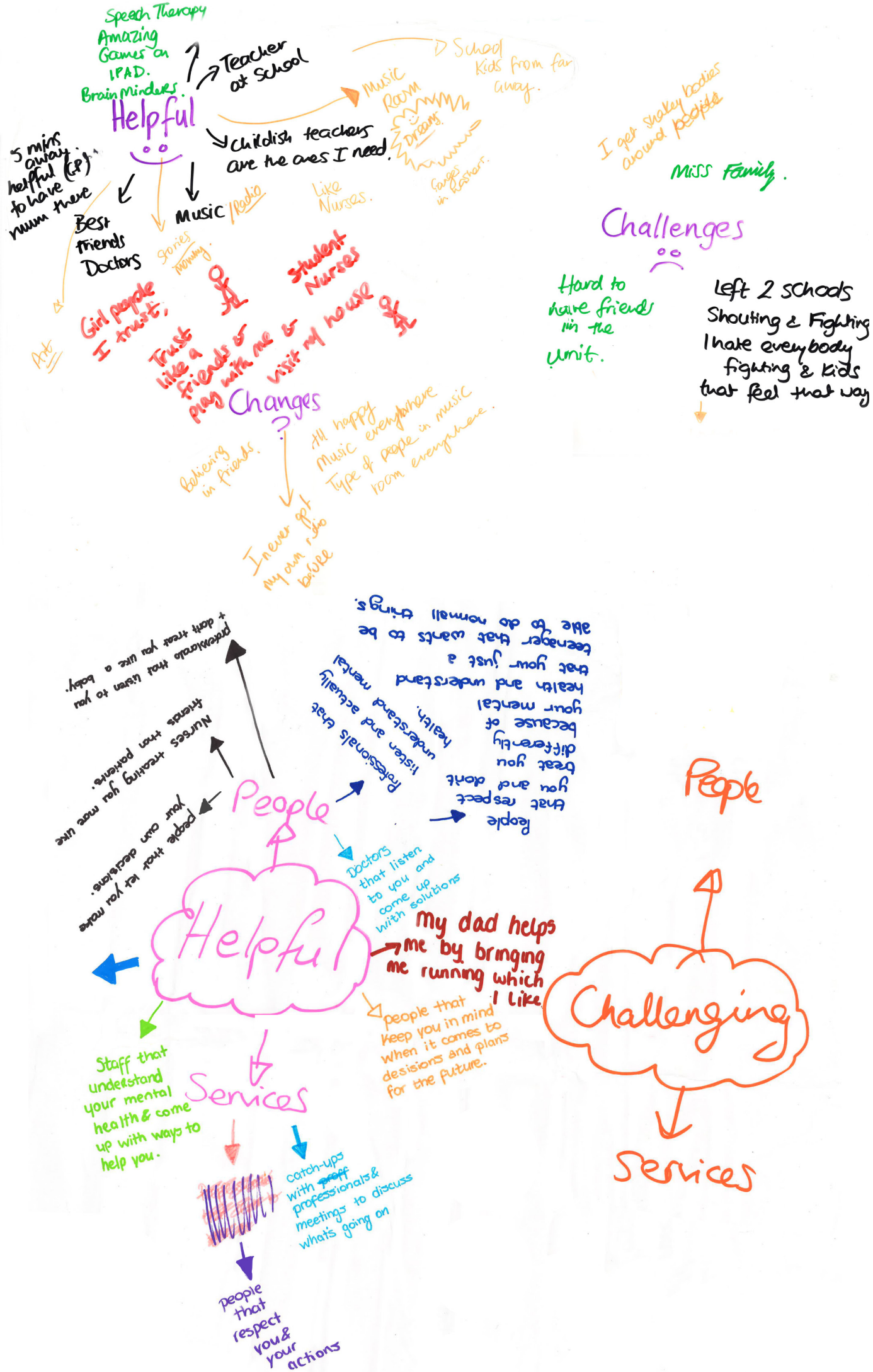


"My school was really supportive and whatever was needed they gave it. They were very flexible. There was a room ready and someone to talk to when I needed it."

"Once I came in here I've had a different attitude in a way because I've had time to think things through."



“My painting is a head thinking of three questions. What was helpful? The thought shows somebody walking up stairs and it is surrounded by encouraging recovery words. What was challenging? The thought shows someone falling down stairs and is surrounded by negative words. What changes would you make? The thought shows someone trying to arrange/fix the stairs and signifies the changes you would make and is surrounded by words like change, adjust, enhance. The man shown in the thoughts lacks a head to signify not knowing what to do and overwhelming thoughts. ”


Speech Therapy
Amazing Games on IPAD.
Brain Minders.
Helpful
Teacher at School
School
Kids from far away.
Music Room
Dream
Childish teachers are the ones I need.
Gangs in Rosehaven.
I get shakey bodies around people
Miss Family.
Challenges
Hard to have friends in the unit.
Left 2 schools
Shouting & Fighting
I hate everybody fighting & kids that feel that way
Like Nurses.
Music
Radio
Stories
Best friends Doctors
Art
Girl people I trust.
Student Nurses
Trust
Like a friends of play with me & visit my house
Changes
Believing in friends.
All happy Music everywhere Type of people in music room everywhere.
I never got my own radio before
People that respect you and don't treat you differently because of your mental health and understand you just a teenager that wants to be able to do normal things.
Professionals that listen and actually understand mental health.
Nurses treating you more like friends than patients.
People that let you make your own decisions.
Psychologists that listen to you + don't treat you like a baby.
People
Helpful
Doctors that listen to you and come up with solutions
My dad helps me by bringing me running which I like
people that keep you in mind when it comes to desisions and plans for the future.
Staff that understand your mental health & come up with ways to help you.
Services
Catch-ups with staff professionals & meetings to discuss whats going on
people that respect you & your actions
People
Challenging
Services

2.2 What young people find challenging

Participating young people highlighted a range of challenges that they experienced, both as mental health service users and more generally.

Challenging relationships with professionals, family and friends

While the young people often spoke positively about the ***medical professionals*** who worked with them, many also found relationships with medical professionals to be challenging. In particular, many questioned the interpersonal skills of professionals and the way in which they communicated with young people and their families. GPs and doctors were often referenced as being unable to communicate clearly and their use of clinical language caused confusion for some of the young people. This was repeatedly described as "unhelpful" and as leaving young people feeling "not believed or understood". Some of the young people spoke of the lack of sensitivity of some professionals when discussing their specific mental health issues while others spoke of receiving conflicting messages.

In addition to being seen by young people as having insufficient child-friendly communication skills, some professionals were also seen as lacking in empathy. Young people found it challenging when professionals suggested that they needed to "keep trying" and "keep working on it", even when the young people indicated that they felt "it wasn't working". Some of the young people noted that they experienced similarly "unhelpful" approaches in the CAMHS teams they were subsequently referred to.

Although many of the services are directed specifically towards young people, a number of participating young people commented on the lack of direct communication by professionals with them, with communication instead being mainly with their parent(s). In this regard, the young people identified a lack of opportunities to be heard as a significant challenge. They expressed particularly mixed feelings about the use of the CAMHS review form in the inpatient units as a means of raising issues and concerns. One young person described this form as "a green form and you have to fill out how your mood is, your appetite, your sleep, your motivation and strengths, what home leave you want ... but they don't listen to it." Other young people said that they had not seen this form yet and therefore their views had not been sought in this way.

The overriding feeling among the young people was that there was a lack of clear acknowledgment of their views in the inpatient units. They felt that there was no visible evidence that their views had changed anything and this was of concern to them.

In relation to ***school staff***, the young people spoke at length about how some teachers and school counsellors lack specialised knowledge about mental health and about how their expectations of appropriate and productive support were not met. In this regard, many of the young people felt that their sessions with the school counsellor "weren't very productive". One young person described their school counsellor as "better suited to dealing with heartbreak rather than depression and anxiety". In addition, a number of young people made reference to the lack of an allocated quiet space in school where they could go during stressful periods.

The young people identified a number of challenges in relation to their ***families***. Separation from family was particularly significant and frequently mentioned. The young people recognised the invaluable support they received from different family members and found separation difficult. This was true whether the young people lived close to their inpatient unit or not. Many of the young people also spoke

of the "burden" their mental health care placed on their family and on their parents in particular. This weighed heavily on the young people and was challenging to come to terms with.

The young people also experienced a number of challenges with regard to their ***peers*** at school. Many of the young people had missed school due to their mental health illness and reported that their relationships with their friends had been affected because of this. Some missed out on completing their school year and faced repeating this and therefore having to make new friends. In managing the challenge of peer relationships, some young people noted that they preferred not to disclose to their peers the reason behind their absence from school. One young person, however, expressed the view that telling the truth removed any suspicions that they had failed academically and had to repeat a year.

Access to services, diagnosis, treatment and supports

The issue of accessing appropriate services in a timely manner was a challenge that many of the young people had faced prior to their admission to the adolescent inpatient units. While one young person expressed concern about the threshold set for inpatient admission being too high, many of the young people's experiences related to delays in accessing community CAMHS services. Many of the young people spoke of the length of time it took to access CAMHS and of the stark differences in the frequency and consistency of the service throughout the country. The young people described these delays and inconsistencies as being "very difficult". The absence of an easily accessible and effective community CAMHS service also impacted on the young people after their discharge from the inpatient units. One young person reported how, after their discharge and return to school, they "... started to get agitated and anxious again" and went back to hospital due to the absence of a readily accessible community CAMHS service.

Access to services was also a challenge for many of the young people due to the distance of the units from their homes. Although information was not collected from the young people regarding county of residence, through preliminary group work it emerged that the majority of young people did not live in the county in which their inpatient unit was located. One young person lived an estimated six and half hour drive from the unit.

One young person was in the adolescent inpatient unit for short term diagnostic purposes. They spoke about how the lack of adolescent inpatient places had previously resulted in them being placed in adult psychiatric wards, an experience they described as "traumatic". Despite this very negative experience of adult wards, the young person understood that they would have to return to the adult psychiatric ward if they needed further treatment due to the lack of long-term adolescent inpatient placements.

Participating young people spoke about different challenges they experienced in relation to understanding and diagnosis of their mental health difficulties. Many young people spoke of the lack of information and awareness raising in important settings such as schools. They felt that this reflected adult attitudes towards young people's mental health, i.e. that their mental health illnesses are not serious or are just a "teenage phase". They felt that increased information and awareness would help to combat the stigma of mental health issues. As regards diagnosis, one young person talked about their experience of doctors being unable to diagnose their mental health difficulty and the negative impact this had on them and their treatment plan. Several of the young people spoke about and questioned what they regarded as a rush to medicate, with medication being suggested very early on in their treatment. In this regard, one young person recalled that medication

was suggested on their first visit to the therapist, while other young people spoke about "not jumping to medication first, [to] see what the problems are".

The young people also highlighted the impact that delayed or inconsistently scheduled treatment had on their mental health. Many of the young people reported that their mental health had deteriorated, that they became more stressed and more anxious and had to access emergency services because of such delays. The majority of young people reported a feeling of inconsistency and "going back and forward" with services. They reported that this impacted negatively not just on them, but also on their families.

The young people consistently raised the issue of not having enough therapeutic treatment, such as therapeutic groups or one-to-one sessions, in various health care settings. One such young person noted that "two sessions a week wasn't enough to keep motivated" and that they did not know what to do with their "overwhelming thoughts" between sessions. Some of the young people questioned the lack of therapeutic elements to their treatment plans, especially during their time in the inpatient unit. One particular young person reflected on how psychology-based groups had "turned into what was like a community meeting" and therefore had growing concerns over their future treatment plan.

A small number of the young people said that they were sometimes physically restrained. For example, one young person reported being held down while injections were administered. These young people found this challenging and frustrating and felt that this should not be done.

Restrictions and stressors

Many of the young people commented on the restrictions placed on them within the inpatient units. In one particular unit, a number of young people commented on the negative impact of low staffing levels, including on the availability of certain facilities and the ability of young people to access and move around different areas in the unit. Some reported that certain rooms were said to be off limits for health and safety reasons, but they believed the real reason was staffing issues. One young person reported that a lack of staff resulted in the service being unable to deliver the daily programme of activities and group work to patients. The young people spoke about feeling "institutionalised", with the main problem being "the lack of things to do". Some reported spending a lot of time just "sitting in the lounge", which was described as being "extremely mundane".

Many of the young people across the inpatient units queried why their environment was very restrictive in relation to accessing areas such as the Occupational Therapy rooms and the garden area during recreation times. The young people acknowledged that many of the regulations and rules were in place to keep everyone safe, but they felt the restrictions were "done to an unnecessary extent" and impacted on their autonomy. Some of the young people who had experienced both public and private mental health services commented that they felt "shocked" about how different the systems, regulations and rules are in the different settings and found dealing with these differences challenging.

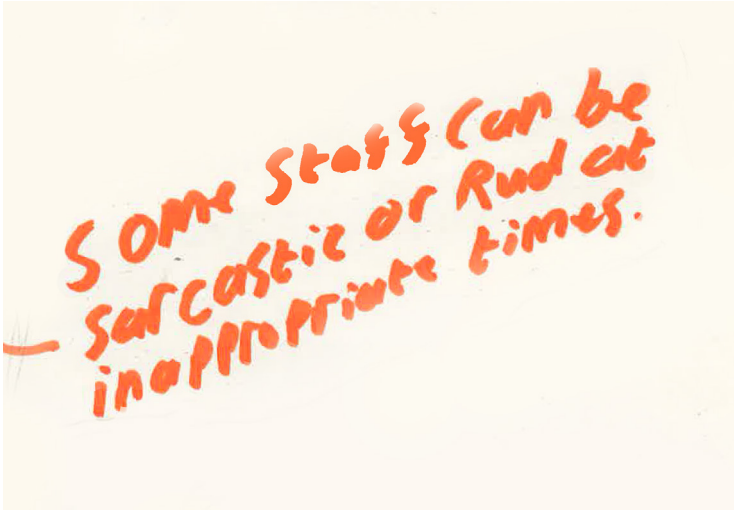
All of the young people talked about the challenge of dealing with stressors or triggers that arose for them in various settings. These stressors often contributed to, or were influenced by, other challenges that the young people faced. In school, stressors included exams, knowing that they were relapsing and would miss more school time, concerns about being able to manage anxiety while at school, and building up the courage to overcome the stigma of visiting the school counsellor. Among the stressors that the young people identified as arising in the inpatient units were: being around other young people who were unwell, missing out on home and social life, loud noises such as other inpatients screaming, and not having enough activities to occupy their time and distract their negative thoughts. The young people also commented on the challenges of not having access to their own space or being able sit in a separate room from others, for example, “to read a book or write in my diary without the music blaring in the lounge”.

Finally, some of the young people expressed their struggle to meet the expectations of their treatment plans, such as taking part in groups and therapy, “on bad days”.

What was challenging

"Sometimes they just ask us how we get on in here, and you tell them whether you find it good or bad, but there's no point because they don't listen to it either way."

"There was no communication with me, maybe my parents, but I don't like the way it's communicated through your parents."



"In the first couple of weeks I was particularly bad because I wasn't allowed home for a while and I didn't see my family and my dog."

"The meetings weren't very productive with the school counsellor. She was better suited to dealing with heartbreak rather than depression and anxiety."

"I know my parents struggled a small bit because one of them had to be with me at all times in the hospital. It's an hour each way, 2 hours driving every day."

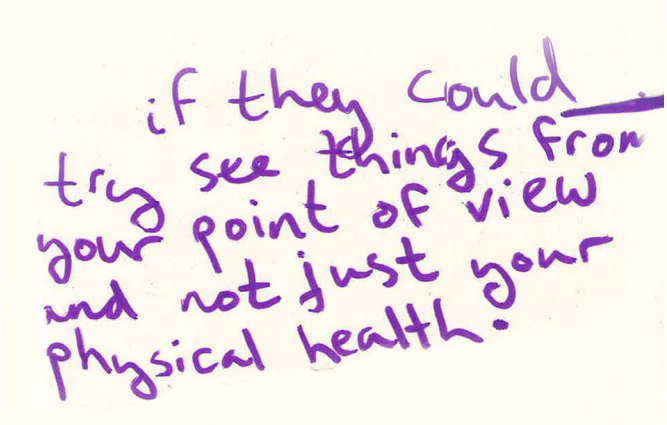
"Nothing was helpful in school. After a while they give up on you."

"My GP tried to refer me on to CAMHS but because of where I lived there wasn't an in-house consultant so they wouldn't take me on even though I really needed it. I didn't get to see a CAMHS consultant for 8 months."

"I wanted to finish school with my friends and stuff. It's hard to make friends in 5th year and trying to explain to them. They were like 'oh did you fail 5th year?' I was like 'no I didn't'. It would be worse if they thought I failed a year."

"They can see us clearly from the office when we're out in the garden, so they don't really have a reason not to let us out."

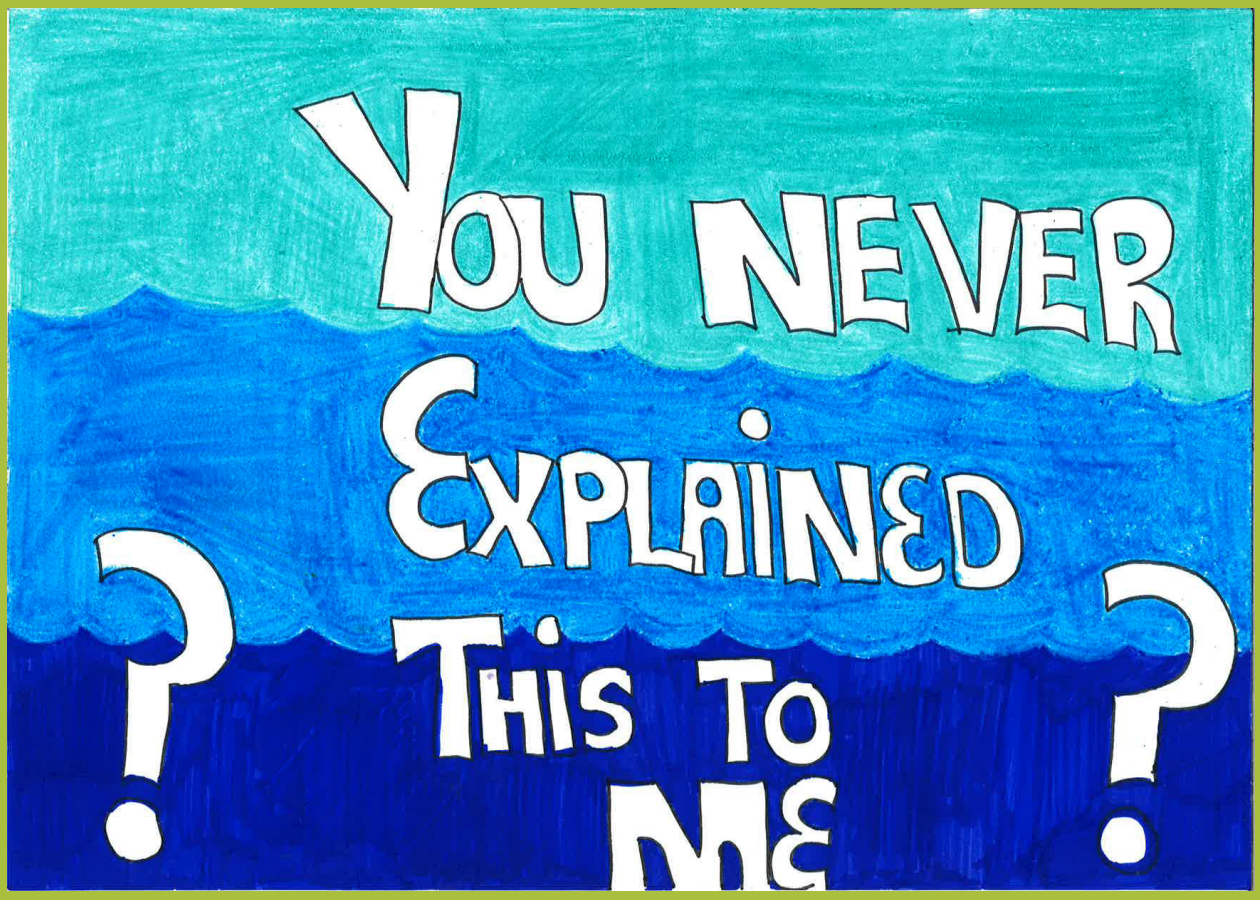
"This week we have been left with 1 maybe 2 nurses on the floor so we can't then do anything, we haven't had a group, we've done nothing now over the last couple of days."



"Feeling trapped and locked by anorexia"

"Being restrained and carried around the place to be put into special care and being injected in the backside, held down crying and screaming."

"Out of all the groups only a few select ones seemed to be based on therapy and overcoming issues therapeutically."



"GP not explaining the stuff, explain some things, not all. To do with personality. Didn't explain a few things – very important to me. The picture represents 'Before coming into the unit'"

"I was given the labels of anxiety and depression. In CAMHS the CBT was too heavy going. You were forced to do these things you weren't able to do. I want to stop the common myths about the gay and queer communities. These communities are put to the side especially with mental health as they are thought of as 'wanting attention'. This makes it harder to reach out. This is a mother and daughter image. The word college here represents the expectation of the mother for her to go to college – to go along with society's normal system.....there is an expectation but it's not for everyone, people might not be ready – I am happy about the support from my family.'"

2.3 Young people's recommendations for change

The young people who took part in the consultation were facilitated to reflect on and recommend changes, which they feel would improve mental health services for young people. The recommendations they made focused on mental health services as well as on formal education settings:

Awareness, education and support in schools

- Schools should offer regular workshops and awareness days as part of a mental health education programme for students and staff. Speakers on mental health and mental health specialists should come to schools to increase awareness and understanding of mental health among staff, students and families.
- Young people who are related to or friends with students with mental health issues should also receive support and information from counsellors and therapists in school.
- Senior students in 5th and 6th year should provide peer education to combat common stereotypes and help overcome the stigma of mental health difficulties.
- Additional therapists or guidance counsellors should be made available to alleviate the anxiety of having to wait for long periods to see a suitable person in school. Young people with serious mental health issues should have regular appointments with the school counsellor or therapist each week.
- Schools should implement a time out system and provide an allocated physical space for young people to de-escalate and manage themselves, thereby helping them to deal with anxiety in class and with panic attacks.

Physical health assessment

- GPs should undertake a full physical health check when a young person is presenting with a mental health issue.

Inpatient programmes

- More physical activity and exercise should be incorporated into treatment programmes and activities should be adapted or created specifically for those with eating disorders.
- There should be more outings to foster motivation and such outings should not be neglected because of staffing levels.
- There should be greater consideration given to allowing outpatients to attend inpatient programmes. This would allow young people to go home every evening.

Consistency of services

- Staffing levels in services, including in community CAMHS services, should be increased and be more consistent. This would help to reduce waiting times, increase regularity of sessions for young people and alleviate young people feeling "rushed through the system."

Professional attitudes

- Professional attitudes towards young people are very important. All professionals, including school staff, GPs and staff in CAMHS outpatient services and inpatient units need to treat young people respectfully.

Being heard

- A Youth Advisory Panel should be created in each inpatient unit to ensure that young people are heard and their views are considered.

Autonomy

- Young people in inpatient units should have greater autonomy to self-regulate and manage their behaviour. Fewer restrictions should apply in relation to items that comfort or distract young people.

Social and physical environment

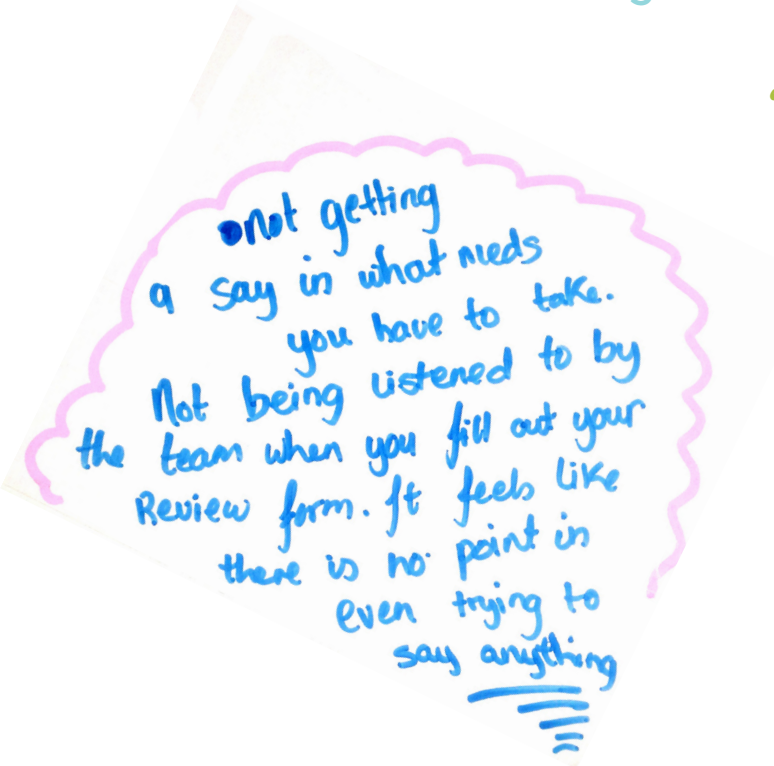
- Inpatient programmes should include social interaction events and other activities that can foster a peer support environment that supports everyone and particularly those with social anxiety.
- Fewer restrictions should apply to the physical environment in inpatient units and young people should be allowed more opportunities to use spaces such as gardens.

Recommendations for change

"Need school staff that is more experienced on mental health issues across the board."

"More classes, workshops and awareness days on information about mental health and understanding people affected by it."

"There should really be another system before it gets that extreme. There shouldn't be just paediatrics which is unsuitable and then adult psych which is very unsuitable – there should be a middle ground really."



"Friends should be given support privately in school through the counsellor. That should be given to all best friends and for siblings in the school."

"More funding and resources to CAMHS so more consistent, more regular sessions through CAMHS."

"They compromised with me. I am the first person ever to start off being an outpatient. If it's really not working I have to come in here full time so that kinda helps. I think maybe that should be an option if you can have it. "

"I feel they should have half an hour every day of some form of exercise and then more groups."

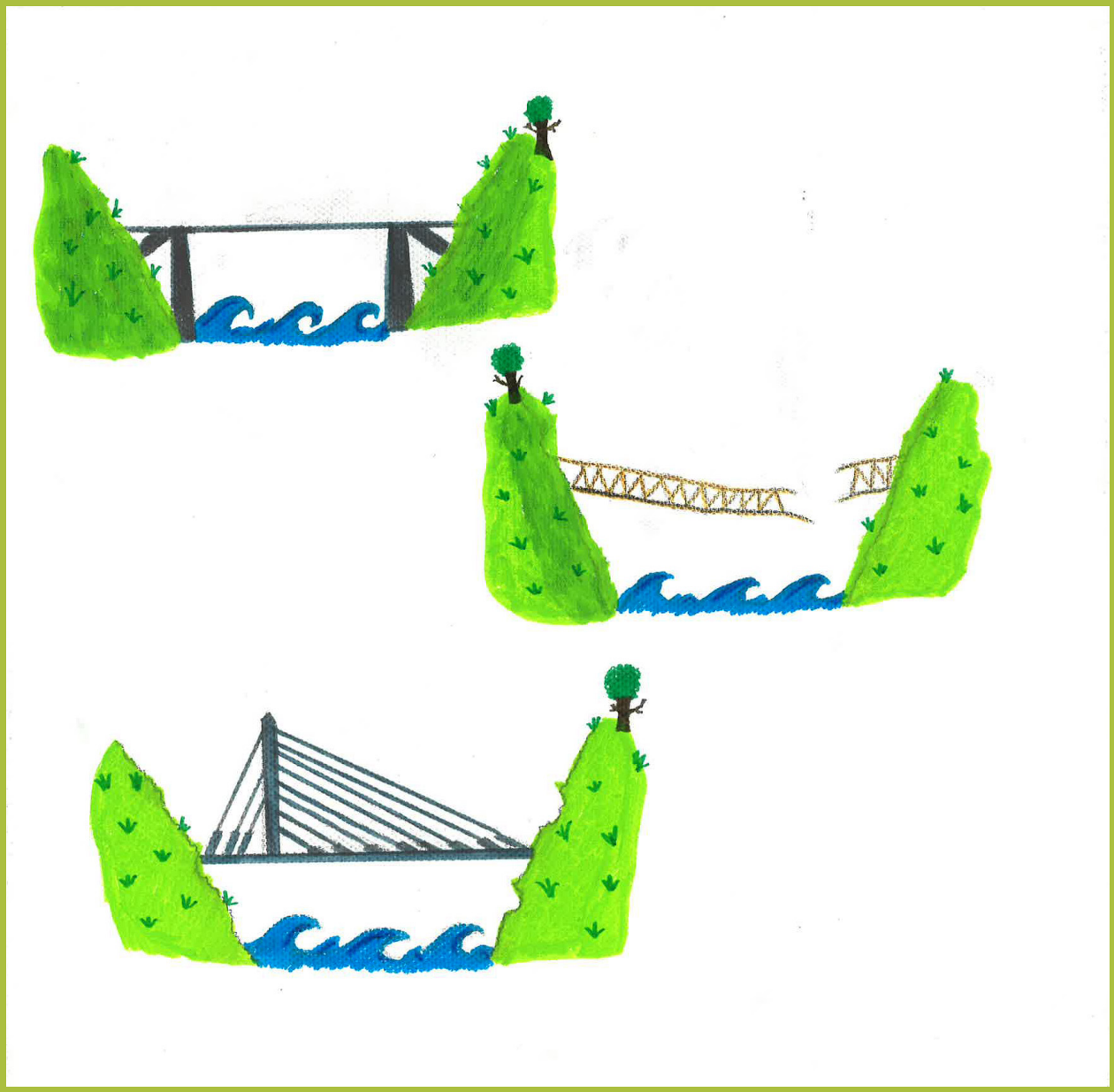
"It would have been definitely helpful if they assessed your physical health in full before they start prescribing medication that a person might not even need."

"I'd like for the team to help me manage my difficult thoughts and emotions and help me to be able to regulate myself when I get upset and listen to me. Sometimes drawing and writing my feelings can help."

"I wish there were more allowances made for people with social anxiety to not just be able to integrate. I wish there were more targeted activities for people who aren't necessarily that sociable and don't feel that comfortable in social situations."

"They should encourage friendships forming in the units. It makes it easier, something to distract you. You're going to be left alone with your thoughts."

"Try and comfort us, you know make us feel welcome instead of telling us - stop feeling that way, stop crying and saying stuff to us."



“I drew a picture of a bridge to show how I feel about the support I got, the bridge is quite simple and plain. I feel that there has not been much structure and consistency with my care, so I illustrated this by drawing an unstable rope bridge that is falling down. For the future I think it would be helpful to have more support and more consistency with young people’s care so I drew a new, modern, strong bridge”

What was Not helpful?

- Stigma
- Not being taken seriously/Not Understood
- Too many questions
- having to wait for services
- Not jumping to medication first, see what the problems are.

What were the Challenges?

→ Isolation.
Opening up.
Having to face your problems.
Finding detailed information on Mental Health services.

What we would change?

→ School - more supports available, somewhere to go when your not feeling well, education of teachers about mental health problems and how to support us. More mental health workshops and awarness days.
→ More funding/resources to CAMHS

Hands from the unit to show how everyone took part - all different colours for every individual.

Ombudsman for Children's Office
Millenium House
52–56 Great Strand Street
Dublin 1
D01 F5P8

T: 01 865 6800
F: 01 874 7333
E: oco@oco.ie
www.oco.ie
@OCO_ireland