

Response from the Northern Ireland Commissioner for Children and Young People to the Department of Health, Social Services and Public Safety on the draft 'Service Framework for Mental Health and Wellbeing' Consultation Document
March 2011

1.0 Introduction

The Office of the Commissioner for Children and Young People (NICCY) was created in accordance with The Commissioner for Children and Young People (Northern Ireland) Order 2003 to safeguard and promote the rights and best interests of children and young people in Northern Ireland.

Under Article 7(2)(3) of the 2003 Order, the Commissioner has a statutory duty to keep under review the adequacy and effectiveness of law, practice and services relating to the rights and best interests of children and young people by relevant authorities. NICCY's remit covers children and young people from birth up to 18 years, or 21 years of age where a child or young person has a disability, or experience of being in care.

In determining how to carry out her functions, the Commissioner's paramount consideration is the rights of the child and NICCY is required to base all its work on the United Nations Convention on the Rights of the Child (UNCRC).

NICCY welcomes the opportunity to respond to the consultation on the Service Framework for Mental Health and Wellbeing. Our response explores the relevance of specific children's rights to the Framework proposals, raises issues concerning the involvement of children and young people in the consultation and then considers the Standards outlined in the Service Framework.

2.0 Children's rights

The UNCRC provides the overarching framework which guides the work of NICCY. As a signatory to the Convention, the UK Government has agreed to uphold the rights of children and young people based on the UNCRC.

NICCY appreciates that there are often complexities when reconciling the rights of children and young people with their welfare and best interests.

NICCY recommends that the proposals for the Service Framework for Mental Health and Wellbeing are reviewed against the following relevant articles within the UNCRC and that these are incorporated as underlying principles, to ensure that the rights



and best interests of children and young people are upheld and protected;

- Article 2: children shall not be discriminated against in the exercise of any of their UNCRC rights, on the grounds of their (or their parent's) race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- Article 3: All decisions taken which affect children's lives should be taken in the child's best interests.
- Article 6: All children have the right to life and to the fullest level of development.
- Article 12: Children have the right to have their voices heard in all matters concerning them.

3.0 Consultation with children and young people

NICCY has regularly expressed concern that Section 75 of the Northern Ireland Act 1998 has not been adequately enforced in respect of the age criterion, and that public authorities are failing in their duty to meaningfully consult with children and young people on issues that have direct relevance to their lives.

Article 12 of the UNCRC, referenced above, provides that children have the right to express their opinion in matters directly impacting upon them and to have those views given due weight in accordance with the age and maturity of the child. NICCY notes that, in relation to the Service Framework for Mental Health, an 'easy access' version of the consultation documentation was produced. While this simplifies the proposed service framework, the language employed and the concepts presented will remain largely inaccessible to many children and young people. This is a concern as the Framework may be inaccessible to the children and young people for whom it has most relevance. It is important that where the DHSSPS seeks to make any changes to the provision of services affecting children and young people, that they are fully consulted and informed. The Foreword to the document notes that the development of the Framework has been an inclusive process involving professionals, patients, clients and carers. It also states that the standards for health and social care are to be used by patients, clients, carers and their wider families. Since children and young people are amongst these stakeholders, they should be included in the development and consultation processes and their views and opinions considered through an appropriate consultation mechanism.

Evidently, many of the standards will impact on children and young people. These will include the Overarching Standards (Sections 3-4), Standards for



Specific Conditions – Children and Young People (Section 5) and many of the Standards outlined in Section 7. NICCY suggests that it is important that where a standard pertains to children and young people, appropriate steps are taken to ensure they are adequately and appropriately consulted.

NICCY is aware that two further Service Frameworks are in the process of being developed, one of which will be for children and young people. NICCY looks forward with interest to reading this Framework. However, we would urge the Department to ensure that children and young people are provided with appropriate opportunities to consider the proposals and to contribute their views and opinions. This should be undertaken through the provision of information which is fully accessible to all children and young people, and the use of an appropriate response mechanism which will allow as many children and young people, particularly those who are likely to be affected by the proposals, as wish, to offer feedback.

NICCY recommends that children and young people are included in the consultation process and their views and opinions considered through an appropriate consultation mechanism.

4.0 General Comments on the proposals

NICCY welcomes the development of the Service Framework and its intention to set out explicit standards for patients, clients, carers, practitioners and other stakeholders in the provision of mental health care and treatment. In reviewing the proposed framework, NICCY has identified a number of issues relating in particular to how the framework may impact on children and young people who use mental health services.

4.1 Measurable and meaningful standards

Clearly, it is important that the standards are measurable, meaningful and attainable if they are to improve the provision of services to users, carers and their families. Although they are regarded as a vulnerable group, children and young people with mental health problems, as users of mental health services can provide valuable feedback regarding the standards and they should be afforded the opportunity, if they wish, to influence the development, delivery and evaluation of the services provided.

4.2 Interdepartmental approach

The genuine and full realisation of many of the standards contained in the draft Framework, will require collaboration not only between bodies within the DHSSPS but with other government departments and agencies too. As stated in the document, there is a recognition that 'addressing these factors of health and



social wellbeing...will require action from all government departments and agencies not just health and social care' (p.65). The Performance Indicators (PIs), in the vast majority of cases however, have been developed to relate solely to the work of the DHSSPS. Whilst recognizing the challenge of devising PIs in co-operation with and for the purpose of setting out standards for other departments and agencies, there is evidently a need to consider how this might be achieved. The document itself states that 'Health and Social Services should...work in partnership with all departments and agencies to influence change'. It goes on to say that although not included as a standard...it is one of the essential actions required in order to improve overall health and wellbeing (p.65). If this is regarded as an 'essential action', it is important to consider how this might be realized, monitored and evaluated.

In reviewing some of the standards contained in the document, it is questionable whether these can be fully met without the full co-operation of other departments, agencies or bodies and without the standards having been agreed as priority objectives by all involved.

In considering an inter-departmental approach, it may be helpful to consider OFMDFM's 'Children and Young People's 10-year Strategy' which outlines strategic goals for children and young people in key areas, including mental health and considers the scope for adopting a joined up approach by Government in the delivery of services to children and young people in Northern Ireland.

NICCY recommends that the DHSSPS consider how Performance Indicators may be devised in co-operation with and for the purpose of setting out standards for other departments and agencies. It also recommends that the Department develops effective collaborative approaches with all relevant bodies in seeking to achieve the standards presented in the Service Framework.

4.3 Consistency across Health Trusts

The standards have been developed for implementation across the different Health Trusts in Northern Ireland. **NICCY recommends that the DHSSPS demonstrate how it will achieve consistency across the Trusts** in terms of how the data is sourced and collected, in order that the Performance Indicators may be compared and collated accurately and the standards uniformly achieved across all mental health services provided in Northern Ireland.



5.0 Comments relating to Specific Standards

In relation to *Overarching Standard 1, Smoking Prevention*, for information, the NICE guidance concerning the uptake of smoking by young people, was issued in July 2008.¹

Evidently other agencies and authorities outside of the DHSSPS have a responsibility to tackle the issue of smoking and to reduce the uptake amongst young people. There is a role for educators, parents, the criminal justice system, different agencies within the voluntary and community sectors, the media, tobacco manufacturers, advertisers and retailers.

NICCY therefore recommends that a focused, joined-up strategy be adopted, involving all the relevant agencies.

Overarching Standards 2, 3, 4, 5, 7 would also benefit from the adoption of a joint, integrated approach involving all the relevant departments, agencies and organizations. Evidently there is a greater likelihood of standards being met if all the appropriate agencies are involved. The provisions outlined in *Overarching Standard 7* are valuable as they involve early intervention and support for parents and carers. The first performance indicator refers to the percentage of parents/carers identified as requiring additional support who are offered evidence based parenting programmes.

NICCY recommends that the DHSSPS records record the number of parents who then take part in these programmes in order to identify any barriers which may exist and any steps which may need to be taken in order to remove these.

With reference to *Overarching Standard 10, User Participation*, NICCY believes it is vitally important that all children and young people who use mental health services should be actively involved in the planning, development and evaluation of these services. Children and Young people will have a unique perspective of the services provided and it is likely that they will be able to provide insights which will be of value to those who plan and deliver the same.

NICCY welcomes the inclusion of children and young people who are carers in *Overarching Standard 11* and the opportunity that will be given to them to be involved in the planning and delivery of services. NICCY's review of children's

¹ <http://guidance.nice.org.uk/PH14>



rights in Northern Ireland; 'Children's Rights: Rhetoric or Reality' (2008)² examined the experiences of young carers, noting their reluctance at times, to share information because they did not wish to reveal their situation or because they had concerns about what might happen to them or their families (p.149). **NICCY therefore recommends that young carers are appropriately supported in providing feedback so that they provide an accurate assessment of the role they play in looking after a family member who is a user of mental health services.**

NICCY also welcomes the specific reference to children and young people in *Overarching Standard 12* concerning advocacy. It is important that children and young people feel they can raise any issues including complaints, with an appropriate advocate.

NICCY therefore recommends that accurate data is kept regarding the numbers of children and young people who avail of advocacy services.

In relation to Safety - *Overarching Standard 13*, NICCY has expressed serious concerns on various occasions about the accommodation of young people in adult mental health wards. A recent report by RQIA³ also indicated that approximately 200 children and young people were admitted to adult wards between 2007 and 2009. In setting standards for patient and client safety, **NICCY strongly recommends that all children and young people are accommodated in appropriate inpatient facilities where their safety, privacy and dignity can be assured.**

In considering how to collect user and carer feedback (referenced in the data sources), again appropriate mechanisms should be developed to facilitate children and young people's participation and to ensure they can respond as fully and accurately as possible. The mental illness of a family member can evidently have an adverse impact on a child or young person therefore it is vital that they are considered and consulted where appropriate, as part of any decision making processes regarding treatment and services.

NICCY would reiterate the reference to the UNCRC and specifically Article 12, which outlines children's right to have their voices heard in all matters concerning them and to have their opinions taken into account. Empowering young people to have a say can increase their sense of autonomy and self-

²http://www.niccy.org/uploaded_docs/1_71784_NIC71784%20Childrens%20Rights%20Text%204.pdf

³http://www.rqia.org.uk/cms_resources/RQIA%20CAMHS%20Report%2022%20Feb%2011.pdf



esteem. It can also contribute to personal and social development and support social integration. Encouraging children and young people's involvement in decision-making about the services provided to them can also strengthen their commitment to the treatment process.

The issue of children and young people's participation applies across the standards but particularly to *Overarching Standards 14: Information Sharing, 15: Effective communication, 19: Care Pathways and 20: Care Planning, 22: Medicines Management, 27- 31: Specific Conditions affecting children and Young People, 38 - 39: Addictions and substance misuse, 40 - 41 Eating Disorders, 42: Asperger Syndrome, 52: Acquired Brain Injury: 53, Deaf People with mental health needs, 55: Forensic Mental Health Services, 56: Learning Disability, 57: Black and Ethnic Communities and 58: Homeless People.*

Overarching Standard 16 addresses communication between services, organizations and professionals. It makes reference to the provision of effective and secure patient information systems and the need to prevent adverse outcomes, particularly in relation to abuse and child protection issues. Policies and procedures and staff training are also referenced. Given the critical importance of this issue, **NICCY recommends that two additional performance indicators be developed, outlining indicators relating to policies and procedures and staff training.**

Overarching Standard 17 concerning *service delivery*, refers to the importance of providing assistance to children and young people in maintaining their education and social networks. There is therefore the potential for education providers to be included amongst those who have responsibility for delivery and implementation.

NICCY recommends that the DHSSPS consider including a Performance Indicator which specifically captures the percentage of children and young people who have been assisted in accessing education or training.

NICCY notes that the DHSSPS has cited other departments and sectors who hold responsibility for the delivery and implementation of *Standards 28 and 30* contained in Section 5.

NICCY recommends that processes are put in place to facilitate the effective collection of accurate data and information from other departments, agencies and service providers.

The *transition from CAMHS to adult mental health services (Overarching Standard 31)* is recognized as a critical stage in a young person's care and



treatment. The 'Bamford Review of Mental Health and Learning Disability'⁴ identified various shortcomings including an overdependence on the use of local networks and professional relationships. Clearly the young person should participate fully in all decision-making regarding plans for his or her treatment. In order to monitor the effectiveness of transition arrangements and to inform a future review of planning and decision making processes, **NICCY recommends the inclusion of an additional Performance Indicator which details the percentage of young people who were content or not content with the transition arrangements.**

With regard to *Overarching Standard 50: Self-harm*, specific consideration should be given to how children and young people will be considered. The Performance Indicator refers to the availability of information, support and initiatives. There are ongoing concerns about the levels of suicide in Northern Ireland and the number of incidents of suicide amongst young people in Northern Ireland in recent years. **In this context, NICCY recommends that the information, support and initiatives provided be pitched at an appropriate level for children and young people and tailored to their particular needs.**

Overarching Standard 55 addresses Forensic Mental Health Services. Various reviews and research studies, including the Independent Monitoring Board Report (2010)⁵ and the Criminal Justice Inspection Report (2010)⁶ have highlighted significant concerns about the lack of access to CAMHS for young prisoners held in Hydebank Wood. Given the particular vulnerability of young people with mental health problems in prisons, this is an issue that should be addressed with the utmost urgency.

NICCY strongly recommends that the DHSSPS take steps to improve the provision of CAMHS immediately, aiming to achieve this well before the proposed date of March 2013.

6.0 Conclusion

NICCY would like to thank DHSSPS for the opportunity to comment on the draft Service Framework for Mental Health. If the Department requires any clarification regarding our comments, or would like to discuss the issues with NICCY in further detail, please contact:

⁴ <http://www.dhsspsni.gov.uk/camh-vision-comprehensive-service.pdf>

⁵ <http://www.imb-ni.org.uk/downloads/hydebank0910.pdf>

⁶ <http://www.cjini.org/CJNI/files/24/24d6cd45-20bb-4f81-9e34-81ea59594650.pdf>





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