



Children's Mental Health Coalition submission to the Independent Monitoring Group on *A Vision for Change*

Introduction and Summary Recommendations

The Children's Mental Health Coalition (the Coalition) welcomes this opportunity to make a submission to the Independent Monitoring Group (IMG) for *A Vision for Change*.¹ The Coalition welcomes recent improvements in relation to children and adolescent mental health services, in particular the publication of the third Annual Report of Child and Adolescent Mental Health Services by the HSE. This type of data and analysis gives us a valuable insight into children's mental health. It is particularly encouraging to see an overall decrease in the waiting lists, an increase in the number of community mental health teams and the development of appropriate child and adolescent inpatient services. However it is critical this forward momentum is maintained and that any areas that are falling behind are addressed. In this regard, the Coalition welcomes the commitment in the HSE Service Plan 2012 to commit €7million to appoint an additional 150 staff to complete the multidisciplinary profile of the existing child and adolescent community mental health teams to include at least one from each profession. The Coalition's submission focuses in particular on the following areas: child and adolescent mental health services, mental health in the education system, the mental health needs of children in the youth justice system and the mental health needs of children in the care system.

A. Child and adolescent mental health services

The Coalition has called on Government to provide age-appropriate mental health services for children. This will require both adequate, age-appropriate inpatient bed capacity and development of day patient and community-based care services that minimise the need for inpatient care.

Teams

The *Third Annual Child & Adolescent Mental Health Service (CAMHS) Report* shows there was an increase of 6 new community Child and Adolescent Mental Health Teams (CAMHTs) established in 2009.² Of the 56 community CAMHTs established,

¹ The Children's Mental Health Coalition was formed in 2009 to lobby Government for improvements in children's mental health in relation to mental health services, the education system, the youth justice system and the care system (see www.childrensmentalhealth.ie). It comprises 50 members representing groups from service providers, the education sector, human rights and children's rights organisations. (See Annex One).

² HSE, Third Annual Child and Adolescent Mental Health Service Report 2010-2011, Section 2.2, p.13

very few are fully staffed. In fact the report shows that in September 2011, staffing levels for the existing 56 teams was at 63.8 per cent of the level recommended under *A Vision for Change*, which is lower than the staffing levels from 2010 (70.2 per cent).³ The HSE CAMHS report itself acknowledges that in order for community teams to work effectively a range of skills, disciplines and perspectives are required. The *Report of the HSE Services Forum on Child and Adolescent Psychiatric In-Patient Capacity* also highlights the fact that the absence of fully developed CAMHTs increases the likelihood of an individual child's mental health deteriorating to such an extent that in-patient admission is required.⁴ In this regard, the Coalition welcomes the commitment in the HSE Service Plan 2012 to commit €7million to appoint an additional 150 staff to complete the multidisciplinary profile of the existing child and adolescent community mental health teams to include at least one from each profession (medical, nursing, clinical psychology, social work, occupational therapist, speech and language therapist and child care worker).⁵ While this will represent a significant improvement, this is still below the staffing level for each multidisciplinary team set out by *A Vision for Change*, which recommends two psychologists, two social workers and two nurses per team. Furthermore, in a climate of mass retirements from the public service and a public recruitment freeze, the Coalition would like to ensure that this progress is not offset by the loss of existing staff from community teams.

The Report of the HSE Service Forum on Child and Adolescent Psychiatric In-Patient Capacity states timely access to child and adolescent community mental health teams allows for early intervention, preventing escalation of crises and early treatment with an associated improvement in longer terms prognosis. It also allows for the provision of support for families/carers to facilitate the child/young person remaining at home even when the child is in mental or emotional distress. The length of admission can be reduced, as early discharge can be considered when community-based services are resourced to provide post-discharge support and follow-up that may in turn reduce repeat admissions. The HSE Third Annual CAMHS Report shows that 1,897 children and adolescents were waiting for an appointment at the end of September 2011. This does represent a decrease of 20 per cent from the total number waiting at the end of September 2010. Of these, 288 children had been waiting more than a year, down from 396 the previous year. While there has been an improvement, the numbers waiting for an appointment are still significant: there were 479 children waiting six to twelve months and 475 children waiting three to six months during that period.⁶ In the context of a child's life, the passage of several months before receiving an appointment for a mental health problem is of serious concern. It is hoped that the additional staff promised under the 2012 service plans will lead to further improvements in this regard. While it is clear that significant efforts continue to be made to reduce waiting times, ideally, no child should be waiting more than six weeks for an appointment.

Another important aspect of the multidisciplinary nature of community mental health teams is that services provided should be family centred. Each child with mental health needs should have an up-to-date care plan, which has a recovery focus. This care plan should be multi-disciplinary and take a family centred approach to ensure that the family are empowered to support the recovery of the child. The Coalition are

³ *Ibid*

⁴ HSE, *Report of the HSE Service Forum on Child and Adolescent Psychiatric In-Patient Capacity*,

September 2006, p.25

⁵ HSE National Service Plan 2012, p.94.

⁶ *Ibid*, section 3.1, page 16.

also aware of the current reconfiguration of multi-disciplinary services for children aged 0-18 and that the expansion of community child and adolescent mental health teams will need to take account of the impact of these plans on mental health services. The Coalition is concerned that the recommendations in *A Vision for Change* of 13 child and adolescent mental health teams for children with an intellectual disability have not been met. Coalition members have reported that children with intellectual disabilities and children with autism currently have limited access to community mental health teams.

Services for Young People of 16 and 17 years of age

It is evident that the current level of service provision by the HSE in the community is inadequate to provide the full range of supports recommended in *A Vision for Change*. The Coalition is also concerned that these inadequate resources are impacting on teams being able to meet the needs of young people age 16 to 18, while there is also a need for better transition arrangements for children transferring to adult services. The HSE Third Annual CAMHS Report shows that of the 55 community teams, only 9 accepted referrals of young people up to and including 17 years, with a further 3 teams accepting young people up to and including 16 years. However, 39 of the 55 teams do not see new cases aged 16/17 years but do continue to see existing open cases beyond their 16th birthday where appropriate.⁷ The Report documents a clinical audit carried out in November 2010, during which time 13.7 per cent of cases seen by community teams were 16/17 years.⁸ However, 16/17 year olds represented 68 per cent of admissions during 2010.⁹ The Annual CAMHS Reports state each year that the provision of additional teams is planned to facilitate over time the transfer of responsibility for mental health services for this age group to the Child and Adolescent Services as set out in *The Report of the Inpatient Capacity Forum*, HSE (2006).

The HSE Forum on Child and Adolescent Psychiatric In-Patient Capacity published two reports in 2006, after the publication of *A Vision for Change*. The first report stresses that both aspects of service provision: Child and Adolescent Community Mental Health teams and dedicated in-patient services should be developed simultaneously due to the interdependencies between them and to maximise the quality of care and treatment services available.¹⁰ The Second Forum Report sets out a staged five-year plan, beginning with the immediate appointment of 8 Consultant Teams in 2006 and a further 8 each year with a target of 40 in 2011. While this plan is to address provision for the care of 16/17 year olds, it was envisaged that these new teams would provide increasingly local community/out-patient services, not only to 16/17 year olds, but also to 0-16 year olds, in conjunction with the local community mental health teams. This Second Forum Report maps out each year of the 5-stage process, in terms of the allocation of resources.¹¹

The report outlines an ideal service in relation to 16 and 17 year olds to include:

- Consultation with Primary Care Services/National Educational Psychological Services and Local Authorities and Voluntary Agencies where appropriate.

⁷ *Ibid*, page 45

⁸ *Ibid*, page 24, section 4.6

⁹ *Ibid*, page 36, section 5.3

¹⁰ HSE, *Report of the HSE Service Forum on Child and Adolescent Psychiatric In-Patient Capacity*, September 2006, p.20

¹¹ HSE, *Report of the HSE Service Forum on Child and Adolescent Psychiatric In-Patient capacity*, October 2006, Section 5, pp 23-26.

- Agreed protocols for consultation, referrals and assessment with interfacing services, e.g. General Practice and A&E Services and Liaison Child Psychiatric Team working together for a systemic or joined up solution.
- A comprehensive assessment plan, where appropriate, without a prolonged wait
- Fully staffed multi-disciplinary teams.
- Home care and other treatment modules, based on evidence of effectiveness.
- Day hospital services.
- Designated in-patient beds for children in settings appropriate to age and clinical need.
- Out of hours cover safely available to meet need.
- A system of governance that identifies barriers to the implementation of the ideal service and has a problem solving approach that is accountable within the HSE identified structure.¹²

While there has been an improvement in the provision of in-patient child and adolescent beds and the number of CAMHTs have increased since 2006, it is clear that there has been little progress in meeting the yearly targets outlined in this report. There has been very little progress made in addressing the difficulties experienced by 16 and 17 year olds in accessing CAMHTs and the majority of community teams still do not accept new referrals. While the 2012 Service plan signals significant improvements in staffing levels of existing community mental health teams, the Coalition calls on the Government to fast-track implementation of all aspects of this plan, as outlined in the Second Report of the HSE Forum on Child and Adolescent Psychiatric In-Patient Capacity. It is also crucial that agreed protocols are developed to ensure that every young person has a transition plan in place before transferring from child and adolescent services to adult services and that the young person is consulted in relation to such a plan.

Inpatient facilities

The Coalition welcomes the two new inpatient facilities, which opened in 2011. The Merlin Park Inpatient Unit opened in January 2011 with a capacity of 10 beds, which has now increased to a capacity of 15 beds and the unit plans to have all 20 beds operational during the course of 2012.¹³ Eist Linn Inpatient Unit in Bessboro, Cork has a current inpatient capacity of 12 beds with plans to bring the Unit to its full capacity of 20 beds with additional recruitment during 2012.¹⁴ However, despite this new capacity, by the end of 2011, only 39 of the promised 108 in-patient child and adolescent hospital beds were operational.¹⁵

The Mental Health Commission's *Code of Practice* states that the placement of children in adult wards will be phased out by the end of 2011, with no child under 16 being placed in adult wards from July 2009 and no child under 17 being placed in an adult unit by December 2010. Unfortunately, these deadlines have not been met to date. In 2010 there were 435 admissions of children, with 272 (63 per cent) to child and adolescent inpatient units and 163 (37 per cent) to adult approved centres. Of these 163 admissions, 30 per cent were aged 16 years and 9 per cent were under the age of 16. Of the 304 admissions of children from September to June 2011, 199 (65 per cent) were to child and adolescent units and 105 (35 per cent) were to adult

¹² *Ibid*, p.26

¹³ HSE, Third Annual Child and Adolescent Mental Health Services Report, 2010-2011, p. 41

¹⁴ *Ibid*. There are an additional 26 beds available in the Independent Hospital Sector: 12 at St. John of God's (Dublin) and 14 at St. Patrick's University Hospital Dublin, which opened a private adolescent in-patient unit, Willow Grove, in 2010. his Unit did not receive State funding.

¹⁵ *Ibid*, p.35

units. Of these 105 admissions, 68 per cent were to 17 years of age, 28 per cent were 16 years of age, 4 per cent were 15 years of age and 1 per cent was 13 years of age.¹⁶

The Government must continue its work to end the practice of admitting children to adult wards, a practice described as 'counter-therapeutic' and 'almost purely custodial' by the Inspector of Mental Health Services. To this end, it is vital that the new inpatient facilities in Cork and Galway are fully operational as soon as possible and that the additional child and adolescent beds promised in the Third Annual CAMHS Report become fully operational during 2012.¹⁷ The HSE has committed to increasing the number of beds available to 66 during 2012.¹⁸ This will require not only the delivery of the promised infrastructure, but also the appropriate multi-disciplinary staff to be put in place. The Coalition is concerned about recent reports in relation to staff shortages in the new unit in Galway. The Psychiatric Nurses Association have stated that agreed staffing levels have not been maintained, while there should be 7 members of staff on duty each day, some days there are only three. Staff shortages, combined with a failure to implement policies on violence and the management of aggression, have resulted in a significant number of assaults on nurses since the unit opened last year.¹⁹ This also raises issues about the quality of care being received by patients in this facility. The Coalition would like to emphasise the need for staff to receive adequate training in how to work with young people, including adequate training in how to manage challenging behaviour and the use of de-escalation techniques.

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 decisions²⁰. 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 risks²¹. 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 social²². This again highlights the need for care plans for each child with mental health needs which have a family centred and multi-disciplinary approach.

¹⁶ *Ibid*, p.37

¹⁷ The Third Annual Mental Health Service Report 2010 – 2011 outlines the planned development of child and adolescent inpatient units. Two additional units are expected to open in Dublin in 2012: a 12 bed adolescent unit in at St. Joseph's Adolescent Unit, St. Vincent's Hospital Fairview; an interim 8 bed unit at St. Loman's Hospital, Palmestown in Dublin, followed by a new 24 bed unit in Cherry Orchard, Dublin, which is currently at design stage

¹⁸ *Ibid*, p. 35

¹⁹ "Mental Health Nurses assaulted 190 times in 12 months", Jennifer Hough, Irish Examiner, 4 February 2012.

²⁰ 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.

²¹ *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.

²² *Ibid*, 4.8.

Ending admissions of children to adult units also requires the HSE to implement the phased plan which it has outlined in the Second Report of the Forum on Child and Adolescent Inpatient Capacity, as discussed above. Increasing capacity in child and adolescent units is only one part of the solution. Child and Adolescent Community Mental Health Teams must also be expanded and fully resourced to accommodate 16 and 17 year olds and the HSE's own plan to address this issue must be implemented.

Recommendations:

- ***The HSE should continue to prioritise increasing multi-disciplinary staffing in CAMHTs to ensure that all children and adolescents have access to the full range of supports set out in A Vision for Change. The HSE should ensure that progress made by the appointment of additional staff to CAMHTs as set out in the HSE National Service Plan 2012 is not affected by teams losing staff under the current early retirement scheme.***
- ***The HSE should set a target that no child is waiting more than six weeks for an appointment and set a timeframe for the achievement of this goal.***
- ***CAMHS must be expanded and fully resourced to accommodate 16 and 17 year olds.***
- ***Each child with mental health needs should have an up-to-date care plan, which has a recovery focus. This care plan should be multi-disciplinary and take a family centred approach to ensure that the family are empowered to support the recovery of the child.***
- ***Government must end all inappropriate admissions of children and adolescents to adult units and meet the deadlines set by the Mental Health Commission. The HSE should fully implement the plan outlined in the HSE Service Forum Report on Child and Adolescent Psychiatric In-Patient Capacity to ensure that this issue is fully resolved.***
- ***Staff working in in-patient units should receive adequate training in how to work with young people, including adequate training in how to manage challenging behaviour and the use of de-escalation techniques.***
- ***Protocols must be developed to ensure that every young person has a transition plan in place before transferring from child and adolescent services to adult services and that the young person is consulted in relation to such a plan.***
- ***Children with autism and children with an intellectual disability should have access to community mental health teams. Specialist Mental Health Services for children with autism and children with an intellectual disability should also be put in place in line with A Vision for Change.***

B. Mental health in the education system

The Coalition has called on Government to take steps to ensure schools and early years settings engage in mental health promotion and provide early supportive intervention. There is no evidence that an appropriate level of services has been put in place to meet the needs of these children in a school setting. As a result of personnel constraints, the National Educational Psychological Service (NEPS) must concentrate most of its work on making assessments of educational need/difficulty/disability (which may or may not be linked with mental health difficulties) rather than focusing on working with schools for best outcomes for students who are so assessed. The NEPS remit does not focus on or support clinical mental health difficulties. Instead, the needs of children and young people with mental health difficulties are responded to via the local health services, which do not seem capable for similar reasons of providing speedy early interventions. Furthermore, implementation of the Education for Persons with Special Educational Needs Act 2004 has been deferred until further notice. The recent cuts announced by Government in relation to guidance counsellors are of concern, particularly in schools where they were qualified to provide counselling services, as this will lead to less opportunity for students to have one-to-one time with guidance counsellors, resulting in less support for students experiencing mental health problems.

From consultation with member organisations of the Coalition it is clear that schools and early years' providers are not currently equipped to adequately promote mental health or support children with mental health problems. Of central concern is that schools are not fully aware of the available supports and services. The Government should therefore establish a national directory with comprehensive information on the types of services available and what each service provides in each region, indicating contact and referral pathways to them.

Inter-departmental guidelines are currently being drafted on the "whole school approach" to mental health for schools. This approach attempts to change the ethos of the school in relation to mental health and includes all stakeholders. The Coalition strongly recommends that as well as addressing a whole school approach to mental health promotion, these guidelines must also address practical difficulties which schools experience in promoting, addressing and supporting the mental health needs of individual students. The guidelines should provide clear procedures on how teachers can raise concerns about individual students' mental health difficulties as well as training and supports for teachers in how to promote positive mental health both through the curriculum and through a whole school ethos, respond appropriately when mental health needs arise and support mental health needs once identified. The guidelines should also aim to improve linkages between schools and mental health services, including mechanisms for support and referral to NEPS and CAMHS.

Recommendation:

- ***The Government should establish a national directory with comprehensive information on the types of services available and what each service provides in each region and how schools can access them.***
- ***As well as addressing a "whole school approach" to mental health promotion, the Interdepartmental Guidelines currently being developed should provide clear procedures on how teachers can raise concerns about individual students' mental health difficulties as well as training and supports for teachers in how to promote positive mental health both through the curriculum and through a whole school ethos, respond appropriately when mental health needs arise and support mental health***

needs once identified. The guidelines should also aim to improve linkages between schools and mental health services, including mechanisms for support and referral to NEPS and CAMHS.

C. The mental health needs of children in the youth justice system

The Coalition has called on the Government to provide mental health services to children with mental health difficulties who come before the courts and for children in detention as envisaged in *A Vision for Change*. A system for addressing the mental health needs of these children is urgently needed. The Coalition welcomes the fact that the functions of the Irish Youth Justice Service (IYJS) that relate to detention schools for children transferred from the Department of Justice and Equality to the Department of Children and Youth Affairs. Many children with mental health issues may end up in the youth justice system because they have not been given adequate early intervention support. Currently neither the Courts Liaison nor Prison In-reach Service provides a nationwide service to children and adolescents, while services to young people in detention schools are lacking.²³ The Prison In-Reach and Courts Liaison Service should be extended nationwide and apply to children as well as adult prisoners, so that suitable children can be diverted to local in-patient services instead of being committed to detention centres.

The Coalition is very concerned about the continued detention of children aged 16 and 17 years in St. Patrick's Institution and particularly the negative impact this adult regime has on the mental health of the children detained. The Inspector of Prisons has reported that at any one time, a third of those detained in St. Patrick's Institution request to be held 'on protection' as they fear for their own safety.²⁴ This involves up to 23-hours a day lock up in single protection cells, with limited access to education, physical activity and association with other prisoners. There were eight children on protection as of 31 October 2011.²⁵ This regime can only have a severely negative effect on the mental health of these vulnerable children. The Coalition is concerned that commitments made by Government to end the practice of detaining children in St. Patrick's Institution have been delayed and that expenditure was not allocated in the Capital Development Plan 2012 to 2016 for the refurbishment of children's detention schools or the building of a new National Detention Facility. Given this delay, it is crucial that the mental health needs of children in St. Patrick's Institution are met as a matter of priority. The pilot in-reach mental health service introduced by The Central Mental Hospital to St. Patrick's Institution should be extended and continued in anticipation of the development of the new HSE service outlined below.

The HSE must provide adequate mental health services for children in detention. In October 2010, the HSE has signed off on the development of a new service called

²³ The most recent Health Information and Quality Authority (HIQA) inspection of Oberstown Boys' Detention School found that the school still has no access to child and adolescent mental health services. Similarly, HIQA's inspection in April and May of 2010 found that while staff were making arrangements for child and adolescent psychiatric services for children at Trinity House Detention School, there was still no final determination on how this service would be delivered. (HIQA, 'Oberstown Boys' Detention School Inspection Report ID Number: 454, published 18 August 2011 and 'Trinity House Children Detention School Follow-up Inspection Report ID 453, published 4 November 2010 at www.hiqa.ie)

²⁴ Inspector of Prisons (2010) *The Irish Prison Population – an examination of duties and obligations owed to prisoners*, Office of the Inspector of Prisons, p.81. See Children's Rights Alliance, Report Card 2012, *Is the Government Keeping its promises to Children?* p.59.

²⁵ See Children's Rights Alliance, Report Card 2012, *Is the Government Keeping its promises to Children?* p.59.

the Assessment, Consultation and Therapy Service (ACTS) which seeks to address the mental health needs of children in detention and children in special care and high support units, to include a forensic mental health team and an in-reach service for St. Patrick's Institution. The Minister for Children and Youth Affairs has said that recruitment is currently underway for this new service. While this is a welcome development, there is no indication as to when this will be up and running. The most recent inspection reports for the detention schools state that the IYJS has carried out an internal review of the mental health needs of children in the detention schools. The inspection reports also reference the ACTS service. It is imperative that this service is now put in place without delay and that the identified needs in the IYJS internal report are met. The new service should include a national assessment standard for children in detention for all those with an identified need, follow-up support and treatment provided, both in detention and/or at community level post release.

Recommendation:

- ***The proposed Assessment, Consultation and Therapy Service (ACTS) which seeks to address the mental health needs of children in detention and children in special care and high support units, including a forensic mental health team and an in-reach service for St. Patrick's institution must be put in place without delay.***
- ***The Prison In-Reach and Courts Liaison Service should be extended nationwide and apply to children as well as adult prisoners, so that children with mental health needs can be diverted to local in-patient services instead of being committed to detention centres.***
- ***The pilot in-reach mental health service introduced by The Central Mental Hospital to St. Patrick's Institution should be extended and continued in anticipation of the development of the new ACTS service.***

D. The mental health needs of children in the care system

The Coalition has called on the Government to develop a national framework for mental health assessment for children in care and to ensure that the HSE delivers the necessary follow up services. Since the adoption of the Ryan Report Implementation Plan in summer 2009, there have been some improvements in the care system, including an increase in the numbers of social workers employed and in the provision of care plans to children in care. It is hoped that these measures will lead to improved care for the needs of children in care, including their mental health needs.²⁶ The Coalition welcomes the establishment of the Child and Family Support Agency which is under the remit of the Department of Children and hopes that this will mark a new departure in terms of meeting the mental health needs of children in the care system. The Coalition is concerned that a small number of children in the care system continue to be sent to secure care other jurisdictions as there are no facilities to meet their mental health and other needs in Ireland.

As mentioned in relation to children in the youth justice system above, in October 2010, the HSE signed off on the development of a new service called the Assessment, Consultation and Therapy Service (ACTS) which seeks to address the mental health needs of children in detention and children in special care and high

²⁶ The HSE's Performance Monitoring Report for September 2011 shows that the recruitment process to fill the 64 outstanding social worker posts approved in the National Service Plan 2010 is still ongoing, as is the 60 WTEs development posts set out in the National Service Plan 2011

support units. The proposal also plans to meet the needs of children in the care system who are at risk of entering special care or high support units. While this is a welcome development, the proposal does not include a national assessment standard for all children in care with provision for all those with an identified need to follow-up support and treatment. It is essential that the mental health needs of children in care are identified at a much earlier stage, given the vulnerability of these children, and that supports are put in place before those needs reach a crisis point. Services should also be tailored to meet the mental health needs of children in need of aftercare services. This should include addressing the mental health needs of families whose children are at risk of entering the care system.

The Coalition is also concerned about the mental health needs of children in direct provision and separated children who have very particular mental health needs that need to be fully met. The direct provision system of institutional communal living is not well designed for, nor supportive, of childhood or parenting. In many cases parents and children are living in one room for extended periods, with little space for children to play or do their homework; parents are unable to engage in study and work; and many experience anxiety and depression as they await a decision on their immigration status. The majority of separated children now live in foster families until they reach 18 years old and are then usually transferred to direct provision accommodation. A lack of aftercare support places this group at high risk. For separated children, the shift from Dublin-based accommodation to a system of foster placements throughout the country is challenging. Much expertise and supports have been developed in Dublin over the past decade to meet these needs. Access to similar supports, either at the community level or in Dublin, is critical to ensure that the mental health needs of these children are adequately met.

CAMHS should be resourced to provide outreach services to vulnerable children, such as separated children, children in need of aftercare services and those living in local direct provision centres.

- ***The Government should establish a national assessment standard for all children in care with provision for all those with an identified need for follow-up support and treatment.***
- ***The mental health needs of children in direct provision and separated children who may have very particular mental health needs should be fully met. This should include addressing the mental health needs of families in direct provision whose children are at risk of entering the care system.***
- ***Child and Adolescent Community Mental Health Teams should be resourced to provide outreach services to vulnerable children, such as separated children, children in need of aftercare services and those living in local direct provision centres.***

Conclusion

The Coalition welcomes the important improvements in this area but believes that many children are not currently having their rights respected in the area of mental health, particularly more vulnerable children. The Department of Education and Skills, Department of Justice and Equality, the Department of Health and the Department of Children must ensure that the commitments in *A Vision for Change* relating to children are delivered.

For further queries please contact Róisín Webb (rwebb@amnesty.ie 01 863 8314)

Annex One: Children's Mental Health Coalition Membership

1. Alcohol Action Ireland;
2. Amnesty International Ireland;
3. The Association for Children and Adolescent Mental Health, Ireland Branch;
4. Association of Secondary Teachers Ireland (ASTI);
5. Barnardos;
6. The Base, a Youth Health Programme;
7. Bodywhys;
8. Border Counties Childcare Network;
9. CARI Foundation;
10. Children in Hospital Ireland;
11. Children's Rights Alliance;
12. Dáil na nÓg;
13. Educate Together;
14. EPIC (Formerly the Irish Association of Young People in Care)
15. The Faculty of Child and Adolescent Psychiatry of the College of Psychiatry in Ireland
16. Family Breakdown Support Services;
17. Focus Ireland
18. Foróige;
19. Headstrong; The National Centre for Youth Mental Health;
20. Home-Start Ireland;
21. Inclusion Ireland;
22. Inspire Ireland;
23. Integrating Ireland;
24. Irish Branch of the Child and Adolescent Mental Health Services;
25. Irish Congress of Trade Unions (ICTU);
26. The Irish National Council of ADD Support Groups (INCADDS);
27. Irish National Teachers Organisation (INTO);
28. Irish Penal Reform Trust (IPRT);
29. Irish Primary Principals Network (IPPN);
30. Irish Second-Level Students' Union;
31. Irish Society for the Prevention of Cruelty to Children (ISPCC);
32. Irish Refugee Council;
33. Irish Secondary Students' Union;
34. Mater Child and Adolescent Mental Health Services;
35. Mental Health Reform;
36. Miss Carr's Children's Services;
37. Mothers Union;
38. Mounttown Neighbourhood Youth and Family Project;
39. National Association for Parent Support;
40. National Association of Principals and Deputy Principals (NAPD);
41. National Parents' Council (Primary and Post Primary);
42. National Youth Council of Ireland;
43. One in Four;
44. Pavee Point;
45. Psychiatric Nurses Association (PNA);
46. The Psychological Society of Ireland (PSI);
47. The Peter McVerry Trust
48. St Patrick's University Hospital;

49. Society of St Vincent de Paul;
50. SpunOut.ie;
51. Youth Advocate Programmes Ireland.