Still Waiting- Implementation

NICCY Progress Update Monitoring Report - Feb 2021

Introduction

The Northern Ireland Commissioner for Children and Young People (NICCY) was established under the Commissioner for Children and Young People (NI) Order 2003 with a principal aim to safeguard and promote the rights and best interests of children and young people in Northern Ireland (NI). In exercising her functions, the Commissioner must have regard to all provisions of the United Nations Convention on the Rights of the Child (UNCRC).

In September 2018, NICCY published a Rights Based Review of Mental Health Services and Support for Children and Young People - ***‘Still Waiting’****,[[1]](#footnote-1)* this report was produced in accordance with the powers and functions set out in the NICCY Order. This includes duties to keep under review the adequacy and effectiveness of law, practice and services provided for children and young people by relevant authorities; to advise Government and relevant authorities; and to encourage children and young people and their parents / carers to communicate with the Commissioner.

Implementation of ‘Still Waiting’ Recommendations

The Report contained 50 recommendations across 8 thematic areas, as outlined below.

|  |  |
| --- | --- |
| 1. Working Effectively | 5. Moving from Child to Adult Services |
| 1. Accessing Help | 6. Flexible Treatment Options |
| 1. Support for Adults working with Children and Young People | 7. Mental Health Awareness & Literacy |
| 1. Specialist Support | 8. Young People with Additional Needs |

An Inter-Departmental Group (IDG) Chaired by the Department of Health and involving representatives from the Departments for Education, Justice and Communities, along with members of the Voluntary and Community Sector was established to publish an action plan and be responsible for the implementation of the recommendations (SWAP).

Progress Reporting and Monitoring

The IDG have published two annual progress reports which outline steps taken to implement each action from the Still Waiting Action plan. Their most recent progress update report was published for the year 2019/20

As a parallel process, NICCY has committed to monitoring the implementation of the ‘Still Waiting’ recommendations on an annual basis between 2020-2023.[[2]](#footnote-2) This monitoring report is the second in a series of four reports that will be published and sets out an assessment on progress, since last year, in implementing the recommendations from Still Waiting. Our assessment reflects on the impact of the pandemic and highlights where we are reiterating the same comments from last year’s monitoring report. We have also published a detailed response on progress against each of the individual actions in the Still Waiting Action Plan (SWAP) and this document is available from the ‘Still Waiting’ webpage on the NICCY website [www.niccy.org/StillWaiting](http://www.niccy.org/StillWaiting)

Alongside the monitoring report, NICCY is also publishing a Mental Health Data report which is largely a compilation of mental health service activity data for the period 2013/14 -2019/2020.[[3]](#footnote-3) Much of the data contained in the report is not in the public domain and came from data requests made by NICCY to the HSCB, BSO and RQIA. We will refer to some key data from this report as we reflect on services and support. This data does not cover the part of the year most affected by Covid-19, however, NICCY will also be publishing a comprehensive report on the impact of Covid on children and young people later in 2021, which will include the impact of the pandemic on children’s access to mental health services.

Views on the IDG 'Progress Update Report and Action Plan were sought from the NICCY Youth Panel and their input is reflected in this Report.

Assessment of Progress to Date

|  |  |  |
| --- | --- | --- |
| Theme and objective | Action | RAG status |
| **1 Working Effectively and Collaboratively**  Clear governance structures for development of CAMHS | 1.1 Establish an Inter-Departmental Project Board with cross sectoral representation to develop and implement an action plan in response to the NICCY Still Waiting Report recommendations, to include engagement with children and young people |  |
| 1.2 Create a fund map of spending in children and adolescent mental health and emotional wellbeing services. |  |
| 1.3 Increase funding for statutory CAMHS service. |  |
| 1.4 Full implementation of CAMHS dataset, including consideration of alternative approaches for delivery, such as, engagement with Encompass. |  |
| 1.5 Development of prevalence study into children’s and adolescent’s mental health. |  |
| 1.6 Increase awareness of referral process for referring agents |  |
| 1.7 Implement the Managed Care Network. |  |
| 1.8 Develop MH Liaison Service (for 16+), CAIT and acute care pathways for children and for young people. |  |
| 1.9 Self Harm Intervention Programme (SHIP) referral pathway for children and young people to be kept under review. |  |
| **2. Accessing help**  Removing barriers that stop young people accessing services | 2.1 Fully implement the CAMHS dataset, which will monitor referrals and acceptance rates. |  |
|  | 2.2 Create new / review existing information channels for children, young people and families, including review of the Patient Portal and HSC pages on NI Direct and social media outlets, in collaboration with children and young people. |  |
|  | 2.3 Consider creation of a Mental Health Passport Scheme, through existing portals. |  |
|  | 2.4 Review Integrated Elective Access Protocol (IEAP) to ensure fit for purpose for children and young people. |  |
|  | 2.5 Evaluate Card Before You Leave (CBYL) for children and young people. |  |
|  | 2.6 Co-produce an app to help and support young people who may struggle or have difficulties engaging with CAMHS:   * Scoping work to understand what is currently provided * Set up Task & Finish group with children and young people involvement, to take forward app development. |  |
|  | 2.7 Review CAMHS appointment systems. |  |
|  | 2.8 Fully implement CAMHS care pathway across NI, including gap analysis and where additional resources should be deployed. |  |
| **3. Supporting Adults working with Children and Young People** | 3.1 Roll out at Trust level of short course programme on the CAMHS Care pathway to GPs and other children services. |  |
|  | 3.2 Development of a children & young people’s mental health training strategy and standards for professionals working with children and young people. |  |
|  | 3.3 Implementation of primary care MDTs with a mental health worker attached to all GPs across the region. |  |
|  | 3.4 Named “MH professional” (title to be agreed) in every school, to be taken forward alongside the Emotional Health and Wellbeing Framework for Children and Young People (DE / PHA):  - Develop proposals, including better use of VCS services; and development of business case. |  |
| **4 Specialist Support** | 4.1 Increase capacity in the C&V sector for community based mental health support, to include after care support:  - scope existing provision with analysis and proposals for potential areas for expansion and consideration of workforce implications. |  |
|  | 4.2 A greater range of self-help support for young people (including social prescribing – link to MDT work) to be available on referral from GPs  Linked to action 4.1 above   * Scope existing support and complete gap analysis * Consider how best to encourage GPs to utilise supports – app development, awareness raising, trust specific database etc. |  |
|  | 4.3 Monitor prescribing data and ensure medication for mental health to children and young people is appropriate. |  |
|  | 4.4 Fully implement psychological therapies in CAMHS, as per the existing 2010 Psychological Therapies Strategy. |  |
|  | 4.5 Evaluate and analyse the need for Psychiatric Intensive Care provisions in Northern Ireland and make decision on the future need. |  |
|  | 4.6 Evaluate and analyse the use of detentions in Beechcroft. |  |
|  | 4.7 Review existing protocol for children on adult wards. |  |
|  | 4.8 Review system of RQIA oversight of children treated for MH as in-patient on adult wards.  Consideration given to the option of amending requirement under Art 118 of the Mental Health (Northern Ireland) Order 1986 and the relevant Direction |  |
|  | 4.9 Enhance the framework in relation to minimum care standards in ED for children and young people who are presenting with a mental illness. |  |
|  | 4.10 Improve contact opportunities for children and young people who are waiting for an appointment or are in between appointments, by considering how to strengthen case worker contact between appointments. |  |
| **5 Moving from Child to Adult Services** | 5.1 Create an improved transitions procedure, including i-Thrive app development project.  Consider bridging service for 16-25 year olds (any change to existing policy will require Ministerial decision). |  |
|  | 5.2 Develop a transition dataset as part of the CAMHS dataset. |  |
|  | 5.3 New guidance for those who do not transition from CAMHS to adult services. |  |
| **6 Flexible Treatment Options** | 6.1 Better complaints structures for children and young people, including consideration of:   * Co-produce user friendly leaflets * Advocates (as part of MCA/ amendments to MHO) – may require Ministerial decision   Build on existing advocacy systems (such as VOYPIC in Beechcroft) |  |
|  | 6.2 Increase children and young people involvement in service evaluation and development.  Consider development of an action plan and setting up a mental health youth forum in each Trust to support this action. |  |
|  | 6.3 Develop treatment protocols where psychological therapies are core of CAMHS services.  Link to Action 4.4 and 2010 Psychological Therapies Strategy. |  |
| **7 Mental Health Awareness and Understanding** | 7.1 Promotion, prevention and early intervention around emotional wellbeing will be at the core of The Emotional Health and Wellbeing Framework (the Wellbeing Framework) being developed jointly by DE, PHA, DoH and the Education Authority.  This will include use of the curriculum and curriculum based resources available to support teachers in its delivery.  Reverse The trend  DE Wellbeing Fund |  |
|  | 7.2 As part of the out-working of the Framework, enhanced joint working through a multi-disciplinary approach will be explored. |  |
|  | 7.3 Reinforce and publicise the CAMHS care pathway.  Link to actions 2.9, 3.2 and 5.1-5.3 |  |
|  | 7.4 The Wellbeing Framework will provide clear structures of support, including clarification of the links and pathways of referrals to the appropriate services, based on the child/young person’s needs. |  |
|  | 7.5Commission qualitative research on mental health literacy, language and awareness of services appropriate for children and young people to inform future awareness raising programmes including for example the Change Your Mind programme which is designed to tackle mental health stigma and discrimination.  Subject to resource availability, pilot two programmes in 2020/21 to support resilience in post-primary schools; and embed Mental and Emotional Wellbeing in the curriculum to maximise success in further and higher education.  Links with Protect Life 2 objective and associated actions to improve awareness of suicide prevention and associated services. |  |
| **8 Young People with Additional Needs** | 8.1 Pursue development of ID CAMHS pathway, linked to Action 8.2 |  |
|  | 8.2 Development of the Children and Young People emotional health and Wellbeing Framework. |  |
|  | 8.3 Consider new approaches to mental health and substance use problems.  Project Board to engage with policy leads in respect of new approaches for addressing the needs of children with mental health and substance misuse problems. In doing so, Project Board will also liaise with the Review of Regional Facilities Programme Team to consider how the development of proposals for a Joint Care and Justice Campus might include similar approaches. |  |
|  | 8.4 Create a new protocol for informing RQIA of all relevant information when a child or young person is admitted to a general paediatric ward for mental health treatment or care. |  |

We fully acknowledge that the Covid-19 pandemic has had to take priority by Government and this has impacted on the ability of the IDG to meet and progress actions within the SWAP. However, alongside the direct physical illness caused by the virus, one of the biggest impacts of the pandemic has been the increased emotional and mental health problems it has caused. In recent months there has been an increased prominence and acknowledgement given to emotional wellbeing and mental health by a range of Government Departments. The concern raised within government led to the development of the covid-19 mental health response plan in May 2020, alongside the longer term plans set out in the mental health action plan. A covid specific working group was established ‘to focus on the mental health needs of children and young people during and after the pandemic, to support recovery and to quickly raise any issues with the Department for resolution.’[[4]](#footnote-4) Unfortunately, subsequent recommendations for action will be impeded unless significant investment and resourcing for mental health services and support follow. It is widely acknowledged by Government Departments that improvements in accessibility, acceptability and quality of service / support will not happen without significant strategic planning and investment.

In our ‘Statement on Children’s Rights in Northern Ireland’ (SOCRNI 2)[[5]](#footnote-5) report published in November 2020, NICCY repeated the call for mental health to become a regional priority with investment to match, recommending that government:

**“Ensure the findings and recommendations from NICCY’s ‘Still Waiting’ review inform all current and future strategies to reform services / support. This must include long term investment to sustain services and improve outcomes.” (p41)**

**“Prioritise investment in those areas which reflect the most egregious breaches of children’s rights, ensure that all funding decisions are transparent and equality impact assessed and establish robust monitoring and evaluation processes to allow for effective measurement of impact.” (p41)**

Policy and Strategy Development

There have been a number of important and progressive policy developments since the last monitoring report, this includes the Mental Health Action Plan and Covid specific plan as already mentioned. The consultation on NI’s first Mental Health Strategy is hugely significant, and we commend the Department for its steps to realise children’s participation rights by producing a children’s and young people’s and easy read version of the strategy. We look forward to seeing how the department engages directly with young people as part of the consultation processes.

NICCY also welcomes the work to produce an Emotional Health and Wellbeing in Education Framework (EHWEF) and the focus it places on educational settings as a source of support for children and young people’s emotional health and wellbeing. With the appropriate implementation supports, commitment and buy-in, we anticipate that the Framework will facilitate improvements in mental health awareness and literacy, improve interagency collaboration and ultimately improve the mental health of children and young people and staff.

The Substance Misuse Strategy and proposals on a Regional Care and Justice Campus are currently out for consultation and both offer a real opportunity to embed some of the actions from the IDG SWAP that relate to support for young people with alcohol and drug and mental health problems. Moreover, we have been assured that communication is ongoing between Department leads.

We also recognise that there is overlap and commonality across these policy developments with respect to intentions and actions. We have been given reassurances by the Department of Health and the Minister, that NICCY’s Still Waiting recommendations and Action Plan remain a priority for the Department as it ‘maintains focus on mental health services and support for children and young people’. Although reassuring it is important that these separate but related plans are sufficiently joined up to form one integrated and coherent set of actions.

**The Action Plan developed by the IDG must converge with other relevant work, such as the Mental Health Action Plan, the Mental Health Strategy, Emotional Health and Wellbeing in Education Framework, Substance Misuse Strategy etc., in such a way that the Still Waiting recommendations feature prominently throughout.**

The introduction of the Mental Capacity (NI) Act is a significant legislative development that will, when fully commenced, fuse together mental capacity and mental health law for those aged 16 years and over. Throughout the development of the legislation, NICCY consistently expressed concern regarding the proposed application of the Mental Capacity Act (Northern Ireland) 2016 only to those aged 16 and over, thus denying young people under 16 access to the protections and safeguards under the Act. Under 16s are excluded from the scope of the Mental Capacity Act due to Government’s position that the test for capacity cannot be applied to children. This position is not compliant with the UNCRC or ECHR and NICCY has already written to draw this to the attention of the Minister and requesting that the provisions of the Mental Capacity Act be extended to children and young people under the age of 16.

The Mental Health (NI) Order 1986 will remain in place for under 16’s, despite it being widely regarded as non-compliant with key human rights, not upholding the principle of personal autonomy and not reflecting developments in good practice. A series of amendments are planned to improve protections and safeguards for under 16’s, however, at the moment there is no set date for full commencement of amendments to the Mental Health Order. NICCY has advised Government that steps to update the legislation must be taken as a matter of urgency.

The Mental Capacity Act does not apply to 16 and 17 year olds in the same way as adults. Unlike adults, they do not have automatic access to the safeguards and protections of the Act when they lose capacity. The current version of the Mental Capacity Act Code of Practice does not appear to fully address the position of 16 and 17 year olds as the Children’s Chapter states that The Age of Majority Act 1969 provides that a person who is 16 or over may consent to surgical, medical or dental treatment without parental consent, but does not remove the right of the parent or guardian to consent on behalf of a 16 or 17 year-old. The recent Supreme Court judgment in the Re D case resolves some but not all of the outstanding issues with the legislative position and NICCY has yet to receive a satisfactory response from the DoH regarding the judgement and the measures that will be taken to rectify problems with existing legislation for under 16s and 16-17 years olds.

**NICCY recommends that the provisions of the Mental Capacity Act be extended to cover children and young people under the age of 16 to ensure the legislation is fully compliant with ECHR and UNCRC; that the provisions in the Mental Health Order 1986 designed to improve safeguards and protections for under 16 year olds be commenced as a matter of urgency; and that the Mental Capacity Act Code of Practice is revised to properly take account of the re D Supreme Court judgement.**

Impact of Covid-19

We are extremely concerned about the impact the pandemic has had and will continue to have on the emotional wellbeing and mental health of all children and young people, and, we are particularly concerned about the needs of those already most disadvantaged, such as those whose ability to access emotional wellbeing and mental health support was very poor before the pandemic and is likely to have worsened since then. NICCY will be publishing a report later this year which will focus on the impact of covid-19 on children’s rights, which will include the impact on their wellbeing and access to mental health services and support.

In its recentStatement on Children’s Rights in Northern Ireland report (SOCRNI 2)[[6]](#footnote-6), NICCY highlighted the need for Government action in response to the pandemic, by ensuring that **“adequate mental health provision is in place to meet the needs of children and young people affected by the Covid-19 public health crisis. To include a proactive response to reducing pandemic-related adversities that are known to harm mental health, for example, pre-existing mental health problems or disabilities, domestic violence, abuse and poverty.” (p41)**

The response to the pandemic has also shown how quickly services and systems can change when they have to; the introduction of electronic platforms for CAMHS appointments and communication, and extended opening hours which include evening and weekend clinics are clear examples. We need to maintain that dynamism and use it to meet the ambitious reform required, to create a mental health care system that meets the needs of children and young people.

**NICCY recommends that service changes introduced in response to COVID are retained and mainstreamed where they will provide greater flexibility, choice and improved access and quality of care to children and young people.**

Mental Health Data

The need to improve data collection and monitoring has been a long standing recommendation by NICCY and we are delighted to see the first prevalence survey on children and young people’s mental health being published in October 2020.[[7]](#footnote-7) The information coming from this research fills a significant gap in the evidence base for those developing strategies and planning and delivering services. We welcome the Department’s commitment to using the information to shape the Mental Health Strategy and funding a dedicated data analyst post ‘to ensure the data is mined to its full potential while it remains relevant and current.’

We also wish to acknowledge the ongoing work to establish a comprehensive standardised mental health database, however, there continues to be significant gaps in what is collected and what data is available in the public domain. In the absence of a publicly available comprehensive CAMHS Dataset, NICCY has published a report which is a compilation of mental health data it has been reviewing and collecting between 2017-2020. A review of the data provides a useful indication of whether and to what extent, improvements are being made against recommendations from Still Waiting. Some of the key reflections are outlined below, and further detail on each area is available from the mental health data report which has been published as part of the monitoring process.[[8]](#footnote-8)

**Pressure on GP system to take the bulk of referrals continues**

Data shows that of a list of 13 potential referrals sources, three-quarters of all referrals continue to be made via GPs. NICCY made a number of recommendations regarding pathways and referral processes in Still Waiting (Rec’s 2-4, p274), the intention being to simplify referral pathways and ensure that those professionals who know young people best are positioned to refer to CAMHS. The IDG Still Waiting Action Plan has acknowledged that robust protocols and capacity building would be required to reconfigure referral routes in this way. Although we welcome the efforts to support GP surgeries in responding to children’s mental health, it remains unclear as to the impact of actions taken to date.

**Non-acceptance data for Step 3 (core) CAMHS no longer available**

In ‘Still Waiting’, NICCY raised considerable concerns about the proportion of young people not accepted for Step 3 / Core CAMHS between 2014-2016. Unfortunately, a re-configuration of services (single referral pathway system) has led to a change in the way data is collected, therefore we are unable to track this statistic from 2016 onwards. Global level data which relates to any CAMHS services (Step 2, Step 3 / Core, Eating Disorder, Crisis Response Home Treatment (CRHT) & Drug and Alcohol Mental Health Service (DAMHS)) shows that there are a significant number of young people referred to CAMHS for whom CAMHS is not deemed appropriate and therefore require other forms of support. A review of all (global) referral acceptance rates shows variation in the rate of referrals accepted across HSCTs. **NICCY continues to call for a system to track young people moving between services within the Stepped Care Model for CAMHS, which would monitor the length of time and pathways required for young people to access support, to include young people not accepted for referral to Step 3 CAMHS** (Rec 47, p.278). The IDG Still Waiting Action Plan reports that ‘consideration is ongoing regarding options for tracking non-accepted referrals’.

**No improvement in waiting times for access to CAMHS**

Data shows that the number of young people waiting and the length of time young people are waiting are both increasing for CAMHS and Psychological Therapies.

A common explanation from HSCTs regarding spikes in waiting times for CAMHS are 'unplanned staff absences' and 'vacancies' alongside increasing demand (HSCB Board Meeting Performance Report - April 2019, p16). These issues will not have been alleviated due to the pressure placed on staff and services due to covid. However, it is of critical importance that these issues which form part of the reason for waiting list problems are addressed. The delivery of the following overarching key target in the SWAP is also required i.e. ‘Fully implement the CAMHS care pathway across NI, including a gap analysis and where additional resources should be deployed’.

**No improvement in rates of non-attendance at appointments**

Data up to 2019 /20 shows a continual trend in which approximately 15- 20% of first or review appointments are not attended. NICCY’s review recommended that the CAMHS dataset be augmented to record, monitor and urgently address reasons for non-attendance; record the number of young people discharged from CAMHS due to non-attendance and monitor compliance with IEAP guidance (47 f-g). This is an area in which data may start to show improvements if the greater flexibility around appointments (time and place) provided during covid are maintained once normal services fully resume.

**A&E attendance continues to be commonplace for young people in mental health crisis**

Data shows that A&E continues to be the most common place for young people to go whilst in a mental health emergency. In fact, data is showing that referrals to CAMHS from A&E increased significantly between 2018/19 and 2019/20 from 27% to 42%. Unfortunately, we do not know how many young people present to A&E with mental ill health as a presenting issue, as the system is not able to provide this data.

In Still Waiting, NICCY made a number of recommendations regarding crisis support for children and young people (Recs 21-25). We welcome the fact that crisis care is a focus of the Mental Health Strategy but we are disappointed that greater progress has not been made on relevant actions from the SWAP, namely the review of CAIT / MH liaison service and embedding minimum standards in A&E departments. These statistics indicate a need for action to be taken urgently.

**CYP discharged from CAMHS without goal being achieved**

Data shows that approximately 40% of CYP discharged from CAMHS do so without their goals being achieved. In Still Waiting, NICCY highlighted the fact that a significant proportion of young people did not find the support they received helpful. Although the intention is not to conflate these two measures, they both point to the need for further analysis of the effectiveness of treatment and service models and what changes might usefully be made. Better analysis requires improvements in the quality of data being collected and this must include ‘outcome’ data. Very little tangible progress has been made in relevant thematic areas in the SWAP, namely ‘Specialist Support’ and ‘Flexible Treatment Options’. However, we remain hopeful that some of the proposals identified for this year will be advanced.

**Anti-depressant prescribing remains concerning**

Over the reporting period, the number of under 18s and under 12s receiving prescriptions has gone down but the number of prescriptions administered has increased quite considerably. Although changes in scanning processes may account for part of the increase in the number of prescriptions administered, this remains a significant cause for concern which is amplified as some of the same drugs, which have not been recommended by NICE for use with children, are still listed as being prescribed. NICCY welcomes the work to monitor prescribing data and ensure medication for mental health to children and young people is appropriate. Clear timeframes for output and action are required.

Low admission of under 18s to adult wards being sustained

NICCY welcomes the fact that admission of under 18s to adult mental health wards has not increased above six since 2015/16. The UNCRC is unequivocal in its view that under 18s should only ever be treated in age and developmentally appropriate settings. This approach should be implemented as matter of urgency. As an interim measure clear regional protocols and regulation should be established for those under 18s admitted to adult wards.

Monitoring of Still Waiting Recommendations

In the 2020 monitoring report, NICCY recommended that a number of the actions needed to be more clearly defined, particularly with respect to timelines and next steps. A substantial number of actions also referred to the need to secure funding and / or Ministerial approval before they could be progressed.

**We reiterate our recommendation that the Action Plan is reviewed to ensure that it includes clear timeframes, targets, measurable indicators, effective monitoring mechanisms and sufficient human, technical and financial resource**.

**Furthermore, we note that significant emphasis continues to be placed on the establishment of the Managed Care Network (MCN) to deliver on key actions from the SWAP, namely greater joined up working and simplifying care pathways. It is imperative that this Network is established as a matter of urgency, along with a monitoring / evaluation process to track performance.**

Outcome measures against Progress

Data from the CAMHS Dataset are a useful marker of progress and it is clear from reviewing the Still Waiting Action Plan that it would be strengthened by having SMART-er key performance indicators against actions. These must include outcome measures which can show improvements in health outcomes for children, and greater levels of satisfaction with services and support

**NICCY will seek to reach agreement with the IDG on a set of shared indicators by which we can measure the outcomes of the work to implement the ‘Still Waiting’ recommendations; these will form part of next year’s progress update.**

Reflection on SWAP priorities for 2021

We welcome the plans to prioritise actions under the theme ‘children with additional needs’ in next 12 months. This is an area in which strategic planning and investment is vital.

Extra Contractual Referral (ECR) [[9]](#footnote-9) data over the last 6 years shows the primary presenting conditions of the young people transferred include developmental and learning disabilities, and co-occurring mental health and substance use problems (dual diagnosis)[[10]](#footnote-10). It is also important to note that the number of young people treated in a facility outside of NI, is relatively small- on an annual basis between 1-9 young people are subject to an ECR, as of 2019/20, overall 14 young people were receiving treatment outside of NI. Statistics also show that irrespective of whether young people are treated in Northern Ireland (Iveagh Centre[[11]](#footnote-11)) or out of jurisdiction, the length of stay can be considerable and goes well beyond what would be termed an acceptable length of time for ‘assessment and treatment’. The length of time young people were treated out of jurisdiction between 2014/15- 2019/20 ranged between 4 days and 1826 days (5 years), with an average stay of 244 days. For the Iveagh Centre data for the period 2017-2019 length of stay ranged between 7 and 870 days (well over 2 years) with an average length of stay of 1 year (351 days).

NICCY has intervened in several judicial review cases regarding delayed discharge of young people from secure health facilities in 2019/20. These cases remain ongoing before the courts, and the contribution of NICCY to them to date has helped focus attention on the need for child centred strategies, policies and approaches.[[12]](#footnote-12)

NICCY has welcomed the decision by the BHSCT Executive Team to move the Iveagh Centre under the Children’s Directorate of the BHSCT 18 months ago, and it is regrettable that this has not been progressed. A wide range of operational, strategic and budgetary planning issues emanate from the Iveagh Centre sitting under adult learning disability services.[[13]](#footnote-13) **We understand that the plan to move the Iveagh Centre under children’s services will now be reviewed as part of the Belfast Trusts wider restructuring, and it is imperative that this happens without delay.**

Overall, ‘children with additional needs’ is an area of the SWAP in which little progress has been made to date. NICCY’s review engaged directly with young people with learning disability and those with alcohol and drug problems, as they were groups known to have particular issues with access to mental health support, and for whom the Review made a number of specific recommendations. The current SWAP has collapsed these recommendations made by NICCY, which makes it difficult to monitor actions planned or progress made.

**In anticipation of the IDG’s work to prioritise actions under the theme ‘children with additional needs’, we take this opportunity to reiterate our request for the SWAP to include all specific recommendations from NICCY’s Still Waiting Review which relate to children with a learning disability (recs 37-40, p277) and children with alcohol and drug problems (recs 41-44, p277).**

Conclusion

The Commissioner welcomes the IDG’s progress update report and understands the difficulties that Covid has created on making progress in some areas. Whilst NICCY is disappointed that more progress has not been made in the delivery of more of the actions within the Still Waiting Action Plan, we are hopeful that major strategic developments such as the Mental Health Strategy, Substance Misuse Strategy and the Emotional Health and Wellbeing in Education Framework will act as critical levers in the delivery of key actions outlined in the Still Waiting Action Plan. NICCY will continue to engage with all of these programmes of work to ensure that the focus on children and young people’s mental health, and the recommendations from Still Waiting, are informing necessary changes to the system.

The pandemic has also led to increased mental health problems in the population, particularly amongst children and young people. It has also highlighted the importance of mental health and wellbeing and expedited some positive changes in service delivery and in attitudes and focus on this area of public health. Whilst huge challenges face society and public services during and post-covid, there is also opportunity to address outdated practices and processes, as well as deep rooted inequalities in mental health provision.

In the year ahead we look forward to working with all relevant stakeholders, including our NICCY Youth Panel and the IDG to ‘make good’ on the commitments made in the SWAP.

We end on a key point made when we published ‘Still Waiting’ in 2018 as it remains of fundamental importance as we go forward.

‘To drive real, positive and sustainable change in the availability, accessibility and quality of mental health services and support available to young people, child and adolescent mental health must become a regional priority, with sufficient investment to reflect this.’[[14]](#footnote-14)

1. [www.niccy.org/StillWaiting](http://www.niccy.org/StillWaiting) [↑](#footnote-ref-1)
2. ibid [↑](#footnote-ref-2)
3. Mental Health Data Report available from [www.niccy.org/StillWaiting](http://www.niccy.org/StillWaiting) [↑](#footnote-ref-3)
4. <https://www.health-ni.gov.uk/publications/mental-health-action-plan> pg 48 [↑](#footnote-ref-4)
5. [niccy-socrni-2-main-report-web-nov-20.pdf](https://www.niccy.org/media/3691/niccy-socrni-2-main-report-web-nov-20.pdf) p41 [↑](#footnote-ref-5)
6. [niccy-socrni-2-main-report-web-nov-20.pdf](https://www.niccy.org/media/3691/niccy-socrni-2-main-report-web-nov-20.pdf) [↑](#footnote-ref-6)
7. [Youth Wellbeing Prevalence Survey 2020 - HSCB (hscni.net)](http://www.hscboard.hscni.net/our-work/social-care-and-children/youth-wellbeing-prevalence-survey-2020/) [↑](#footnote-ref-7)
8. Mental Health Data Report available from [Mental Health Review - Still Waiting (niccy.org)](https://www.niccy.org/StillWaiting) [↑](#footnote-ref-8)
9. An ECR occurs when a child or young person is transferred to an inpatient facility outside of Northern Ireland for specialist clinical treatment or therapeutic care/ interventions which are not available in Northern Ireland. [↑](#footnote-ref-9)
10. Mental Health Data Report- Section 11.1, Table 13. [Mental Health Review - Still Waiting (niccy.org)](https://www.niccy.org/StillWaiting) [↑](#footnote-ref-10)
11. The Iveagh Centre is the 6 bed specialist in-patient facility in NI, for the assessment and or treatment of children and young people who have a learning disability and additional mental health / behavioural difficulties. Until recently it was an 8 bed unit. [↑](#footnote-ref-11)
12. [niccy-legal-casework-19-20-final-web.pdf](https://www.niccy.org/media/3680/niccy-legal-casework-19-20-final-web.pdf) p32 [↑](#footnote-ref-12)
13. [niccy-still-waiting-report-sept-18-web.pdf](https://www.niccy.org/media/3114/niccy-still-waiting-report-sept-18-web.pdf) p158-159. [↑](#footnote-ref-13)
14. [niccy-still-waiting-report-sept-18-web.pdf](https://www.niccy.org/media/3114/niccy-still-waiting-report-sept-18-web.pdf) [↑](#footnote-ref-14)