

Ladies and Gentlemen,

It is a great pleasure for me to attend this event today and I would like to thank the Dr. Brendan Doody, for his kind invitation to address you here today. Child and adolescent mental health services are the subject of much debate and review in other countries and there is much we can learn from those discussions. The opportunity to benefit from the expertise of the speakers from Melbourne and London this morning is very welcome.

By way of background for those unfamiliar with the concept of Ombudsman for Children, my office is a statutory, independent human rights institution for children that monitors and promotes the rights of children up to the age of 18 years. I was appointed by our Head of State, President McAleese. My office is a statutory institution and accounts directly to the Oireachtas or our Irish houses of parliament.

This afternoon I would like to talk about children's rights and the international standards which apply to health services for children. I will then touch on the realities of current practice as described to me by some of the young people I have met, the accounts I have had from professionals and some recent research my Office commissioned into the barriers that children and young people face in realising their rights. I'll conclude with some thoughts on how we might move towards better compliance with the rights of children and young people to the best possible health care.

Ireland ratified the UN Convention on the Rights of the Child in 1992. The Convention is the most widely accepted international human rights treaty with all States signed up to it except two; Somalia and the USA. The Convention sets out a number of rights of particular relevance to the subject being discussed today, these include: the right to health and health services; the right to periodic review of treatment; the right of access to appropriate information and the right to privacy.

In addition to these discrete areas, the Convention sets out four guiding principles which help us to understand the meaning of the rights set out in the Convention and to implement and adhere to those rights in practice. These principles are: the best interests of the child shall be a primary consideration in decision making; the views of children must be taken into account in matters affecting them; children have the right to life, survival and development; and children have the right not to be discriminated against.

There is a lot contained in these rights I have just listed. Many a practitioner in the health and other fields have grappled with the concept of the best interests of the child and the concept of giving due weight to the voice of children in accordance with their age and maturity. So where can we find guidance on what these rights should mean in practice and how to implement them?

The UN Committee on the Rights of the Child monitors compliance with Convention on the Rights of the Child. It does this by reviewing the record of all State parties every 5 years and by providing guidance on what the Convention requires in a series of General Comments on specific themes. I will address the Committee's review of Ireland last year in a moment, but first, I want to mention the Committee's General Comment No. 4. on Adolescent health and development.

The Committee adopted its General Comment No. 4 in 2003. It's a brief document and I would recommend it to any who haven't had the opportunity to read it before now. In the Comment, the Committee highlights the nature of adolescence as period of rapid growth characterised by cognitive and social change, and challenges including the development of an individual identity and dealing with one's sexuality. It notes - and I quote - "its concern that in implementing their obligations under the Convention, State parties have not given sufficient attention to the specific concerns of adolescents as rights holders and to promoting their health and development" – end of quote. The Committee recommends that specific strategies and policies should be adopted to address the specific needs of adolescents. Amongst the Committees recommendations are the following:

- The provision of appropriate guidance to adolescents in the exercise by them of their rights;
- Providing a genuine chance to adolescents to express their views freely by creating an environment based on trust, information-sharing, the capacity to listen and the giving of guidance that helps children to participate equally in the decision-making process;
- Ensuring the right of access to appropriate information and involving adolescents in the design and dissemination of information;
- Challenging negative stereotypes about mental health;
- Respecting the right of adolescents to privacy and confidentiality including with respect to advice on counselling and health matters;
- Creating safe and supportive environments with a particular emphasis on the importance of the family environment; and
- Ensuring that services aimed at combating the high rate of suicide among this age group are provided.

The General Comment also touches on the sometimes controversial issue of consent stating that if the adolescent is of sufficient maturity, informed consent shall be obtained from the adolescent herself or himself, while informing parents that it is in the best interests of the child.

With respect to the delivery of services, the Committee makes it clear in its comment that services must be specific to the needs of the age group and available at local level. It sets out four characteristics for appropriate services:

- Availability – services should be sensitive to the needs of adolescents, with special attention given to sexual and reproductive health and mental health;

- Accessibility – health facilities should be known and easily accessible to all. Confidentiality should be guaranteed where necessary;
- Acceptability - services should respect cultural values and be gender sensitive; and finally
- Quality – services should be scientifically and medically appropriate with adequately trained staff, adequate facilities and scientifically accepted methods.

With this framework in mind, the UN Committee reviewed Ireland's compliance with the Convention on the Rights of the Child in September last year. Prior to that examination, I submitted a report to the Committee in which I expressed my concern at the admission of children to adult psychiatric wards and that my Office had been contacted by children who described their feelings of fear and distress caused by the environment in such facilities. I called for the practice of such admissions to be brought to an end and for the swift implementation of the recommendations set out in "*A Vision for Change: the Report of the Expert Group on Mental Health Policy*", adopted by the Government in January 2006. I have also expressed my concern at the lack of a 24 hour nationwide social work service to the Committee.

At the end of the examination process, the Committee published its Concluding Observations on Ireland in September 2006. In its Observations, the Committee expressed concern regarding these two specific issues. It recommended that the State implement the recommendations set out in "*A Vision for Change*" and continue its efforts to ensure that children with mental health difficulties benefit from specific services designed for children under 18 years of age. It also recommended the State extend the social work services provided to families and children at risk to a seven-day, 24-hour service.

My Office has a role in following up the implementation of the recommendations of the UN Committee on the Rights of the Child. Since the Committee published its recommendations, I have been contacted by professionals working in the mental health field who continue to be concerned at the lack of available child and adolescent mental health services throughout the country. I have also heard directly from children and young people about their specific concerns.

In October of this year, I travelled around the country meeting with over 5,000 children and young people in schools, youth centres and Traveller training centres. The tour was to support our Big Ballot project which involved over 70,000 children and young people voting on what mattered most to them. The nationwide results were announced on Universal Children's Rights Day on the 20th of November and family and alternative care topped the bill with the right to a voice and the right to health coming in as the third and fourth highest polled issues. During the tour and other contacts I have with children and young people in my every day work, many children raised issues of relevance to today's event.

They have told me that they want to have access to information and assistance near to where they lived about things that were bothering them. They want to know where they can go for support and they want those places to be welcoming and non-threatening. In many counties across Ireland they suggested the development of community drop in services for young people who need to talk. What was very clear to me in those conversations is that the stigma that attaches to mental health issues presents a real challenge to those children and young people who may want to seek support and early intervention.

My Office provides a complaints service where children and young people or adults on their behalf can make a complaint about a public body where a child has been adversely affected and where maladministration may have been involved. While my Office receives a large number of complaints related to the health sector, a small proportion of those complaints involve the mental health sector. I have recently met with children and young people in detention centres and in St. Patrick's prison where their mental health needs are clearly not being met.

Many of these young voices have been supported by advocates on their behalf, some who are professionals in the health sector, however I fear that many more are without access to appropriate services and anyone to assist them in the exercise of their rights.

As I mentioned at the beginning of this presentation, my Office recently commissioned a piece of research on the obstacles to the realisation of children's rights in Ireland. The work was conducted by Dr Ursula Kilkelly of UCC, a recognised expert in the children's rights field. The research highlighted a number of barriers to the exercise by children of their right to highest attainable standard of health. These include the invisibility of children and the lack of opportunities for their participation in decisions about their health care. The continued delay in implementing policy in the mental health field, in particular the establishment of child and adolescent mental health teams at local level, was also highlighted. Other barriers highlighted included a lack of dedicated children's services and a lack of investment in mental health services. The research was published in August this year and is available on our website should anyone wish to consult it further.

In May 2007, the Independent Monitoring Group on "*A Vision for Change*" established by the Government in March 2006, produced its first implementation report. In it, the Group noted that despite some significant initiatives, there was little evidence of a systematic approach to implementation of the report and a lack of an implementation plan. The Group set out eight key areas of concern one of which was that the provision of child and adolescent services including appropriate inpatient facilities has not been adequately addressed. The Group recommended that the HSE should prioritise a number of matters including the provision of child and adolescent services and inpatient facilities.

I have recently been in contact with the Minister for Health and Children and the HSE in relation to the concerns raised with me by children, young people, professionals and the issues raised in the implementation group report of last May and will meet with the HSE shortly to discuss these issues further. Implementation of existing commitments is now key and in this respect. I note the publication last week by the Office of the Minister for Children of a document entitled "The Agenda for Children's Services; A Policy Handbook". The document aims to promote a whole child/whole system approach to meeting the needs of children and a focus on better outcomes for children and families. In particular, it points to the need for implementation and the delivery of child-specific services. I hope that this initiative will provide an additional impetus for the delivery of commitments to date.

Much remains to be achieved in order to ensure that all of our children have access to the best possible health care as is their right under the Convention on the Rights of the Child. As we move towards this end, we must not lose our focus on the need for cultural change in Ireland to a society where children's voices are truly respected and where they participate fully in all aspects of society and all matters which affect them.

I thank you for your attention,