



## **Submission to the Seanad Public Consultation Committee on Children's Mental Health Services in Ireland**

**May 2017**

### **Introduction**

The Ombudsman for Children's Office (OCO) was established in 2004 under primary legislation, the Ombudsman for Children Act 2002. The Ombudsman for Children is independent of Government and other civil society actors and is accountable to the Oireachtas. The role of the Ombudsman for Children is to promote and safeguard the rights and welfare of children and young people. The functions of the Ombudsman for Children are: to conduct investigations of complaints regarding actions by public bodies; to promote children's rights and to provide research and policy advice to Government and other bodies.

The OCO welcomes the opportunity to make this submission on Children's Mental Health Services in Ireland. For more than a decade, the provision of mental health services to children and young people has been raised as an issue on many occasions by this Office with the Houses of the Oireachtas, the Government and international human rights monitoring mechanisms, including the UN Committee on the Rights of the Child and the Council of Europe Commissioner for Human Rights. In particular, the OCO has raised its concerns about the variable access to services in different parts of the country, delays in the development of community mental health services, the consequent inadequacy of supports for early intervention, and continuing admission of children and young people to inappropriate settings, especially adult psychiatric units.

In our *Strategic Plan 2016-2018*, the OCO has committed to pursuing the progressive realisation of the rights of vulnerable children and young people, including children experiencing mental health issues.<sup>1</sup>

### **Children's Rights**

Under Article 24 of the UN Convention on the Rights of the Child (CRC), States have an obligation to provide access to a range of facilities and services to give effect to the right of

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<sup>1</sup> Ombudsman for Children's Office, *Strategic Plan 2016–2018* (2016) at [https://www.oco.ie/wpcontent/uploads/2016/07/OCO\\_Strategic\\_Plan\\_240516.pdf](https://www.oco.ie/wpcontent/uploads/2016/07/OCO_Strategic_Plan_240516.pdf), Objective 3.2.

every child to enjoy the highest attainable standard of health, including mental health.<sup>2</sup> This provision should be interpreted in accordance with Article 12, which provides children with the right to freely express their views in all matters involving or affecting them, and for these views to be given due weight in line with their age and maturity. This includes their views on the design, planning, delivery and evaluation of child and adolescent mental health services.<sup>3</sup>

In line with our obligations under the CRC, the Irish Government has a duty to fulfil children's right to the enjoyment of the highest attainable standard of physical and mental health by undertaking measures, to the maximum extent of its available resources. This includes adopting appropriate legislative, administrative, budgetary and other measures towards the full realisation of this right.<sup>4</sup> According to the UN Committee on the Rights of the Child, States should prioritise universal access for children to primary health-care services, particularly in local, community-based settings.<sup>5</sup> Furthermore:

*'The Committee cautions against over-medicalization and institutionalization, and urges States to undertake an approach based on public health and psychosocial support to address mental ill-health among children and adolescents and to invest in primary care approaches that facilitate the early detection and treatment of children's psychosocial, emotional and mental problems.'*<sup>6</sup>

## **Current Service Provision & National Priorities**

Most of the shortages in children's mental health services identified in *A Vision for Change* (2006) still exist and only half of the recommended staffing levels are in place in community CAMHS. There are also significant inadequacies in relation to mental health promotion and in primary care mental health supports, and children's access to specialist mental health support is hampered by poor interagency communication and collaboration.<sup>7</sup>

In September 2016, there were 2,080 children waiting for a first appointment with CAMHS. Of these, 1,182 children were waiting for longer than three months and 170 were waiting over one year. Although work is ongoing to reduce waiting lists, it has been documented that there was a 19.7% increase in the number of children waiting more than one year in 2016 due to the lack of availability of primary care based psychological supports and recruitment difficulties in appointing clinical staff.<sup>8</sup>

The Mental Health Commission's Code of Practice stated that no child under 18 years is to be admitted to an adult unit in an approved centre from 1st December 2011 unless in

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<sup>2</sup> Committee on the Rights of the Child, *General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health* (2013) UN Doc. CRC/C/GC/15 at p. 8.

<sup>3</sup> *Ibid.* at p. 6.

<sup>4</sup> See in particular, Articles 4 and 24 of the CRC.

<sup>5</sup> *Supra* note 2 at p. 8.

<sup>6</sup> *Ibid.* at p. 10.

<sup>7</sup> Children's Mental Health Coalition, *Meeting the mental health support needs of children and adolescents* (2015) at <http://www.childrensmentalhealth.ie/meeting-the-mental-health-support-needs-of-children-and-adolescents/>, p. 11.

<sup>8</sup> Children's Rights Alliance, *Report Card 2017* (2017) at <http://www.childrensrights.ie/content/report-card-2017>, p. 115.

“exceptional circumstances.”<sup>9</sup> However, 17.1% of all admissions of children and young people were to adult psychiatric wards in September 2016.<sup>10</sup> The placement of children in such wards due to the inadequate availability of age-appropriate and accessible mental health facilities is a clear violation of their rights, as recognised by the UN Committee on the Rights of the Child in their Concluding Observations to the Irish State in 2016.<sup>11</sup> The Committee also criticised the long waiting lists for access to mental health support; the insufficient out-of-hours services for children and adolescents with mental health needs, particularly eating disorders; and the lack of a child-focused advocacy and information service for children with mental health difficulties.<sup>12</sup>

The ongoing gaps in the provision of mental health services to children and young people can have a significant impact in practice, as demonstrated by a number of complex complaints made to the OCO over the past number of years.<sup>13</sup> More specifically, some of these complaints related to children waiting for assessment by CAMHS. Others raised particular concerns about children at risk of suicide or self-harm not having appropriate professional assistance available when they present at A&E and then being inappropriately placed in inpatient adult psychiatric facilities or general paediatric wards whilst awaiting a service at an inpatient adolescent facility. With regard to a paediatric unit, we are aware of circumstances where a young teenager was being provided with 1 to 1 supervision by a nurse but continued to self-harm under the blankets of their bed. In other complaints, the parents involved highlighted that unsuitable placements in adult units meant that no meaningful intervention could take place in the setting and that, as a result, their children’s mental health needs were not being adequately addressed, and could often deteriorate. Furthermore, they identified that there were no activities appropriate to their children’s needs or age (e.g. therapy, education, leisure) and a lack of interaction with peers, both of which had a negative impact. Children contacting the OCO directly have also described their feelings of fear and distress caused by the environment in adult facilities.

The OCO has also received complaints relating to access to specialist eating disorder services for children and young people. A particular issue raised relates to the provision of treatment abroad, which has been delayed on occasions due to a lack of clarity about the pathway for accessing the necessary funding in such circumstances. While there is a plan to develop a specialist eating disorder service as part of the new Children’s Hospital, this development is not expected to be completed until 2021.<sup>14</sup> Therefore, it is important that

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<sup>9</sup> Mental Health Commission, *Code of Practice Relating to the Admission of Children under the Mental Health Act 2001: Addendum* (2006) Ref No. COP-S33(3)/01/2006 at p. 3.

<sup>10</sup> *Supra* note 8 at p. 115.

<sup>11</sup> Committee on the Rights of the Child, *Concluding observations on the combined third and fourth periodic reports of Ireland* (2016) UN Doc. CRC/C/IRL/CO/3-4 at para 53.

<sup>12</sup> *Ibid.* at para 53.

<sup>13</sup> In 2015, 14% of our complaints were about the health sector, including mental health services for children. See Ombudsman for Children’s Office, *Annual Report 2015* (2015) available at [https://www.oco.ie/wp-content/uploads/2016/09/OCO\\_annual\\_report\\_2015\\_web.pdf](https://www.oco.ie/wp-content/uploads/2016/09/OCO_annual_report_2015_web.pdf), p. 42.

<sup>14</sup> See *Irish Examiner*, 26 April 2017 at <http://www.irishexaminer.com/ireland/minister-simon-harris-to-give-childrens-hospital-green-light-448700.html>.

steps are taken in the intervening time to ensure that appropriate treatment can be accessed for these children and that there is clarity in relation to referral and funding pathways.

Overall, an examination of OCO complaints highlights a pattern of concern about the extent to which children can access appropriate mental health services, both community-based and in-patient services, in a timely manner. This is due in part to the number of services available – including suitable emergency placements – and the level of demand. Our investigations have also found CAMHS teams not accepting a transfer from one area to another, contradicting each other on the child’s diagnosis and the poor sharing of files after a transfer.

There is a clear need for accessible, developmentally appropriate and evidence informed specialist inpatient services for children and adolescents with complex or acute mental health difficulties.<sup>15</sup> However, as highlighted by the Law Reform Commission, a focus on providing more beds and in patient care is not reflective of the wider needs of adolescents experiencing mental health difficulties.<sup>16</sup> The lack of lower-level, holistic, preventative and community-based supports has been identified as leading to significant pressure being placed on CAMHS and the continuation of the inappropriate practice of admitting children to adult psychiatric units. Specific issues in accessing appropriate services have also been raised in relation to those who do not meet the current diagnostic criteria for treatment in CAMHS.<sup>17</sup>

The *Mental Health Action Plan 2013-2020* of the World Health Organisation promotes evidence-based, culturally appropriate and human rights-oriented mental health services for children and young people. It also identifies that children and young people with mental health difficulties should be provided with early intervention services through evidence-based psychosocial and other non–medical interventions based in the community.<sup>18</sup> At a domestic level, the Children’s Mental Health Coalition has recommended the development of the primary care sector and the enhancement of mental health promotion through the delivery of evidence informed programmes and interventions from perinatal care and infant mental health to child and adolescent mental health. It has also recommended that protocols for effective interdepartmental and inter-agency collaboration on the promotion of mental health should be developed and adhered to at a national level, in order to achieve good mental health and wellbeing among all children and adolescents.<sup>19</sup>

## Key Recommendations

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<sup>15</sup> *Supra* note 7 at p. 28.

<sup>16</sup> Law Reform Commission, *Consultation Paper: Children and the Law: Medical Treatment* (2009) LRC 59-2009 at p. 177.

<sup>17</sup> *Supra* note 7 at p. 11.

<sup>18</sup> World Health Organisation, *Mental Health Action Plan 2013 – 2020* (2013) at [http://www.who.int/mental\\_health/publications/action\\_plan/en/](http://www.who.int/mental_health/publications/action_plan/en/). See also, Children’s Mental Health Coalition, *ibid.* at p. 7.

<sup>19</sup> Children’s Mental Health Coalition, *ibid.* at p. 27.

1. **Children and Young People's Vision for Change** : A new, stand alone, comprehensive Government strategy specifically addressing the mental health needs of all children and young people is urgently required to ensure the delivery of effective and co-ordinated services. This strategy should be developed and implemented in consultation with children and young people themselves and guided by the key principles of the CRC. It should also be accompanied by a time-framed implementation plan, with a strong commitment in relation to the resources and the interdepartmental and inter-agency collaboration required.
2. **Legislative measures**: Children's right to child-centred and quality mental health services should be recognised at a statutory level. The recommendations made by the Law Reform Commission and the Department of Health's Expert Group on the review of the Mental Health Act 2001 should be prioritised by the State, including the introduction of specific provisions to ensure recognition of children's right to participate meaningfully in all decisions affecting them and for their best interests to be a primary consideration; to the same procedural safeguards as adults; to age-appropriate treatment and information; and to access appropriate representation and advocacy services.
3. **Primary care**: The development of universal, accessible and evidence-based, prevention and early intervention mental health services at a community level needs to be prioritised. This requires the establishment of a sufficient number of multi-disciplinary community teams; the timely use of psychology, psycho-social and other non-medical interventions; the promotion of mental health literacy, resilience and positive self-esteem, including through the availability of information and education programmes in schools and family supports; effective inter-agency and inter-departmental coordination; the training of professionals working with children and young people, including in education settings, to build their capacity to identify potential mental health difficulties; and the adoption of special measures to ensure that particularly vulnerable groups of children and young people can access mental health services and that underlying causes are addressed.
4. **Inpatient care**: The practice of admitting children and young people to adult psychiatric units must be ended as a matter of urgency. This requires the establishment of accessible, inclusive, developmentally appropriate and specialist inpatient and out-of-hours facilities for children and young people with complex mental health needs, including eating disorders. Good practice on managing the transition between mental health services should also be developed.
5. **Information and advocacy service**: The State should progress the establishment of a mental health advocacy and information service that is specifically for children, and accordingly accessible and child-friendly.