



**Submission to the Office of the High Commissioner for Human Rights  
on the occasion of Ireland's examination  
under the 12th session of the Universal Periodic Review**

**Report on the right to the highest attainable standard of mental health**

**The Children's Mental Health Coalition**

**Comprised of:**

Alcohol Action Ireland, Amnesty International Ireland, Association of Secondary Teachers Ireland (ASTI), Barnardos, Bodywhys - The Eating Disorders Association of Ireland, Border Counties Childcare Network, CARI Foundation, Children in Hospital Ireland, Children's Rights Alliance, College of Psychiatry in Ireland, Dáil na nÓg, Disability Federation Ireland, Educate Together, Family Breakdown Support Services, Foróige, Headstrong- the National Centre for Youth Mental Health, Home-Start National Office, Irish Congress of Trade Unions (ICTU), Irish National Council for AD/HD Support Groups (INCAHD), Inclusion Ireland, Inspire Ireland, Integrating Ireland, Irish National Teachers Organisation (INTO), Irish Association of Social Workers, Irish Association of Young People in Care, Irish Branch of the Association for Child and Adolescent Mental Health, Mental Health Reform, Irish Penal Reform Trust, Irish Primary Principals Network, Irish Refugee Council, Irish Second-Level Students' Union, ISPCC, Mater Child & Adolescent Mental Health Service, Miss Carr's Children's Services, Mothers Union, Mounttown Neighbourhood Youth and Family Project, National Association for Parents Support, National Association of Principals and Deputy Principals, National Parents Council, National Youth Council of Ireland, One in Four, Pavee Point, Psychiatric Nurses Association, Society of St. Vincent de Paul, Spunout, St. Patrick's University Hospital, The Psychological Society of Ireland, Youth Advocate Programmes Ireland, Youth Health Programme, and The Base (Youth Centre).

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This report is submitted by the Children’s Mental Health Coalition (the Coalition), a Coalition of 50 members representing groups from service providers, the education sector, human rights and children’s rights organisations. The Coalition seeks improvements in children’s mental health in relation to mental health services, the education system, the justice system and the care system.

## Overview

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Mental health services for children in Ireland are inadequate, fragmented, and severely under-resourced in money and staff. Despite the majority of illness burden in childhood and adolescence being caused by mental disorders, and the majority of adult mental health disorders having their onset in adolescence<sup>1</sup>, the Irish College of Psychiatrists has estimated that just five to ten per cent of the mental health budget is spent on children’s services. There is a lack of transparency and accountability in how funding is allocated and expended<sup>2</sup>. It is estimated that one in ten children and adolescents experience mental health disorders that are associated with “considerable distress and substantial interference with personal functions” such as family and social relationships, their capacity to cope with day-to-day stresses and life challenges, and their learning<sup>3</sup>. The provision of services is uneven across the country. There is a gap in the provision of services for 16 and 17 year olds, and they are frequently treated in adult in-patient units. The law does not adequately protect children who require or use mental health services. Children in detention and children in State care are known to experience high levels of mental difficulties, but this need is not adequately addressed. There is also inconsistent mental health promotion in schools. The level of deliberate self-harm is highest among 15 – 19 year olds<sup>4</sup>. The level of suicide among children and young people is high when compared to children from other countries in the EU<sup>5</sup>.

A report on the barriers to protection of children’s human rights commissioned by the Ombudsman for Children in 2007 concluded that there was an “absence of dedicated

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<sup>1</sup> The World Health Organisation, *Caring for children and adolescents with mental disorders: Setting WHO direction* (2003). A study in the UK found that 74% of 26 year olds with mental had experienced mental illness prior to the age of 18 years and 50% prior to the age of 15 years in a large birth cohort study Kim-Cohen, J., Caspi, A., Moffitt, T.E., Harrington, H.L., Milne, B.J., Poulton, R. (2003). *Prior juvenile diagnoses in adults with mental disorder: Developmental follow-back of a prospective-longitudinal cohort*. *Archives of General Psychiatry*. 60: 709-719.

<sup>2</sup> The ongoing lack of accountability was illustrated in December 2007 with the decision not to allocate the expected €25m development funding for 2008. *A Vision for Change* is explicit that a minimum of “an additional €21.6m each year for the next seven years” to fund the mental health service expansion it outlined.

<sup>3</sup> CAMHS Review, *Improving the mental health and psychological well-being of children and young people*, National CAMHS Review Interim Report, 29<sup>th</sup> July 2008 [www.dcsf.gov.uk/CAMHSreview](http://www.dcsf.gov.uk/CAMHSreview) referring to: Office for National Statistics Survey of the mental health of children and young people in Great Britain, 2004 [www.statistics.gov.uk/cci/nugget.asp?id=1229](http://www.statistics.gov.uk/cci/nugget.asp?id=1229)

<sup>4</sup> In 2009, there were 151 hospital-treated episodes of deliberate self harm in the Republic of Ireland among 10 – 14 year olds, and 1032 episodes among 15 – 19 year olds. The data compiled was broken down into five year segments and the 15 –19 year old group represented the highest numbers of self-harm. National Suicide Research Foundation, *National Registry of Deliberate Self Harm in Ireland, Annual Report 2009*, Cork (2010)

<sup>5</sup> Suicide is now the leading cause of death in young men, aged 15-24 in Ireland. According to the World Health Organization, Ireland has the fourth highest rate of suicide in the EU in that age group.

supports and services for children especially in the areas of mental health, family breakdown and adolescent health including drug treatment and sexual health.<sup>6</sup> The report also found that the lack of investment in health services, amongst others, has been an obstacle to children's rights being fulfilled<sup>7</sup>. However, specialist child and adolescent mental health services have been under development over the past few years. In 2010, community mental health services for children were at slightly more than 70% of their recommended staffing level.<sup>8</sup>

The Coalition submits that the Government is not fulfilling its duties in respecting, protecting and fulfilling the rights of children to the highest attainable standard of mental health, and makes a number of recommendations to address shortcomings.

### **Mental Health Legislation**

The Mental Health Act 2001 is the main piece of Irish legislation relevant to children and mental health. It contains provisions in relation to the involuntary admission and detention of children as well as provisions relating to the administration of treatment to children. Unlike in the case of adults, Mental Health Tribunals, the review and appeals mechanism, do not review admission or renewal orders relating to children under the 2001 Act. Neither do Mental Health Tribunals have any role to play regarding the administration of treatment in the case of children.

The Act gives little voice to children in their admission or treatment – consent is given or withheld by the parent in the case of all children up to the age of 18 years. Children in State care cannot enter an approved centre as a voluntary patient as social workers with the Health Service Executive cannot consent in *loco parentis* to psychiatric treatment. They must therefore be admitted as involuntary patients.

Young people aged 16 years or over can consent to or refuse any surgical, medical or dental treatment<sup>9</sup> without parental input as if they were of full age. However, there is an inconsistency between this provision and the Mental Health Act which defines a child as anyone under the age of 18 other than a person who is or has been married. The Mental Health Commission in its Reference Guide expressly states that Section 23 of the 1997 Act does not apply to psychiatric treatment.

#### **▪ Ending the use of adult inpatient beds for children**

Article 37(c) of the CRC provides "...In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interests not to do so..." In 1997, The European Court of Human Rights found that Ireland was in breach of the ECHR for temporary placement of a mentally ill minor into a penal institution due to the lack of available places for care<sup>10</sup>. Despite this finding, the Mental Health Act does not require that children and young people be admitted to age-appropriate mental health facilities. The Mental Health Commission, the statutory body established under the Act, produced a detailed Code of Practice on the admission of children under the Act. The Inspector of Mental Health Services found that only six out of 36 approved centres which admit children and young people were fully compliant with the code in 2009.<sup>11</sup> An Addendum to the Code requires that no

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<sup>6</sup> Dr. Ursula Kilkelly, Obstacles to the Realisation of Children's Rights in Ireland, 29<sup>th</sup> August 2007.

<sup>7</sup> Ibid, p. 148.

<sup>8</sup> HSE, Second Annual Child & Adolescent Mental Health Service Report, 2009 – 2010, Section 2.4.

<sup>9</sup> Section 23 of the Non-Fatal Offences Against the Person Act, 1997

<sup>10</sup> D.G. v. Ireland, judgment of 16/05/2002 final on 16/08/2002.

<sup>11</sup> Mental Health Commission, Annual Report 2009.

child under 16 is to be admitted to an adult unit after 1 July 2009; no child under 17 from 1 December 2010; no child under 18 from 1 December 2011. Regrettably the Code is not being complied with.

During 2008, 263 children<sup>12</sup> were admitted to adult wards, an increase of 14 per cent on the previous year. In 2009, there were 212 admissions (58 per cent of total admissions) of children to adult inpatient units; 11 of these children were less than 16 years of age and four were 13 or 14 years of age<sup>13</sup>. In the first six months of 2010, 91 children and adolescents under 18 years of age were admitted to adult units, including 11 children aged under 16 years<sup>14</sup>. The Inspector of Mental Health Services has described this practice as “inexcusable, counter-therapeutic and almost purely custodial in that clinical supervision is provided by teams unqualified in child and adolescent psychiatry”.<sup>15</sup> The UN Committee on the Rights of the Child expressed its concern at this practice in its most recent Concluding Observations on Ireland’s compliance with the CRC in 2006.<sup>16</sup>

The fact that nine of the 13 children admitted to adult psychiatric units during the first nine months of 2010 were admitted to an adult psychiatric unit in Limerick prompted the Mental Health Commission to initiate an investigation into the decisions<sup>17</sup>. The report found that the practice of admitting patients for an inpatient period of assessment and treatment is out of step with the rest of the country and carries significant risks<sup>18</sup>. The report also concluded that an apparent lack of engagement of community care services and other partner agencies in offering support to children and families in crisis means some children and young people may be receiving a mental health service when their needs are in fact social<sup>19</sup>.

#### ***Providing adequate supports and services:***

While some progress has been made in the timely provision of supports and services, there continues to be too few, and shortages in basic staffing in child and adolescent mental health teams (CAMHTs). *A Vision for Change*, the national policy on mental health, recommends 99 specialist CAMHTs providing community, hospital liaison and day hospital services<sup>20</sup>. In November 2010, there were 55 CAMHTs in

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<sup>12</sup>Health Research Board, National Psychiatric In-Patient Reporting System (NPIRS) Preliminary National Bulletin Ireland 2008 (2009) at 2; The Mental Health Commission reported in its annual report that there were 247 admissions of children to adult units during 2008 because data had not been returned from all Approved Centres when the Annual Report went to print.

<sup>13</sup> HSE, Second Annual Child & Adolescent Mental Health Service Report, 2009 – 2010.

<sup>14</sup> Dr. Sally E. Bonnar, Report for the Mental Health Commission on Admission of Young people to Adult Mental Health Wards in the Republic of Ireland, December 2010.

<sup>15</sup> Mental Health Commission, Annual Report 2008 p. 29.

<sup>16</sup> UN Committee on the Rights of the Child *Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Concluding Observations: Ireland* UN doc CRC/C/IRL/CO/2 (29 September 2006) para 46.

<sup>17</sup> Dr. Sally E. Bonnar, Report for the Mental Health Commission on Admission of Young People to Adult Mental Health Wards in the Republic of Ireland, December 2010.

<sup>18</sup> Ibid, 4.6. The risks identified were as follows: The formal use of paediatric beds to care for children with mental illness is risky even with support from mental health services except for very short term care such as physical care of a severely ill anorexic patient. It is impossible to influence the ward milieu and the isolation inherent in being the only mental health patient in a ward is not conducive to good care. In addition, nursing staff seldom have mental health training and are unaccustomed to phenomenology in mental illness and the use of psychotropic medication.

<sup>19</sup> Ibid, 4.8.

<sup>20</sup> Report of the Expert Group on Mental Health Policy *A Vision for Change* Stationary Office, Dublin 2006 p.72 and Chapter 10.

operation, 50 based in the community and five within hospital settings<sup>21</sup>. Of those, team staffing levels averaged at 70.2 per cent of the recommended level i.e. 7.6 clinical staff per team<sup>22</sup>. Between March 2007 and September 2010 there was a net increase of just over 4 social workers across all CAMHTs and the number of speech and language therapists did not increase at all. The CAMH teams still have less than half the number of clinical psychologists per team than are recommended.<sup>23</sup> A total of 2,370 children and adolescents were waiting to be seen at the end of September 2010<sup>24</sup>. The majority of services only provide support to children up to age 15 resulting in difficulties in accessing services for children aged 16 and 17 years<sup>25</sup>.

### **Recommendations:**

- *The 2001 Mental Health Act should be amended to specifically provide that no child or young person shall be admitted to an adult inpatient unit (voluntarily or involuntarily) save in exceptional circumstances where it is in his or her best interests to do so.*
- *The Mental Health Act should also provide that where a child or young person is admitted to an adult unit, he or she shall be accommodated in an area separate from adults and in an age-appropriate environment, with appropriate education, recreation and other age-appropriate facilities.*
- *In order to end the inappropriate use of in-patient beds for children and young people, the Government must prioritise the development of appropriate child services, including in-patient beds, day patient services and community-based care.*
- *Child and Adolescent Community Mental Health Teams must be available nationally to all children in need under 18 years. They must be appropriate, accessible and of good quality. They must be full teams.*
- *Legislation to drive the development of community-based services recommended in A Vision for Change should be introduced. Currently, there is no statutory obligation on the HSE to deliver the CMHTs.*
- *Inappropriate referrals must be ended and no child should be on a waiting list for mental health services for longer than six weeks.*
- *Establishing a national directory: A national directory with comprehensive information on the types of services available, and what each service provides, at regional level is needed.*
- *Ireland should ratify the UN Convention on the Rights of Persons with Disabilities as a matter of urgency and its Optional Protocol as soon as possible thereafter.*

### **Education system**

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<sup>21</sup> HSE, Second Annual Child & Adolescent Mental Health Service Report, 2009 – 2010 p.11.

<sup>22</sup> Ibid, p.13.

<sup>23</sup> HSE, "Second Annual Child & Adolescent Mental Health Service Report 2009-2010", Section 2.2.

<sup>24</sup> Ibid, p.5.

<sup>25</sup> Children's Rights Alliance, Is the Government Keeping its Promises to Children? Report Card 2011.

The role of the education sector in addressing children's mental health needs is crucial. Article 29 of the Convention on the Rights of the Child outlines that the aim of education should be directed to "the development of the child's personality, talents and mental and physical abilities to their fullest potential."

Schools have a role in the promotion of positive mental health, in the development in children of basic skills to cope with difficult emotions, and in early identification and intervention. *A Vision for Change* advises that ensuring that children and adolescents remain engaged in the educational system is a crucial first step in breaking the cycle of social exclusion, and that liaison and work between schools and mental health services is essential. The issue of mental health difficulties presents frequently in both primary and post primary schools. Early intervention is an important factor in successful treatment. Poor referral systems in schools further disadvantage children with mental health difficulties. There is a need for schools to be equipped with the skills to support children with mental health difficulties, and to identify and make referrals to appropriate mental health or other services when necessary.

Of the 190,303 children (18 per cent of all children) in Ireland estimated by the National Council for Special Education in 2006 to have a special educational need as defined by the Education for Persons with Special Educational Needs Act 2004, mental health difficulty is the condition giving rise to that need in almost half of this group (86,083, or 8 per cent of all children)<sup>26</sup>. The provision of adequate, appropriate resources and services is hampered by inadequate resource allocation. Psychological services in public and private primary and post-primary schools and in related educational centres are provided by the National Educational Psychological Service (NEPS). Budget 2011 capped the number of psychologists employed by NEPS at the 2010 level of 178. This figure has no bearing on the need for psychologists. The National Council for Special Education has stated that there is insufficient investment in training and development in special educational needs at all levels (schools, teachers, support professionals etc.).

Currently emotional well-being is taught through Social Personal and Health Education (SPHE) in the first three years post primary schools for half an hour per week<sup>27</sup>. The Coalition believes that this is inadequate to promote positive mental health and teach students the tools for early identification of mental health difficulties in themselves and their peers.

There is increasing evidence to support the effectiveness of a whole school approach in addressing health issues.<sup>28</sup> A whole-school approach can create a supportive physical, social and learning environment necessary for mental health promotion and engages teachers, students and parents.

There needs to be a coordinated promotion programme for children's mental health in schools and early years settings.

**Recommendations:**

*The Government should take steps to ensure schools and early years settings engage in mental health promotion and provide early supportive intervention by:*

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<sup>26</sup> National Council for Special Education (NCSE), Implementation Report on the Education for Persons with Special Educational Needs Act 2004, December 2006.

<sup>27</sup> SPHE can be provided, but is not mandatory, at senior cycle level.

<sup>28</sup> *WHO/JCSH Technical Meeting on Building School Partnerships for Health, Education Achievements and Development* Vancouver, Canada 2007.

- **Ensuring that SPHE has a dedicated and mainstreamed focus on mental health and well-being for students in every school year.** *The programme should facilitate early help seeking by young people themselves as well as training young people in supporting their peers who may experience mental health problems.*
  - *The Coalition recommends that teachers receive pre-service and regular in-service training on how to appropriately respond to students experiencing mental health issues such as emotional distress, anxiety and behavioural problems and that they are provided with practical advice on making supportive interventions, including putting students in contact with appropriate supports and services.*
  - *The Coalition recommends that teachers receive pre-service and regular in-service training on the promotion of positive mental health and are equipped with a “vocabulary” to enable them to discuss mental health issues and teach about them in the classroom.*
  - *The Coalition recommends that a mental health promotion training framework needs to separate out:*
    - *Mental health promotion (a whole school approach and teaching approaches for the classroom),*
    - *Crisis intervention (e.g. A child is at risk), and*
    - *Crisis response (e.g. a student has died by suicide).*
- **Developing guidelines for schools on mental health:** *The guidelines should provide clear procedures on how teachers can raise concerns about individual students’ mental health difficulties, along the lines of the Children First guidelines.<sup>29</sup> Training should be provided to designated liaison in-service teachers who are allocated responsibility, based upon reasonable judgement, for raising concerns to the appropriate agency, parent or family member. Such training should also be provided to all teachers during initial teacher training.*
- **Using the National Educational Psychological Service more effectively:** *NEPS is a key cross departmental initiative, and so it is essential that the Government addresses ambiguities about appropriate referral to, and the role of, NEPS, including as a point of referral to children’s mental health services.*
- *The Coalition recommends a ‘whole school approach’ to mental health promotion in the post primary school setting. A teacher training strategy on creating and nurturing a healthy school environment and understanding and supporting young people’s mental health would be critical to overcoming the challenges in achieving the level of change required by a whole school approach.*

### **Youth Justice System**

Children detained in the youth justice system have worryingly high mental health and substance dependency difficulties. There is an urgent need for forensic mental health services for children. Research carried out in 2007 showed that 82.7 per cent of

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<sup>29</sup> Children First: National Guidelines for the Protection and Welfare of Children is a voluntary set of guidelines on procedures for preventing and responding to child abuse. See Department of Health and Children (1999) Children First: national guidelines for the protection and welfare of children.

young people in detention schools analysed were identified as having at least one form of “mental disorder”<sup>30</sup>. High rates of co-morbidity (multiple psychiatric problems) were also identified. The levels equated to almost three times as many psychiatric problems as boys who had been referred to a psychiatry service. About one fifth of boys in the offender group were experiencing thoughts of suicide at the time of data collection and that a similar number reported that they had attempted to take their lives on at least one occasion in the past<sup>31</sup>. Yet, the vast majority of children who come into contact with the youth justice services fail to receive treatment for psychiatric problems. There has been virtually no implementation of the *A Vision for Change* recommendation for a dedicated residential unit for children with mental health problems in the context of the forensic services.

The Criminal Justice Act 2006 made provision for all children under 18 years who are remanded in custody to be placed in Children Detention Schools, and for 16 and 17 year olds to be detained in St Patrick’s Institution for Young Offenders as an interim provision until that was feasible. In 2009, there were a total of 227 children committed to St. Patrick’s Institution<sup>32</sup>. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), reporting following its visit to Ireland, highlighted the poor provision of mental health services for young people in St. Patrick’s Institution. The CPT noted: “The health-care team at St Patrick’s Institution comprised one doctor, present for one and a half hours every morning, supported by five nurses and two medical orderlies; a full-time psychologist (highly appreciated by inmates met by the delegation) was also present. Given the size and nature of the inmate population, the attendance time of the doctor should be increased, and the psychological support reinforced. A specialist in adult psychiatry visited three times a week and a psychiatrist specialising in addictions attended the prison once a week. A Central Mental Hospital in-reach psychiatrist visited once a week. However, young persons with mental health problems should be treated by psychiatrists and psychologists specialising in child and adolescent mental health. Also there was a need for the presence of a community psychiatric nurse.”<sup>33</sup>

Children in detention may not be willing to access the mental health services available. The Ombudsman for Children’s report into St. Patrick’s Detention Centre, through consultation with young people in detention, showed that children may be reluctant to speak up about mental health problems for fear of being placed “on protection” or in special observation cells<sup>34</sup>.

There are four detention schools for children: Oberstown Girls’ Detention School, Oberstown Boys’ Detention School, Trinity House Detention School, and Finglas Child and Adolescent Centre Children Detention School. The Health Information and Quality Authority (HIQA) carries out inspections of these services. These reports have highlighted that the mental health needs of young people in detention are a growing concern for staff, that the input of adolescent psychiatric services are important in identifying needs and responding accordingly<sup>35</sup>, and that a significant

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<sup>30</sup> Dr. Jennifer Margaret Hayes and Dr. Gary O’Reilly, *Emotional Intelligence, Mental Health and Juvenile Delinquency*, UCD, May 2007 p. 37.

<sup>31</sup> *Ibid*, p. 40.

<sup>32</sup> Irish Prison Service Annual Report 2009.

<sup>33</sup> Report to the Government of Ireland on the visit to Ireland carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from January 2011 p. 35

<sup>34</sup> Ombudsman for Children, *A Report by the Ombudsman for Children’s Office, Young People in St. Patrick’s Institution*, 2011, Section 2.4.

<sup>35</sup> Health Information and Quality Authority, *Inspection Report ID Number: 396 on Oberstown Boys’ Detention School*, 22<sup>nd</sup> October 2010.



number of young women had a history of self-harming<sup>36</sup>. The inspection of Oberstown Boys' Detention School found that the school still has no access to child and adolescent mental health services. Similarly, HIQA's inspections in April and May 2010 found that staff were not accessing child and adolescent psychiatric services for children at Trinity House Detention School<sup>37</sup>.

Youth Justice is administered through the Irish Youth Justice Service, to which there was a 24 per cent budget cut in 2011.

**Recommendations:** *The Coalition calls on the Government to provide forensic mental health services to children with mental health difficulties who come before the courts, as envisaged in A Vision for Change. They can do this by:*

- **Ensuring adequate services for children in detention.** *A national assessment standard for children in detention should be developed and for all those with an identified need, followup support and treatment, both in detention and/or at community level post release.*
- **Establishing a diversion system.** *In some cases it may be appropriate to divert a child with mental health difficulties away from the criminal justice system into specialised mental health services. Diversion at the point of sentencing must be provided for in law and specialised forensic services, either residential or community based, should be made available to cater for the child's needs.*
- *The Coalition endorses the recommendations of the Ombudsman for Children<sup>38</sup>:*
  - That additional measures that support young people to take a proactive approach to their mental health with the confidence that they will be met with an appropriate response be implemented. Young people's vulnerability and welfare interests require that they have ready and timely access to appropriate professional support as regards identifying and treating any mental health problems they may be experiencing as well as following incidents of self-harm, attempted suicide or other actions indicative of significant psychological distress.*
  - a) *That the prison authorities forge links with relevant agencies with a view to improving health education for young people. Particular attention should be given to young people's mental health and to the delivery of programmes that bolster young people's willingness and capacity to speak about and become active participants in safeguarding their mental health.*

## **The Care System**

Children in care are at higher risk of experiencing mental health problems. This is because many children in care have experienced stressful life events, including abuse and neglect, prior to their placement in care. Others are separated children

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<sup>36</sup> Health Information and Quality Authority, Inspection Report ID Number: 396 on Oberstown Girls' Detention School, 9<sup>th</sup> November 2010, s. 3.2.16.

<sup>37</sup> Health Information and Quality Authority, Inspection Report ID Number: 396 on Oberstown Girls' Detention School, 4<sup>th</sup> November 2011, s. 2.3.27.

<sup>38</sup> Ombudsman for Children, A Report by the Ombudsman for Children's Office, Young People in St. Patrick's Institution, 2011.

who, being outside their country of origin and separated from their primary care givers, face innumerable obstacles<sup>39</sup>.

There are 5,631 children in care in Ireland.<sup>40</sup> Fourteen per cent of children (933) who attended CAMHS teams were in contact with or in the care of HSE social services<sup>41</sup>. It is feared that there are further unknown and unmet mental health needs among children in care.

*A Vision for Change* says that children in care must receive the maximum support required for their needs. The Ryan Report *Implementation Plan* contains a number of concrete actions that relate to children in care and that have the potential to make a positive difference to their lives<sup>42</sup>. Full implementation of the promised actions in the Plan, including that each child has an allocated social worker and a care plan, is vital to ensuring children in care have their rights fully upheld, including their right to mental health.

A report commissioned by the Ombudsman for Children found that the problems faced by children in both residential and foster care have a number of underlying causes. “For the children themselves, it is noticeable that socio-economic factors, like poverty, mental health and addiction, are forcing them, perhaps unnecessarily, into the care of the State where they are remaining for long periods.<sup>43</sup>” It also found that the inadequacy of mental health services for asylum-seeking children must be urgently addressed<sup>44</sup>.

**Recommendation:** *The Coalition calls on the Government to develop a national framework for mental health assessment for children in care and to ensure that it delivers the necessary follow up services. It can do this by:*

- ***Developing a national assessment standard for children in care:*** *For all those with an identified need, follow-up support and treatment should be provided. The intensification of the delivery of the Ryan Report Implementation Plan by the new Department of Children will be central to the success of this action. It is only when every child in care has a care plan and a social worker that their needs, including their mental health needs, can be adequately identified, regularly reviewed and met whilst they are in care and on leaving.*

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<sup>39</sup> See Irish Refugee Council, *Closing a Protection Gap*, National Report 2010 – 2011.

<sup>40</sup> Health Service Executive (September 2010) Performance Report on National Service Plan 2010. Data relates to year to date.

<sup>41</sup> HSE, *Second Annual Child & Adolescent Mental Health Service Report*, 2009 – 2010.

<sup>42</sup> An Implementation Plan was published in July 2009 to respond to the recommendations contained in the Report of the Commission to Inquire into Child Abuse, commonly known as the Ryan Report. See Office of the Minister for Children and Youth Affairs (2009) Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan.

<sup>43</sup> Dr. Ursula Kilkelly, “Obstacles to the Realisation of Children’s Rights in Ireland”, 29<sup>th</sup> August 2007, p. 21.

<sup>44</sup> *Ibid*, p. 38.