

European Network of Ombudspersons for Children (ENOC)**Position Statement on “Child Mental Health in Europe”****Adopted at the 22nd ENOC General Assembly, 21st September 2018, Paris**

“Emotions are what make us human. Protecting and enhancing our children’s emotional wellbeing and mental health is the responsibility of humanity”¹

We, members of the European Network of Ombudspersons for Children (ENOC), call upon our governments, the European Commission and the Council of Europe to undertake all appropriate actions to ensure children’s right to enjoy the highest attainable standard of mental health.

ENOC defines child mental health as:

A state of wellbeing that allows children to develop and become aware of their own unique personality, to build their own identity, to fulfil their own potential, to cope with the challenges of growing up; to feel loved, secure and accepted as unique individuals and to be able to be happy, play, learn and to participate and contribute to family and community².

Protecting and enhancing children’s mental health is not only a key component of promoting their rights including their best interests but also has immense advantages. It gives children the best opportunity to live a happy, fulfilled life. It enables them to make the most of their childhoods and of growing up to be productive and happy adults. The benefits to Society are also immense.

Having a) considered the relevant international binding and non-binding legal instruments and other instruments, and in particular:

- The UN Convention on the Rights of the Child (1989) (CRC)
- The General Comments no. 4, 9, 12, 13, 15 of the UN Committee on the Rights of the Child
- The UN Human Rights Council resolution A/HRC/RES/36/13 of 28 September 2017 and the reports A/HRC/34/32 and A/HRC/35/21
- Article 12 of the International Covenant on Economic, Social and Cultural Rights (1966)
- Article 25 of the UN Convention on the Rights of Persons with Disabilities (2006)
- WHO relevant work and especially its Mental health action plan 2013 - 2020
- Article 11 of the European Social Charter (1961)
- The European Charter for children in hospital (European parliament, 1986)

¹ Paul Gilligan, Clinical Psychologist, CEO St. Patrick’s Mental Health Services (Dublin), ENOC expert advisor on Child Mental Health

² WHO definition of mental health adapted to children and enhanced

- The European Convention on Human Rights and Freedoms and its additional Protocols
 - The Council of Europe Guidelines on child-friendly health care (2011)
 - The European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment of the Council of Europe (2002)
- b) consulted with the young people who participate in the European Network of Young Advisors (ENYA) run by ENOC
- c) considered the findings of an ENOC comparative study³ on “child and adolescent mental health”, involving 25 ENOC members, that identified similar shortcomings in the child mental health systems across Europe⁴.

ENOC recommends:

1. The introduction and implementation of national children’s strategies

“The Convention [on the Rights of the Child] recognizes the interdependence and equal importance of all the rights (civil, political, economic, social and cultural) that enable all children to develop their mental and physical abilities, and their personality and talent to the fullest extent possible⁵”. Supporting the healthy development of children and addressing their mental health needs is best achieved through a holistic approach of children. Children, because of their developmental needs and vulnerabilities should be supported with specific and dedicated strategies and policies. Specific actions that need to be taken include:

- a. Establish a comprehensive national children’s strategy based on the Rights of the Child as defined by the UNCRC
- b. Consult with children on the development of the strategy and throughout on its implementation
- c. Seek, through the strategy, to create a healthy, child-centered society, which serves to enhance children’s wellbeing and which reduces risks to children’s mental health
- d. Define, in the strategy, specific action plans to enhance children’s mental health, to prevent mental health difficulties, to establish holistic mental health care and support services. In addition there is a need for plans to develop a whole system, cross Government and interdisciplinary approach to children’s mental health
- e. Put in place mechanisms to evaluate and monitor the implementation and impact of the strategy with a particular emphasis on obtaining feedback from children
- f. Identify how the needs of children in vulnerable situations, particularly their mental health needs, will be addressed. Vulnerability can result from different factors: social

³ <https://www.defenseurdesdroits.fr/sites/default/files/atoms/files/rapport-enoc-gb-num-05.09.18.pdf>

⁴ Legislation, regulations, services and supports are not children’s rights based. Meaningful participation of children is weak, as is the mental health information provided to children. The right of a child to access appropriate services and to give informed consent to treatment is a significant issue. Maintaining access to education and family ties while utilising services is a challenge. The stigmatisation of children with mental health difficulties is widespread. As well as a lack of consideration of the specific needs of children in vulnerable situations there are particular challenges meeting the mental health needs of geographically and socially isolated children, with territorial and social inequalities having a significant impact. Coordination between the social, health, education and justice sectors is poor. Services are under-resourced with mental health specialists being particularly difficult to access, resulting in long waiting times and many children not receiving an appropriate service.

⁵ CRC/C/GC/15 para. 7

disadvantage, cultural differences, sexual orientation or disability. While these factors themselves do not confer vulnerability, the stigma and discrimination that may accompany them, and the obstacles that may result from this, can make children more vulnerable.

- g. Create an appropriate and transparent funding system for mental health promotion, prevention and treatment services, including guarantee that essential child mental health services are provided to children and families free of cost to them.

2. The implementation of human rights-based mental health legislation, regulations and standards

Ensuring children receive appropriate, timely mental health care and protecting their rights while receiving care or treatment, requires robust legislation and regulation. Specific actions that need to be taken include:

- a. Introduce human rights-based mental health legislation with a particular emphasis on protecting, promoting their best interests⁶ and fulfilling the rights of children
- b. Enact legislation that explicitly and comprehensively provides for children's consent to and refusal of medical treatment and does so in a manner that clearly recognises children's evolving capacities
- c. Where children do not have capacity to consent to treatment as defined by law, ensure their views on their care and treatment are taken into account in accordance with their age and maturity
- d. Guarantee that all children, regardless of their age, have access to complaints mechanisms when engaging with mental health and support services
- e. Ensure parental consent is not a barrier to children accessing mental health support
- f. Establish an independent regulatory body with statutory powers and with the responsibility to promote, encourage and foster high standards and good practices in the delivery of mental health services and to protect the interests of people who are involuntarily admitted to mental health services. Ensure this body is sufficiently resourced to carry out its functions fully
- g. Establish inspection and monitoring mechanisms that requires the independent mental health regulatory body to inspect all children mental health services on a regular basis⁷
- h. Provide an independent information and advocacy service for children using mental health services.

3. Combating stigma through awareness and prevention

Stigma and discrimination can have a devastating impact on people with mental health difficulties, particularly children who are still developing. This can prevent the child or his/her parents / carers / legal representatives seeking help.

Enhancing public awareness and running comprehensive and continuous prevention programmes helps to reduce stigma, enhances early detection of difficulties and increases the likelihood of people seeking help at an earlier stage. ENOC's European Network of Young Advisors emphasises that raising awareness of anti-discrimination laws would help to combat stigma, empowering people

⁶ UNCRC GC 14

⁷ Optional Protocol to the Convention against Torture

to talk about their mental health difficulties without fear of negative repercussions. Specific actions that need to be taken include:

- a. Design and implement public awareness raising and prevention campaigns focused on wellbeing and on enhancing evidence-based knowledge of all forms of mental health difficulties
- b. Run specific training and awareness raising programmes for those working in the media
- c. In consultation with children, design and implement specific wellbeing and mental health awareness raising and prevention programmes for children
- d. Provide accessible and understandable evidence based information for all, particularly children, on wellbeing and mental health difficulties in a range of age appropriate formats, and using sources which are child friendly
- e. Establish awareness raising and support programmes for expectant parents, parents and guardians on positive parenting, wellbeing and mental health difficulties, with an emphasis on vulnerable parents and parents in difficulty
- f. Develop support programmes for young carers to enable them to better enhance and protect their mental health
- g. Strengthen the training of all professionals working with children (including those working in sport, leisure, youth work) in child development, wellbeing and mental health difficulties.

4. Promote child-centred, mentally healthy and inclusive schools

ENOC members recognize that schools have a special responsibility and play a central role in creating the optimum environment for the development of a child's personality, abilities and talents, promoting a child's wellbeing and identifying and responding to children's mental health difficulties. Specific actions that need to be taken include:

- a. Encourage caring and inclusive schools that promote feelings of security, safety and belonging by introducing regulations, standards and guidelines which promote a children's rights based, positive educational ethos and with a particular emphasis on the participation and empowerment of children
- b. As emphasised by the European Network of Young Advisors reduce the stress related to education by creating comfortable learning areas, interactive and practical learning opportunities and integrating lessons on mental health into the curriculum
- c. Strengthen anti-bullying policies and practices
- d. Ensure the involvement of the full range of mental health professionals including a "designated" professional who would be the identified point of contact for children about mental health issues in schools
- e. Create the opportunity for social and emotional learning and skills development in schools by supporting the implementation of age appropriate personal development, wellbeing and mental health courses which are subject to ongoing evaluation and review
- f. Train education professionals in the recognition and management of children's mental health difficulties, and provide structures and specific therapeutic support for teachers and school staff to enhance their positive mental health.

5. Develop specialist, comprehensive community based mental health care for children

In line with WHO recommendations, comprehensive community-based mental health and social

care services encompassing a recovery-based approach and incorporating human rights principles should be established. These need to be cross-sectoral incorporating mental health, physical health, education, housing, employment, justice, sport and leisure. The participation of children in the design and operation of these services is vital. It is also essential that services be known to children and be particularly responsive to the needs of vulnerable and marginalized groups⁸. Specific actions that need to be taken include:

- a. Put in place nationwide, high quality, evidence-based, multi-disciplinary, community mental health care services, which span the continuum of care. Such services should be sufficiently resourced to ensure children are assessed and provided with appropriate treatment in a timely and culturally appropriate manner
- b. Develop strong interagency communication and collaboration, including through the development of standardised and coherent referral processes within children's mental health services, and between children's mental health services and adult mental health services
- c. Ensure the development of early identification and management services at all stages of childhood, commencing at early infancy
- d. Establish direct access information and advice services such as toll free helplines that provide non-directive mental health support and referral to appropriate services
- e. Take specific measures to ensure that children from communities that do not access public services for cultural, societal or awareness reasons are facilitated to access mental health support
- f. Promote the management of mental health difficulties through talk and activity based therapies, where appropriate, and introduce and apply regulations for the prescribing of medication to children. For example, the European Network of Young Advisors recommends the use of peer discussion groups and group therapy as well as art and animal therapy.

6. Ensure the provision of children's rights based in-patient services

The treatment of children with mental health difficulties should be provided in the least restrictive setting and as close to the child's community as possible. Nonetheless ENOC recognizes that some children will require in-patient treatment and it is vital that such treatment is grounded within a children's rights framework.

The European Charter for children in hospital complements the CRC and sets out principles to specifically guarantee the rights of child service users and their families and / or legal representatives. The Charter specifies the right to receive information on illness and care, the right to participate in decisions that concern them and the right to be treated in age appropriate settings.

The European Network of Young Advisors emphasises the importance of in-patient facilities being child-friendly, integrated into the community and containing committed, experienced staff trained on how to interact with children. It is also vital to create an environment that is conducive to staff committing to work for the service and to avoid any unnecessary change of staff. Specific actions that need to be taken include:

- a. Ensure that it is mandatory to seek the fully informed consent of the child to receive in-patient treatment, unless it can be demonstrated that the child lacks the capacity to give consent;

⁸ WHO, Mental health action plan 2013 – 2020, Objective 2

- b. Guarantee that a child detained on an involuntary basis for the treatment of a mental health difficulty is afforded at least the same legal protections as an adult who is the subject of involuntary detention;
- c. Establish sufficient specialist inpatient facilities for children with complex mental health needs to ensure the discontinuation of the practice of admitting children to adult services;
- d. Guarantee the child and their parents/legal representative's right to accessible information is adhered to throughout the in-patient treatment process;
- e. Establish mechanisms to ensure the active participation of the child in the admission, treatment and discharge process and in decisions regarding their care and establish Youth Advisory Panel for each inpatient unit to ensure that children are heard and their views are considered;
- f. Through legislation, put in place regulations and standards for services providing in-patient care to children;
- g. Prohibit the use of "seclusion" and establish robust regulation and monitoring systems, including a complaint mechanism, for the use of restraint with children and ensure that these regulations are adhered to. Restrictive practices should only be used as a measure of last resort, exclusively to prevent harm to the child or others, and only for the shortest necessary period of time;
- h. Put in place structures that promote the maintenance of age appropriate care, family contact and peer relationships, unless there is evidence that this would cause harm;
- i. Establish mechanisms to ensure children's access to general and vocational education and to social and leisure activities while receiving in-patient treatment;
- j. Ensure that in-patient treatment is provided as part of a continuum of care involving community follow-up and support.

7. Introduce European indicators to enhance a better understanding of Child mental health

Having up to date European wide data on the mental health needs of children and the difficulties they experience would improve the development and monitoring of public policies related to children and would enable the development of more effective responses. Specific actions that need to be taken include:

- a. Establish common indicators and a standardized methodology for the collection of data at European level. This data should be disaggregated across the life course of children and across gender, with a particular emphasis on vulnerable groups. This data should involve consulting with children in identifying indicators that are important to them and should include:
 - Feedback from children on their wellbeing
 - School completion rates
 - Attempted suicides/suicides/self-harm rates
 - Rates on children's addictions
 - Prevalence rates of disorders affecting children
 - Prescription rates for psychoactive drugs
 - Funding allocated to and spent on child mental health services
 - Data on the types and duration of services used by children
 - Rates and duration of usage of outpatient / inpatient care (including the use of adult inpatient units)

- Rates of access to mental health services during and after normal working office hours
 - Length of waiting time to access support
 - Ratio of mental health staff per 100,000 children
 - WHO measures adherence to in-patients' rights⁹:
 - Availability of schooling facilities for children who are using in-patient service
 - Number of restraints, length and reasons
 - Access to and the use of complaints procedures
 - Frequency of inspections by regulatory body
 - Number of professionals trained in mental health: be it general practitioners, childcare professionals and educational staff
 - Number of parental support schemes and number of families benefiting from them
- b. Support rights-based research in the area of child mental health. Encourage the launch in each Member State of research and studies that would enhance understanding of children's developmental trajectories and mental health. This research should inform and be reflected in legislation, policy and practice.

⁹ WHO, Mental health Atlas, p. 25