

# Workshop 1

## Physical and Mental Health Workshop



# **Children’s Services Co-operation Act (Northern Ireland) 2015**

## **Well-being of children and young persons**

**1.—(1) The functions conferred by this Act are to be exercised for the purpose of improving the well-being of children and young persons.**

(2) For this purpose the “well-being” of children and young persons includes—

(a) **physical and mental health;**

(b) the enjoyment of play and leisure;

(c) learning and achievement;

(d) living in safety and with stability;

(e) economic and environmental well-being;

(f) the making by them of a positive contribution to society;

(g) living in a society which respects their rights;

(h) living in a society in which equality of opportunity and good relations are promoted between persons who share a relevant characteristic and persons who do not share that characteristic.

(3) In this section “relevant characteristic” means a characteristic mentioned in any of paragraphs

(a) to (d) of section 75(1) of the Northern Ireland Act 1998.

**(4) In determining the meaning of well-being for the purposes of this Act, regard is to be had to any relevant provision of the United Nations Convention on the Rights of the Child**

# UNCRC- Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
  - a. To diminish infant and child mortality;
  - a. To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
  - c. To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
  - d. To ensure appropriate pre-natal and post-natal health care for mothers;
  - e. To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
  - f. To develop preventive health care, guidance for parents and family planning education and services.

## UNCRC- Article 25

States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

## UNCRC- Article 23

3. (... ) shall be designed to ensure that the disabled **child has effective access** to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

# UNCRPD – Article 25

Highest standard of attainable health, without discrimination on the basis of disability.

In particular state parties shall:

- (a) Provide persons with a disability with the same range, quality and standard of free or affordable health care and programme as provided to other persons.
- (b) Provide health services needed specifically because of their disabilities, including early identification and intervention and services designed to minimise and prevent further disability.
- (c) Provide health services as close as possible to peoples own communities, including in rural areas.
- (d) Health Care Professional Training: Raise awareness of human rights, dignity, autonomy and needs of people with a disability.

**General Comment 9** (2006) on the rights of children with disabilities- these children often lose out in relation to right to health *CRC/C/GC9 paras 44-45*

## General Principles

The rights contained within the Convention are indivisible and interdependent, and children's access to other UNCRC rights as, protection from violence and abuse and access to an adequate standard of living will directly impact on their physical and mental health.

The four guiding principles of the UNCRC should be embedded in all other rights outlined in the Convention, including the right to health. The 4 guiding principles relate to children's right to non discrimination (art.2), to their best interests being a primary consideration in all matters (art. 3), right to life and to survival and development to the maximum extent (art. 6) and to their views being given due weight in accordance with age and maturity (art.12)

## General Comment 15 on a Child's Right to Health

- Right of the child to develop to their full potential and to attain the highest standard of health.
- The Committee reaffirms that health rights are inclusive –includes prevention, health promotion, intervention and rehabilitative services.
- Underlying determinants of health are addressed.
- Highlights the evolving capacities of the child and the importance of children's autonomy in decision making, noting with concern that those vulnerable to discrimination are less able to exercise autonomy.
- Mental ill-health difficulties among adolescents, including self harm and suicide. Need for Treatment and Rehabilitation.
- The Committee recommends states legislate for:
  - specific proportion of expenditure to be allocated to children's health;
  - that this should be made visible in budgets;
  - rights based monitoring and analysis;
  - child impact assessments

## General Comment 4 Adolescent Health and Development

- Insufficient attention given to adolescents as rights holders and in promoting their health and development.
- Understand it more broadly than being restricted to (Art 6 ) right to life and rights to health (art 24).
- The promotion and enforcement of the provisions and principles of the Convention, especially articles 2-6, 12-17, 24, 28, 29 and 31, are key to guaranteeing adolescents' right to health and development.
- Right to express views and have them duly taken into account (Art 12).
- **Civil rights and freedoms (13-17)**
- Rights to access information and material aimed at promoting physical and mental health.
- Rights to privacy and confidentiality, including respect to advice and counselling.

*UNCRC General Comment 4 CRC/ GC/ 2003/ 4*

# 2008 Concluding Observations Recommendations

## Health and Health Services

55. that inequalities in access to health services are addressed through a coordinated approach across all government departments and greater coordination between health policies and those aimed at reducing income inequality and poverty.

## Mental Health

56. (...) The Committee is also concerned that in Northern Ireland - due to the legacy of the conflict - the situation of children in this respect is particularly delicate.

57. that additional resources and improved capacities be employed to meet the needs of children with mental health problems throughout the country, with particular attention to those at greater risk, including children deprived of parental care, children affected by the conflict, those living in poverty and those in conflict with the law.

*Concluding Observations United Kingdom of Great Britain and Northern Ireland, CRC/C/GBR/CO/4, 3  
October 2008*

## Adolescent Health

63. The Committee recommends that the State party continues to address the issue of **substance use** by adolescents across the State party, including by;

- (a) Studying the root causes of these problems in order to provide targeted prevented measures;
- (b) Strengthening mental health and counselling services, ensuring they are accessible and sensitive to adolescents in all jurisdictions;
- (c) Providing children with accurate and objective information on toxic substances, as well as support to those attempting to abandon their use or dependency”

*Concluding Observations United Kingdom of Great Britain and Northern Ireland, CRC/C/GBR/CO/4, 3 October 2008*

# Questions

1. What are the issues affecting children generally that should be addressed under this outcome?
2. Are there specific issues affecting particular groups of children?
3. Where are the gaps in our knowledge?
4. What do children and young people think about this issue?
5. Who needs to be involved in addressing this outcome?
6. What other work is currently being taken forward in relation to this outcome?
7. Is it possible to focus down on a few initial priority areas for this outcome?