

# Submission from Mental Health Reform (MHR) and the Children's Mental Health Coalition (CMHC) to the UN Committee on the Rights of the Child (UNCRC) – Ireland Thematic Report on Mental Health

15<sup>th</sup> August 2022

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## Introduction

The Children's Mental Health Coalition (CMHC) exists as an Advisory Committee to Mental Health Reform (MHR) and meets a few times per year to discuss children's mental health services in Ireland. The CMHC met three times in late 2021 to discuss the Draft State Report to the UN Committee on the Rights of the Child (UNCRC)<sup>1</sup> and twice in the first half of 2022. Further information on contributors is available at the end of this report in the 'Who We Are' section.

The full breadth of the Combined Fifth and Sixth State Report<sup>2</sup> of Ireland to the UN Committee on the Rights of the Child (UNCRC) prepared by the Department of Children, Equality, Disability, Integration and Youth (CEDIY) is noted by the Coalition. MHR and CMHC sent a submission to the State in November 2021 in response to their public consultation on the Draft State Report<sup>1</sup>. For the purpose of this thematic parallel report, MHR and the CMHC will focus on sections 25 (a), (b) and (c), insofar as they are included under the 'Mental Health' heading. We will also comment on two other sections relating to mental health, namely paragraph 1(b) and paragraph 12.

While this thematic report focuses predominantly on the mental health sections, MHR and the CMHC note the many references to mental health throughout the report. With that in mind, we would like to highlight the impact of the following on children's mental health.

- the ongoing housing crisis in Ireland;
- delayed access to, or lack of access to, appropriate educational supports;
- the detrimental impact of Covid-19 on the lives of children in Ireland;
- the high numbers of children living in poverty, among one parent families in particular;
- unacceptably high waiting lists for access to diagnosis of, and treatment for, physical health issues;
- the continuing discrimination of Traveller and Roma children; and
- the continuing accommodation of children of families seeking asylum in Direct Provision Centres.

MHR and the CMHC, therefore, support the parallel reports provided by the Children's Rights Alliance, the Ombudsman for Children and the Irish Human Rights Equality Commission (IHREC).

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<sup>1</sup> <https://www.gov.ie/en/consultation/47e77-consultation-on-irelands-draft-state-report-to-the-un-committee-on-the-rights-of-the-child/>

<sup>2</sup>

[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fIRL%2f5-6&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fIRL%2f5-6&Lang=en)



**Summary:**

**The State Report does not provide fully accurate information on the challenges for children in Ireland.**

**MHR and the CMHC aim to provide the Committee with a full and transparent report on mental health among children and young people in Ireland.**

**While we acknowledge that progress has been made, we believe it is important to identify shortcomings and for the State to be questioned on a timeframe for improvements.**

## Mental Health

### Section 25(a)

*“Address the mental health needs of children, including through the implementation of the national mental health policy, amend the Mental Health Act 2001 and implement the Mental Health (Amendment) Act 2018”*

### National Mental Health Policy

*Sharing the Vision*<sup>3</sup> is a welcome policy on mental health in Ireland, as is its Implementation Plan 2022-2024<sup>4</sup>. Its success will be determined by the changes it brings to the services; reducing waiting times, reducing waiting lists and ensuring a spread of age-appropriate supports. However, the implementation plan is not costed. MHR and the CMHC call for a fully costed implementation plan to be developed by the State to ensure this 10-year strategy is delivered in full.

**Summary:**

**MHR and the CMHC call for a fully costed implementation plan to be developed by the State to ensure the *Sharing the Vision* strategy is delivered in full.**

### Legislative Change

#### *Mental Health (Amendment) Act 2018*

The State Report<sup>2</sup> states “243. *The Mental Health (Amendment) Act 2018 amends the 2001 Act to introduce guiding principles for adults and children. The 2018 Act cannot*

<sup>3</sup> <https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/>

<sup>4</sup> Department of Health (2022). *Sharing the Vision; Implementation Plan 2022-2024*



*be commenced until the Assisted Decision-Making (Capacity) Act 2015 has been fully commenced. The provisions of the 2018 Act were considered in the General Scheme.”*  
(p. 34)

It is important to clarify that it is not going to be possible to fully commence or implement the Mental Health (Amendment) Act 2018 because the necessary legislative changes are not included in the [Draft Heads of Bill](#) of the Assisted Decision-Making (Capacity) (Amendment) Bill 2022 (which is currently progressing through the Houses of the Oireachtas). The Draft Heads of Bill, at the time of writing, excludes those involuntary detained under the Mental Health Act 2001. It also does not apply any provisions for decision making supports to be extended to 16 and 17 year olds.

#### **Summary:**

**MHR and the CMHC wish to clarify the barriers to enactment of the Mental Health (Amendment) Act 2018.**

#### *Reform of the Mental Health Act 2001*

The [Draft Heads of Bill](#) of the Mental Health (Amendment) Bill 202X to reform the Mental Health Act 2001 were published in July 2021. The 2001 Mental Health Act has not been compliant with the UNCRC, UNCRPD and all other human-rights laws for over a decade. Ireland ratified the UNCRC as far back as 1992, yet it is only now, in Part 8 of the amendment Bill, that there will be separate provisions for under 18s.

At the time of writing, the Heads of Bill to amend the Mental Health Act 2001 underwent pre-legislative scrutiny (PLS) in the Sub-Committee on Mental Health. That PLS took place between November 2021 and April 2022. The report is expected to be published in September 2022. This means that the final Draft Bill has not yet been developed, published or shared and no timeframe has been provided for commencement and enactment.

MHR commissioned researchers at the National University of Ireland, Galway (NUIG) to develop an independent, human rights analysis<sup>5</sup> of the Draft Heads of Bill to amend the Mental Health Act 2001. The authors highlighted some discrepancies in Part 8, relating to the consent and capacity of 16 and 17 year olds. The paper puts forward many recommendations and MHR highlighted some of the most urgent issues with the relevant Ministers at the earliest juncture. One of the most pertinent of these being a lacuna in law between the Mental Health (Amendment) Bill 202X and the Assisted Decision Making (Capacity) Act 2015, where under 18s are not included in the Assisted Decision Making (Capacity) Act 2015 despite this being the referenced legislation in the amendment bill. This issue was repeatedly highlighted during the

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<sup>5</sup> <https://www.mentalhealthreform.ie/wp-content/uploads/2021/11/Legal-analysis-MH-Act-28-October-1.pdf>



PLS of both bills and yet the Government did not take the opportunity to address this gap.

Another concern MHR and the CMHC wish to highlight is that the amending legislation for the 2001 Act (at the time of writing) still includes provisions for children to be admitted to adult inpatient centres (Head 128 – Section 108, p. 286). It also provides for coercive practices including seclusion and restraint. For Ireland’s mental health legislation to be compliant with the UNCRC these provisions should be deleted or repealed and should be prohibited. The action statement pertaining to the admission of under-18s to adult units in *Sharing the Vision*<sup>3</sup> is also inadequate in its aspirations - “*In exceptional cases where child and adolescent inpatient beds are not available, adult units providing care to children and adolescents should adhere to the CAMHS inpatient Code of Governance.*” (p. 60)

**Summary:**

**MHR and the CMHC would like to highlight the lacuna outlined above and urge the Committee to question the State on how this lacuna is being addressed.**

**In order to be compliant with Article 12 of the UNCRC, MHR and the CMHC recommend that the State outlines to the Committee how it will engage young people in this key legislative process.**

**MHR and the CMHC would also welcome a commitment from the State to the timely enactment, commencement and implementation to the new improved legislation.**

*The Assisted Decision Making (Capacity) Act 2015*

The Assisted Decision Making (Capacity) Act 2015 was due to be commenced in mid-2022 following the progress of necessary amending legislation. The Decision Support Service was expected to be operational during 2022 but MHR and the CMHC are concerned about ongoing delays to commencement and enactment of legislation. The Assisted Decision Making Capacity Amendment Bill still has a significant way to progress through the legislative process.

**Summary:**

**MHR and the CMHC recommend that the State commit to amending, commencing and implementing the Assisted Decision-Making (Capacity) (Amendment) Bill before the end of 2022.**



## Advocacy

Under section 25(a), the State Report<sup>2</sup> says that the inclusion of additional safeguards for children have been included in the General Scheme of the Bill, “...including the right to advocacy, statutory recovery plans for all patients, and access to information for all children receiving treatment under the Act.” (p. 34)

However, the National Advocacy Service would need to be resourced and expanded to provide its services to under-18s. It is not sufficient to outline some proposed changes without commitments on how these improvements will be implemented. The piloted Independent Advocacy Services, mentioned in the State Report<sup>2</sup> may be well placed to provide these services to persons in approved facilities but would require resourcing and expansion.

### Summary:

**MHR and the CMHC request that the Committee questions the State on;**

- Its commitments to ensure that child-specific training be an integral part in any updated legislation and service provision.**
- Its commitment to working closely with the relevant agencies to ensure that staff in mental health services, advocacy services, complaints bodies, etc. are all trained in age-appropriate engagement methods, in trauma-informed care and in the UNCRC.**
- Its timeline and budgetary commitment to the proposed development of the age-appropriate Independent Advocacy Service**

## Section 25(b)

*“Improve the capacity and quality of mental healthcare services for children and adolescents, including inpatient treatment, out-of-hours facilities and facilities for treating eating disorders”*

## Young People in Care

As there are almost 6,000 children and young people in care<sup>6</sup>, it must be considered that they are seen as a distinct group who must be given priority in relation to appointments in the area of mental health. Research has shown that “...children in

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<sup>6</sup> [https://www.tusla.ie/uploads/content/Tusla\\_Annual\\_Report\\_and\\_Financial\\_Statements\\_2021.pdf](https://www.tusla.ie/uploads/content/Tusla_Annual_Report_and_Financial_Statements_2021.pdf)



*foster care most often have experienced some degree of developmental trauma...*<sup>7</sup> Therefore, it is necessary that CAMHS be made available to all children and young people in care, and that this service provision be consistent throughout the country. We welcome the commitment in the State Report<sup>2</sup> to the prioritisation of timely access to support for this cohort of children and young people (no. 188, p. 27).

Children and young people who live in residential care in Ireland have different experiences depending on whether they live in a statutory home or one run by a private provider. The 153<sup>8</sup> children and young people who live in a statutory home may have the benefit of the Welltree Model of care. *“The Welltree therapeutic model focuses on the development of healthy relationships which challenge and support young people without judging them. Our goal is to promote recovery, well-being and responsible citizenship”*.<sup>9</sup> While this has been welcomed by the residential homes, the 281<sup>10</sup> children and young people who are living in privately operated homes do not have this support. This creates a two-tier system. It is important that all children and young people who are living in residential care in Ireland have access to this model of care, irrespective of who is operating the residential home.

#### **Summary:**

**MHR and the CMHC urge full transparency around supports for children in care and advise a thorough examination of this by the Committee.**

### **Child and Adolescent Mental Health Service (CAMHS)**

*Sharing The Vision*<sup>3</sup> includes sections on children and young people. It also highlights certain priority groups that are deemed to be more vulnerable to mental health challenges such as the LGBTQ+, traveller and homeless communities. MHR and the CMHC recommend that the State be examined on its commitments to implementing improvements as set out in national policy.

Recent international [research](#) indicates that 63% of people with mental health difficulties report that the onset occurred before the age of 25. This points to the vital importance of high quality youth mental health services and early intervention.

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<sup>7</sup> M. Lotty, *An Exploration of the Role of Trauma-informed Care in Fostering Stability*. The Irish Social Worker, Winter, pp. 47-58. December 2020, p. 49-50.

<sup>8</sup> Tusla, *Monthly Service Performance and Activity Report*, June 2021. p.17.

[https://www.tusla.ie/uploads/content/Monthly\\_Service\\_Performance\\_and\\_Activity\\_Report\\_Jun\\_2021\\_Final.pdf](https://www.tusla.ie/uploads/content/Monthly_Service_Performance_and_Activity_Report_Jun_2021_Final.pdf) [accessed: 4 November 2021].

<sup>9</sup> <https://www.welltree.info/> [accessed: 4 November 2021].

<sup>10</sup> Tusla, *Monthly Service Performance and Activity Report*, June 2021. p.17.

[https://www.tusla.ie/uploads/content/Monthly\\_Service\\_Performance\\_and\\_Activity\\_Report\\_Jun\\_2021\\_Final.pdf](https://www.tusla.ie/uploads/content/Monthly_Service_Performance_and_Activity_Report_Jun_2021_Final.pdf) [accessed: 4 November 2021].





Referrals to CAMHS in Ireland have increased by over 40%, from around 12,800 in 2011 to 18,100 in 2019<sup>11</sup>. The significant rise in demand, coupled with poor geographical coverage of appropriate specialist community care via CAMHS, has led to long waiting times, with many children with complex needs unable to access timely support. Most CAMHS still only operate Monday - Friday in standard working hours, meaning that children who require significant assistance outside of this timeframe have no option but to seek help through hospital emergency departments.

The Government has made numerous commitments to improve CAMHS in Ireland. The [HSE Corporate Plan 2021-2024](#) outlines that children should be able to access care when and where they need it. It states that: *“No child will wait longer than 12 weeks to access mental health services”* (p. 10). The [HSE Model of Care for Suicide](#) (p. xvii) outlines that there should be full staffing of the CAMHS teams and that these teams should develop crisis support for children. The Sharing the Vision Implementation Plan 2022 - 2024<sup>4</sup> also promises review and improvement of service provision in CAMHS, in line with the recommendations of the [Maskey Report \(2022\)](#).

Despite these commitments there have been serious concerns raised about the quality of care in CAMHS across Ireland. As of May 2022, there were 4,294 children on the waiting list for CAMHS<sup>12</sup>, and that is only the children and families that have been waiting more than 12 weeks. In addition to inappropriate waiting lists, there have been concerns raised about the standard of care received once a child actually gets into the service. Reports of over medicalisation of care, lack of appropriate therapeutic support, and lack of standardisation of care across the country within CAMHS were raised by MHR’s [Grassroots Forum](#), who have lived experience of engaging with these services in our meeting with the group in June 2022. Furthermore, these concerns were echoed in many of the responses to MHR’s public survey from July 2022, as well as being raised at in-person events across the country throughout 2022<sup>13</sup>. In addition to this, according to the Mental Health Commission’s (MHC) most recent annual report 2021, 6.3% of child admissions were to adult units (an increase from 2020) and all 10 services that were inspected on their adherence to the code governing the admission of children to adult units were found to be non-compliant with this code.

The [Maskey Report](#) from January 2022, which investigated CAMHS Area A, found that 240 children were exposed to an unnecessary risk of harm as a result of their treatment in the service. The report stated that *“The medicalisation of ordinary emotional responses in children and their suppression by medication, risks delaying*

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<sup>11</sup> <https://www.oireachtas.ie/en/debates/question/2019-03-13/181/?highlight%5B0%5D=camhs>

<sup>12</sup> <https://www.oireachtas.ie/en/debates/question/2022-07-05/619/?highlight%5B0%5D=waiting&highlight%5B1%5D=lists&highlight%5B2%5D=mental&highlight%5B3%5D=health#pq-answers-619>

<sup>13</sup> [https://www.eventbrite.ie/e/about-the-mental-health-act-2001-next-steps-in-person-maynooth-event-tickets-374214935947?aff=ebdssbdestsearch&keep\\_tld=1](https://www.eventbrite.ie/e/about-the-mental-health-act-2001-next-steps-in-person-maynooth-event-tickets-374214935947?aff=ebdssbdestsearch&keep_tld=1)





*or damaging the development of skills in the self-regulation of emotions which normally happens as children mature” (p. 4).*

#### Summary:

**MHR and the CMHC wish to present the current statistics on CAMHS waiting lists, concerns around the quality of care in CAMHS and admission rates of children to adult mental health units.**

**MHR and the CMHC recommend that specific questioning be made on the State’s commitment to quality of care improvements within CAMHS, addressing waiting lists and preventing children being admitted to inappropriate mental health facilities.**

### Inpatient Beds

Ireland has the third lowest number of inpatient psychiatric care beds in the EU (34.83 beds per 100,000 population).<sup>14</sup> At present, there are only four public child inpatient units (Galway, Cork and Dublin), with one of those units only providing care to adolescents<sup>15</sup>. Thus, there is no parity of access to inpatient facilities nationally. Furthermore, as stated above, the MHC’s 2021 annual report **Error! Bookmark not defined.** showed that there was 0% compliance with the code of practice relating to admission of children to adult facilities.

#### Summary:

**MHR and the CMHC request that the Committee, in their examination of the State, address the provisions in the Heads of Bill to reform the 2001 Mental Health Act that allow for continued admission of children to adult inpatient units. MHR and the CMHC call for this practice to be prohibited.**

### Early Intervention and Prevention

As reflected in the Interim Report of the Sub-Committee on Mental Health<sup>16</sup>, while increased demand for mental health services has been predicted as a result of the

<sup>14</sup>Mental health Beds in Europe: Eurostat Statistics [online:

<https://ec.europa.eu/eurostat/documents/4187653/9451024/Psychiatric+beds+in+the+EU+by+MS/c1cf0b20-2d0d-6c05-e0aa-4788948be41c?t=1570547556909> [accessed 28th September 2021].

<sup>15</sup> <https://www.dublincypscdirectory.ie/health-wellbeing/st-vincent-s-hospital-st-joseph-s-adolescent-inpatient-unit>

<sup>16</sup> The Sub-Committee on Mental Health. Interim Report on Covid-19 and its effect on Mental Health Services in the Community. House of the Oireachtas; 2021 p.

[https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint\\_sub\\_committee\\_on\\_mental\\_health/reports/2021/2021-07-28\\_interim-report-on-covid-19-and-its-effect-on-mental-health-services-in-the-community\\_en.pdf](https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_sub_committee_on_mental_health/reports/2021/2021-07-28_interim-report-on-covid-19-and-its-effect-on-mental-health-services-in-the-community_en.pdf). Bond (2020) Briefing paper. Covid-19 and mental health: immediate and long-term



emergent impacts on collective wellbeing and societal mental health over the course of the Covid-19 pandemic, targeted approaches to meet the needs of groups where a greater mental health impact has been reported may be of most benefit (i.e. young people and especially young people in disadvantaged circumstances, carers, older isolated people, people with dementia, frontline healthcare workers).<sup>17</sup> Findings of increased concern amongst parents regarding children's mental health during the pandemic, reinforces the importance of investment in mental health education and awareness from Primary School onwards.<sup>18</sup>

In 2018, the Department for Education and Skills (DES) launched its Wellbeing Policy Statement and Framework for Practice (2018–2023) which recognised that the mental health and wellbeing of young people is critical to success in school and life. Within its policy statement and framework<sup>19</sup>, the DES proposes a whole-school, multicomponent, preventive approach to wellbeing and mental health promotion in education that includes interventions at both universal and targeted levels. It provides an overarching structure that encompasses existing and developing work in the area of wellbeing and mental health promotion in education, including the Junior Cycle wellbeing programme.

#### **Summary:**

**MHR and the CMHC would like to highlight the Wellbeing Policy Statement and Framework for Practice (2018–2023) that was excluded from the State Report. We suggest that the State should provide the Committee with information on implementation efforts for this policy.**

### **Facilities for Treating Eating Disorders**

MHR and the CMHC were very disappointed to see no specific references to the rise in eating disorders in Ireland in the State Report<sup>2</sup>. Eating disorders have the highest mortality rate of all mental health difficulties.<sup>20</sup> There has been much discussion in the

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impacts. Available at: [https://unitedgmh.org/sites/default/files/2021-01/bond\\_mhpsd\\_group\\_covid-19\\_and\\_mental\\_health\\_briefing\\_paper\\_final\\_july\\_2020.pdf](https://unitedgmh.org/sites/default/files/2021-01/bond_mhpsd_group_covid-19_and_mental_health_briefing_paper_final_july_2020.pdf)

<sup>17</sup> Bond (2020) Briefing paper. Covid-19 and mental health: immediate and long-term impacts. Available at: [https://unitedgmh.org/sites/default/files/2021-01/bond\\_mhpsd\\_group\\_covid-19\\_and\\_mental\\_health\\_briefing\\_paper\\_final\\_july\\_2020.pdf](https://unitedgmh.org/sites/default/files/2021-01/bond_mhpsd_group_covid-19_and_mental_health_briefing_paper_final_july_2020.pdf)

<sup>18</sup>SPMHS & the National Parents Council (2021) Parents Survey 2021. Available at: <https://www.walkinmyshoes.ie/news/latest-news/2021/july/parentssurveyonchildmentalhealth>

<sup>19</sup> Info provided to Deputy John Lahart in a written reply to a PQ on the 23rd of September 2021; <https://www.kildarestreet.com/wrans/?id=2021-09-23a.410&s=Wellbeing+Policy+Statement+and+Framework+for+Practice#g412.r>

<sup>20</sup>

[https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint\\_sub\\_committee\\_on\\_mental\\_health/submissions/2022/2022-05-17\\_opening-statement-jacinta-hastings-ceo-bodywhys\\_en.pdf](https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_sub_committee_on_mental_health/submissions/2022/2022-05-17_opening-statement-jacinta-hastings-ceo-bodywhys_en.pdf)



Houses of the Oireachtas<sup>21</sup>, in the Irish media<sup>22</sup> and in general discourse about lack of funding for facilities to treat eating disorders.

MHR and the CMHC welcome the National Clinical Programme for Eating Disorders (initially established in 2018) and the plans to improve facilities. In an appearance before the Joint Sub-Committee on Mental Health meeting on the 14<sup>th</sup> of September 2021<sup>23</sup>, Minister of State, Mary Butler said:

*“The team around me here will know that I have been talking about eating disorders for the past 14 months because, as Deputy Kenny, rightly said, it has manifested, especially last year and this year, in the context of the pandemic. I am open to correction but I think close to 487 young people were admitted last year with an eating disorder, especially young teenagers, so this is a very worrying trend. The national clinical programme for eating disorders was launched in 2018, but unfortunately in 2019 and 2020 the funding was not available.”*

During this session, it was also noted that early data was not available on the number of young people being treated for eating disorders. Bodywhys is the leading NGO in the area of eating disorders in Ireland. Bodywhys is a member of MHR and has very useful information on their website<sup>24</sup>. MHR would also like to highlight the discussion about eating disorders between Bodywhys, and the Sub-Committee on Mental Health from May 2022 found [here](#). Bodywhys reported that the number of people accessing their service has doubled as a result of the pandemic. The Health Service Executive (HSE) have also reported that since the onset of the COVID-19 pandemic there has been a significant rise in presentations of eating disorders across health care settings in Ireland.<sup>25</sup> They noted a 66% increase in eating disorder related hospital admissions in 2020, when compared to 2019.<sup>26</sup> Young people are also presenting more medically unwell with more severe clinical presentations than prior to the pandemic.<sup>27</sup> Furthermore, referral rates to existing community eating disorder teams have significantly surpassed predicted demand and capacity estimates made prior to the pandemic. Given this increase in demand, a review of the Model of Care for Eating Disorders is planned for 2022/2023. The outcomes of this review will influence Ireland’s Eating Disorders teams’ requirements from 2024 onwards.

<sup>21</sup> <https://www.oireachtas.ie/en/oireachtas-tv/video-archive/committees/5820/>

<sup>22</sup> <https://www.irishtimes.com/news/ireland/irish-news/covid-19-perfect-storm-for-teenage-eating-disorders-figures-show-1.4660342>

<sup>23</sup> [https://www.oireachtas.ie/en/debates/debate/joint\\_sub\\_committee\\_on\\_mental\\_health/2021-09-14/2/](https://www.oireachtas.ie/en/debates/debate/joint_sub_committee_on_mental_health/2021-09-14/2/)

<sup>24</sup> <https://www.bodywhys.ie/media-research/statistics/>

<sup>25</sup> [https://data.oireachtas.ie/ie/oireachtas/debateRecord/joint\\_sub\\_committee\\_on\\_mental\\_health/2022-06-28/debate/mul@/main.pdf](https://data.oireachtas.ie/ie/oireachtas/debateRecord/joint_sub_committee_on_mental_health/2022-06-28/debate/mul@/main.pdf)

<sup>26</sup> <http://www.imj.ie/wp-content/uploads/2021/01/Eating-Disorders-During-the-COVID-19-Pandemic.pdf>

<sup>27</sup> Fegert JM, Vitiello B, Plener PL, et al. “Challenges and burden of the coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality”. *Child and Adolescent Psychiatry and Mental Health*, 2020;14:1–11.



**Summary:**

**MHR and the CMHC would like to highlight figures of those being treated for eating disorders across the country and the lack of facilities.**

**We urge the Committee to address the concerns around treatment of eating disorders with the State.**

**Section 25(c)**

*“Establish a mental health advocacy and information service that is specifically for children and accessible and child-friendly”*

The Independent Mental Health Advocacy Service is administered by the Youth Advocate Programmes (YAP) Ireland. Information on the [YAP Ireland webpage](#) states that they “...provide Independent Advocacy Services (IAS) to the adolescent inpatient unit and Community teams in CHO2 West and to Linn Dara inpatient unit, Cherry Orchard funded by the HSE. We also provide IAS in the Ginesa Suite, the adolescent service in Saint John of God Hospital. An Independent Mental Health Advocate supports young people to understand the service provided to them both in an Inpatient unit and in the community, and to enhance their participation in service provision, express their views and make informed decisions”.<sup>28</sup>

Members of the Independent Advocacy Service attended all meetings of the CMHC. The YAP Ireland Independent Advocacy Service first launched in 2017 in the Ginesa Suite in Saint John of God Hospital Stillorgan. In April 2018, a pilot programme with the HSE and Youth Advocate Programmes Ireland (YAP) was established within the Child and Adolescent inpatient unit at Merlin Park, Galway. The service has now been rolled out to include community teams across the CHO west area along with Linn Dara inpatient unit, Dublin.

The project was developed by the HSE in line with A Vision for Change’s<sup>29</sup> stated aim to: ‘...involve service users and their families and carers at every level of service provision...’ (p.8). Recommendation 3.2 (p. 26) states that advocacy should be available as a right to all service users in all mental health services in all parts of the country.

Based on this evidence and the recommendations from *Sharing the Vision*, the right to advocacy is essential for all people accessing mental health services. The view is

<sup>28</sup> <https://yapireland.ie/what-we-do-yap-ireland/our-services-yap-ireland/independent-mental-health-advocacy/>

<sup>29</sup> Government of Ireland (2006). A Vision for Change; Report of the Expert Group on Mental Health Policy. The Stationery Office, Dublin.



that the service should be extended nationwide across all inpatient units and community teams for children, adolescents, and their families.

#### **Summary:**

**MHR and the CMHC recommend that the Committee seek clarification from the State on a timeline and funding commitments for the roll-out of a national independent advocacy service in mental health.**

## Other Sections Relevant to Mental Health

### Paragraph 1(b) – Covid-19

*“Information, as appropriate, on the measures taken to ensure the protection of the rights of children in the context of the coronavirus disease (Covid-19) pandemic and to mitigate the adverse impacts of the pandemic, in view of the statement of the Committee of 8 April 2020 on the effects of the Covid-19”*

MHR and the CMHC note that the State Report<sup>2</sup> does not reference the number of reports undertaken about the impact of COVID-19 on children in Ireland. The 2020 annual report of the Ombudsman for Children is entitled ‘Childhood Paused’<sup>30</sup> in direct reference to the pandemic. Their report entitled ‘Direct Division’<sup>31</sup> speaks to the disproportionate impact of lockdown on children in Direct Provision. In 2020, [SpunOut.ie](https://www.spunout.ie/) collaborated with Government departments on an online survey, called ‘How’s Your Head’<sup>32</sup>, of young people’s experiences of COVID-19. Findings from this survey should be noted by the UNCRC, especially the comment that “*The most common negative effects related to the mental health of respondents, including overthinking, concern, worry, anxiety, depression and a sense of utter hopelessness*” (p.6). In July 2020, the ESRI published the report ‘Implications of the COVID-19 Pandemic for Policy in Relation to Children and Young People’<sup>33</sup>, which was commissioned by the Department of CEDY. In June 2022, the ESRI released another report entitled ‘Disrupted transitions? Young adults and the COVID-19 pandemic’<sup>34</sup>. This report highlights the drastic increase in mental health difficulties among young people as a result of the pandemic, with 55% of women and 40% of men, aged between 20 and 22, being classified as depressed.

<sup>30</sup> <https://www.oco.ie/annualreport2020/>

<sup>31</sup> [https://www.oco.ie/app/uploads/2020/12/15469-OCO-Life-in-Lockdown\\_Interior\\_V4.pdf](https://www.oco.ie/app/uploads/2020/12/15469-OCO-Life-in-Lockdown_Interior_V4.pdf)

<sup>32</sup> [https://www.drugsandalcohol.ie/33132/1/How's\\_your\\_head.pdf](https://www.drugsandalcohol.ie/33132/1/How's_your_head.pdf)

<sup>33</sup> [https://www.esri.ie/system/files/publications/SUSTAT94\\_3.pdf](https://www.esri.ie/system/files/publications/SUSTAT94_3.pdf)

<sup>34</sup> <https://www.esri.ie/publications/disrupted-transitions-young-adults-and-the-covid-19-pandemic>



On October 20<sup>th</sup> 2021, the Oireachtas Sub-Committee on Mental Health held a session on the 'Impact of Covid-19 on Children'. During the session, TDs and Senators heard from representatives of [Barnardos](#) and the Irish Society for the Prevention of Cruelty to Children ([ISPCC](#)), two of Ireland's largest children's charities. Representatives for the ISPCC attended online meetings of the CMHC. A transcript of the full Sub-Committee session is available on the [Oireachtas website](#). Some of the main points highlighted by ISPCC CEO, John Church, included the following:

- *"ISPCC listening service answered more than 240,000 contacts from children and young people. ISPCC therapeutic support service, which works with children and families on a one-to-one basis for up to six months, worked with 458 children. The mental health impact of Covid-19 featured heavily across these services.*
- *In the first week of school closures, Childline experienced an instant increase in demand across its online, phone and text-based services.*
- *Between the closure of schools in March 2020 and the usual end of the primary school term in late June of that year, the Childline website experienced an increase in users of over 100%. Between March 2020 and July 2020 our listening services answered over 2,500 contacts from children seeking support around their mental and emotional well-being and, in addition, we answered over 600 contacts from children who spoke with us about suicide."*

MHR and the CMHC respectfully note that the State's Report<sup>2</sup> does not include any information to show how children were adversely affected by the Covid-19 lockdown, for example, the rising calls to Childline and domestic violence helplines outlined above. The mitigation measures for children's mental health outlined in the State Report<sup>2</sup> were welcome but it should be acknowledged that children in vulnerable situations were still impacted. MHR calls for appropriate research studies to be undertaken and mental health supports to be put in place immediately at no cost to children most in need.

It must also be noted that the Pandemic Unemployment Payment, again while welcome, was set at a significantly higher rate than those in receipt of social protection payments due to psychosocial disabilities (mental health difficulties). This disparity has not been addressed for families with children or parents with disabilities.

#### **Summary:**

**Throughout the State Report, the actual researched impact of COVID-19 on children and young people has been omitted. We wish to highlight the numerous studies on COVID-19 and youth mental health that can provide the Committee with a more accurate reflection.**





**MHR and the CMHC recommend that the State is questioned on its commitment to put mental health supports in place for the young people impacted by the pandemic.**

**MHR and the CMHC also call for the State to be questioned on statistics around whether particular cohorts of children were disproportionately affected by regressive measures, and the State's plans to address this.**

## Paragraph 12 - Right to life, survival and development

***“Please provide information on the measures taken to prevent and address the root causes of suicide among children and adolescents”***

MHR and the CMHC would like to highlight the data around self-harm in children and adolescents. It is well known that those who self-harm are more likely to attempt suicide.<sup>35</sup> With thousands of incidents of self-harm ending up in hospitals each year, the end goal must be early intervention when a child begins to self-harm or express suicidal ideation. The latest data available is contained in the 2019 Annual Report of the National Self-Harm Registry Ireland.<sup>36</sup> This report shows that 9,705 persons presented to hospitals because of self-harm 12,465 times. The highest rates were among young people, particularly young females aged 15-19 years (1 in every 138).

In the report, the following concerning data is presented:

*“There was a striking pattern in the incidence of self-harm when examined by age. The rate was highest among the young. At 726 per 100,000, the peak rate for women was among 15-19 year olds. This rate implies that one in every 138 girls in this age group presented to hospital in 2019 as a consequence of self-harm. The peak rate for men was 485 per 100,000 among 20-24 year olds or one in every 206 men.” (p. 29)*

*“In 11-21 year olds, the female rate of self-harm was significantly higher than the male rate. In particular, the female rate for 13-year olds was four times that of males (343 vs 81 per 100,000). The increases in the female rate in early teenage years were particularly striking, whereby the rate increased threefold between the ages of 12 and 13 years (from 117 to 343 per 100,000). The peak rates among younger people were in 19-year-old females and 22-year-old men, with rates of 811 and 552 per 100,000, respectively.” (p. 30)*

<sup>35</sup> <https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/moc/mhncp-self-harm-model-of-care.pdf>

<sup>36</sup> <https://www.nsrif.ie/wp-content/uploads/2021/04/NSRF-National-Self-Harm-Registry-Ireland-annual-report-2019-Final-for-website.pdf>





A recent global analysis by the UN shows that Ireland has fourth highest teenage suicide rate in the developed world.<sup>37</sup> MHR and the CMHC also note the report by the Irish Times on suicide among young people in care. In a report from November 2021, it is said that almost half of the deaths of children and young people who died while in State care in the last ten years were because of suicide or drug overdoses.

*“Forty-two young people died in the State care system between 2010 and 2019, with 18 dying by suicide or from a drug overdose. Twelve died by suicide, with the remaining six deaths attributed to drug overdoses.”<sup>38</sup>*

The data contained in the National Self-Harm Registry is extensive but not comprehensive. While there is data available per Community Health Organisation (CHO) areas, there is no data on issues such as rates of poverty or further breakdown on the demographics of those presenting, e.g. whether they are members of the Traveller Community, Roma, experiencing homelessness.

#### **Summary:**

**MHR and the CMHC would like to highlight the figures of death by suicide among young people and the importance of indicating the demographics where available, such as gender, socio-economic status, children in care, Traveller children, LGBTQI+, children with disabilities, etc. Where this data is not available, MHR and the CMHC recommend that the State commit to improving data collection and collation.**

## Conclusion

MHR and the CMHC welcome the opportunity to submit a parallel report to the UNCRC on the theme of mental health among children and young people. MHR and the CMHC have aimed to present a transparent picture of children’s mental health in Ireland to the UNCRC in this submission. Members of MHR and the CMHC look forward to taking part in the examination process with the UNCRC.

MHR and the CMHC would like to commend the State on the policy and legislative changes that have occurred since Ireland’s last review under the UNCRC. *Sharing the Vision*, the *Youth Mental Health Pathfinder Project*<sup>39</sup> and others provide much improved plans and opportunities. Thus, we support the Ombudsman for Children’s call for the urgent implementation of the *Pathfinder Project*.

<sup>37</sup> UNICEF Office of Research (2017). ‘Building the Future: Children and the Sustainable Development Goals in Rich Countries’. [https://www.unicef-irc.org/publications/pdf/RC14\\_eng.pdf](https://www.unicef-irc.org/publications/pdf/RC14_eng.pdf)

<sup>38</sup> <https://www.irishtimes.com/news/social-affairs/almost-half-of-youth-deaths-in-state-care-from-suicide-or-overdose-1.4726217>

<sup>39</sup> <https://www.effectiveservices.org/work/youth-mental-health-pathfinder-project>



In order for the State to be fully reviewed and comprehensive recommendations given, the areas where improvement is needed must be clear. As outlined at the beginning, MHR and the CMHC highlighted a number of issues with the State's Draft Report during their consultation process in November 2021 **Error! Bookmark not defined.**, including the dearth of data and information on the areas which still require attention and improvement. Policies, legislation and strategies will only bring about real change to children's lives if they are fully resourced and implemented.

Thank you for the consideration of our submission and recommendations.

## Who We Are

Mental Health Reform (MHR) is Ireland's leading national coalition on mental health. Our vision is of an Ireland where everyone can access the support they need in their community, to achieve their best possible mental health. We drive the progressive reform of mental health services and supports, through coordination and policy development, research and innovation, accountability and collective advocacy. Together with our 76 member organisations and thousands of individual supporters, MHR provides a unified voice to the Government, its agencies, the Oireachtas and the general public on mental health issues.

MHR is delighted to make this submission to the UNCRC on behalf of our 76 members and MHR thanks our members, as always, for their insight, input and work. Further information can be found on MHR's members at this [link](#).

In particular, MHR would like to acknowledge and thank the following members of the CMHC, some of whom are members of MHR and others who are committed to collaborative working in the interest of improving mental health services for children and young people in Ireland. Special thanks to the following organisations for their participation in meetings and contributions to the submission:

- CRA - [Children's Rights Alliance](#)
- EPIC – [Empowering People in Care](#)
- YAP - [Youth Advocacy Programme](#)
- ISPCC - [Irish Society for the Prevention of Cruelty to Children](#) (ISPCC)
- [St. Patrick's Mental Health Services](#)
- [National Parents' Council](#) - Primary
- Representation from the Assessment, Consultation and Therapy Service, [Tusla](#) – Child and Family Agency





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