



Submission to the Department of Children, Equality, Disability, Integration and Youth on **a consultation on Ireland's** draft State Report **to** the UN Convention on the Rights of the Child

November 2021





Introduction

St Patrick's Mental Health Services (SPMHS) is Ireland's largest independent, not-for-profit mental health service provider. SPMHS' vision is for a society where all citizens are empowered and given the opportunity to live mentally healthy lives. SPMHS works to provide the highest quality mental healthcare, to promote mental wellbeing and mental health awareness, and to advocate for the rights of those experiencing mental health difficulties. SPMHS achieves this through a human rights-based approach, through the enhancement of evidence-based knowledge, and by striving to be at the cutting edge of new initiatives and advances in the field. SPMHS is committed to furthering the development of the competencies of those choosing to work in mental health and of the organisations providing mental health care services, and to enhancing partnership with service users. Our strategic plan for 2018-2022 – [‘Changing Minds. Changing Lives’](#), is firmly rooted in these principles and commitments.

SPMHS consists of three inpatient approved centres: St Patrick's University Hospital (SPUH), Dublin 8, which comprises 241 adult beds; Willow Grove Adolescent Unit (WGAU), a 14-bedded approved centre on the SPUH site; and St Patrick's Lucan, a 52-bed adult approved centre. It accounts for approximately 8% of general adult beds nationally, and provides a range of inpatient programmes and therapies. SPMHS also offers a wide range of day programmes, which are accessed internally or via direct primary care referral, and a network of outpatient and community-based clinics ('Dean Clinics') in Dublin 8, Lucan, Sandyford, Cork and Galway. Additionally, a Homecare service has been introduced since 2020, offering all the elements of our inpatient programmes but provided to service users remotely in their own homes. Annually, we see over 1,000 new assessments and over 15,000 reviews in our clinics. More information on our service development and delivery over 2020 are available in our [annual report](#) and [outcomes report](#).

SPMHS welcomes the opportunity to make this submission to the Department of Children, Equality, Disability, Integration and Youth on the draft State Report to the UN Convention on the Rights of the Child.

This submission focuses specifically on Mental Health (section 26), which is covered in pages 58-60 of the draft State Report: II Rights under the Convention and its Optional Protocols, G Basic Health and Welfare, Mental Health.

The draft State Report highlights the Government's policy' aim to reduce the number of young people who require specialist clinical intervention through the introduction of effective prevention and lower level intervention services. While an increase in capacity and quality of services is imperative for children of all age groups, this submission provides a recommendation for an approach and model to achieve this for primary school aged children through the introduction of additional school-based supports.

This submission also outlines our experiences as an independent mental health service provider on the introduction of an independent advocacy service for adolescents, and highlights some of SPMHS' concerns on the revised Mental Health Act Heads of Bill.



Rights under the Convention and its Optional Protocols, G Basic Health and Welfare, Mental Health

26a) *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*

Emergent mental health impacts have been highlighted within a variety of studies since the outbreak of the pandemic, and underscore the imperative of adequate funding and resourcing of mental health services, and timely implementation of Sharing the Vision.^{1,2} SPMHS welcome the establishment of the National Implementation and Monitoring Committee (NIMC) to drive and monitor implementation of Sharing the Vision.

Progress on reform of the Mental Health Act will be vital to strengthen the rights of children experiencing mental health difficulties and using mental health services, and to ensure State compliance with obligations under the UNCRPC. The approval of a General Scheme of a Bill to amend the Mental Health Act 2001 on 13 July 2021, was a positive step forward in this regard. However, for Ireland's mental health legislation to be compliant with the UNCRC, there are a number of key issues that must be addressed. These include the provisions that still exist for admitting children to adult inpatient centres, as well as the provisions for coercive practices including seclusion and restraint.

In addition, a recent independent analysis on the draft Heads of Bill, commissioned by Mental Health Reform, highlighted some concerns, including a lacuna in law between the Amendment Bill and the Assisted Decision Making (Capacity) Act 2015, whereby under 18s are not included in the Assisted Decision Making (Capacity) Act 2015, but the Amendment Bill provides for the presumption of capacity for all young people, aged 16 and 17 years, to consent to mental health treatment. The presumption of capacity for 16 to seventeen year olds needs to be consistent across all legislative changes

26(b) *Improve the capacity and quality of mental health-care services for children and adolescents, including inpatient treatment, out-of-hours facilities and facilities for treating eating disorders*

SPMHS supports the policy aim reflected in the draft State Report, which seeks to reduce the number of young people who require specialist clinical intervention through effective prevention and lower level intervention services.

There is no reference to major policy initiatives that pertain to children with mental health difficulties. SPMHS would suggest this be included, for example outlining actions detailed, and planned budget allocation for development of Child and Adolescent Mental Health Services, under Sharing the Vision.

SPMHS would also suggest that current statistics on admissions of children to adult mental health units are provided with the report, with related information on efforts to ensure the child's right to age-appropriate healthcare services under the Convention is being progressed.



National research conducted with a representative sample of children and young people in 2013 (RCSI Perl Study) suggests that approximately one in three young people in Ireland will have experienced some type of mental disorder by the age of 13, with this rate rising to over one in two by the age of 24 years.³

Despite a robust evidence-base showing the value of safeguarding and promoting mental health in childhood, Ireland's child and adolescent mental health services have a number of significant issues, which combined, diminish primary school children's access to mental healthcare. These include a lack of services at community and school level, along with excessive waiting lists for specialist mental health treatment services.

Referrals to child and adolescent community mental health services (CAMHS) in Ireland have increased by over 40%, from around 12,800 in 2011 to 18,100 in 2019. 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 from Monday to Friday in standard working hours, meaning that children who require significant assistance outside of this timeframe have no option but to continue to seek help through hospital emergency departments. Over 2,000 children and young people are on CAMHS' waiting lists at any given time,⁴ and the Minister of State for Mental Health and Older People confirmed that of the 18,000 children expected to be referred to the CAMHS service in 2020, only 11,000 were expected to be seen.⁵

Ireland has the third lowest number of inpatient psychiatric care beds in the EU (34.83 beds per 100,000 population).⁶ At present, there are just four public child inpatient units (Galway, Cork and Dublin), and as of end of 2019, approximately 10% of all child inpatients admissions (over 50) were to adult psychiatric units; in 2020 this had reduced to 27,⁷ contrary to the recommendations of the UN Committee on the Rights of the Child.

As reflected in the recently published Interim Report of the Sub-Committee on Mental Health⁸ while increased demand for mental health services has been predicted as a result of the 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).⁹ 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.¹⁰ SPMHS endorses the recommendations of the European Network of Ombudspersons for Children as regards the rights of children and young people in the context of mental health.¹¹

Under the United Nations Convention on the Rights of the Child (UNCRC),¹² every child has a right to the highest attainable standard of physical and mental health. This right covers the full spectrum of health and wellbeing, and guaranteeing of the right requires "A comprehensive multi-sectoral response ... through integrated systems ... that involve parents, peers, the wider family and schools and the provision of support



and assistance through trained staff." The United Nations Committee on the Rights of the Child endorses a public health and psychosocial support approach to mental health rather than overmedicalisation and institutionalisation.

As outlined in Appendix A of this submission, SPMHS, in partnership with the National Parent's Council Primary, among others, is advocating for the introduction of additional school-based supports for primary school children in Ireland.

A new service, called Mental Health Support Teams, developed in the UK¹³ over the last two years, offers a model through which primary school children could receive the mental health awareness and support they require. A similar service being piloted in Moyross¹⁴ in Limerick is also indicating positive outcomes.

It is proposed that such a service, based on this model, be established in Ireland on a pilot basis as a matter of urgency, and that, subject to evaluation, the service be expanded and made available on a national basis.

Such a service would not only strengthen and support the mental wellbeing of thousands of children but would also support parents and teachers, and would reduce the number of children requiring specialist mental health treatment and support from child and adolescent mental health services.

26(c) Establish a mental health advocacy and information service that is specifically for children and accessible and child-friendly.

Advocacy is a core pillar of SPMHS' mission and strategic plan, and we advocate at a national level for young people experiencing mental health difficulties to ensure that their rights are promoted and protected.

The Mental Health Commission, HSE's Vision for Change, the UN and the WHO all recommend that adolescent inpatients in mental health facilities should receive independent youth advocacy services.

In SPMHS we are committed to ensuring that our young service users have access to an independent advocate while under our care.

SPMHS welcomes the Government's commitment to developing an advocacy service that is specifically for children and accessible and child-friendly. It supports the National CAMHS Advocacy Steering group's recommendation to further develop the advocacy model, and the continuation of the two pilot groups, which are provided by Youth Advocates Programmes (YAP) Ireland, and which have been independently evaluated.

In June 2019, SPMHS signed a contract with YAP Ireland to deliver an Independent Advocacy Service (IAS) to SPMHS' adolescent inpatient unit, Willow Grove. The IAS commenced in August 2019. The advocate attends Willow Grove on a fortnightly basis, and delivers IAS groups and individual sessions if requested by young people; since 2020, the IAS has delivered group and individual advocacy sessions online due to the COVID-19 pandemic.



Conclusion

The implementation of Sharing the Vision, the amendment of the Mental Health Act 2001 and the implementation of the Mental Health (Amendment) Act 2018, remain imperative in ensuring a full range of rights-based mental health services across a continuum of care.

Evidence indicates that children and adolescents experiencing even the most severe mental health difficulties can, with the right support at the right time, make a full recovery and live fulfilling and productive lives. If Ireland is to realise its commitment under the constitution and the United Nations Convention on the Rights of the Child, it is vital that a major policy initiative such as the primary schools' mental health service model proposed in Appendix A is introduced as a matter of urgency.

Furthermore, 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 must be improved.

A mental health advocacy and information service that is specifically for children and that is accessible and child-friendly must be established and rolled out nationally in order to ensure that the rights of young people experiencing mental health difficulties are both protected and promoted, and to ensure fulfilment of obligations under the UNCRPC.

References

1. Mental Health Reform and the Covid-19 Psychological Research Consortium (2020) Responding to the Mental Health Impact of Covid-19: Public views on the Government's response and insights from lived experience. Available at: <https://www.mentalhealthreform.ie/wp-content/uploads/2020/06/Responding-to-the-Mental-Health-Impact-of-COVID-19-Report-July-2020.pdf>
2. GAMIAN-Europe (2021) Covid-19 Survey Report. Available at: https://www.canva.com/design/DAEcYwaEKpA/0in1Gn19jatlpHkEN23NYw/view?utm_content=DAEcYwaEKpA&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink#1
3. Cannon, M., Coughlan, H. Clarke, M. et al, (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. [online: https://www.researchgate.net/publication/259526610_The_Mental_Health_of_Young_People_in_Ireland/link/00b4952c5b9c090377000000/download] [accessed 4th October 2021].
4. Health Services Executive Performance Profile October to December 2020. Dublin, Health Services Executive. [online: <https://www.hse.ie/eng/services/publications/performance-reports/performance-profile-october-to-december-2020.pdf> Page 36] [accessed 01st October 2021].
5. Child and Adolescent Mental Health Services, Dáil Éireann Debate, Wednesday - 27 May 2020, Question 538 [online: <https://www.oireachtas.ie/en/debates/question/2020-05-27/538/#pq-answers-538>] [accessed: 04th October 2021].
6. 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].



7. Mental Health Commission Annual Report 2020, Including the Report of the Inspector of Mental Health Services. Dublin: Mental Health Commission. [Online: <https://www.mhcirl.ie/sites/default/files/2021-06/MHC-Annual-Report-2020.pdf>, Page 4] [accessed 20th September 2021].
8. 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. 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
9. 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
10. SPMHS & the National Parents Council (2021) Parents Survey 2021. Available at: <https://www.walkinmyshoes.ie/news/latest-news/2021/july/parentssurveyonchildmentalhealth>
11. European Network of Ombudspersons for Children (2018) Position Paper on Child Mental Health in Europe. Available at: <http://enoc.eu/wp-content/uploads/2019/06/ENOC-2018-statement-Child-Mental-Health-MODIF-1.pdf>
12. UN Convention on the Rights of the Child [online: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>] [accessed:27th September 2021].
13. Heaversedge, M. Review of Service: With Me in Mind, Mental Health Support Team Rotherham Quarter: April 2020 – June 2020 [online: <https://modern.gov.rotherham.gov.uk/documents/s128894/ENC%20%20-%20MHST%20quarterly%20report%20April%20-%20June%202020.pdf>] [accessed 27th September 2021]
14. Psychotherapeutic support, disadvantaged area, families, children, DEIS primary school, mindfulness, psychological well-being [online: <https://www.ul.ie/engage/node/991>][accessed 27th September 2021]



Appendix A:

The mental health of primary school children:
A human rights imperative



St Patrick's
Mental Health Services



The mental health of primary school children: A human rights imperative

Paul Gilligan, **CEO, St Patrick's Mental Health Services** and
Áine Lynch, CEO, National Parents Council Primary
October 2021



The mental health of primary school children: A human rights imperative

Executive Summary

There is an urgent need for additional school-based mental health supports for primary school children in Ireland. Significant numbers of children, aged 13 and under, are experiencing mental health challenges, and are not receiving the help they require. Many others are most likely experiencing difficulties which are going undetected.

A new service, called Mental Health Support Teamsⁱ, developed in the UK over the last two years, offers a model through which primary school children could receive the mental health awareness and support they require. A similar service being piloted in Moyrossⁱⁱ in Limerick is also indicating positive outcomes.

It is proposed that such a service, based on this model, be established in Ireland on a pilot basis as a matter of urgency, and that, subject to evaluation, the service be expanded and made available on a national basis.

Such a service would not only strengthen and support the mental wellbeing of thousands of children but would also support parents and teachers, and would reduce the number of children requiring specialist mental health treatment and support from child and adolescent mental health services.

The challenge of protecting the mental wellbeing of primary school children

National research conducted with a representative sample of children and young people in 2013 (RCSI Perl Study) suggests that approximately one in three young people will have experienced some type of mental disorder by the age of 13, with this rate rising to over one in two by the age of 24 years.ⁱⁱⁱ

Despite a robust evidence-base showing the value of safeguarding and promoting mental health in childhood, Ireland's child and adolescent mental health services have a number of significant issues, which combined, diminish primary school **children's access to** mental healthcare. These include a lack of services at community and school level, along with excessive waiting lists for specialist mental health treatment services.

Research conducted by Dr Rosaleen McElvaney et al from Dublin City University in 2017^{iv} found that the needs of children in primary school in relation to their psychological wellbeing are complex. This research identified the range and severity of difficulties that children present with in primary school; the varied family and cultural contexts that are a feature of their daily lives; and the serious nature of critical incidents that schools are dealing with - all of which impact **on children's** emotional wellbeing.

The range and severity of emotional issues identified include, general family issues (noted by 85.8% of principals); followed by separation/divorce/marital breakdown (79%); and anxiety issues (78.9%). In addition, school principals noted significant levels of bullying (54.1%); cyber-bullying (36.7%); self-harm (28%); suicidal ideation

(22.9%); depression (27.9%); eating disorders, (14.9%); and sexual identity issues (8.7%).^v

Experience of mental ill-health and poor emotional wellbeing can have a significant **adverse impact on a child's experience** and attainment at school; their friendships and family relationships; and their day-to-day life. When problems are unidentified or the child is unsupported, and/or appropriate and timely help is not provided, a child can deteriorate.

Longitudinal research, tracking presentations to Irish hospital emergency departments for self-harm since 2005 ^{vi}, has found a significant increase in self-harm over time, with younger teenage girls at the greatest risk. Furthermore, a recent global analysis by the UN highlighted that Ireland had the fourth highest teenage suicide rate in the developed world.^{vii} International evidence shows that most adult mental health disorders emerge in childhood and that early intervention and support can be crucial for ensuring that problems do not persist across the life course.

Referrals to child and adolescent community mental health services (CAMHS) in Ireland have increased by over 40%, from around 12,800 in 2011 to 18,100 in 2019. 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 from Monday to Friday in standard working hours, meaning that children who require significant assistance outside of this timeframe have no option but to continue to seek help through hospital emergency departments. Over 2,000 children and young people are on CAMHS' waiting lists at any given time,^{viii} and the Minister of State for Mental Health and Older People confirmed that of the 18,000 children expected to be referred to the CAMHS service in 2020, only 11,000 were expected to be seen.^{ix}

Ireland has the third lowest number of inpatient psychiatric care beds in the EU (34.83 beds per 100,000 population).^x At present, there are just four public child inpatient units (Galway, Cork and Dublin), and as of end of 2019, approximately 10% of all child inpatient admissions (over 50) were to adult psychiatric units; in 2020 this had reduced to 27, contrary to the recommendations of the UN Committee on the Rights of the Child. As the Mental Health Commission notes;^{xi} “A **child's first** introduction to mental healthcare should not be through a service or building that is not specifically equipped to support their needs.”^{xii}

Given the limited number of community specialist mental health services and child inpatient beds, it is critical that community and school-based care for children is resourced. A failure to invest upstream and develop a coordinated multi-agency response to initial presentations of need can result in conditions worsening overtime.

The extent of mental health difficulties among children is likely to be compounded by the projected increase in demand for mental and emotional wellbeing support as a result of COVID-19. Economic and Social Research Institute' (ESRI) research highlights that supporting an increase in child service users through existing provision is unlikely to be feasible, particularly given the existing backlog in access and treatment. ^{xiii}

Under the United Nations Convention on the Rights of the Child (UNCRC),^{xiv} every child has a right to the highest attainable standard of physical and mental health. This right covers the full spectrum of health and wellbeing, and guaranteeing of the right requires “A comprehensive multi-**sectoral response** ... through integrated systems ... that involve parents, peers, the wider family and schools and the provision of support and assistance through trained staff.” The United Nations Committee on the Rights of the Child endorses a public health and psychosocial support approach to mental health rather than overmedicalisation and institutionalisation.

Ireland committed to promoting **all children’s rights, including the right to health**, when it ratified the UNCRC in 1992. Ireland was last examined by the Committee in 2016. At that time, the Committee expressed several concerns relating to mental healthcare, including the long waiting times for treatment; the lack of access to out-of-hours support; and children being admitted to adult psychiatric wards owing to inadequate availability of mental healthcare facilities for children. The Committee recommended that Ireland improve the capacity and quality of its mental healthcare services for children and adolescents.^{xv}

Evidence indicates that children and adolescents experiencing even the most severe mental health difficulties can, with the right support at the right time, make a full recovery and live fulfilling and productive lives.

The need for a primary school-based mental health support service
In June 2021, the Ombudsman for Children made a number of recommendations to the Committee on Education, Further and Higher Education, Research, Innovation and Science regarding the provision of therapeutic services within schools. In this letter, he repeated a call that he has made to a number of Ministers for Education to make independent therapists and counsellors available to every primary school in Ireland.^{xvi}

Donlevy, et al (2019),^{xvii} in an evaluation for the EU Commission of the 2011 Council Recommendation on Early School Leaving, showed that emotional counselling supports in and around schools are widespread in many EU countries. This research suggested that Ireland is radically behind in their provision of such services in comparison to many European countries.

Further support for the provision of enhanced therapy/emotional counselling services in schools comes from Dublin City University research (2017), which found that:

*“School-based counselling is increasingly being recognised as essential in addressing mental health as an early intervention mechanism. Countries across the globe are introducing on-site school counselling, with recent **evaluations showing marked improvements in children’s wellbeing**. Many countries have opted to make this service provision mandatory.”^{xviii}*

This research surveyed over 1,200 primary school principals, which is approximately 40% of the total number in Ireland, and found a high level of interest expressed by school principals in having access to school-based counselling, particularly, individual counselling/psychotherapy for children and consultation for staff.

The researchers further wrote that:

“Given the range and extent of complex difficulties experienced by primary school children, and the excessive burden being placed on primary schools to respond to such needs, urgent action is needed to develop a national framework to inform the development of counselling services for primary school children.”^{xix} (p. 50)

One of the key recommendations of this research was that counselling should be based on-site in primary schools, in line with international best practice and the proven demand for such a service.

The Irish Association for Counselling and Psychotherapy (IACP), in a submission to the Programme for Government in 2020,^{xx} outlined that for some time now, school-based counselling programmes have been operating very effectively at second-level in the UK. It further outlined that there is a national school counselling strategy in second-level schools in both Wales and Northern Ireland; where statutory access is granted to all children in second-level schools. They further highlighted that over 60% of secondary schools in England also have this access and in 2020, for the first time, the Scottish Government pledged to invest £80 million over the next four years in the provision of counselling in education, including the use of £60 million to provide counsellors to all second-level schools in Scotland.

The IACP submission highlighted that 90% of the 11,753 children and young people who attended school-based counselling between 2018 and 2019 in Wales did not need onward referral after completing their sessions (Counselling for Children and Young People Welsh Government Statistics released March 2020).

Cooper (2009), whose study outlines a comprehensive review of counselling experiences and outcomes of more than 10,000 children from across the UK, found that:

- *School-based counselling is associated with significant clinical improvement from pre to post-counselling*
- ***More than 90% of children and young people report that they experienced an improvement which they attributed to counselling***
- ***More than 82% of children and young people reported that counselling was helpful***
- ***More than 92% of children and young people were satisfied with their counselling intervention***
- ***Up to 90% of teachers reported that counselling had a positive impact upon concentration, willingness to participate in class and increased motivation for young people to attend school and study***
- ***Teachers and head teachers found counselling an invaluable resource in schools due to the professional training of counsellors; the time that they could give to young people; their expertise; their ability to provide a confidential service; and their independence from the core business of the school.*** (pg. 137-150) ^{xxi}

In his letter to the Oireachtas Committee, the Ombudsman references a successful school-based mental health support team project running in England over the last

two years.^{xxii} This is an initiative jointly run by the NHS and schools. The teams work in both primary and secondary schools and some higher education colleges. The feedback they have received to date from the schools has been positive and more quantitative outcome data is expected in the coming months.

<https://www.england.nhs.uk/mental-health/cyp/trailblazers/>^{xxiii}

The Mental Health Support Teams (MHST) deliver:

- Individual face-to-face work (eg. effective evidence-based brief, low-intensity interventions for children, young people and families experiencing anxiety, low mood, friendship or behavioural difficulties)
- Group work for pupils and parents such as cognitive behavioural therapy for young people who experience anxiety or who may be self-harming
- Group parenting classes to include issues such as conduct disorder and communication difficulties. It is planned to develop parent and teacher training packages; though these are not currently on offer. This would focus more on emotional health and wellbeing, including aspects such as low mood, anxiety and self-harm.

The teams map what services are available in school and locally, and monitor the well-being across schools, teaching about mental health and training parents, carers and teachers to identify and manage stress and anxiety in the students. They also act as part of an integrated referral system with community services to ensure children and young people receive appropriate support as quickly as possible if needed.

Each MHST works with, and in, schools (primary and post-primary) and colleges to support them with mental health and wellbeing issues and to treat mild to moderate mental health issues.

Each MHST consists of:

- One higher level therapist
- One CAMHS practitioner
- Four education mental health practitioners
- One team manager
- One administrative support staff member.

The MHST sits alongside, and in co-operation with, the school pastoral support team and the other mental health resources in place within the community.

One outcome study of a MHST initiative in Rotherham called With me in Mind^{xxiv} **indicates that the “schools in the pilot are receiving consultation** and guidance, children are receiving evidence-based interventions and the whole school approach to mental health and wellbeing in each setting is evolving.”

A similar initiative called The Sky is the **Limit” is being piloted in Corpus Christie** School in Moyross, Limerick.^{xxv} Led by a clinical psychologist, this initiative involves providing psychological support to children and their families in a community in Limerick, which was identified as an area in need of assistance, under the Limerick Regeneration Initiative. The school is a DEIS (Delivering Equality of Opportunity in Schools) school. A mindfulness curriculum is delivered and support is provided for one cohort of students and their families as part of programme. A family-school therapeutic relationship model has been adopted and it is envisaged that a key worker for each family will be identified to provide support for the family.

The initiative incorporates the community partnership network model of service delivery to provide an integrated wellness service. Services such as psychological interventions, speech and language therapy, occupational therapy, housing services and employment services address the needs of the children and families in a way that meets people where they are at in their own community. The first evaluation report of this initiative is due to be published in the coming months.

Public Health England, in conjunction with the Department of Education, has outlined eight principles of a whole school approach to promoting mental health and wellbeing: leadership and management; ethos and environment; curriculum teaching and learning; student voice; staff development, health and wellbeing; identifying need and monitoring impact; working with parents, families and carers; and targeted support and appropriate referrals.^{xxvi}

In the 2018 European Network of Ombudsmen for Children position paper on child mental health in Europe, it is recommended that the full range of mental health **professionals, including a “designated” professional**, who would be the identified point-of-contact for children about mental health issues, be provided in schools. It further recommends that education professionals be trained in the recognition and **management of children’s mental health difficulties**.^{xxvii}

The need for action is now

If Ireland is to realise its commitment under the constitution and the United Nations Convention on the Rights of the Child, it is now imperative that a Primary Schools Mental Health Service is established. The model for such a service exists in the UK. It is proposed that a pilot Mental Health Support Team initiative is established in a cluster of primary schools, modelled around the eight principles of a whole school approach, with an integrated evaluation system. Subject to the outcome of this pilot, it is proposed that this initiative be established on a national basis.

END

References

- i Heaversedge, M. Review of Service: With Me in Mind, Mental Health Support Team Rotherham
Quarter: April 2020 – June 2020 [online: <https://modern.gov.rotherham.gov.uk/documents/s128894/ENC%20%20-%20MHST%20quarterly%20report%20April%20-%20June%202020.pdf>] [accessed 27th September 2021]
- ii Psychotherapeutic support, disadvantaged area, families, children, DEIS primary school, mindfulness, psychological well-being [online: <https://www.ul.ie/engage/node/991>] [accessed 27th September 2021]
- iii Cannon, M., Coughlan, H. Clarke, M. et al, (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. [online: https://www.researchgate.net/publication/259526610_The_Mental_Health_of_Young_People_in_Ireland/link/00b4952c5b9c090377000000/download] [accessed 4th October 2021].
- iv McElvaney, R., Judge, D., & Gordon, E. (2017). The Primary Schools Counselling Study (PSCS): Demand and provision of school based counselling in Ireland. Dublin: Dublin City University [online: https://www.stpatricks.ie/media/2044/pcscreport_nov17.pdf] [accessed 28th September 2021].
- v McElvaney, R., Judge, D., & Gordon, E. (2017). The Primary Schools Counselling Study (PSCS): Demand and provision of school based counselling in Ireland. Dublin: Dublin City University [online: https://www.stpatricks.ie/media/2049/pssc_launch200618.pdf] [accessed 27th September 2021].
- vi National Self-Harm Registry Ireland. Annual Report 2019.. National Suicide Research Foundation, Cork. [online: <https://www.nsrff.ie/wp-content/uploads/2020/12/NSRF-National-Self-Harm-Registry-Ireland-annual-report-2019-Final-for-website.pdf>] [accessed: 4th October 2021].
- vii **UNICEF Office of Research (2017). ‘Building the Future: Children and the Sustainable Development Goals in Rich Countries’, Innocenti Report Card 14, UNICEF Office of Research – Innocenti, Florence.** [online: https://www.unicef-irc.org/publications/pdf/RC14_eng.pdf] [accessed 4th October 2021].
- viii Health Services Executive Performance Profile October to December 2020. Dublin, Health Services Executive. [online: <https://www.hse.ie/eng/services/publications/performance-reports/performance-profile-october-to-december-2020.pdf> Page 36] [accessed 01st October 2021].
- ix Child and Adolescent Mental Health Services, Dáil Éireann Debate, Wednesday - 27 May 2020, Question 538 [online: <https://www.oireachtas.ie/en/debates/question/2020-05-27/538/#pq-answers-538>] [accessed: 04th October 2021].
- x 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].

-
- ^{xi} Mental Health Commission Annual Report 2020, Including the Report of the Inspector of Mental Health Services. Dublin: Mental Health Commission. [Online: <https://www.mhcirl.ie/sites/default/files/2021-06/MHC-Annual-Report-2020.pdf>, Page 29] [accessed 20th September 2021].
- ^{xii} Mental Health Commission Annual Report 2019, Including the Report of the Inspector of Mental Health Services. Dublin: Mental Health Commission. [Online: https://www.mhcirl.ie/sites/default/files/2021-01/MHCAnnualReport_2019.pdf Page 5] [accessed 20th September 2021].
- ^{xiii} Brick, A., Keegan, C., Wren M.A., (2020) ESRI Survey and Statistical Report Series Number 90 Utilisation of Specialist Mental Health Services in Ireland – Baseline Analysis for the Hippocrates Model. Dublin: ESRI. [online: <https://www.esri.ie/system/files/publications/SUSSTAT90.pdf>] [accessed 22nd September 2021].
- ^{xiv} UN Convention on the Rights of the Child [online: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>] [accessed:27th September 2021].
- ^{xv} UN Committee on the Rights of the Child, Concluding observations on the combined third and fourth periodic reports of Ireland, 29 January 2016. [online: <https://www.ihrec.ie/documents/un-committee-on-the-rights-of-the-child-concluding-observations-on-the-combined-third-and-fourth-periodic-reports-of-ireland-29-january-2016/>] [accessed: 4th October 2021].
- ^{xvi} **Ombudsman for Children’s Office: Joint Committee on Education, Further and Higher Education, Research, Innovation and Science: ‘School Bullying and the Impact on Mental Health’ Submission by the Ombudsman for Children’s Office 19 February 2021.** Dublin, Ombudsman for Children’s Office. [online: https://www.oco.ie/app/uploads/2021/03/OCO_Submission_Bullying-in-Schools-and-Impact-on-Mental-Health_Feb-2021.pdf] [accessed 27th September 2021]
- ^{xvii} Donlevy, V., D’ay, L., Andriescu, M. et al (2019) : Assessment of the implementation of the 2011 Council recommendation on policies to reduce early school leaving. Directorate-General for Education, Youth, Sport and Culture (European Commission) [online: <https://op.europa.eu/en/publication-detail/-/publication/72f0303e-cf8e-11e9-b4bf-01aa75ed71a1/language-en>] Accessed: 27th September 2021]
- ^{xviii} McElvaney, R., Judge, D., & Gordon, E. (2017). The Primary Schools Counselling Study (PSCS): Demand and provision of school based counselling in Ireland. Dublin: Dublin City University [online: https://www.stpatricks.ie/media/2044/pcscreport_nov17.pdf (Pg 5)] [accessed 1st October 2021].
- ^{xix} Ibid (pg 50)
- ^{xx} Irish Association for Counselling and Psychotherapy. Pre-Budget Submission 2020. [online: <https://iacp.ie/iacp-pre-budget-sub2020>] [accessed 27th September 2021].
- ^{xxi} Cooper, M. (2009). Counselling in UK secondary schools: A comprehensive review of audit and evaluation studies *Counselling and Psychotherapy Research*, 9(3), 137-150.[online: https://www.researchgate.net/publication/233087416_Counselling_in_UK_secondary_sch

[ools A comprehensive review of audit and evaluation data/link/558e7ab508aed6ec4bf3835f/download](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/558e7ab508aed6ec4bf3835f/download)] [accessed: 1st October 2021].

xxii Joint Committee on Education, Further and Higher Education, Research, Innovation and Science: **‘School Bullying and the Impact on Mental Health’ Submission by the Ombudsman for Children’s Office 19 February 2021.** [Online: https://www.oco.ie/app/uploads/2021/03/OCO_Submission_Bullying-in-Schools-and-Impact-on-Mental-Health_Feb-2021.pdf] [accessed 27th September 2021]

xxiii New mental health support in schools and colleges and faster access to NHS care. [online: <https://www.england.nhs.uk/mental-health/cyp/trailblazers/>] [accessed 27th September 2021]

xxiv Heaversedge, M. Review of Service: With Me in Mind, Mental Health Support Team Rotherham. [online: <https://moderngov.rotherham.gov.uk/documents/s128894/ENC%20%20-%20MHST%20quarterly%20report%20April%20-%20June%202020.pdf>] [accessed 27th September 2021]

xxv Psychotherapeutic support, disadvantaged area, families, children, DEIS primary school, mindfulness, psychological well-being [online: <https://www.ul.ie/engage/node/991>] [accessed 1st October 2021].

xxvi Public Health England (2021) London: **Promoting children and young people’s mental health and wellbeing A whole school or college approach.** [Online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf] [accessed 05th October 2021].

xxvii ENOC Secretariat Council of Europe (2018) Strasbourg: **European Network of Ombudspersons for Children (ENOC) Position Statement on “Child Mental Health in Europe”** [Online: <https://www.kinderrechtencommissariaat.be/sites/default/files/bestanden/enoc-2018-statement-child-mental-health-fv.pdf>] [accessed 20th October 2021].