

A PIECE OF MY MIND

May 2023

Children's Mental Health Survey
Stressors, Supports and Services



ombudsman
do leanaí
for children





Background

In 2021, the Ombudsman for Children's Office (OCO) began working on the Children's Report to the United Nations Committee on the Rights of the Child. This involved an online qualitative survey that 5,515 children responded to and focus groups with 200 children. The OCO worked with its Youth Advisory Panel (YAP) to create the final report *Pieces of Us: Children's Report to the UN Committee on the Rights of the Child*¹. In September 2022, the YAP presented the report to the UN Committee on the Rights of the Child in Geneva.

The single biggest issue raised in *Pieces of Us* was mental health. It was referenced in relation to school pressures and CAMHS services, and more specifically, around waiting lists and quality of services. Due to the significance of this issue the OCO decided to look at it further. In December 2022, we commissioned a survey to gather some more information from children to help us better understand their experiences, concerns and suggestions for supports and services.

Previous Consultations: *Take My Hand*

This is not the first time that the OCO has consulted with children about their mental health. In 2017, we consulted with them on their experiences and views of mental health services and receiving inpatient mental health care and treatment. This also enabled children and young people to identify changes they felt would improve mental health supports and services for children. In 2018, we published a report of this consultation called *Take My Hand*². We have highlighted the findings in this report with politicians, policy-makers and practitioners.

We have included a number of direct quotes from the children who took part in *Take My Hand* and *Pieces of Us* here to provide support to the quantitative results from the current survey and as a reminder that, behind the numbers, there are children living with the issues identified.

1 *Pieces of Us: Children's Report to the UN Committee on the Rights of the Child*. Available at: www.oco.ie/pieces-of-us

2 *Take My Hand: Young People's Experiences of Mental Health Services*. Available at: www.oco.ie/library/take-my-hand-young-peoples-experiences-of-mental-health-services

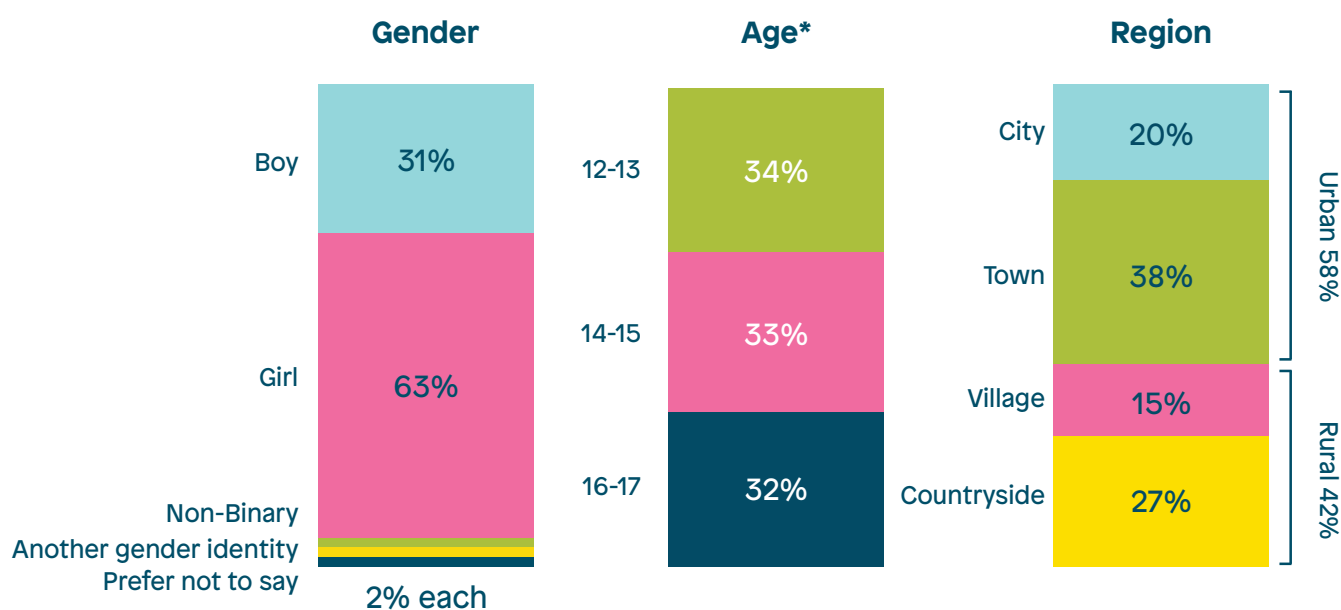
The 2022 Survey

Working with RED C Research and Marketing, the OCO designed an online quantitative survey for children aged 12-17 years. We promoted it on our social media channels and emailed the survey to secondary schools around the country. The survey asked children about their current mental health, the causes of mental health problems, where they got information on mental health, and for their views on mental health services.

In total 2,166 children completed and returned the survey between 23 November and 18 December 2022. Age, gender and region were captured in the survey responses. The age results were weighted slightly in line with 2016 CSO Census figures.

The majority of children who took part in the survey were girls (63%). There was a fairly even representation across the age profile of the respondents and nearly 3 in 5 live in urban areas.

2,166 children responded to our survey



*Slight weight applied to Age NETs based on 2016 CSO Census data

Survey Results

Mental health self-assessment

The survey asked the children to rate their own mental health by choosing between three options:

- **Good** – I don't have any mental health problems;
- **Okay** - I sometimes feel low, stressed or anxious but can manage this myself;
- **Not good** - I often feel low, stressed or have a lot of anxiety and need help to manage this.

Only 22% of the children said that their mental health was good with half saying that they sometimes felt low, stressed or anxious but that they could manage it themselves.

Over one-quarter (28%) said their mental health was not good and that they needed help to manage it. More girls than boys said that they sometimes felt low, stressed or anxious (55% girls compared to 44% of boys) or that their mental health was not good (60% compared to 31%). Although only 6% of children in the survey identified their gender as other (non-binary, another gender identity or preferred not to say), almost all of these children (94%) reported having some mental health difficulties, with 61% saying that their mental health was not good. Mental health also appears to get worse with age, with 16-17 year olds most often reporting that their mental health was just okay or not good.

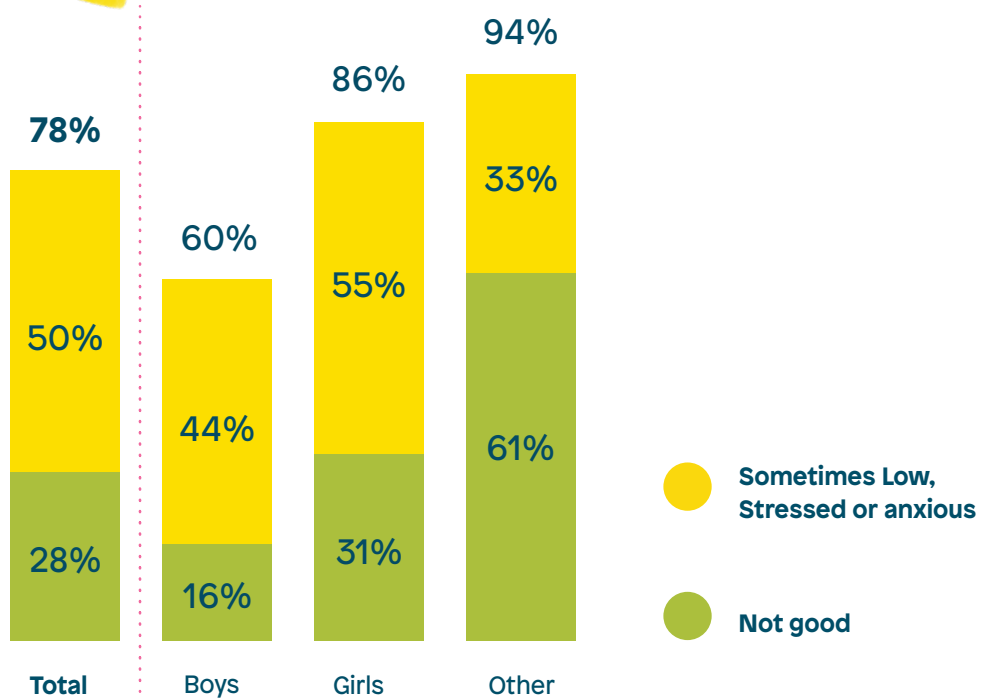
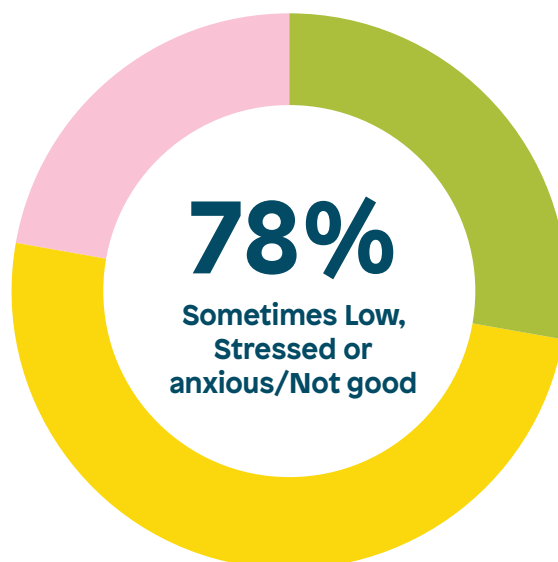
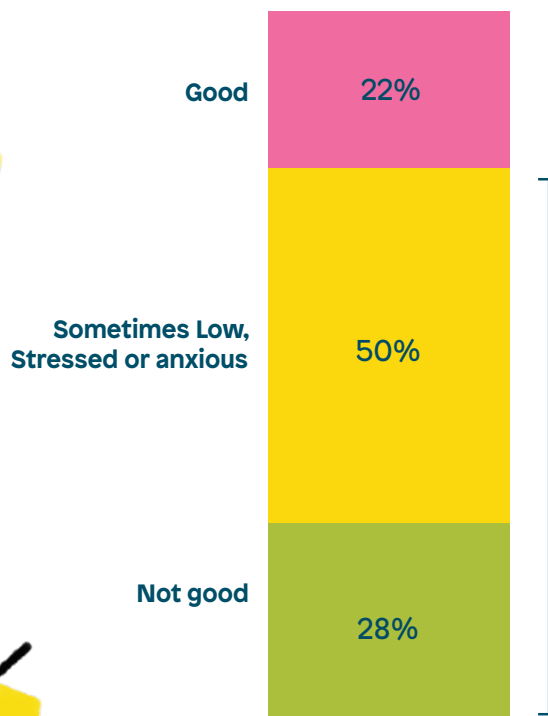
"The stigma against speaking out for your mental health is really damaging."

Non-binary 17, Pieces of Us

"We have good services for people who struggle with mental health and I like the way people help each other when in need."

Girl 13, Pieces of Us

How children rate their Mental Health



General causes of mental health stress

The survey asked all respondents to identify what they believed caused young people in general to feel depressed, stressed or anxious. Children selected up to five items from a list of options and rated these from one to five, with one being the most important in their opinion. The options given were:

- They just do, there is no particular reason
- Pressure in school about schoolwork or exams
- Friendships or relationships
- Relationships with their family
- Disability
- Bullying
- Body image

- Racism or religious discrimination
- Pressure on Social Media
- Their sexual orientation
- Their gender identity
- Worries about the future
- Worries about money/the economy
- Other reasons (please tell us what these are)

Children viewed school and exam pressures as the top source of stress, depression and anxiety for young people in general. One quarter (26%) identified this as the most important stressor and three quarters (74%) included it in their top five. Other common stressors included body image (identified by 65% as in their top five), friendships and relationships (61%), pressure from social media (48%), bullying (47%) and worries about the future (40%).

"The stress of the leaving cert affecting my mental health, the anxiety and depression having a devastating negative impact on my life and mental ability."

Boy 16, Pieces of Us

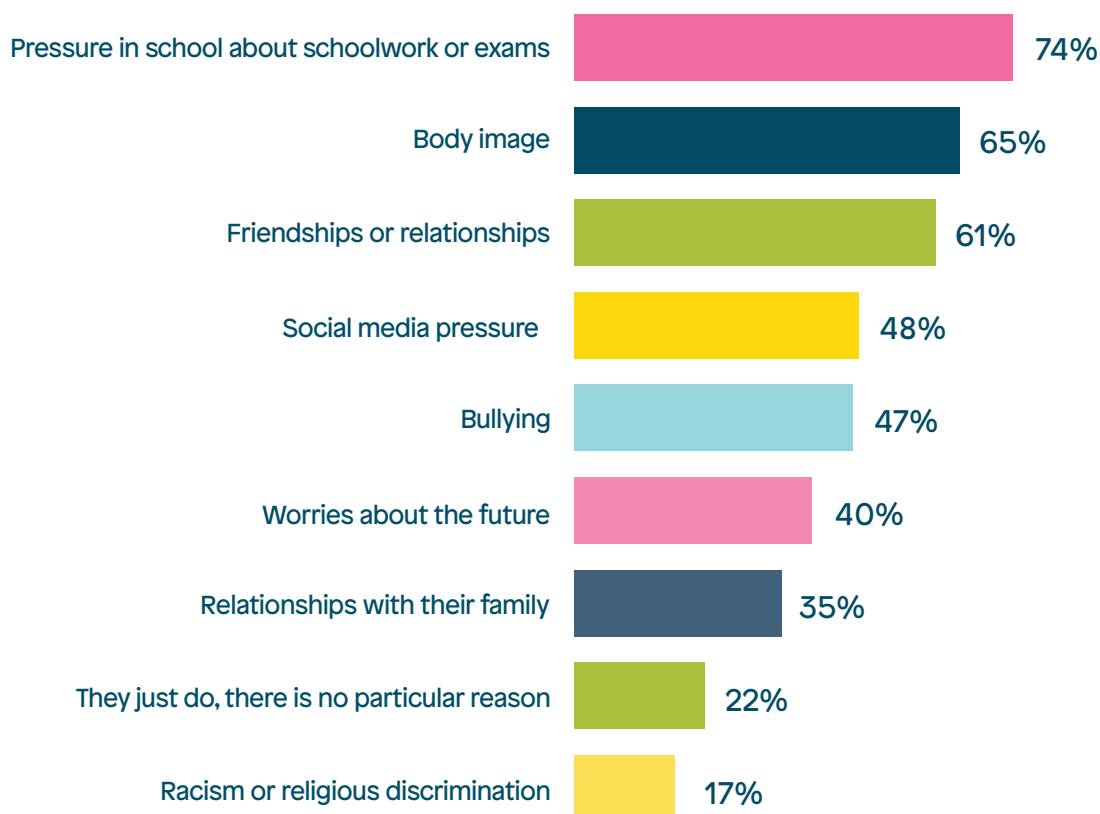
"Nothing was helpful in school. After a while, they give up on you."

CAMHS Inpatient, Take My Hand

"On top of that social media is a curse because of the online bullying."

Boy 15, Pieces of Us

Why young people feel depressed or anxious



"Feeling constantly judged by people your age, which takes a massive toll on people's mental health."

Girl 15, Pieces of Us

"Having the stress of school and friends affecting your mental health."

Girl, 14, Pieces of Us

Causes of mental health difficulties for those who sometimes feel low stressed or anxious

Digging deeper into the data, we asked the children who reported that they sometimes felt low, stressed or anxious or that their mental health was not good to pick the top five things that caused them personally to feel depressed, stressed or anxious. As expected, the children who reported having some mental health difficulties, whether managed by themselves or with help, identified many of the same stressors as all children in the survey said affected young people generally.

This applied in relation to school and exam pressures (76% reported this in their top five stressors in comparison to 74% as a stressor to young people generally), body image (61% compared to 65%), and friendships and relationships (60% compared to 61%). However, that is where the similarities between general and personal stressors end.

Those who reported that their mental health is not good or they sometimes had mental health difficulties tended to worry much more about the future (60% compared to 40% for young people generally) and to identify no specific reason for their mental health difficulties (43% compared to 22%).

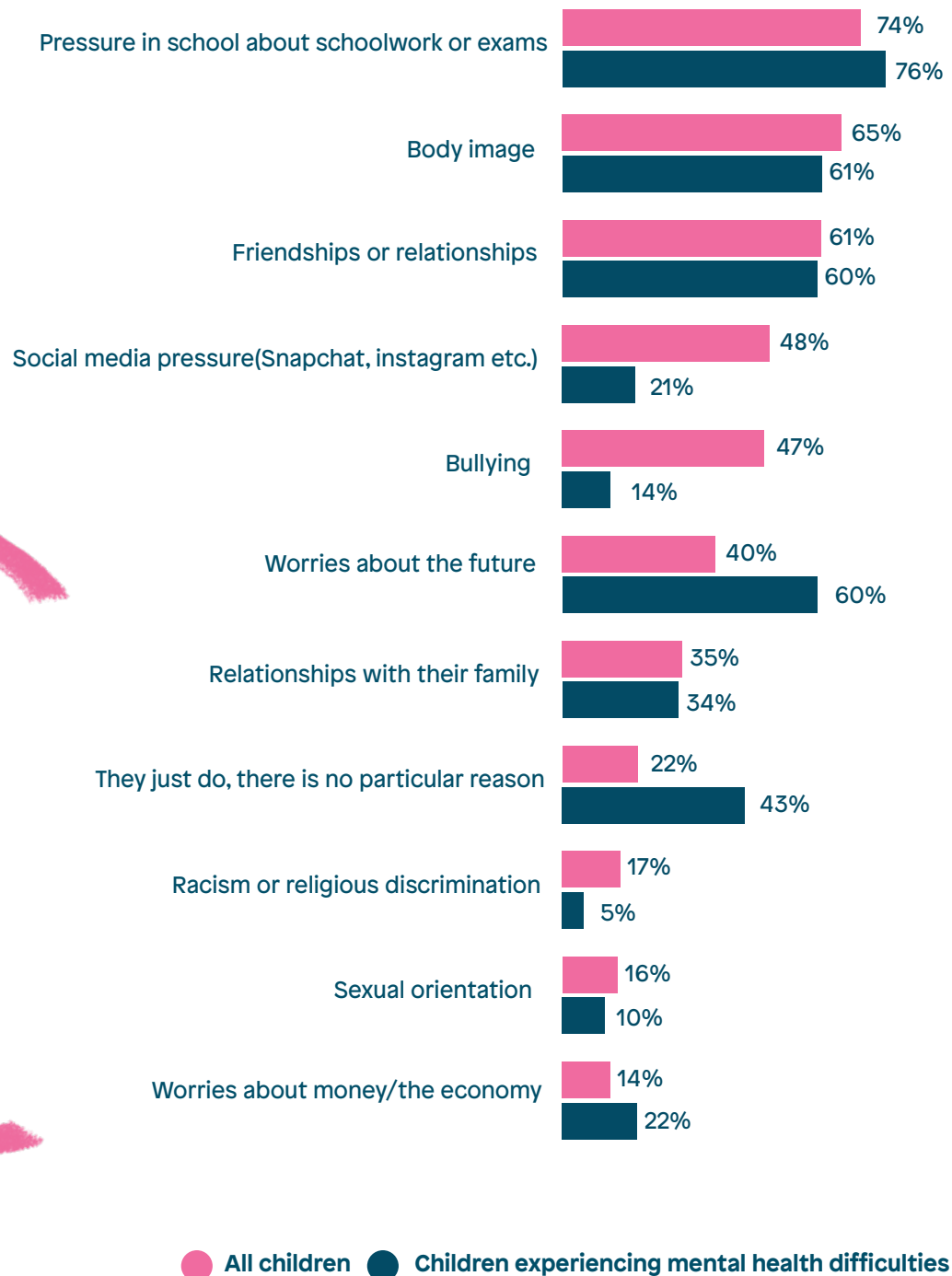
On the other hand, a much lower proportion of the children reported bullying (14% compared to 47% of all children) and social media pressures (21% compared to 48%) as being one of their top five stressors. This appears to suggest that there is a difference between what children see as being significant causes of mental health strain, and what children with mental health difficulties actually experience. This is something that warrants further investigation as we did not examine the interaction between social media, bullying and other causes of mental health difficulties here.



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

CAMHS Inpatient, Take My Hand


Children experiencing mental health difficulties are more worried about the future



Gender

Substantially more girls than boys reported that they sometimes feel low, anxious or stressed or that their mental health was not good (86% of girls compared to 60% of boys). Girls in these categories were significantly more worried about body image, with 71% of girls putting it in their top five compared to 33% of boys. Similarly, girls were more worried about friendships and relationships, with 66% of girls putting it in their top five stressors compared to 49% of boys.

For children who identified as other (non-binary, another gender or preferred not to say), there are some stark variations in their top stressors. Perhaps unsurprisingly, these children were significantly more likely to identify sexual orientation as a stressor (36%) than those who identified as boys (6%) or girls (8%). Furthermore, 50% of children who identified as other selected gender identity as one of their top stressors in comparison to 6% of boys and 2% of girls.



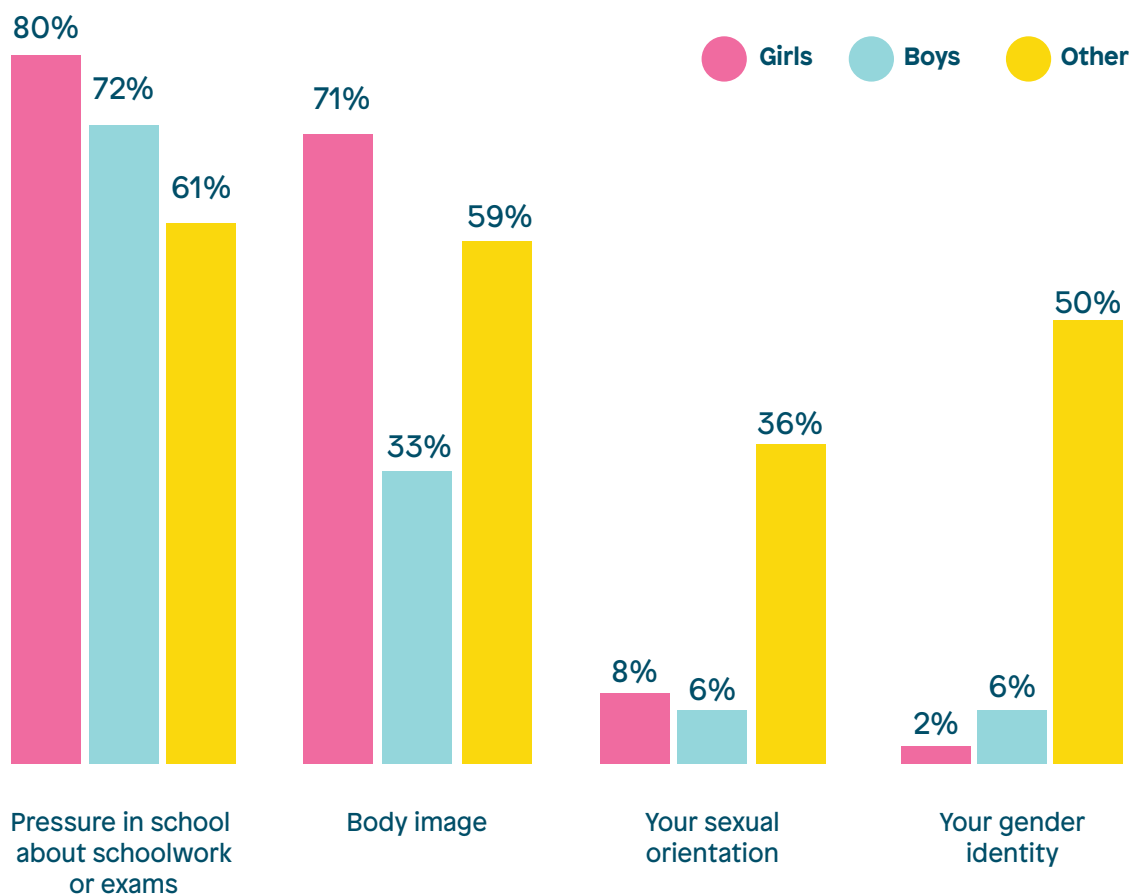
"Transphobia and many other social issues such as racism and xenophobia are a huge problem in this country, whether we want to admit it or not. And it certainly isn't good for the mental health of a developing child who is part of target minority group."

Boy 15, *Pieces of Us*

"Feeling trapped and locked in by anorexia."

CAMHS Inpatient, *Take My Hand*

Causes to feel depressed or anxious from those suffering with mental health difficulties



Sources of information on mental health

Children who responded to the survey were most likely to rely on social media for their information on mental health (46%). Teachers or school counsellors (41%) and parents or families (39%) were the next most common sources of information. It is important to note that only 18% of children were getting their information from mental health websites and only 15% of children were getting information from mental health professionals or their doctor.

Only 34% of boys got their information about mental health on social media in comparison to 51% of girls. However, a higher proportion of children who said that their mental health was not good used social media to get their information (51%) compared to children who said their mental was good (30%). A higher proportion of boys (44%) but a lower proportion of girls (41%) get their mental health information in school from teachers or counsellors. Children who said their mental health was good were more likely to get their information in school (48%) in comparison to those who said that they sometimes felt low, stressed or anxious or that their mental health was not good (38%).

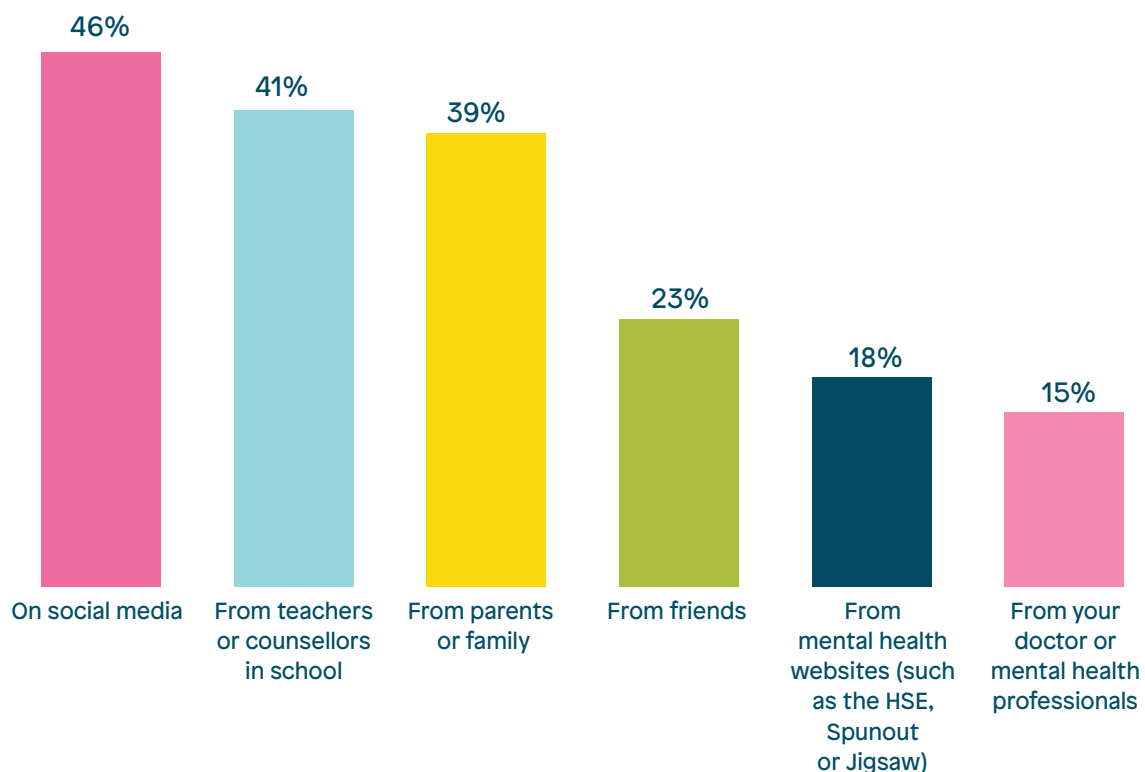
"There is not enough information for mental health and it's not talked about enough. You shouldn't have to hide your depression for years until you can finally tell a parent. There should be steps to follow and more resources to reach out to. Mental health needs to be taken more seriously. Only severe cases get recognised and anyone else doesn't get taken as seriously until you are forced into a darker place. Having a mental illness is just as normal as having a broken bone and should get treated and not something to be ashamed of."

Girl, 16, *Pieces of Us*

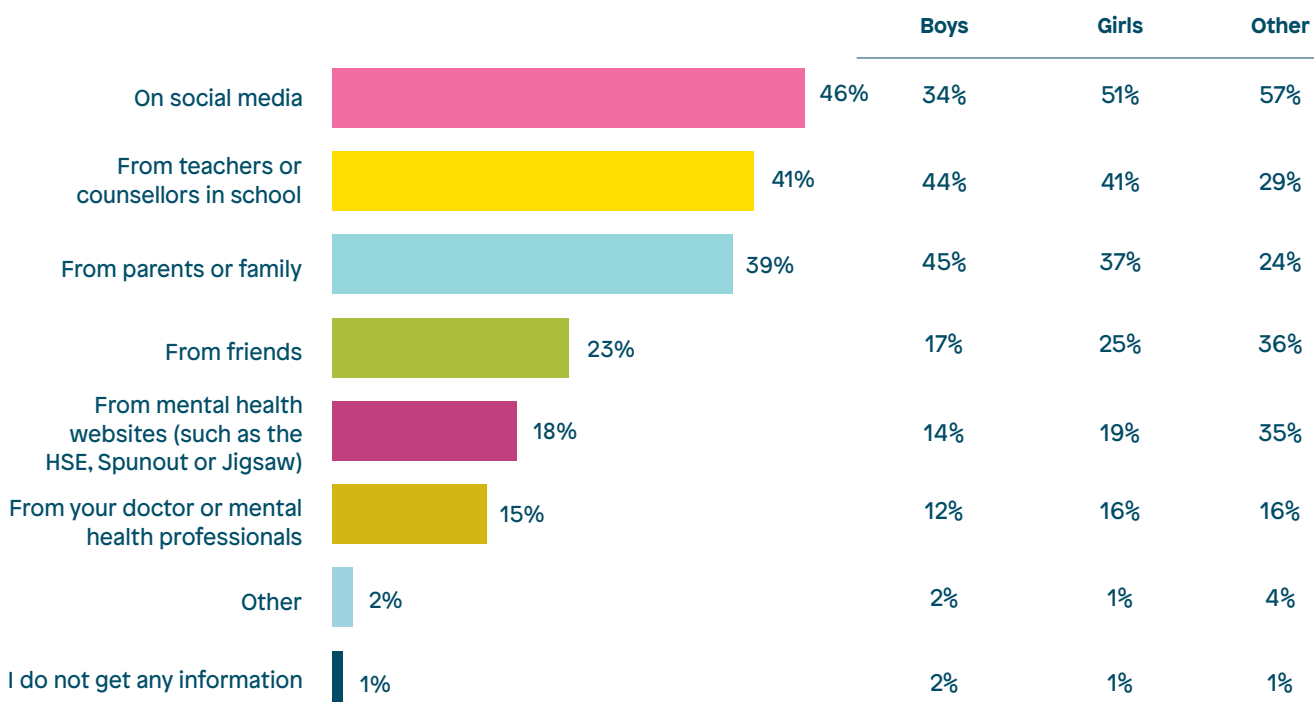
"Culture of not speaking about problems. It may not be universal but a lot of family's refuse to talk about mental health issues."

Girl 17, *Pieces of Us*

Sources of Information on Mental Health



Sources of Information on Mental Health



"Mental health as a teenager who has very bad mental health I feel there should be more therapists and counsellors."

Boy 15, Pieces of Us

"The mental health system. This fails children after children. This needs to improve big time, there are way too many children in Ireland suffering with depression and even the CAMHS services fail."

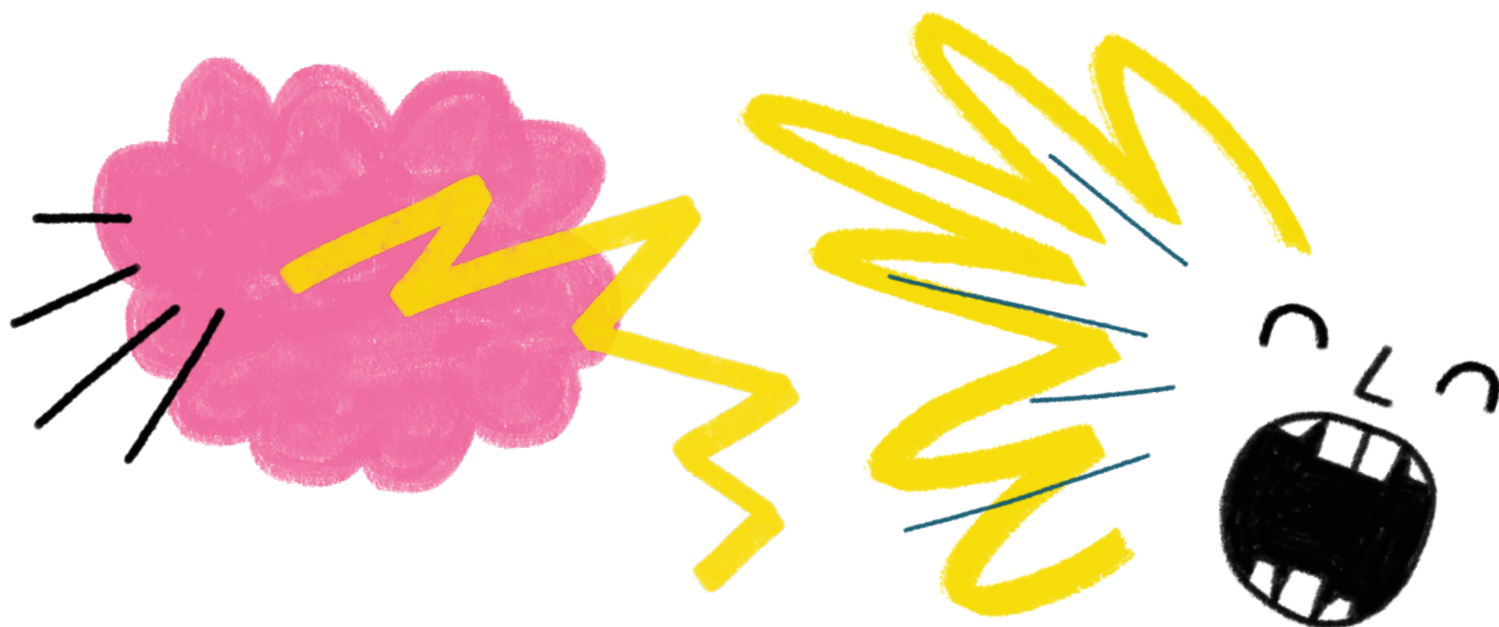
Girl 15, Pieces of Us

Overall, less than four in ten (39%) children got mental health information from parents or family. However, this varied according to gender and mental health status. Close to half (46%) of children whose mental health was good got their information from parents and family, compared to 37% of children who reported experiencing some mental health difficulties. Parents and family were common sources of information for boys and younger children: 45% of boys and 37% of girls said they got their information from parents and family, as did 47% of children aged 12-13 years, but only 32% of 16-17 year olds.

Reliance on friends for information shows a similar pattern. While overall only 23% say that they get information from their friends, this is lower for boys (17%) than for girls (25%). Those who report having good mental health also show less reliance on friends for information (15%) than those whose mental health was just okay or not good (25%).

Children who identify their gender as other showed a different use of sources of information about mental health. This group of children are most likely to get their information from social media (57%) and least likely to get it from teachers or school counsellors (21%). One quarter (24%) got information from parents and family, while 36% got information from friends. In comparison to both boys and girls, children in this group were more inclined to get their information from support websites. Over one third (35%) of children who identified as other got their information from support websites in comparison to 19% of girls and only 14% of boys.

Across the board, there were low numbers of children getting their information from doctors or other mental health professionals. There is no particular correlation between this and gender but older girls aged 16-17 were more likely than the average to seek information from professionals at 21% compared to the overall average of 15%.



Sources of help to manage their mental health

All of the children in the survey were asked what helped them to manage their own mental health. The majority relied on self-management through hobbies, friends and family. Four in ten (42%) children said that they coped with issues through things they do themselves like sport, meditation, writing and music, with 35% of children identifying talking with friends and 28% of children talked with their families as ways of managing their mental health. All other sources of help were low, with only 6% or 1 in 20 accessing a Child and Adolescent Mental Health Service (CAMHS) and 5% relying on support from their school counsellor.

Boys were more likely to state that they did not need help with their mental health (25% compared to 8% of girls and 3% of children who identified as other). Furthermore boys were less likely to do things like sport, meditation etc. (34%) and less likely to talk to their friends (29%). In comparison, 45% girls selected self-management through sport, meditation etc. and 38% said talking to friends as ways to help manage their mental health.

"Sports opportunities give a mental outlet, keep you healthy and build social skills."

Boy 17, Pieces of Us

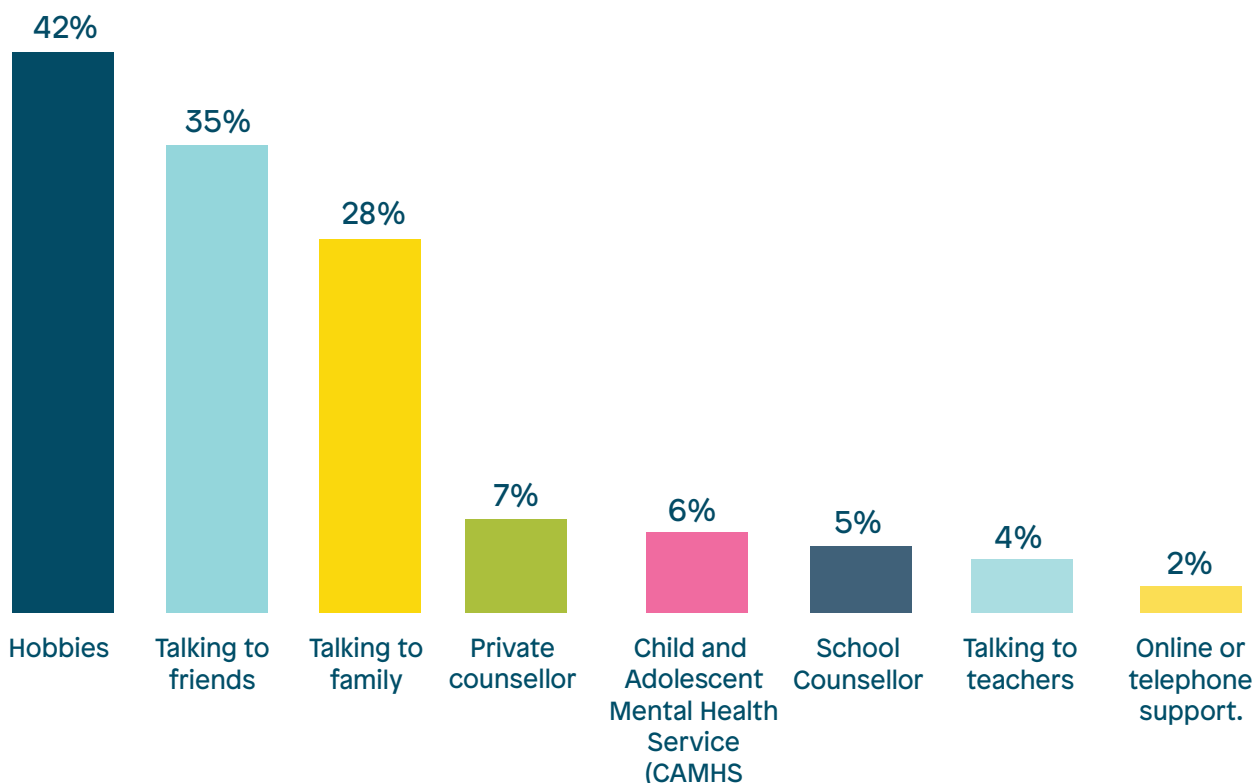
"The meetings weren't very productive with the school counsellor. She was better suited to dealing with heartbreak rather than depression and anxiety."

CAMHS Inpatient, Take My Hand

"Access to mental health services is not good enough. If you struggle with your mental health the system is against you."

Boy 16, Pieces of Us

What helps manage Mental Health?



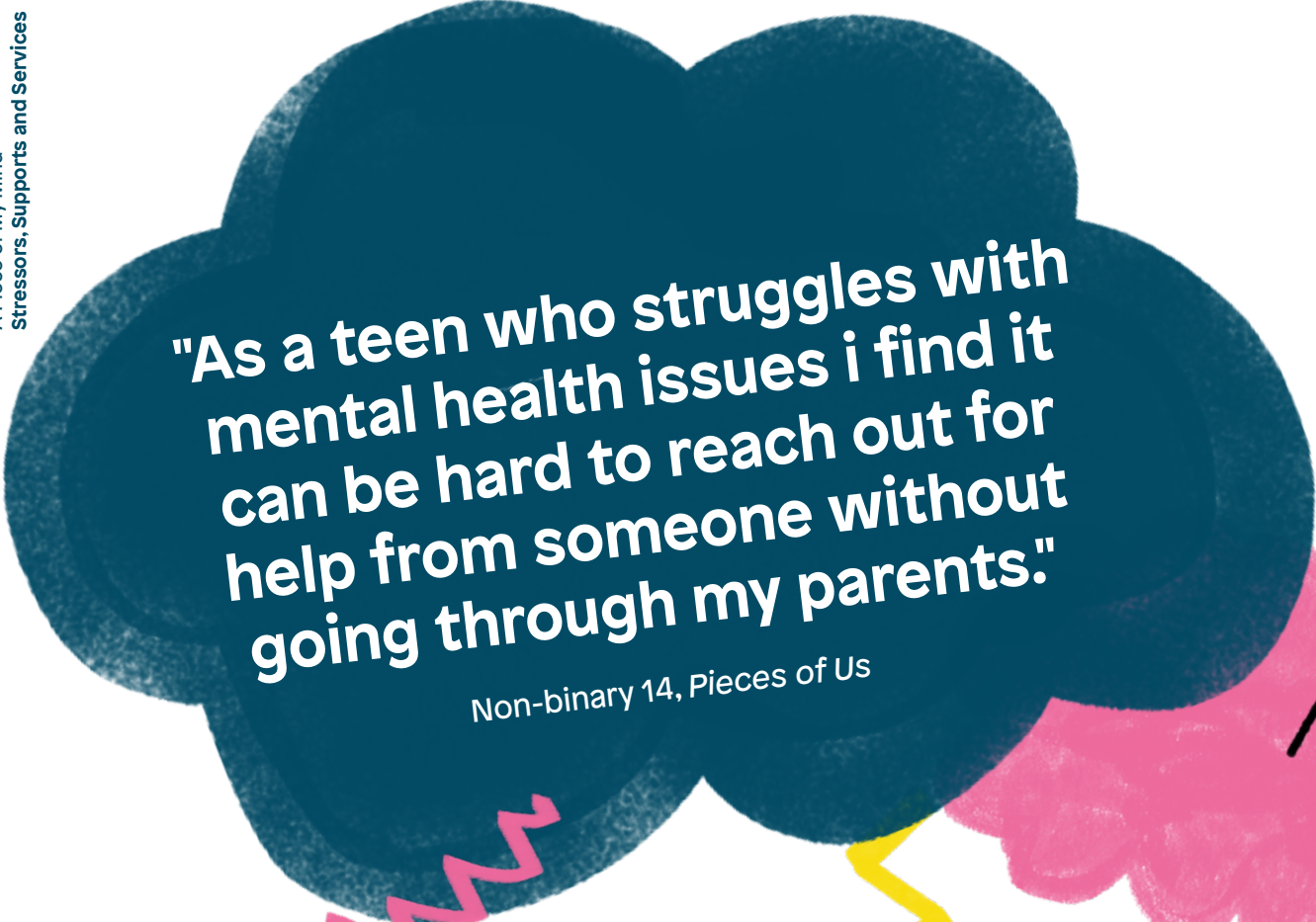
Children who identified as other were less likely to speak to their family when they needed help to manage their mental health. Only 16% of these children selected this answer compared to 29% of both girls and boys.

Children in this group were slightly more likely to have a private counsellor and use online or telephone support than those identifying as boys or girls. They were also least likely to say that they did not need any support to manage their mental health because it was fine, with only 3% selecting this option compared to 13% of children identifying as a boy or a girl.

As children got older, they were more likely to seek formalised support services. Just over one in ten (11%) of 16-17 year olds had a private counsellor; only 4% of children aged 12-13 had the same.


At 19%, younger children in the 12-13 age group were more likely to say that they did not need any help to manage their mental health because it was fine in comparison to 11% of 14-16 year olds and only 8% of 16-17 year olds.





"As a teen who struggles with mental health issues i find it can be hard to reach out for help from someone without going through my parents."

Non-binary 14, Pieces of Us



"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' makes it harder to reach out."

CAMHS Inpatient, Take My Hand



Services

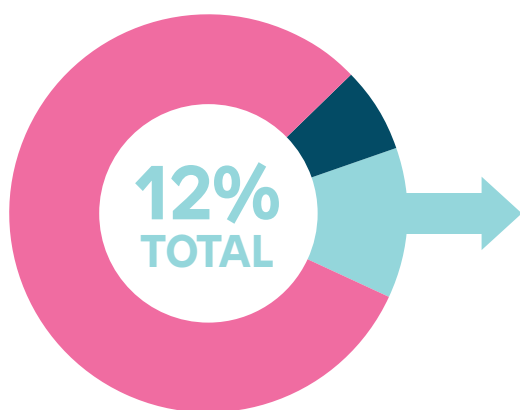
Accessing CAMHS

At the time of the survey 6% of the children in the survey were attending HSE Child and Adolescent Mental Health Service (CAMHS). However, 12% of the 2,166 who responded to our survey said they have accessed CAMHS at some stage. Of those who said they were experiencing mental health difficulties at the time of the survey, 14% had attended CAMHS. While 4% of the children who said their mental health was good at the time of the survey had previously attended CAMHS.

Age and Gender

Almost one in five children (18%) aged 16-17 had attended CAMHS, compared with 13% of those in the 14-15 age bracket and only 6% of children in the 12-13 cohort. The proportion of boys and girls in the survey who have attended CAMHS is about the same at 11% and 12% respectively. However, the proportion of children who identified as other (non-binary, another gender or prefer to say) who have attended a CAMHS service is higher at 19%.

Children who have accessed CAMHS



● Yes ● No ● I don't know

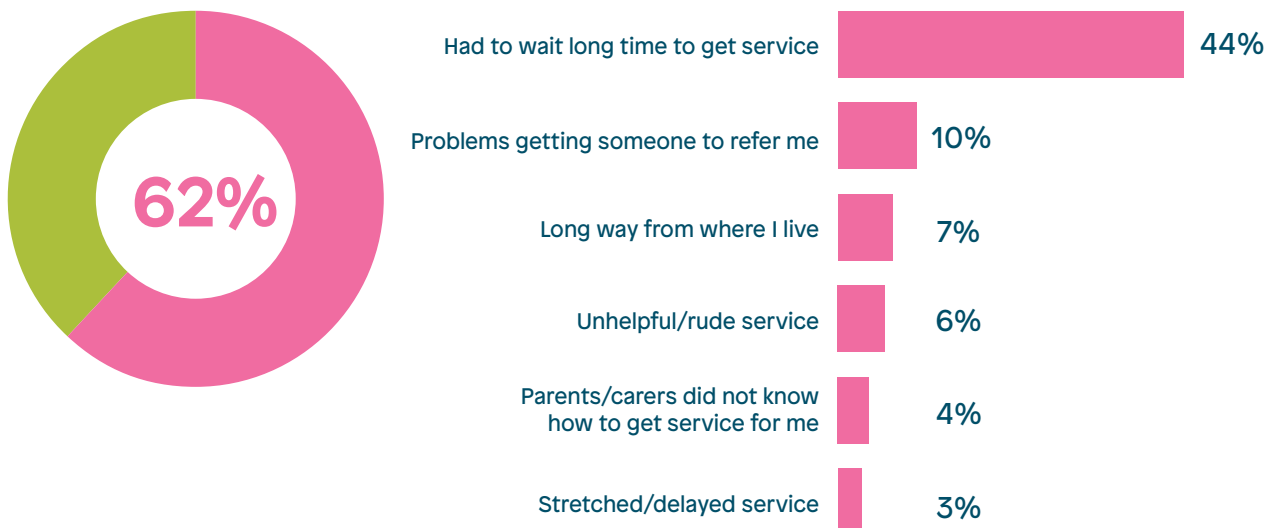
Gender	Boys	<div></div>	11%
	Girls	<div></div>	12%
	Other	<div></div>	19%
Age	12-13s	<div></div>	6%
	14-15s	<div></div>	13%
	16-17s	<div></div>	18%

Difficulties in accessing CAMHS

We asked the children who had accessed CAMHS if they had experienced any difficulties getting the service. Of these children, 38% said that they had no problems. However, 62% stated that they found it difficult to access CAMHS. A higher proportion (75%) of the children who identify as other, reported difficulties than either boys (62%) or girls (60%). As older children reported higher levels of both mental health difficulties and use of CAMHS, it is noteworthy that they also report the highest levels of difficulty in accessing the service.


Almost seven in ten (69%) of the 16-17 age cohort reported difficulties compared to just over four in ten (43%) of children in the 12-13 age bracket. More children in urban settings (64%) than in rural areas (58%) had difficulties in accessing and attending CAMHS, although this may be due to a relatively greater demand for the service in urban areas.

Difficulty accessing CAMHS




Waiting Time

The single biggest difficulty in accessing CAMHS was the time that children had to wait to get the service, with 44% of children saying that they waited over three months. All other difficulties, such as getting a referral (10%) and distance to the CAMHS (7%) were reported by fewer children.



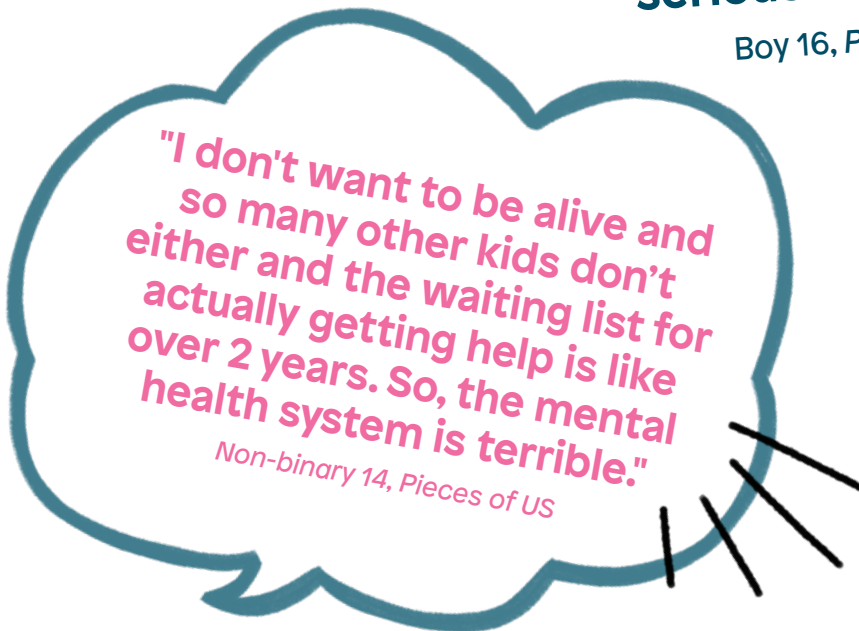
"I would like to see CAMHS provide a better service and shorter waiting lists please."

Girl 17, *Pieces of Us*




"Lack of mental health services. The waiting lists for any form of mental health help is a very long one. There are children who have been waiting for months who simply do not have the time to wait anymore. They might just be a name on a list to some people but these children have real problems and are in serious need of help."

Boy 16, *Pieces of Us*



"I don't want to be alive and so many other kids don't either and the waiting list for actually getting help is like over 2 years. So, the mental health system is terrible."

Non-binary 14, *Pieces of Us*



"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."

CAMHS Inpatient, *Take My Hand*

Experience of CAMHS

On a positive note, 17% of the children who accessed CAMHS felt that the services had helped them, 14% were happy that their parents could attend with them, and 12% felt understood by the staff. These responses varied with age, gender and self-assessed mental health status. Overall, children who identified their gender as other were less likely to report positives than boys or girls. In fact, no child identifying as other said that the service was helpful or that the staff listened to them. Older children reported fewer positives than younger children with, for example, 19% of 12-13 year olds liking that parents could attend with them compared to 12% of children aged 16-17. Those who had accessed CAMHS and who reported their mental health to be good were, unsurprisingly, more positive about the services. At 31% almost twice as many

of these children reported that the service was helpful than those who felt low, stressed or anxious at least some of the time and those who said their mental health was not good (16%).

Unfortunately, many more children reported having difficulties with the CAMHS service. A significant proportion (42%) believed that the services did not deal with their problem or the cause of their difficulties. Frequently children believed that only some parts of the service were helpful, with 34% identifying this as an issue. Almost a quarter (23%) of the children believed that they did not get to attend the service for long enough for it to help them. It is concerning that 27% of the children believed that the CAMHS staff were dismissive while only 11% of the children believed that the staff listened to them.

"The adolescent wards are scarce and the public system (CAMHS) is under-funded. I know a few people who have been referred there and not one of them has a positive thing to say about CAMHS. It's not the fault of the people working there, they just need more investment."

Girl 15, *Pieces of Us*

"It's actually my mam, like my mam raised me on her own, so I didn't want to talk about like things... I feel like, like I don't want her to blame herself for things... So I think it's unhealthy to have a parent in the room with you when you're trying to talk about things like that."

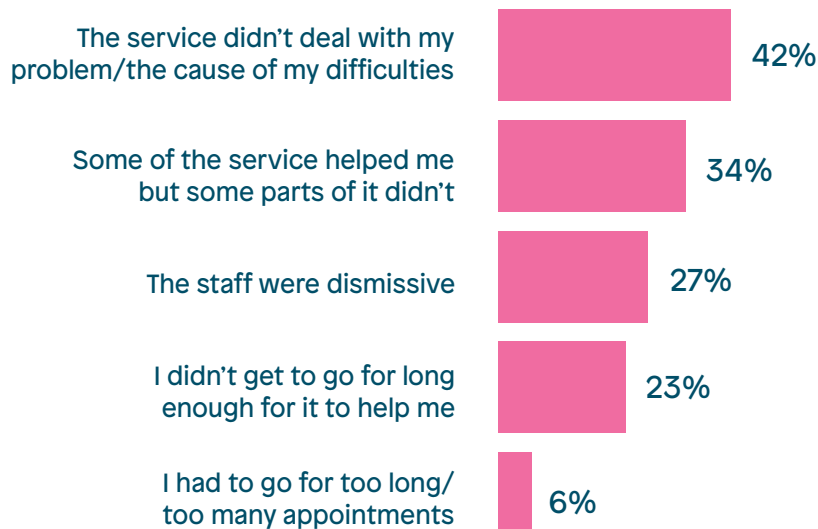
Boy, *Pieces of Us*

"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."

CAMHS Inpatient, *Take My Hand*

What children think of CAMHS

Negative



Positive



"For the future I think it would be helpful to have more support and more consistency with young people's care."

CAMHS Inpatient, Take My Hand

"...referred me to CAMHS... and gave me like a little survey and they were like, 'Are you okay?', and I was like, 'No'. And then my dad was like, 'She is', and they were like, 'She's fine'. And then they [CAMHS] didn't bring me back after."

Non-binary child, Pieces of Us




Support Services

All of the children who responded to the survey were asked what kind of mental health services they would like to receive. We asked them to rank the top three services that would be of most help in improving their mental health and mental health services in general.

Given that children spend the majority of their time in school, it is not surprising that most children prioritised services that could be delivered in this setting. More self-help skills taught in schools was the most popular service chosen, with 45% of respondents selecting this in their top three and 20% of children indicating this was their first preference. This was closely followed by 44% of children saying that they wanted mental health professionals,

such as psychologists or dedicated mental health counsellors to be available in their schools, and 16% chose this as their first option. Over one third (35%) of children also wanted schools to provide more awareness raising of mental health and services, with 12% identifying this as their first preference.

While a sizable minority of children wanted more services to be available in their local area, these choices were much less popular than services delivered in school. Just over one quarter (27%) of children ranked more mental health services in their local area in their top three choices and 24% chose more support groups for children in the local area.



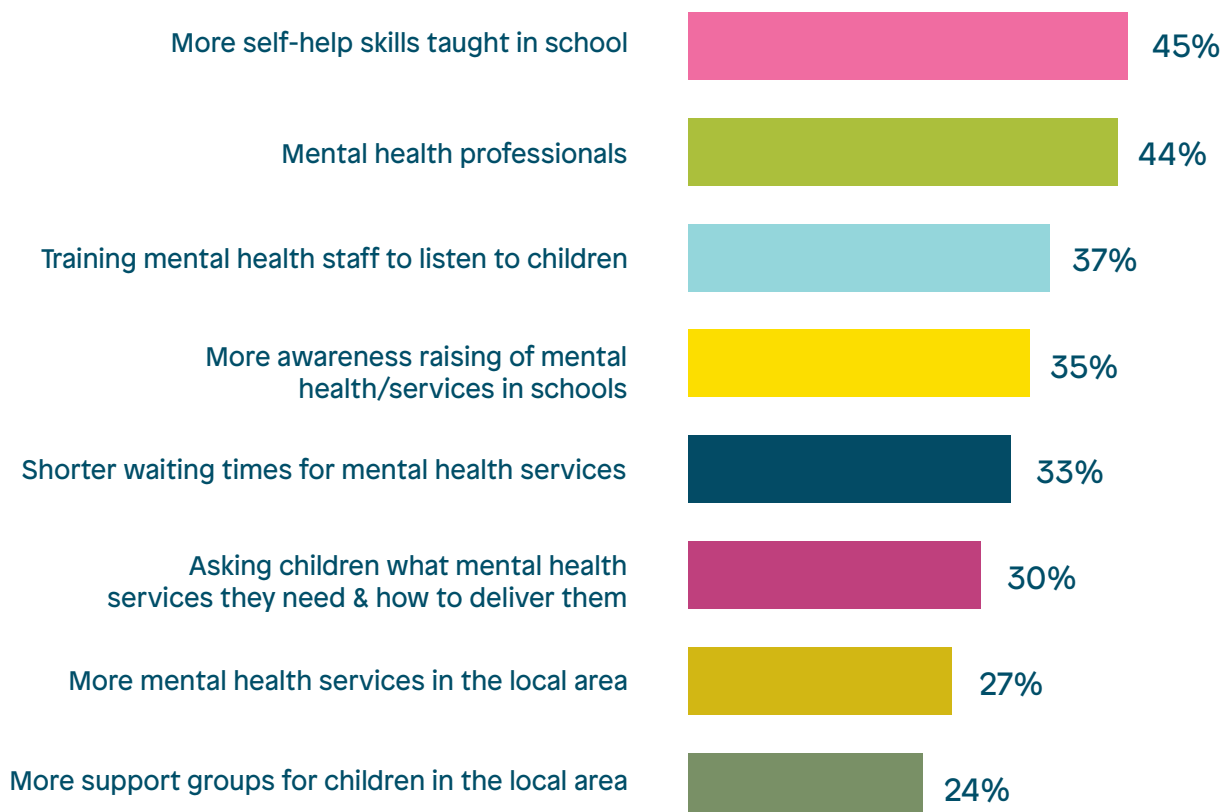
"We aren't taught about mental health and our wellbeing enough. Too much emphasis is put on the Leaving Cert. We are not taught how to manage our stress and thoughts, which we have to face on a daily basis."

Girl, 17, Pieces of Us

"Have a bigger focus on mental health in schools and addressing scary topics like depression, anxiety and suicide."

Girl 14, Pieces of Us

What improvements are needed?



Children who identify as other were less likely to want more self-help skills taught in schools (33%) than either boys (45%) or girls (46%). Interestingly, this preference was consistent across age and self-assessed mental health status.

The preference for professional services in school rises with age and particularly among girls, while the preference for self-help and awareness raising falls. Girls (46%) and children who identify as other (47%) were more likely than boys (40%) to want access to mental health professionals in schools. Children in the 16-17 age bracket were more likely to want these supports (51%) than children in the 12-13 age cohort (39%).

There was also a high degree of support for improvements in professional mental health services outside school. Overall, 37% of

children identified training mental health staff to listen to children in their top three priorities, while 33% chose shorter waiting times for services as one of their top three choices. Reflecting the children's perceived lack of voice in mental health services, 30% of children identified asking children what services they want and how to deliver these as a top three priority.

There was also a high degree of support for improvements in professional mental health services outside school. Overall, 37% of children identified training mental health staff to listen to children in their top three priorities, while 33% chose shorter waiting times for services as one of their top three choices. Reflecting the children's perceived lack of voice in mental health services, 30% of children identified asking children what

services they want and how to deliver these as a top three priority.

It is clear that the availability of mental health services in schools is a priority for many children. Given the emphasis placed by the children on school and exams as a source of stress, this is perhaps to be expected. We asked the children to choose from a list of options to help identify what specific mental health services and supports they would like to see in school. The children were asked to rank their top three preferences. Three distinct preferences emerged:

- A quiet space for self-care, meditation etc. This was in the top three choices of 65% of the children and was the first choice of 25%
- Psychologists, counsellors, therapists to be available in

school: almost two-thirds (62%) of children placed this in their top three and 31% chose it as their first preference

- A dedicated teacher(s) trained in supporting children with mental health difficulties: 60% of children placed this in their top three choices and it was the first choice of 21%.

All other choices received much lower levels of support, including local groups providing supports in school (29% in top three, 7% as a first preference), a quiet space to use online or telephone support services (28% and 7%) and peer support from fellow students (26% and 7%).

"Mental health support in school feels more PR related than practical. I don't have confidence in the counsellor/Chaplin as they don't seem qualified for help..."

Boy 17, Pieces of Us

"Leaving cert students are having serious mental health issues and we are getting nowhere near enough attention or support."

Girl 17, Pieces of Us

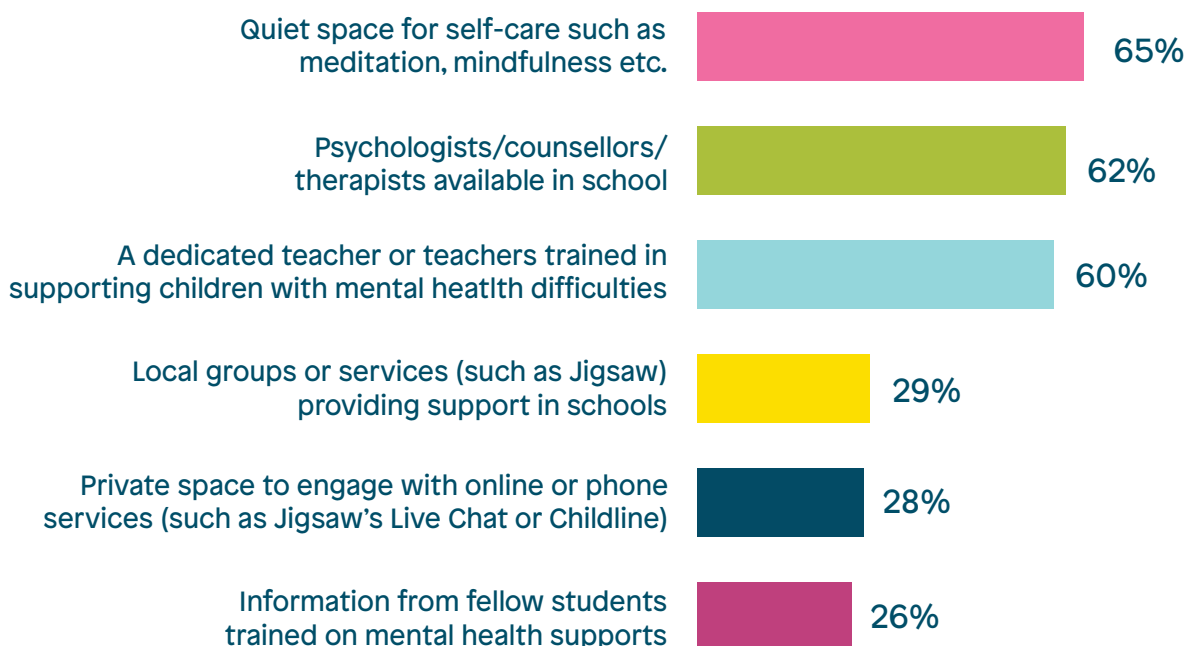
"...a thing that would like help with a lot of various issues is getting trained mental health professionals into schools, because I think that that's going to like get rid of a lot of the other stress points in people's lives. Because I just think like a lot of guidance counsellors, like it's not their job to give therapy to students, and it shouldn't be their job. They're guidance counsellors, they're supposed to help you with like careers and college and stuff that I think – and they don't have the necessary training. They're not fully equipped to deal with like people dealing with depression and anxiety and other mental health issues."

Boy, Pieces of Us

"Most of the time if someone wants to go for like wellbeing or for like mental health or advice, they're usually sent to the chaplain, which causes a lot of issues in my school in terms of like gender identity, and sexual preferences..."

Girl, Pieces of Us

Supports children want at school



Girls (69%) and those who identify as other (67%) were most in favour of psychologists, counsellors and therapists in schools, but also of having a quiet space for self-care (64% and 79% respectively). Older children were more in favour of professional services in schools (67% of 16-17 year olds compared to 58% of 12-13 year olds).

When self-assessed mental health status is taken into account, it is notable that those who sometimes experienced feeling low, stressed or anxious and those whose mental health was not good showed substantially higher rates of support for quiet spaces for self-care and psychologists, therapists and counsellors in school than those whose mental health is reportedly good.

"Lots of children's mental health issues are disregarded especially if they're on the younger side and it just makes it hard for people to get better, this makes school and education really difficult because it's already stressful enough as it is and I just feel like teachers and schools completely disregard younger children's mental health which I don't like."

Girl 15, Pieces of Us

"School – more support available, somewhere to go to when you are not feeling well, education of teachers about mental health problems and how to support us. Have mental health workshops and awareness days."

CAMHS Inpatient, Take My Hand

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

CAMHS Inpatient, Take My Hand

Conclusion

Mental health arose as a key theme in our previous consultation report, *Pieces of Us*. This survey gives credence to the weight attached to it by the children and young people who took part in that consultation. Almost eight in ten respondents in this survey reported that they felt low, stressed or anxious at least some of the time, and just under three in ten said that their mental health was poor and that they needed help to manage it. The sources of stress and supports, or lack of supports, are also common across this survey and our previous consultation reports – *Take My Hand* and *Pieces of Us* – providing a consistent picture of young people's mental health and experience of services.

However, the survey reveals some additional and concerning findings. First among these is the stark difference between boys and girls, with girls reporting a much higher rate of mental health difficulties. The reasons behind this require further research, but one hypothesis is that boys do not talk about their mental health as much as girls. This may lead to lower rates of reporting and, if true, may leave boys without the necessary informal and formal supports.

The degree of mental health difficulties reported by those who

identify as non-binary, other gender or who prefer not to state their gender is also of concern. The issue of gender identity services for children is a relatively recent one in Irish society. This finding suggests that these children face particular challenges and targeted support for them is necessary.

The relatively high use of private counsellors raises the issue of access to public services. Just over one in ten 16-17 year olds report having a private counsellor and we must ask why this is so. Private counselling can be costly and will not be an option for every child. As only 6% of children in the survey have ever accessed CAMHS, we need to ask what is happening to the children who cannot access this service and who cannot afford private services. We did not ask children about access to primary care mental health services. However, with almost 12,000 children on waiting lists for primary care psychology services and 4,270 of those waiting for more than a year³, it is unlikely that this service is bridging the gap.

Children identified long waiting times as the biggest challenge when looking to access CAMHS. This is a concern in and of itself. However, also of concern and highlighted here is the quality of the service provided.

3 HSE response to PQ: 4170/22,
www.hse.ie/eng/about/personalpq/pq/2023-pq-responses/january-2023/pq-4170-23-sean-sherlock.pdf



Following a considerable wait for the service, many children report that the service they received did not meet their needs or treat them respectfully. It is evident that CAMHS did not help some children at all, that they did not get the service for long enough to help them, and that staff were often dismissive and didn't listen to them. Long waiting times for a service that is excellent and addresses the needs of children may be temporarily excusable and provide a strong basis for development. To wait long periods for a service that is below par in the views of service users is entirely unacceptable.

As the vast majority of children spend most of their time in school, it is unsurprising that this is the preferred location for services. Many children report using self-management techniques to maintain and improve their mental health. This is reflected in the desire for more training and awareness raising in school, alongside quiet spaces where children can practice self-care. In addition, there is substantial support among the children for professional psychologists and counsellors in schools. While the Department of Education plans to pilot such supports in primary schools in 2023, it is important to

consider the needs of second level students in this regard also. Children who need and would benefit from these supports in primary school may carry this need into second level. A continuum of support for such children, as well as professional supports for children who experience mental health difficulties for the first time in their teens, could have a crucial role to play in improving mental health among the second level student population.

The potential role of teachers, properly trained in supporting children with mental health difficulties, is also important to the children in this survey. Many of the children here would like their teachers to be able to support them, but also recognise the need for dedicated training and express limited trust in those who do not have the required skills. Teachers are well placed to observe children's presentation and behaviour, but require training, support and time to be able to recognise and support children who are experiencing mental health difficulties.







Ombudsman for Children's Office
Millennium 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](https://twitter.com/OCO_ireland)



ombudsman
do leanaí
for children