



Mental Health Reform

Promoting Improved Mental Health Services

SUBMISSION TO THE SEANAD PUBLIC CONSULTATION COMMITTEE CHILDREN'S MENTAL HEALTH IN IRELAND

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Introduction

Mental Health Reform (MHR) is the national coalition promoting improved mental health services and the social inclusion of people with mental health difficulties. MHR also chairs the Children's Mental Health Coalition (CMHC), which consists of more than 60 member organisations from a range of backgrounds and sectors, including children's rights, human rights, education and mental health services. The primary aim of the CMHC is to advocate for improved mental health services and supports for children and young people in Ireland.

Gaps in mental health services and supports for children/ young people

In 2015 the Children's Mental Health Coalition published a report that identified a number of barriers to meeting the mental health support needs of children and young people living in Ireland.

In its report, the CMHC discussed the broad spectrum of supports that are required to improve the mental health outcomes of children and young people from primary care to specialist mental health services. It identified the importance of promoting positive mental health and well-being through targeted actions in order to increase protective factors and decrease risk factors for the development of new or existing mental health difficulties.

It also identified the urgent need to develop primary care in mental health, in addition to specialist mental health services. In terms of barriers to meeting the mental health support needs of children and young people in Ireland the following has previously been identified by Mental Health Reform and/or the Children's Mental Health Coalition:

1. Early intervention services have been unsuccessful to date in placing the social and emotional health and well-being of infants and their parents on par with that of their physical health. For example, specific service gaps that exist in the area of perinatal and infant mental health include:

- the lack of implementation of A Vision for Change (AVFC) recommendations on perinatal mental health services
- the absence of national policy on infant/early years mental health
- the absence of talking therapies in maternity hospitals
- a lack of training on infant mental health among staff working in maternity hospitals
- the lack of a national roll-out of early intervention programmes with families at risk

2. There continues to be a lack of capacity within the primary care sector to provide comprehensive mental health services, including early intervention, detection, and appropriate interventions for children and young people with mental health difficulties. Such gaps include:

- a high prevalence of mental health difficulties among children and young people in Ireland but a low detection and treatment rate across primary care services
- wide variation in access to mental health services through primary care across the country
- a lack of mental health workers in primary care teams across the country
- the lack of a comprehensive range of mental health interventions in primary care
- the absence of child-specific Public Health Nursing posts
- a lack of delivery and evaluation of appropriate training, supervision and support in child and youth mental health for GPs and other primary care professionals across the country
- the absence of a national 'shared care' approach to ensure effective communication between primary care and specialist mental health services

3. There is a lack of a pro-active and sustained 'Whole of Government' approach to addressing the wider determinants of mental health for children and young people. A recent epidemiological study on youth mental health in Ireland identified a number of risk factors that are associated with mental health difficulties among children and young people.¹ These factors include family discord, intimate relationship abuse and stress related to death, wider health issues, work and relationships. The study also found that being of a minority sexual orientation was associated with mental health difficulties among young adults.

To date, there has been a relatively slow implementation of a 'Whole of Government' approach to addressing the wider determinants of mental health among children and young people. In this context, the effective, and timely, implementation of the child and youth specific goals set out in Connecting for Life (CFL) will be fundamental to improving the mental health outcomes of this group. In particular, the commitment within CFL to developing a mental health promotion plan is urgently required.

4. There are ongoing difficulties in accessing child and adolescent mental health services, including specialist services for particular groups of children e.g. children with a dual diagnosis of mental health and intellectual disability (MHID), children and young people with a dual diagnosis of mental health and addiction and children from the deaf community.

The most recent HSE performance assurance report, shows a waiting list of 2,419 children and adolescents for a first appointment with CAMHS, with 218 (i.e. almost 10%) waiting over one year. Furthermore, between January and December 2016, approximately 18% of all child admissions to acute mental health facilities were initially to an adult unit.

The Ombudsman for Children has previously reported that a number of complaints submitted to his Office were about children being inappropriately placed in adult inpatient

¹ Cannon M, Coughlan H, Clarke M, Harley M & Kelleher I (2013) The Mental Health of Young People in Ireland: a report of the Psychiatric Epidemiology Research across the Lifespan (PERL) Group Dublin: Royal College of Surgeons in Ireland.

facilities, particularly children at risk of suicide or self-harm, and that these situations appeared to be due to a lack of suitable emergency placements.

The CMHC has previously identified the lack of 24/7 crisis services for children and young people with mental health difficulties as being particularly problematic. There were also concerns by the Ombudsman for Children about the length of delay in transferring children and adolescents to appropriate age friendly facilities following their initial admission to adult services, which took considerable time in some cases.

Furthermore, there has been little development of specialist mental health services for particular groups of children and young people. For example, the HSE's recent report on specialist mental health services showed that just five mental health and intellectual disability (MHID) consultants for children are in post throughout the country. The Expert Group on A Vision for Change recommended the appointment of 150 MHID posts for child and adolescent mental health services. It is clear from these figures that just 3% of the recommended staffing levels for child and adolescent MHID have been filled.

5. There continues to be difficulties with the delivery of a common assessment framework for children in the care and youth justice systems. An agreed assessment framework on entry to care or the youth justice system is required, as is ongoing monitoring and evaluation of progress as well as an assessment of need for all children currently in the systems. It is critical that the mental health services respond to the needs of children and young people in the care and youth justice systems in a consistent and timely manner. Members of the CMHC continue to report considerably long waiting lists for children in the care of the state in accessing CAMHS.

6. The lack of effective and meaningful participatory structures to facilitate the involvement of children, young peoples' and their families' involvement in the design, delivery and evaluation of mental health services and supports is significantly problematic.

There is a continued lack of advocacy services for children and families engaged with the mental health services. Despite the recognition of the importance of children and young people to actively participate in their own mental health care there is currently no national advocacy service for children engaged in mental health services in Ireland. There is a concern that this group of children and young people are not being heard in terms of their experiences of the services, in addition to their will and preferences.

The Expert Group report on review of the Mental Health Act, 2001 made specific recommendations on the availability of advocacy services for children and families engaged in mental health services. In February 2016, the United Nations Committee on the Rights of the Child published its concluding observations on Ireland's compliance with the UNCRC. Among its recommendations were for Government to consider the establishment of a mental health advocacy and information service that is specifically for children and accordingly accessible and child-friendly.

Recommendations for improving mental health services and supports for children and young people

In accordance with the barriers outlined above, the following would contribute to improving mental health services and supports for children and young people in Ireland.

1. The establishment of a universal approach to responding to perinatal and infant mental health needs, including the development of a national policy on perinatal and infant mental health. Measures which address the specific gaps in perinatal and infant mental health services, as outlined above, should also be developed. These include:

- implementation of AVFC recommendations on perinatal mental health services
- provision of talking therapies in maternity hospitals
- training on infant mental health among staff working in maternity hospitals
- national roll-out of early intervention programmes with families at risk
- delivery of out of hours crisis intervention services

2. Enhanced capacity of mental health in primary care sector is required. The WHO has made it a priority to promote mental health within primary care, recognising its advantages in promoting accessibility to care and early intervention that results in better lifetime outcomes for children. The CMHC has identified specific measures to achieve this, including:

- implementation of a clear framework for collaboration and referral between mental health services – voluntary, community, primary care and specialist CAMHS services
- the provision of effective consultation and advice by specialist CAMHS to the primary care sector and other specialist services
- adequate resourcing of the primary care sector to provide mental health services to children and young people, including the appointment of primary care mental health workers
- the reimbursement of GPs for their time on child and young people's mental health
- the delivery and evaluation of appropriate training, supervision and support in child and young people's mental health for GPs and other primary care professionals across the country
- the collection of data on children and young people presenting with mental health difficulties to primary care services to identify the prevalence and full range of mental health needs at this level
- the development of a national e-strategy to enhance the capacity of primary and secondary service providers in meeting the mental health needs of children and young people

3. A Mental Health in All Policies (MHIAP) Approach should be implemented in Ireland. This should be supported by the development of a national mental health health promotion and well-being plan, as committed to under Connecting for Life.

The WHO has identified that in order to improve the mental health outcomes of the population, including for children and young people, a 'mental health in all policies' (MHIAP) approach should be adopted by Government. The social, cultural and economic determinants of mental health for children and young people must be addressed through a 'Whole of Government' approach in which mental health is considered in a wider policy context. The EU Joint Action [and Framework] for Mental Health and Wellbeing has identified the MHIAP approach as a key priority in order to develop mental health promotion, prevention and early intervention across communities.

4. Development of specialist mental health services to enable timely access for children with complex needs in line with the recommendations in AVFC.

The Children's Mental Health Coalition has identified a number of measures to promote the development and improved accessibility of such services, including:

- increasing the staffing levels within child and adolescent mental health services in accordance with evidenced need
- increasing coordination between mental health and disability services
- providing clear and easily accessible service information for young people and their families
- establishing equitable, timely and needs based access to CAMHS by enabling a range of local service referral pathways
- greater integration of and access to specialist mental health services for particular groups of children
- the provision of appropriate training for all CAMHS staff, including the assessment and treatment of a range of mental health difficulties
- ensuring all CAMHS provide a specialist out of hours and crisis service that is well publicised, fully staffed and resourced to provide a rapid response
- extension of all CAMHS to provide a service to young people up to 18 years of age with the allocation of adequate resources for this extension
- implementation of a standardised approach to managing referrals and waiting lists

In accordance with the above recommendation, the development of specialist mental health services for particular groups of children and young people is required, including children with mental health and intellectual disability (MHID), children and young people with a dual diagnosis of mental health and substance misuse and children from the deaf community.

5. Establish a common assessment framework and ongoing monitoring of the mental health needs of children and young people in the care and youth justice systems.

6. Develop effective and meaningful participatory structures, including a national advocacy service, to facilitate children, young peoples' and their families involvement at all levels of the mental health system. This should include partnership working from individual care planning to the wider design, delivery and evaluation of the child and adolescent mental health services.

Conclusion

There is no doubt that there are significant gaps in mental health services and supports for children and young people in Ireland, including those discussed above, in addition to many others, including for example:

- difficulties for families, children and young people in navigating the mental health system in Ireland
- the absence of a nation-wide schools programme on mental health promotion and well-being
- challenges with Ireland's current Mental Health Act, 2001

For further information with respect to this submission please contact Kate at kmitchell@mentalhealthreform.ie.