

ENOC Working Seminar

Mental Health and Vulnerable Children



Christine Irvine
Policy and Research Officer

June 2018

NI Commissioner for Children and Young People

- “Safeguard and promote the rights and best interests of children and young persons” in Northern Ireland (Article 5)
- Have regard to “any relevant provision of the United Nations Convention on the Rights of the Child”(Article 6)

**The Commissioner for Children and Young People
(NI) Order 2003**



[@nichildcom](https://twitter.com/nichildcom)

Rights Based Mental Health Provision

Information

- I was given useful information to help me to understand my mental health needs.
- I was given a choice of treatment / support.

Facilities/ Services

- The place that I received support in made me feel comfortable and safe.
- I didn't have to travel far to get help / receive services.
- I was able to access the service / support when I needed it.

Quality of Care

- I felt listened to and respected.
- I was spoken to in a way that I could understand.
- I felt involved in the decisions that were being made about my care or treatment.
- The support I received was helpful.

Vulnerable?

Every Child

“the child, by reason of his physical and mental immaturity, **needs special safeguards and care**, including appropriate legal protection, before as well as after birth” (Preamble UNCRC)

Some at greater risk of poor mental health & discrimination in access to good quality mental health care

“in all countries in the world, there are children living in exceptionally difficult conditions, and that such children need **special consideration**”. (Preamble UNCRC)

“(…) **discrimination** in the realization and enjoyment of various rights in the Convention.” (Article 2)

Vulnerable?

- Care experienced ;
- Poverty and in economically deprived areas;
- Children in contact with the criminal justice system or who have a parent in prison;
- Children affected by the conflict;
- Living in families that have mental health problems;
- Long-term disability or illness
- Young carers ;
- Roma, gypsy and traveller children;
- Ethnic minorities, migrant children and
- LGBTI+

A Rights Based Mental Health Care System- What and By Who?

“The Committee reaffirms that health rights are **inclusive** – extending **not only to timely intervention but also prevention, health promotion and rehabilitative services** including the right of the child to develop to their full potential and to attain the highest standard of health in an environment where the **underlying determinants of health are addressed.**” (CRC / C/ GC/15, para. 2)

NI Model: Mental Health Service Delivery

Step 1	Targeted Prevention	GP, school nursing, maternal care services, school nursing, health visiting, public health education, community / voluntary development , youth services, education, independent sector.
Step 2	Early Intervention	Primary mental health services , paediatric care services, child development services, infant mental health services , family support and social care, LAC Therapeutic services, community led mental health services, youth counselling , children's disability teams.
Step 3	Specialised Intervention Services	Elective CAMHS teams, eating disorder, addiction services, specialist autism service , safeguarding services, Family Trauma Services, Behavioural Support for Learning Disability Services ,
Step 4	Integrated Crisis Intervention Child and Family Services	CAMHS resolution and home treatment teams, crisis residential care, intensive day care support services.
Step 5	Inpatient and Regional Specialist Services	Paediatric intensive care unit (PICU), acute inpatient care, Secure care, forensic CAMHS .

What and By Who?

“the Committee emphasises that States should adopt an approach based on **public health and psychosocial support** rather than **over-medicalization and institutionalization**. A **comprehensive multi-sectoral response** is needed, through **integrated systems** of adolescent mental health care that involve parents, peers, the wider family and schools, and provision of support and assistance through trained staff.”
(CRC/C/GC/20, para. 63)

Root Causes of Poor Mental Health

- “There is growing recognition of the need for **increased attention** for **behavioural and social issues that undermine** children’s mental health, psychosocial wellbeing and emotional development.” (CRC/C/GC15)
- “...**the barrier is not the disability itself** but rather a combination of social, cultural, attitudinal and physical obstacles which children with disabilities encounter in their daily lives.” (CRC/C/GC/9, para. 5)

A Rights Based Mental Health Care System- What and By Who?

- A **holistic ‘interdependent’** approach to child and adolescent mental health is more likely to lead to the desired / best outcomes; this is also **central to the realisation of children’s rights which recognises the indivisibility and interdependence of them.**
- A **“child health in all policies”** strategy should be used, highlighting the links between children’s health and its **underlying determinants**. Every effort should be made to remove bottlenecks that **obstruct transparency, coordination, partnership and accountability in the provision of services affecting children’s health.** (CRC/C/GC/15, para. 99)

Evidence Based Planning and Delivery

- At the heart of the development, implementation and monitoring of policies, programmes and services that aim to realize children's right to health is the **availability of relevant and reliable data**. This should include: appropriately **disaggregated data across the life course of the child, with due attention to vulnerable groups**; data on priority health problems, including new and neglected causes of mortality and morbidity; and data on the key determinants of children's health. (CRC/C/GC/15, p. 22)

Evidence Based Planning and Delivery

- 1) quality access to the most **effective and safest care and treatment**;
- 2) equal **effort to improve quality** of care;
- 3) the allocation of **time, effort and resources on a basis commensurate with need**;
- 4) equal status within **healthcare, education and practice**;
- 5) equally high **aspirations** for service users; and
- 6) equal status in the **measurement of health outcomes**.

(RCP, 2013).

Participation of CYP

- Rights of Participation should be accorded at every level of decision making in accordance with age and degree of maturity. (Article 12, 3, 17)
- The Committee recognizes that **children's evolving capacities have a bearing on their independent decision-making** on their health issues. (...) children who are particularly vulnerable to discrimination often less able to exercise this autonomy. It is therefore **essential that supportive policies are in place and that children, parents and health workers have adequate rights-based guidance on consent, assent and confidentiality.** (CRC/C/GC/15, p. 22)

Participation of CYP

“I would like to hear more young people talk about mental health themselves, I don't need adults to talk for me. “

(NICCY Youth Panel)

Summary

- Strategic planning and investment- availability, accessibility, quality / outcomes;
- Tackle root causes of poor mental health- ‘health in all policies approach’;
- Evidence Based Planning and Delivery; and
- Participation of CYP / parents and carers.

Discussion Questions

- Do other countries recognise these as priority issues?
- What are the barriers / challenges of delivering a rights based mental health system for vulnerable groups of young people?
- **What should be include under this theme as part of the ENOC statement to our Governments?**



Thank You for listening