



95 PROJECT

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I. Summary

95 Project is a proposal created by Senator Joan Freeman to address some of the key deficiencies in the provision of mental health services for children and adolescents under the existing Child and Adolescent Mental Health Services (CAMHS) in Ireland.

95 Project named after the 95 children in Ireland who were admitted to adult psychiatric Units in 2015¹, is the means by which Senator Freeman proposes to introduce legislation creating a prohibition on the admission of children and adolescents to Adult Psychiatric.

However, sometimes introducing legislation can create its own problems. So Senator Freeman proposes comprehensive solutions to issues that may arise by way of encouraging a collaborative relationship and supportive relationship between the HSE and private sector as a means of providing more timely and comprehensive treatment for children and adolescents in mental health care.

The necessity for early intervention in the treatment of young people with mental health is highlighted by the reality that three-quarters of mental health difficulties arise before the age of 25. Senator Freeman submits that the creation of a service level agreement between the HSE and the independent sector would also ensure a reduction in existing waiting lists for child mental health assessments, which as of July 2016, stood at 2,298 children.²

In compiling this report, **95 Project** has called for submissions from a panel of frontline workers in the mental health Industry (both within the HSE and the private sector) to identify key areas where practical reform can be implemented. It is suggested that an emphasis on practical reform for waiting lists and treatment of children requires the development of a secure and supportive relationship between the private and public sectors.

95 Project has three key recommendations:

1. To introduce legislation creating a prohibition on the admission of children to adult psychiatric units as recommended by the Children's Mental Health Coalition;
2. To encourage and advocate on behalf of more collaboration between the public and private sectors where mental health facilities would be more available and more efficient services for children around Ireland;
3. To highlight, on a continuous basis, the mental health needs of children and adolescents.

Outcomes:

1. To end the practice of admitting children to adult psychiatric units;
2. To reduce the existing waiting lists by increased engagement between the HSE and private sector service providers;
3. To regionalise supply of Psychiatric Intensive Care Units in Ireland;
4. To ultimately reduce the waiting time for an assessment from 3 months to 2 weeks under the Child and Adult Mental Health Service;
5. To provide a parity of treatment for children who suffer from mental health issues so they are not only reliant on the bulging and straining demand existing on public health services.

I. Legislation

The Mental Health Commission has reported in every year since 2006 that at least 75 children were admitted to Adult Mental Health units. In 2015, that number increased to 95 children with approximately 9.5% of those children aged 16 or younger.

The Ombudsman for Children reported that a number of complaints submitted to his office related to children being inappropriately placed in adult inpatient facilities, particularly children at risk of suicide or self-harm, and that these situations appeared to be due to a lack of suitable emergency placements. Moreover, the Ombudsman has expressed concern about the length of delay in transferring children and adolescents to appropriate age friendly facilities following their initial admission to adult services.

This is despite the fact that the Mental Health Commission³ issued guidelines in 2001 saying that by the end of that year there should be no more admissions of children under 18 to adult units. The proposed Amendment, if passed in time, would create a statutory basis by which this practice could no longer occur.

The legislation relevant to the care of children to approved centres for psychiatric treatment is the Mental Health Act 2001, the Child Care Act 1991 and the Children Act 2001. The natural and imprescriptible rights of the child are also protected by Article 42A of the Irish Constitution.

In connection with all proceedings under the 2001 Act, s. 24 of the Child Care Act 1991 states that: *'in relation to the care and protection of a child, the court, having regard to the right and duties of parents, whether under the Constitution or otherwise, shall (a) regard the welfare of the child as the first and paramount consideration; and, (b) in so far as is practicable, give due consideration, having regard to his age and understanding, to the wishes of the child'*.

Under the 2001 Act, the standard procedure for detaining an adult (involuntarily) is under ss. 9, 10 and 14 of the Mental Health Act 2001. This section cannot be used to detain a child involuntarily.⁴

The involuntary admission of a child to an approved centre for psychiatric treatment can only be effected under s. 25 of the 2001 Act, or in the case of a child who is voluntarily resident at an approved centre, he or she can be temporarily detained under s. 23(2) of the 2001 Act.

The District Court will order an initial detention period of 21 days and once this has expired, the detention may be extended for a period of up to three months and thereafter for periods of up to six months. It is admitted that in practice, it is rare that a child would be admitted to an Adult Psychiatric unit for in excess of one week.

Under the principal Act, there is no legislative requirement that a child be detained in a child appropriate unit or, if a child is detained in an adult centre, that he or she be accommodated in an area separate from adults and in an age-appropriate environment.

If a child is being treated in an approved centre, whether on an involuntary or voluntary basis, then the Approve Centres Regulations must be followed.

These regulations are set out in the Mental Health Act 2001 (Approved Centres) Regulations 2006, S. I. No. 551 of 2006.⁵ These regulations do not provide for any child specific treatment, other than to protect the child or vulnerable adult from any instances of abuse.

It has become apparent that in addition to these units being an inappropriate environment for the treatment of mental health illness in children, this alternative creates an *ad hoc* situation whereby different hospitals adopt different treating protocols in respect of the admission of children to Adult Psychiatric units.

Recommendation:

95 Project is cognizant of the recommendations made in the Mental Health Commission Code of Practice which states that the placement of children in adult wards would be phased out by 2011, with no children under the age of 16 being placed in adult wards from July 2009, no child under 17 being placed in an adult unit by December 2010 and no child under 18 years to be admitted from December 2011.⁶

Senator Freeman is proposing that a legislative requirement be introduced by way of amendment and supplemental provision to the principal Mental Health Act 2001 which would create a legislative requirement that children cannot be placed in adult psychiatric units and that only in exceptional circumstances that if a child must be detained in an adult approved centre, that he or she be accommodated in an age-appropriate environment.

Senator Freeman is cognizant that any such amendment will require legislative scrutiny in both the Seanad and the Oireachtas.

II. Collaboration Agreement

A Vision for Change (VFC) is widely recognized as a blueprint for the development of mental health services in Ireland.⁷ VFC was launched in 2006 and, since its implementation; the Mental Health Reform Group has reviewed the success of its proposals.

While significant improvements have been made in the provision of mental health services, there are deficiencies in community-based services, which relate to:

- 1) The over-subscription of inpatient services resulting in the admission of children to adult psychiatric units;

2) The lack of “out of hours” in patient services resulting in the admission of children into psychiatric units.

3) Excessive waiting lists for an assessment with the CAMHs service.

Admission of Children to Adult Units

The Children’s Mental Health Coalition, having reviewed *A Vision for Change* in 2015, highlighted that nine years after its publication, 31% of admissions of children through the Child and Adolescent Mental Health Services were to Adult Psychiatric Units because no child-appropriate in-patient beds were available.

The conclusion drawn from this trend is that the HSE in-patient CAMHS units (for tertiary care) across the country are oversubscribed and that, while in some instances where case by case exists with the independent sector, this oversubscription could be reduced if service level agreements existed with independent sector providers.

Increased engagement could lead to organized admission so that, in an ideal situation, no admission to adult units would occur and Ireland would fulfill its obligations to providing accessible services to children, as set out by *A Vision for Change*.

The Mental Health Commission highlighted in 2015 that 429 children were waiting on waiting lists for *one year* to be seen for assessments in the public mental health service. Already by mid-2016, the first six months of this year saw a waiting list figure stand at 227.¹ At any given time, there are in excess of 2,200 children on the CAMHs waiting list.

Increased service level provision with the private sector could assist in performing these assessments in a timelier manner, which is vital for mental health treatment. It is likely that, if engaged to do so, the private sector would have sufficient capacity to clear this entire waiting list in months.

¹ The annual figure accounting for admissions in 2016 is yet to be made available.

In June 2012, it was recognized by an independent monitoring group, tasked with evaluating the success of *A Vision for Change* that “a formal working relationship should be established with the independent mental health service providers”.²

Yet despite this recommendation, a service level agreement between the private/independent sector does has still not been created. Rather, the practice exists whereby private mental health sector services are provided on an *ad hoc*, case-by-case basis.

Sometimes, children who need our services are sent to the UK where appropriate units, such as St Andrew’s Healthcare in Northampton are used. These particular services do not exist in the Irish public sector. Instead of channeling funds into Irish services, the preference is for case-by-case treatment³.

Proposal

It is proposed to encourage a supportive relationship between the private sector and the HSE by entering into a service level agreement which will address the capacity shortfall in our mental public sector. This collaboration will assist with the reduction of up-front investment required by public funds.

If introduced, this would support child and adolescent service users in a community-wide context and fast-track HSE objectives as outlined in *A Vision for Change*. Waiting lists would be dramatically reduced and the admission of children to adult psychiatric units could be a thing of the past.

Senator Freeman proposes to enhance this relationship and invite the two parties to discuss further collaboration.

² Sixth and Final Report from the Independent Expert Group on Implementation of Mental Health Policy published in June 2012, p. 104.

³ Carolan, Mary “Cost of Bid to Keep Ill Woman in UK would Fund Unit – Judge”, *the Irish Times*, 19th June 2015. The High Court commented that the price to keep an adolescent female with a severe personality disorder in the UK (€560,000 per year) would be enough to fund a purpose-built unit in Ireland.

Conclusion

A Vision for Change is widely recognized as the guiding policy proposal for mental health services in Ireland. Yet in 2016, there remain serious issues relating to appropriate and timely access to services in Ireland. If more structured engagement between the private and public sector took place, the proposals set out in VFC could be maximized. The shortage in services for children has been evidenced by continued admission of children to adult appropriate psychiatric units, despite the fact that the Mental Health Commission called for an end to this practice as far back as 2006.⁸ Yet, ten years on, the practice continues.

The vast majority of advocacy groups in Ireland, including the Mental Health Reform Group and the Children's Rights Alliance, have also called for an end to this practice, which contravenes the United Nations Convention on the Rights of the Child.

Admission to Adult Psychiatric Units is just one focal point. Today, mental health service provision faces more challenges than ever with an increase in children presenting with psychiatric illness, a shortage of inpatient facilities and a shortage of public service staff to carry out assessments.

Senator Joan Freeman

¹ Health Service Executive Performance Report, December 2015

² Health Service Executive Performance Report, July 2016

³ The Mental Health Commission is a Statutory Body set up in 2002, whose functions are set out in the Mental Health Act 2001. The main function of the Commission is our main functions are to promote, encourage and foster high standards and good practices in the delivery of mental health services and to protect the interests of patients who are involuntarily admitted.

⁴ Section 9(1) of the 2001 Act indicates that an application for admission in respect of a 'child' cannot be made under that section. A child is defined in section 2 of the 2001 Act as 'a person under the age of 18 years other than a person who is or has been married'.

⁵ <http://www.irishstatutebook.ie/eli/2006/si/551/made/en/print>. Accessed 6th September 2016.

⁶ Mental Health Commission (2006) Code of Practice Relating to Admission of Children under the Mental Health Act 2001.

⁷ http://www.hse.ie/eng/services/publications/Mentalhealth/Mental_Health_-_A_Vision_for_Change.pdf. Accessed 16th September 2016.

⁸ Mental Health Commission Code of Practice Relating to Admission of Children under the Mental Health Act 2001