



Presentation to the Seanad Public Consultation Committee Children's Mental Health Services

Thursday 6 July 2017

I thank the Chairman for the invitation to speak at today's committee meeting. I wish to start by acknowledging the moving contributions made last week by parents and young people, including Ms Arianna Gallagher, who are clearly struggling with their mental health issues and the impact of them. What it clearly showed to me was how we are failing these families and children who are in so much pain. The first principle of medicine is to make sure one does no harm, and I wonder whether we are doing harm even with the services we are providing. We know, as a community, that we really need to take stock when we are allowing more than 60 of our children, our adolescents, to go into adult units in the psychiatric services. Anyone visiting these units would know there is an environment and an atmosphere in them that can be tense and incline towards violence and which is just uncomfortable for anyone. For children already at their wits' end and suffering from serious illness, it is not a good place to be. The average stay is about four weeks, which is a long time for a person in the wrong place, and we really need to start moving on from that.

I commend Senator Freeman on the introduction of her Mental Health (Amendment) Bill. We very much welcome it and look forward to its passage through the Houses. We must acknowledge that it will not be the cure to all our problems but we will certainly support it. The conversation Members started last week in the Seanad and earlier today is very much needed, and I am very hopeful it will lead to real and significant change for children and their best interests.

We have made a submission to the committee on the key areas we feel need attention and we will not go back over them today but we want to highlight a few key issues. When we got together to prepare this presentation, we felt that our recommendations all rolled into one key recommendation: if we can put the child at the centre of children's services and, every time a decision is made, base that decision on such an approach, we will improve our system no end. The services provided for children need to go to the children who need them when they are needed and in the way in which they need them. This is not what is happening at present. At present, the child must take what the

system can offer him or her and make do with what is available. This all depends on where the child lives, the primary care support systems available and whether there is a psychiatrist in the area and it can depend on a range of other factors. However, the last thing it depends on is the child's needs, and this is where we have gone wrong and what we need to get back to. The child is doing all the adapting and all the compromising, the family is driving hither and thither and it is just not working. We need to change it as quickly as possible. Children should not have to wait until they reach breaking point, self-harm or suicide attempts, generating physical manifestations of their mental ill health, before they get some kind of help. That is just cruel.

As a nation, we committed to the UN Convention on the Rights of the Child 25 years ago to promote and protect children's rights and we followed this up with a very strong statement when we put children's rights into the Constitution in 2012. This means that the vindication of these rights is not just something we would like to do, but also something we are obliged to do as a State. Children's rights and children's perspectives should have been protected much more when the economic crisis hit. That is what children's rights mean. The Government, when the economic recovery came about, should have protected and raised children's services much more quickly than it did, and the fact that it did not do so is to its eternal shame. Children have not been prioritised in a way that would lead one to believe that children's rights are at the heart of Government decision-making.

As I have already mentioned, putting children at the centre of mental health services is vital. We need to talk to them, consult with them and get their views. This is a basic, fundamental change that needs to come about in any new legislation that derives from this work. When one hears a child in the mental health services, one is doing more than just hearing the child's views; one is also promoting them at a time when they feel at a low ebb and feel no one is listening to them or hearing what they are going through. One is giving them an opportunity to feed into their service and change the service. In this regard, we recommend, as part of the review of the [A Vision for Change](#) policy, the creation of a new [A Vision for Change](#) for children alone. We need it to be more than chapter 10 of a large work; we need it to be a stand-alone piece of work in order that it has a specific timeframe and a specific implementation plan.

The role of consent is an issue we have come across regularly in our office. Even last week, we saw that professionals at the national youth task force consultation were not able to agree as to whether consent from one parent or two parents is needed when a child is under the age of 16. The interpretation of the Non-Fatal Offences Against the Person Act also needs to be clarified because there is still uncertainty as to whether a child of 16 or 17 can consent to treatment. Some will allow this; some will not. Again, it

is clarity that is needed, and these are crucial matters, especially for children with eating disorders or children who may have to get care outside of the State. The issue of consent is crucial in these areas.

The issue of children with mental health issues has been a strategic objective for my office since I entered my position. I spend much of my time going around the country meeting children, whether going to Pieta House events or Cycle Against Suicide events, children's well-being weeks in schools or mental health weeks. I am passionate about raising awareness of mental health and supporting young people to come forward when they need help. I think we are getting there. As a society, we are talking about mental health more, encouraging our children more and getting further down the line in allowing them to open up. However, we are also in danger of calling them out of the shadows only to leave them exposed in the sunlight because we do not provide the services they need.

As a psychologist, I am acutely aware of the positive work that can come with early intervention and with work with children in even the darkest places as a result of mental health. I have worked with children who have suffered serious damage and am always inspired by the power of the human spirit to flourish and heal from even the greatest traumas once children are supported correctly. It is even more amazing to behold a child or young person who begins to blossom and emerge from a deep darkness caused by damage to his or her mental health. We very much need early detection and intervention to improve our children's service. I suggest we need universal, accessible, evidence-based prevention and early intervention services, and they need to be provided at primary care level and across all communities in order that there is no inequality depending on the area in which one finds oneself living.

Communication and collaboration is another issue we have had, and I will give the committee examples of this. We have had numerous complaints about CAMHS teams refusing to take referrals from other CAMHS teams when a child moves house. This is a systems issue. We have had numerous complaints about children being referred by one psychiatrist to an adolescent bed in a residential unit and being sent back because there is a disagreement over the diagnosis. This is a systems issue. We have had numerous complaints to the effect that children are attending one accident and emergency unit and spending a number of hours there only to be told they are too young to be there. The committee heard about this last week. They are told they are too old in one hospital and told they are too young in another. This is a systems issue. This is a matter of adults worried about their criteria, diagnoses and rules, and the child is forgotten about. This can be changed immediately. It does not need money but a cultural change. Individual areas, regions and units often have separate priorities and guard their patch

with little or no thought to the child affected. I suggest that putting the child front and centre in the decision-making would not lead to any cost increases in many cases but would be more a cultural change and put respect for the child in a paramount position. I believe that the majority of energy and resources should go into primary care services to help children as early as possible. However, CAMHS is still a vital part of the solution and needs to work much better.

I met with the previous Minister of State with responsibility for mental health and older people, Deputy McEntee, and we discussed this issue. She highlighted to me that there are 15 so called "unfillable" psychiatrist posts around the country, some of which have been vacant for over five years or are hard to fill on an ongoing basis. Any proposed legislation or policy ideas must take on this issue, must find a new way of doing things and must be creative. Some of the questions I would ask are as follows. Is it only about pay and conditions? Is it about involving other professionals earlier in the process? If we cannot recruit child psychiatrists to these "unfillable posts", should we consider having other professionals lead the teams? In other countries, some categories of nurses and psychologists have prescription rights. Could this assist us in building up our teams? Could paediatricians stand in for psychiatrists on occasion, perhaps to cover accident and emergency situations or during leave? We should not need our young people to be at breaking point before they can access help.

We know from all the statistics the committee has heard that we have a huge job of work to do, and this consultation could not be more timely. Nelson Mandela said: "There can be no keener revelation of a society's soul than the way in which it treats its children." This should be our mantra in all the work we do for these children. These are some of the most vulnerable children, the most vulnerable people, in society. How they are treated and the experiences they have now will have massive implications for their future and, consequently, massive implications for our society. They will become our teachers, politicians and policymakers. They have much to offer our society and how we treat them now is vital.

I again commend those parents and young people who came forward last week bravely to tell their stories. I hope they will be vindicated by decisive action on behalf of the Government to make real changes in this area.

I commend Senator Freeman and the committee on tackling this extremely important issue. Please be aware that the Ombudsman for Children and the Office of the Ombudsman for Children are totally committed to supporting the committee in any way we can.