Introduction
Firstly I would like to briefly introduce myself. I am Jillian van Turnhout, Chief Executive of the Children’s Rights Alliance. The Children’s Rights Alliance is a coalition of over 80 non-governmental organisations (NGOs) working to secure the rights and needs of children in Ireland, by campaigning for the full implementation of the UN Convention on the Rights of the Child. It aims to improve the lives of all children under 18, through securing the necessary changes in Ireland’s laws, policies and services.

I am delighted to have been asked to speak here today at this important conference on children’s rights and I would like to thank the Association for Child and Adolescent Mental Health (ACAMH) for inviting me to do so.

Nowadays, I believe and hope that there is an increased awareness and understanding of mental health; and an event like this reflects and consolidates the desire among professionals and individuals to achieve more positive outcomes for children who may experience mental health challenges.

In recent years, we have certainly shifted our understanding of mental health significantly: it is hard to imagine that this hospital in which we are all seated today was originally founded two hundred and fifty years ago as a hospital for the “fools and mad”. But despite what we now consider to be very un-PC and unhelpful terminology, the sentiments of its founder, Jonathan Swift, were, I believe, both innovative and compassionate. While there is a long way to go in terms of providing effective mental health supports and services for our children, the historical sentiments of Swift should still act as a guide to us for the future.

It is true that there are many strands of expertise that need to be utilised to achieve successful outcomes for children with regards to their mental health, however, today I would like to focus on the important role of non-governmental organisations (NGOs) in securing the rights of children in this context.

In this speech, I will be referring to the UN Convention on the Rights of the Child and the Government’s Vision for Change policy document, among others. I will talk to you about how non-governmental organisations (NGOs) play a vital role in ensuring that the rights of the child are realised with regards to their mental health and will illustrate my point using some examples of organisations working in Ireland to achieve change.

But first of all, let us consider the UN Convention on the Rights of the Child.
UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child provides a clear framework to guide us on how we should approach the issue of mental health.

For those of you who may not be aware, the Convention on the Rights of the Child is an international agreement on the rights of children that was adopted by the United Nations General Assembly in November 1989. Ireland ratified the Convention in 1992. In fact, the Convention has been ratified by all but two countries in the world (the U.S.A. and Somalia) and is the most widely ratified human rights treaty in history. It is also the most complete statement of children’s rights ever made and provides an internationally agreed framework of minimum standards to which every child and young person under 18 is entitled.

The Convention makes it clear that governments and the relevant subsidiary bodies of the State, such as the HSE, have a responsibility to take all available measures to ensure children’s rights are respected, protected and fulfilled.

In a nutshell, the Convention stress the importance of promoting the concept of children having rights as individuals; providing adequate and well-managed resources by the State to secure the best interests of the child; protecting children at risk and enforcing standards to ensure children grow up in a safe environment and giving children a voice in all matters affecting them.

When I examined the Convention in more detail for my speech today I thought to myself that there are so many articles contained within it that apply to the issue of mental health but I decided to limit myself to just five specific articles:

- **Article 17** - Children have the right to get information that is important to their health and well-being, including information on their mental health.

- **Article 24** - States recognise 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.

- **Article 25** - States recognise the right of a child who is receiving treatment for his or her physical or mental health to a periodic review of the treatment provided to the child.

- **Article 27** - States recognise the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development.

- **Article 39** - States shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.
Since its establishment, the Children’s Rights Alliance’s has been working with its members towards the realisation of the rights identified in the Convention for all children in Ireland. In our shadow report to the UN Committee on the Rights of the Child in 2006, one of the Alliance’s key recommendations was that a range of appropriate prevention, early intervention and treatment supports and services for children and young people with mental health difficulties be developed.

**UN Observations and Recommendations**

Following the examination of Ireland’s progress on the Convention, the UN Committee in September 2006, in their Concluding Observations, highlighted a number of points with regards to mental health.

Firstly, the Committee reiterated their concerns arising from the previous State report in 1998, and identified once again the lack of adequate programmes and services in operation to address the mental health of children and their families in Ireland.

Secondly, the Committee recommended that the State ensures the implementation of integrated mental health programmes and approaches, and makes available the necessary resources and assistance for such activities.

Finally, the Committee also voiced their concern “that children with mental health difficulties still do not access existing programmes and services for fear of stigmatisation, and that some children up to 18 years of age are treated with adults in psychiatric facilities.”

The Irish Government will be examined on the progress it makes on these recommendations when it is next before the Committee. Leading up to this next examination, it is the job of the Alliance to promote the use of the Committee’s recommendations as a blueprint for action. We are all aware of the lack of basic services, the inappropriate placing of children in adult facilities, the high suicide rates. We need now to move from rhetoric to rights.

**Ireland - Aspirations vs. Realities**

We have seen that there are clear obligations that exist at an international level with regards to the mental health of children in Ireland, and we have briefly touched on some of the concerns that have been articulated. But now let us turn to Ireland: where is the benchmark set? How does the nation aspire to treat its children with mental ill-health?

The turning of the new millennium in the year 2000 saw the launch by the Government of the *National Children’s Strategy*. I like to view the strategy as the goals the State has set for itself in helping Ireland become a society that truly values all its children. Within it, the strategy echoes the sentiments of the UNCRC stating that “children will be supported to enjoy the optimum physical, mental and emotional well-being”. There is a commitment made to focus on the promotion of a holistic approach to the mental wellbeing of children as well as a pledge to provide appropriate mental health supports for 12 to 18 year olds.
More recently, in 2006 the Department of Health and Children, in their strategy on mental health policy, *A Vision for Change* extended this pledge, promising to establish a holistic, person-centred view of mental illness to improve child and adolescent mental health services. Despite the high hopes that existed initially for this policy, we are disappointed in the lack of progress achieved to date.

The Alliance is a social partner in the Community and Voluntary Pillar. The current Social Partnership Agreement *Towards 2016* commits to the recommendations of *A Vision for Change*, promising to deliver one child and adolescent community mental health team per 100,000 of the population by 2008. We are currently not aware of any child and adolescent mental health teams having been established and are deeply disappointed that this commitment has not been achieved. These teams have the potential to have a real and positive impact on a child’s life – to vindicate their right to health, positive mental health. The lack of child and adolescent mental health services continues to be a serious concern for the Alliance and we find the issue expressing itself across various facets of our work, from youth justice and education, to peer and family relationships and well-being.

And this leads me to another point - the unknown scale of the problem. What is known is that a total of €11.2 million was provided in 2006 and 2007 for child and adolescent mental health services, so the number of Euros spent is clear. However, the numbers of children experiencing difficulties and whether they are receiving appropriate help, is not. *A Vision for Change* takes the view that at any one time 2% of children will require a clinical mental health intervention. But in contrast to this, a recent Barnardos report, *Tomorrow’s Child*, estimates that 18.7% of children has a mental health issue or psychological disorder of some kind. These two categories may be somewhat different in their make-up but the fact is this: that we do not know the true numbers in any category due to a lack of research and statistics. This puts us at a disadvantage from the start.

Another difficulty surrounds the high levels of mental ill-health among children in State care or youth justice institutions. I had a conversation recently with an individual from one of our members, the Jesuit Centre for Faith and Justice, about research nationally and internationally which highlights the very high levels of mental ill-health among adults in prisons. Is there a parallel in youth justice and care settings? Anecdotal evidence gives us some idea about the poor mental health of children in State care. Serious questions need to be asked: are children with mental health problems misplaced within the care and justice systems? Do we have a full picture of the mental health needs of children growing up in State care and are we adequately meeting those needs?

But more real, than the unknown numbers of children experiencing mental ill health in different settings, are the very real Budget cuts taken by the Government recently. In essence, what is clear is that the funding provided for child and adolescent mental health will not cover the commitments already made by the Government.

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As an NGO, it is our job, along with other members of civil society, to constantly ask questions: how do rights translate into practice: are the needs and rights of children with mental ill health being met? How can NGOs lobby for the rights of these children?

**Role of NGOs in securing children’s rights**

And that brings me to my next point about NGOs and their role within civil society which I would now like to briefly consider.

A non-governmental organisation (NGO) is commonly defined as any non-profit, voluntary citizens' group which is organised on a local, national or international level. I think it is fair to say that both globally or domestically, the empowerment of NGOs, be they large or small, has had a profound impact on law, policy and the shape of societies in general. And that impact is to be celebrated: the Chief of the UN Department of Humanitarian Affairs, Antonio Donini put it well when he said "the Temple of States would be a rather dull place without non-governmental organisations."\(^2\)

The UN Committee on the Rights of the Child emphasises the vital role NGOs play in promoting children’s rights. The Committee stresses how important it is for institutions to work closely with NGOs and for Governments to respect their independence.\(^3\)

One thing is for certain: the role of an NGO is multi-faceted and unique.

In my own view, I believe there is a central obligation resting upon NGOs to act as a mechanism to put forward an alternative view. The alternative may be to challenge the status quo or may simply be a revision of a custom or practice that we have merely grown used to. To extend that point, I believe that a good NGO should not “show the state up” but, rather, it should “show the State the way”.

**NGOs working in Ireland working in the realm of children’s mental health**

I would now like to examine a number of non-governmental groups or organisations working directly to ensure children’s mental health rights. In preparation for today, I looked at some of the work of each of these groups. When viewed together, it is easier to see and understand the unique effect that NGOs can make. Each is coming from a somewhat different perspective or field but the ultimate goals are similar and I am proud to say that all but one are in membership of the Children’s Rights Alliance.

**Amnesty International**

Amnesty International is an organisation that has focused heavily on the rights of those who experience mental ill health. Their 2003 report entitled *Mental Illness: The Neglected Quarter* on Children, painted a stark picture of children’s mental health services and made some very clear recommendations.

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\(^2\) The Bureaucracy and the Free Spirits: Stagnation and Innovation in the Relationship Between the UN and NGOs, 16 THIRD WORLD Q. 421 (1995)

\(^3\) General Comment No.2 (2002)
The report urges the Government to take action and demonstrates clearly what I mean by “showing the way”. In making recommendations, the report then frames them within the context of wider Governmental obligations. For example, to simplify my point:

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<th>Recommendation</th>
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<td>Increase investment in services, especially community-based early intervention services</td>
<td>Refers to the fact that the Government promised such increases in the National Children’s Strategy</td>
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<td>Implement the preventative elements of the Children Act, 2001</td>
<td>Identifies the legal onus that the State has placed upon itself through this piece of legislation</td>
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<td>Consultation and participation with children experiencing mental ill-health reflecting Article 12 of the UN Convention on the Rights of the Child</td>
<td>Importance of this is implicit as Ireland has ratified the Convention</td>
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<td>Other service-based, legal and awareness-raising obligations</td>
<td>All implicit upon the State either through policy or other commitments or obligations</td>
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As you can see, this approach reflects back on the State what is needed especially in terms of what has been promised - typifying the important role the NGO has in lobbying for change.

**Headstrong**

From the perspective of service provision, Headstrong is an independent NGO which acts as an expert partner to the HSE and other services providing mental health and well-being supports to young people through active participation from children themselves and from their communities. Headstrong offers an innovative service called Jigsaw which seeks to engage with young people in accessible settings where they feel respected and safe.

**Teen Counselling**

Another group that seeks to plug the gap in services is Teen Counselling: this group offers an ‘adolescent friendly’ service with the aim of enabling young people and their families to deal with difficulties within the context of the family. The young person is always seen as central to the process, not the problem.

**Psychological Society of Ireland**

Less service-based but promoting the highest levels of practice, the Psychological Society of Ireland (PSI) is a professional body striving to promote quality psychological practice and foster learning and growth. The PSI promotes high standards of behavior, competence and practice within the profession, which is not regulated by statute in Ireland. It also acts as a hub for its members who work in a diverse range of settings.
Spectrum of Expertise – Same Vision
I have only briefly touched on some of the perspectives of these different groups (and there are many other groups in Ireland doing very important work) but I think you will agree that viewed together some notable features emerge from the work carried out by these groups:

1. **Working in partnership with Government** - Using their stance and reputation to place the onus on the State.
2. **Using the non-governmental role to achieve positive results** – for example: lobbying for change, raising public awareness or educating those who experience mental ill-health.
3. **Involving local communities** - Putting the needs and energies of young people and the wider local community at the heart of thinking and planning – planning and action from the **grassroots**
4. **Understanding mental health problems in the context of the child** - ensuring the **best interests** are served and considered in the framework of their environment, friends, family and community.
5. **Ensuring youth participation** – Helping to create and shape service planning and development and to make sure that the **voice of the child** is listened to.

Conclusion
In conclusion, I hope I have conveyed to you today how important the role of the non-governmental organisation is in advancing the rights of children who experience mental ill-health. In an ideal world, achieving rights for these children should be straightforward and should be adequately provided for. In the real world, the NGO must constantly push for these rights to be not only understood, but also incorporated into policies and translated into action that is both innovative and compassionate. The NGO must continuously push for targets that have been made by the State, to be followed by action.

On that note, it struck me recently that unmet targets with regards to the Environment are heavily accountable. In fact, unmet environmental targets are even made punishable with hefty fines. Why is there not the same sense of urgency and accountability for states with regards to their commitments towards children’s rights? Herbert Hoover, thirty-first President of the United States of America is credited with saying: “Children are our greatest natural resource”. We must stop the recycling of the same rhetoric and instead focus on achieving the best outcomes for all our children, particularly when they are at their most vulnerable.

Thank you and any questions.