

**Opening Statement by the Ombudsman for Children, Dr Niall Muldoon
to the Oireachtas Joint Committee on the Future of Mental Healthcare
Wednesday, 20 June 2018**

I would like to thank the Chair, Senator Joan Freeman, for the invitation to present a report prepared by my office, *“Take My Hand”: Young People’s Experiences of Mental Health Services*, to the Committee today.

As the Committee is aware, the Ombudsman for Children’s Office is an independent human rights institution established under the Ombudsman for Children Act 2002. My office has a unique combination of statutory functions: we examine and investigate complaints made by or on behalf of children about the administrative actions (or inactions) of public bodies, and we promote the rights and welfare of children up to the age of 18 years.

One of the priorities of our *Strategic Plan 2016-2018* is to influence positive change for children with mental health difficulties. In light of this priority, we decided to undertake a consultation in 2017 with young people under 18 receiving inpatient care and treatment for their mental health. The aim of this consultation was to facilitate young people to reflect and share their views on mental health services based on their experiences from primary care through to inpatient services.

I would like to express my sincere thanks to the 25 young people aged between 14 and 17 who took part in our consultation. We engaged with all six adolescent inpatient units in the country and I would like to thank the management and staff of the five units who facilitated us to work with the young people involved: Linn Dara CAMHS Inpatient Unit, Dublin; Willow Grove Adolescent Unit, Dublin; Ginesa Suite, Saint John of God Hospital, Dublin; CAMHS Inpatient Unit, Merlin Park Hospital, Galway; and Éist Linn CAMHS Inpatient Unit, Cork.

The young people involved in this consultation were asked to consider three broad questions with regard to their experiences of mental health services:

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

Different methods were used by the young people to express their views, namely semi-structured interviews, painting, photography, collage and mind maps. Some of the images created by the young people can be viewed in the full report.

With regard to what they found helpful, many of the young people were positive about the support they received from professionals, family members and other young people in receipt of mental health services. According to the young people, professionals who engage and built trusting relationships with them have an important role to play in shaping their experiences of mental health services. The young people highlighted that medical professionals who used empathetic approaches and who could relate to, and communicate well with them and their families, contributed to them feeling heard and understood. The knowledge and experience of teachers and school counsellors, as well as the arrangements put in place by schools to help them cope, were commended by many of the young people. They spoke positively about the efforts that family members made to help them, including by travelling long distances to visit inpatient units. Within the inpatient units, having a support group of peers who have experience of and understand the challenges of living with a mental health illness was identified as a valuable source of support. The benefit of programmes and activities, such as music appreciation, art, physical activity and life skills groups, was also noted by the young people.

However, despite these positives, the young people highlighted a range of challenges that they have experienced, both as mental health services users and more generally. Many questioned the interpersonal and communication skills of the medical professionals they had engaged with - for example, the use of clinical language caused confusion for some young people and left them feeling "*not believed or understood*". Some professionals were seen to be lacking in empathy and sensitivity, particularly when they made suggestions to "*keep trying*" and "*keep working on it*", even when the young people indicated that they felt "*it wasn't working*". The lack of opportunities to be heard was also raised as a significant challenge, both within the inpatient units and in wider services. It was noted that professionals often communicate directly with parent(s), as opposed to with the young people themselves.

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. A small number of the young people said that they were sometimes physically restrained. These young people found this challenging and frustrating and felt that this should not be done. Young people also commented on the restrictions placed on them within inpatient units due to low staffing levels. They spoke about feeling "*institutionalised*", with the main problem being "*the lack of things to do*". Separation from family was a particularly significant challenge that was frequently mentioned by the young people. Many spoke of the "*burden*" their mental health care placed on their family and this weighed heavily on the young people and was challenging to come to terms with. With regard to school, some of the young people felt that their teachers and school counsellors lacked specialised knowledge about mental health and explained that their expectations of the supports available were not met. They had also missed school due to their mental health illness and therefore their relationships with their friends were also affected.

Many of the young people spoke of the length of time it took to access CAMHS and of the stark differences in the availability and consistency of the service throughout the country. The young people described these delays and inconsistencies as being “*very difficult*”. They also referenced the distance of the inpatient units from their homes, with one young person living an estimated six and a half hour drive from the unit. Another young person spoke about how the lack of adolescent inpatient places had previously resulted in them being placed in an adult psychiatric ward, an experience they described as “*traumatic*”.

The young people who took part in this consultation recommended changes, which they feel would improve mental health services and supports for young people in general. These recommendations can be found in section 2.3 of the report and include the following:

- increased supports and awareness raising initiatives in schools, including the availability of additional therapists or guidance counsellors;
- increased staffing levels in services, including community CAMHS services;
- the establishment of a Youth Advisory Panel in each inpatient unit to ensure young people are heard and their views are considered;
- greater autonomy being afforded to young people in inpatient units to self-regulate and manage their behaviour; and
- the availability of additional programmes and a less restrictive environment in inpatient units.

Following this consultation, and in light of the complaints and investigations and policy work of my office, we have identified a number of key areas of concern and corresponding priorities for action. These are dealt with in detail in the report so I will just mention them briefly here:

- Effective coordination and communication 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. I welcome the recognition in the *National Youth Mental Health Taskforce Report* that deficiencies in this area need to be addressed. The delay in making the Youth Mental Health Pathfinder Project operational is unacceptable given the commitment of the Government to it. This Project will provide the vital structure to achieve greater coordination in the provision of mental health services to children and young people.
- An independent mental health advocacy and information service specifically for children should be established without delay, as recommended by the UN Committee on the Rights of the Child and the National Youth Mental Health Taskforce.
- I am 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. All those who work to progress mental healthcare provision for children should ground their decision-making in a child rights-based approach.

- I have serious concerns about the legislative framework relating to children’s mental health and the slow pace of reform in this area. I welcome the passage of the Mental Health (Amendment) Bill 2017 and its focus on inserting rights-based, guiding principles in respect of children into the Mental Health Act 2001. While these legislative proposals are an important step forward, the Government’s commitment to comprehensively revise the 2001 Act as a whole must be progressed without further delay.
- To address deficits in policy implementation and provide a single point of focus for everyone who has a role to play in advancing provision for children’s mental health, I am calling for the development of a dedicated Vision for Change for Children which would provide a dedicated, cross-sectoral national policy framework on children’s mental health. This framework should clearly set out what actions will be taken and by whom, timelines for delivery, and associated costs.
- I am deeply concerned about the negative impact caused by the well documented issues with children’s timely access to appropriate mental health supports and services at all stages of the system. Prioritisation needs to be given to the development of mental health services at a community level. The inappropriate practice of placing children in adult psychiatric facilities needs to end; sufficient specialist inpatient and out-of-hours facilities need to be established.
- With regard to financial and human resources, I am of the view that resources, once allocated, should be ring-fenced. The lack of clear and accessible information on the amount of money being spent on mental health services for children also needs to be addressed. With regard to human resources, consideration should be given to the appointment of experienced professionals, other than consultant psychiatrists, to roles such as clinical leads, with a view to ensuring that children and young people are not left waiting for the support they need due to unfilled posts.
- Universally accessible prevention measures that focus on promoting children’s mental health and wellbeing must be put in place in order to build their capacity to recognise if they are experiencing mental health difficulties and to seek support. Developments in this area, including the introduction of the junior cycle Wellbeing Programme, are welcome, but on-going work to promote and mainstream prevention measures must be prioritised.
- I am calling for all primary and post-primary schools to have access to an independent therapist/counsellor to ensure that early intervention is available to all children when they need it.

I would like to thank you again for this opportunity to present my report. I hope it will assist the Committee in its work and I am happy to answer any questions that you may have. The views and experiences of the young people expressed in this report must be brought centre stage and meaningfully considered by all State and non-State actors with responsibilities to develop and implement proposals for reform in this area.