

Submission to the Call for Inputs on the impact of mental health challenges on the enjoyment of human rights by young people – February 2026.

St Patrick's Mental Health Services (SPMHS) is Ireland's largest independent, not-for-profit mental health service provider. St Patrick's Mental Health Services' vision is a society where all citizens are empowered 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 2023-2027 – [‘The Future in Mind’](#), is firmly rooted in these principles and commitments. The following submission shares perspectives and research primarily focussed on the context of child and youth mental health within Ireland.

Question 1: Mental health challenges – Levels of psychological distress, suicidality and self-harm in particular are indicated as being at high levels amongst adolescents in Ireland. National data and research findings include:

- From surveys of 21,340 secondary school students, aged 15-19 years, 19.6% reported poor mental health, 12.1% repetitive self-harm, and 8.4% a lifetime suicide attempt.¹

- 2025 UNICEF Innocenti report - Ireland ranks 24th out of 43 OECD countries for adolescent wellbeing, placing it in the ‘bottom half globally’ , one in three 15 year olds in Ireland report low life satisfaction, and the country's youth suicide rate stands at 6.4 per 100,000 — above the international average.²

- SPMHS 2025 ‘Attitudes to Mental Health and Stigma Survey’ - 71% of parents of under-18s worry about their children's mental health, and 30% of parents of under-18s had sought help for their children's mental health.³

- Consistently increasing rates of self-harm amongst children and young people in Ireland and a decreasing age of onset is of major concern – “Over the past twenty years of reporting from the National Self-Harm Registry Ireland, the highest rates of self-harm have consistently been observed in young people. The increased rates of self-harm among children aged 10–14 years in recent years also indicates that the age of onset of self-harm is decreasing. Increasing rates of self-harm amongst girls in particular have been documented with most recent figures indicating “one in every 153 girls in the 15–19-year age group” presented to hospital with self-harm in 2024. Similarly, in all ages from 10 years, girls presented to hospital with self-harm significantly more frequently than boys - for example among 13-year-olds, the female rate of self-harm was almost six times that of boys (506 vs 88 per 100,000).⁴

- Significantly increased rates of Eating Disorders and admissions of children to hospital for same are evident, accounting for the most common reason for admission to inpatient CAMHS⁵.

- Further attention to childhood gambling is required with a 2026 study finding childhood gambling experiences strongly predict problem gambling as an adult. The findings from this research support “stricter regulation to protect children from gambling exposure, including better age checks, limits on gambling marketing, and regulation of products that appeal to children”.⁶ This follows a 2025 Irish study indicating problem gambling in adulthood as a suicide risk factor, particularly amongst men.⁷

Mental health needs of marginalised groups - SPMHS would highlight the following in relation to the mental health of young people in Ireland from marginalised groups or who are in vulnerable situations:

- Higher rates of poor mental health amongst transgender youth, early school leavers, and children and young people living in relative poverty, have been indicated within recent national studies.^{8,9} Disproportionate mental health difficulties are indicated amongst LGBT+ young people in Ireland, with the 2024 Being LGBTI+ in Ireland study indicating 66% of 14-18 year olds who participated in the study (N = 631) experienced severe/ extremely severe symptoms of anxiety and 72% had self-harmed.¹⁰ The study noted experiences of bullying in school and impacts on education, including desire to leave the school system early, as associated factors highlighted by respondents.

- Mental health difficulties amongst the Traveller community are disproportionately high, in particular suicide rates amongst young Traveller men. A 2022 project and report indicated experiences of discrimination when in the community, education or work and negative portrayals of the Traveller community in the media were significant concerns for young people in the Traveller community with negative impacts on mental health and self-esteem reported.¹¹

- Homelessness figures in Ireland are at record highs. Most recent figures from the Department of Housing (Jan, 2026) indicate 16,996 people were living in emergency accommodation, with homeless children accounting for 5,274. Impacts of homelessness, and long-term exposure to poverty and deprivation during childhood, on mental health and wellbeing are well-established.¹²

- The impact of rising racism and anti-migrant sentiment in Ireland, as elsewhere in Europe, are important to highlight as regards the mental health of young asylum seekers, migrants, and young people from ethnic minorities and associated vulnerabilities.¹³ People seeking asylum, including children and young people, are well-evidenced to have a greater risk of mental health difficulties and are more likely to have background trauma.¹⁴

Question 2: Regarding various social, structural or commercial determinants or risk factors for mental health challenges that young people face, SPMHS would note the following of significance:

Online safety – As per global trends, young people in Ireland are being exposed online to harmful tech company practices, misogyny, extreme sexual material, violence and animal abuse, and other traumatic content.¹⁵ These are associated with, amongst other things, impacts on sleep, overall wellbeing and body image, unhealthy relationship development and gender relations, violent sexual behaviours, and intimate partner abuse from teenage years, and numerous links to mental health implications.¹⁶ As seen with the mass proliferation of AI-generated child sex abuse material, existing approaches to preventing harm to child online have failed. Regarding Government efforts, and those of the relevant national regulator – Coimisiún na Méain, in relation to these matters, SPMHS supports the calls of Irish advocacy groups like the Children’s Rights Alliance and the Dublin Rape Crisis, for far more urgent and robust responses to tech company failures to protect children and young people.^{17,18}

Racism and anti-migrant sentiment – Regarding tackling growing racism within Ireland, a consultation took place in 2023 to develop a new Migrant Integration Strategy, as of January 2026, this has not been progressed as of the time of writing.

Homelessness and poverty – Commitments and progress to addressing child poverty have included establishment of a Child Poverty and Wellbeing Programme Office in 2023 and establishment of initiatives such as a national ‘Schools Meals Scheme’. In November 2025, a new national housing plan was published which included a commitment to develop a cross-

departmental 'child and family homelessness action plan', which will be aligned with the UNCRC.

Question 3: In relation to access to mental healthcare, as a substantive component of the right to health, long waiting lists, geographical inconsistency of service availability, and inadequate resourcing of CAMHS can be understood as barriers to the right to mental health for young people in Ireland, and can compound mental health difficulties for children and young people due to a lack of timely intervention. The experiences of children and young people facing such barriers were outlined within a 2018 Office of the Children's Ombudsman report.¹⁹ The need for increased resourcing and adequate staffing for child and adolescent mental health services (CAMHS) in Ireland was further highlighted within the 2023 concluding observations of the UN Committee on the Rights of the Child.²⁰

A 2025 Irish qualitative study exploring the lived experience of 22 caregivers attending CAMHS highlighted how services can effectively support families, and further highlighted systemic barriers related to the right to mental health for young people including: limited access and crisis response, workforce and infrastructure under-resourcing, fragmented care, and gaps in service responses and availability to neurodivergent young people.²¹ A 2024 survey of 736 families with experience of CAMHS by Families for Reform of CAMHS, an Irish advocacy and support group, highlighted difficulties experienced by young people and families with accessing mental health care from referral onwards.²² For example – "92% of all 736 respondents said that they felt their child's mental health deteriorated during the referral process to CAMHS alone and 43% took additional steps to try and get their child's referral to CAMHS accepted". The powerful positive impact of supportive and effective CAMHS staff interactions and interventions was highlighted, however the impact of inadequate staffing and resourcing, and inconsistency of experiences, was widely noted within the responses. Experiences of families seeking support for children and young people who are neurodivergent or have a learning disability, with eating disorders, or who were experiencing suicidal ideation or intent, were further highlighted as problematic.

Beyond ensuring adequate funding, workforce planning and resourcing to ensure timely access to specialist CAMHS, there is a need for more investment in upstream early intervention, community and schools-based mental health supports and services from primary school age within Ireland to ensure the right to mental health, and to alleviate building pressure on an overburdened mental healthcare system.

Question 4. Regarding laws, policies, programmes: The 'Mental Health Bill' 2024 - Reform of Ireland's primary mental health legislation is progressing at present and a new mental health law, more aligned with the UNCRPRD, is expected to be enacted in 2026. This Bill represents important progress including:

- a provision equalizing the age threshold to 16 years for consenting to both mental health and physical health treatment,
- a separate section in the Bill related to children and young people, and
- provision for regulation of community CAMHS by the Mental Health Commission.

In relation to the latter, a Mental Health Commission, the national regulatory body for approved mental health centres in Ireland, is developing the first national standards for CAMHS, and incorporating efforts to ensure the participation of young people in the consultation process.

Mental health policy and programmes: The national mental health policy is called 'Sharing the Vision' and its implementation is overseen via the work of the National

Implementation and Monitoring Committee, which has included publication of a Sharing the Vision Implementation Plan 2025-2027. A Child and Youth Mental Health Office was established in 2023 within the national health service – the Health Service Executive. A related Action Plan 2024-2027 has also been published.²³ This is a ‘3-year action plan which sets out 16 key actions for comprehensive reform of child and youth mental health services in Ireland’, and is aligned with relevant components of Sharing the Vision, and includes a waiting list reduction initiative.

Ireland signed to the WHO ‘Declaration on Mental Health in All Policies’ in June 2025 which recognises the need to integrate mental health in all policies and the interlinked and essential policy areas that can influence mental health across society, including housing, education and the environment.²⁴ An Interdepartmental Steering Group for Mental Health has also been established to integrate mental health within relevant departments’ work as of November 2025. Positive progress should also be noted regarding implementation of early-intervention school-based mental health supports at primary school level via a pilot programme.²⁵ Funding for additional CAMHS specialist teams and new inpatient beds is also important to note, alongside restoring of bed capacity at an inpatient CAMHS unit – Linn Dara.²⁶ This unit had not been fully operational due to staff shortages since 2022.

Impact of measures - Continued reductions year-on-year in the number of admissions of under-18s to adult mental health units is welcome progress, with just five admissions reported over 2024 and as of the halfway point of 2025 only 2 admissions reported, both aged 17.²⁷ However, prohibition of admission of children to adult mental health units has not been provided for within the Mental Health Bill, as per the recommendations of the UN Committee on the Rights of the Child to the State – “To ensure that the revisions of the Mental Health Act and the Assisted Decision-Making (Capacity) Act include: (i) An explicit prohibition of the practice of placing children with mental health issues in adult psychiatric units”.²⁸

There has been progress regarding access to independent advocacy services for children and young people admitted to inpatient CAMHS units, with some provided nationally, and within SPMHS’ own CAMHS service – Willow Grove, by Youth Advocate Programmes Ireland. Work to address waiting lists for CAMHS has yet to yield meaningful outcomes with most recently available figures indicating timely access and availability of mental health services for young people in Ireland at primary care, community and acute and CAMHS levels requires major improvement. For example, at the end of November 2025 there were reportedly 4375 children on the waiting list for Child and Adolescent Mental Health Services, with 590 children waiting for more than a year for an appointment.²⁹ Waiting lists for primary care psychology services for children and adolescents are reportedly 10-13 years long for the Dublin area.³⁰

Re. tackling social and structural determinants of mental health, as noted, a ‘child and family homelessness action plan’ is being developed which includes an intention to “address issues currently experienced by children in emergency accommodation and put in place additional supports in areas such as education, nutrition and mental health”. A consultation on this plan ran from 19th January to 8th February. There did not appear to be specific child and youth consultation as a component of this process.³¹

Question 5. Allocations to overall mental health services, proportional to the overall health budget, have been approximately 5-6% in recent years, while Sláintecare (the national plan and strategy for reforming Ireland’s healthcare system) recommended funding for mental healthcare to be at 10% by 2025. Public expenditure allocated for mental health within Budget

2026 totalled almost €160 billion, however a breakdown of proportional expenditure for mental health services for young people is not available at present. Numerous increases or new funding have been announced for programmes and services including for a digital single point of access for youth mental health services, an additional specialist CAMHS eating disorders team and a new crisis responses pathway for children and young people with 19 new CAMHS specialist doctors providing support for emergency liaison and out-of-hours care.

Analysis of Budget 2026 by advocacy groups Mental Health Reform and Children's Rights Alliance indicate uncertainty as to whether budget allocations are sufficient for growing mental health services need in the absence of a detailed breakdown of funding. Gaps in funding allocation are important to note for the establishment of a mother and baby mental health unit, which is currently lacking in Ireland.^{32,33}

Question 6. The Pan-European Mental Health Coalition, of which SPMHS is a member, was established further to the widespread mental health impacts of the Covid-19 pandemic, and is an example of international cooperation on advancing child and youth mental health, as it includes a focus on child and youth as one of its workstreams.³⁴ This has included recently published national quality standards for CAMHS from WHO Europe which will be supportive of States efforts as regards working to ensure availability, accessibility, acceptability, and quality of mental health care.³⁵ At European Union level, the 'first comprehensive, cross-sectoral approach to mental health' was adopted by the European Commission in 2023, including a key focus on child and youth mental health.³⁶ Such attention and collaboration at international level to youth mental health is key. However aspiration must be backed up by action with mainstreaming of child rights and mental health across pertinent policy and funding considerations to ensure social, structural and commercial determinants are being meaningfully addressed and children's rights protected in this context. For example, urgent recommitment and strengthening of essential action on the climate and biodiversity emergency will be necessary at EU level to prevent and mitigate mental health consequences for child and youth mental health in the region and beyond.^{37,38} Similarly, robust action at European level to protect children's online safety, tackle the rise of hatefulness and anti-migrant sentiment within Europe, and progress commitments to tackling gender-based violence are also necessary.

SPMHS would reiterate the need for investment and development of upstream, school- and community-based mental health promotion and prevention approaches from primary school age to ensure the realization of young people's right to mental health. Within Ireland, SPMHS advocate for the national expansion of a pilot primary-school based mental health support programme, pending satisfactory outcomes, and would highlight the efficacy of an evidence-based model for same from the UK.³⁹

Meaningfully addressing the social and structural determinants of mental health are essential to enable the realisation of young people's right to mental health in Ireland and beyond. More urgent and robust responses to the 'mega-trends' driving increased mental health difficulties amongst children and young people are required to address the root causes many mental health difficulties amongst young people.⁴⁰ This includes recognising and responding to the increasing direct and indirect impacts of the escalating climate and biodiversity crisis, conflict, genocide and unprecedented violations of international human rights law, and mass violations of the rights of the child globally.⁴¹

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