Cynulliad Cenedlaethol Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg
Ymchwiliad i Hawliau plant yng Nghymru
CRW 25
Ymateb gan: Seicoleg gymunedol Gwent, Gwasanaeth Seicoleg a Therapïau i Blant a Theuluoedd, Bwrdd Iechyd Prifysgol Aneurin Bevan

National Assembly for Wales Children, Young People and Education Committee
Inquiry into Children's rights in Wales
CRW 25
Response from: Gwent Community Psychology, Child and Family Psychology and Therapies Service, Aneurin Bevan University Health Board

Rights of Children and Young People in CAMHS and Psychological Support Services for Children and Families

The UNCRC includes the protection of all children from all forms of discrimination and harm. This includes the right of all children with mental health issues to be protected from violence, abuse, stigma and mistreatment in institutions such as health and social care facilities, schools, and the criminal justice system. It also includes the right of all children to have access to healthcare services that meet their needs, including mental health information, support and specialist service provision.

Children should not be discriminated against because they have a mental health problem. The right to protection and to mental health care and support must be upheld for all children, especially the most vulnerable, such as children in care, detention, policy custody and unaccompanied or homeless children.

CAMHS and Psychological Support Services for Children and Families have responsibility to the following UNCRC articles:

Article 3: Adults must do what's best for me.

Article 6. All children have the right of life. Governments should ensure that children survive and develop healthily.

Article 12: I have the right to be listened to and taken seriously.

Article 19: I have the right to be protected from being hurt or badly treated.

Article 24. I have the right to good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy.

Article 27: I have the right to have a proper house, food and clothing.

Article 36: I have the right to be kept safe from things that could harm my development.

Article 37: I have the right not to be punished in a cruel or hurtful way.

Article 39. Children who have been neglected or abused should receive special help to restore their self-respect.

Mental Health as a Human Right's Issue

Moving from Illness to Wellness Models of Support and Care

Health equity (also referred to as socioeconomic health equity) is *"the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically".*

Health inequities are health differences that are socially produced, systematic in their distribution across the population, and unfair. Primary responsibility for protecting and enhancing health equity rests in the first instance with national governments. Health equity plays a key role in a person's ability to have agency and agency is directly protected as a human right by the Human Rights Act 1998. Therefore, there is explicit implication for just governance of health equity.

Governments role in addressing health inequity extends further than the provision of health care services. Where we are born, grow, live, work and age have a huge impact on our mental as well as physical health. The political, social, economic, environmental and cultural factors (the social determinants of health) that shape our lives account for approximately 40% of our health outcomes. These include; access to good work, money and resources, good housing, our surroundings, education and skills, the food that we eat, transport and our access to family, friends and community. All of which are influenced by the distribution of money, power, and resources at a global, national and local level. How these are distributed influences how well we can meet our basic physical and emotional needs as individuals and as communities. Social conditions that provide people with greater agency and control over their work and lives are associated with better health outcomes. Without a sense of control and a means of shaping our own destinies, feelings of despair and hopelessness fulfil a cycle of continued adversity and alienation. Relative poverty and mental health problems are a consequence as much as a cause of our unmet needs.

Whilst health enables agency, greater agency and freedom also yield better health. Unmet physical and emotional health needs drive the perpetuation of health inequalities and intergenerational cycles of relative poverty and distress. The mutually reinforcing nature of this relationship has important consequences for policy making.

The World Health Organisation holds that the international human rights framework (the 1948 Universal Declaration of Human Rights; UDHR) is the appropriate conceptual structure within which to advance towards health equity. It holds that 'Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services' (Art. 25) 33, and additionally that 'Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized' (Art. 28).

The General Comment on the Human Right to Health released in 2000 by the UN Committee on Economic, Social and Cultural Rights explicitly affirms that the right to health must be interpreted broadly to embrace key health determinants including (but not limited to) "food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment" 35. The General Comment echoes WHO's Constitution and the 1978 Declaration of Alma-Ata in asserting a government's responsibility to address social and environmental determinants in order to fulfil citizens' rights to the highest attainable standard of health. We believe that these statements extent to the UNCRC and therefore children as well.

The World Health Organisation also state that:

"Human rights and the rights of a child offer more than a conceptual armature connecting health, social conditions and broad governance principles. Rights concepts and standards provide an instrument for turning diffuse social demand into focused legal and political claims, as well as a set of criteria by which to evaluate the performance of political authorities in promoting people's well-being and creating conditions for equitable enjoyment of the fruits of development.

A human rights perspective removes actions to relieve poverty and ensure equity from the voluntary realm of charity to the domain of law. The health sector can use the "internationally recognized human rights mechanisms for legal accountability" to push for aggressive social policies to tackle health inequities, since international human rights instruments provide not only a framework but also a legal obligation for policies towards achieving equal opportunity to be healthy, an obligation that necessarily requires consideration of poverty and social disadvantage."

This is more than about increasing access to mental health services or talking therapies. It's about redefining our understanding of health and moving away from a narrow focus on causes of disease to include a focus on factors that support health and wellbeing as well. Increased control over the major factors that influence our individual health is an indispensable component of individuals' and communities' broader capacity to make decisions about how they wish to live their lives.

Statements like 'one in four people will experience a mental health problem' imply that poor mental health is distributed equally and randomly amongst us according to the fate of our brain chemistry of levels of personal 'resilience'. These approaches obscure the impact of our current economic and social systems on our psychological health. The links between our economic circumstances, health and wellbeing outcomes have been well established and firmly evidenced. What this means is we

need now to develop policies and practices that reflect our psychologically informed understanding of our health and wellbeing needs.

As Psychologists we are concerned about the serious psychological impact of disadvantage and unmet emotional and relationship needs on children and their families.

Importantly, mental health has been raised by children and young people themselves as a priority issue and is a priority issue for the Welsh Youth Parliament and for a number of the youth forums as well as the Children's Commissioner for Wales.

We therefore believe the government needs to develop policy to improve the following in order to be delivering on the measure:

- Access to secure and safe housing (no eviction policy where children are concerned)
- Food security
- Access to transport (free transport for under 18s)
- Access to technology and information
- Access to skills and education (free from punitive distress inducing punishments)
- Access to resources (fair and dignified welfare security)

These principles are in line with the 'what makes us healthy model' (social determinants of health model).

Children and Young People and Institutional Settings

Additionally, we would like to raise some institutional specific issues relating primarily to our understanding of how distress manifests.

Health Care

The removal of patients under NHS Wales care from Regis Healthcare Ebbw Vale hospital in 2018 following safety concerns including excessive use of full restraint is an example of recent violation of children's rights in Wales. It is also an example of the effectiveness of the Healthcare Inspectorate Wales (HIW) in responding and addressing these violations. There are however many continuing instances that remain unaddressed including, physical and chemical restrain, seclusion and segregation. The CRC committee has called for the abolition of all methods of restrain against children for disciplinary purposes, in all institutional settings and restraint only be used as a last resort to prevent harm to self or others. For this reason we welcome the support for the Abolition of Defence of Reasonable Punishment Bill.

However, there has been a 30% increase in the number of children in Wales prescribed antidepressants over 10 years. This followed a health warning in 2003 that children should not be given most antidepressants. We respect the fact that in

2016 the Welsh government wrote to health professionals telling them that only Fluoxetine (Prozac) has been shown to be effective in young people. However, NICE guidelines on the treatment of depression in children say antidepressants should only be considered for children with moderate to severe depression if psychological (talking) therapy has not helped, and after a specialist review and discussion with the child and their family. The excessive shortage of talking therapies in Wales for CYP means we suspect that whilst 46% reduction in waiting time since in the first 5 months of 2019 GPs have had no real choice to abide by the NICE guidelines.

The significance of this situation should be considered alongside the FDA (Food and Drug Administration) requirement that Prozac comes with a black box warning stating that antidepressants may increase the risk of suicide in people younger than 25 years. It can lead to suicidal thoughts, or a worsening of these, in children and young adults (see also; https://www.nhs.uk/news/mental-health/antidepressants-linked-to-suicide-and-aggression-in-teens/). The increase in antidepressant use for those under 25 should be considered when reviewing the increase in rates of suicide amongst 10-24 year olds that has been seen in Wales. The rate of suicide in women and girls aged 10 to 24 years statistically significantly increased from 1.4 deaths per 100,000 in 1981 to 1983 to 4.8 deaths per 100,000 in 2015 to 2017, which is equivalent to 39 deaths in the latest period compared to 14 deaths in 1981 to 1983.

In order to uphold the measure government should:

- Increase access to psychologically informed support
- Implement the associated Mind over Matter recommendations for CAMHS improvements.
- Repatriate children being cared for/receiving care outside of Wales
- Invest in making all environments children grow up in physical and emotionally nurturing. This means ensuring whole systems are trauma, adversity, attachment and relationship informed.

Education

Samaritans Cymru published a report this year out lining the hidden costs of school exclusion. The report found:

- Exclusion from school can result in loneliness and social isolation. We know that this is connected to a lack of belongingness for children and young people. This is the human emotional need to be an accepted member of a group or community. Loneliness and isolation can have a serious impact on physical and mental health and are a risk factor for suicidal behaviour and suicide; loneliness and isolation are the second most common concern expressed in contacts from males and the fourth from females on our helpline across the UK and ROI.

- Exclusion from school is a major inequality issue. As this report demonstrates, children and young people are more likely to experience exclusion from

school if they are experiencing social inequalities such as poverty, disability and/or exposure to ACES. Poverty is a key cause and consequence for exclusion.

School permanent exclusions in Wales have rising by 51% since 2015-16. An increase in mental health issues has been cited as a reason behind a rise in pupil exclusion from Wrexham schools. Schools have been said to be fuelling a mental health crisis among children by isolating them in harsh “consequences booths” for the entire day for trivial reasons.

Isolation booths are used in some Primary and Secondary Schools to manage extremely disruptive behaviour. The use of these booths is currently unregulated and unreported. Booths are not used in custodial settings yet some schools have large isolation suites where children might be held for long periods. Recent Freedom of Information requests by the BBC show that in 500 schools using isolation booths 200 children had spent more than 5 consecutive days in isolation in the past year.

There is no evidence that booths or extended isolation has any positive effect on behaviour. There is a great deal of evidence to the contrary. There are some extremely successful schools working in challenging circumstances who have no isolation booths and manage behaviour superbly.

The use of behavioural based punitive punishments such as school seclusion or exclusion is a direct breach of the above listed articles but we would like to draw particular attention to Article 37.

Observing the use of isolation booths in the context of knowing it is the most vulnerable children who disproportionately end up in them raises serious concerns about the quality of the relationships these children have access to and that these practices contribute to further alienation of these already alienated children.

In order to uphold the measure government should:

- Abolish the use of isolation practices within education settings
- Employ emotional distress management/relationship/attachment informed strategies into behavioural practices
- End school exclusions
- Monitor home schooling provision to ensure emotional wellbeing and educational needs are being met

A key Mechanism for Accountability

The CRC, the CRC Committee, the Children’s Commissioner for Wales, the Welsh Youth Parliament and other human rights bodies are essential for holding government accountable to their obligations as signatories to the CRC.

The measure should allow the scrutiny bodies to utilise legal powers and potentially undertake a review if children and young people or others feel Ministers have not considered children’s rights when making decisions that affect their life, requires

further attention. A simple solution to this would be to bring the Commissioner's powers of review together so that we may hold duty bearers to account on all matters relating to children within this remit. This would mean updating the measure to become primary legislation.

In order to better deliver on the above the following improvements should be made:

- There should be consideration given to elevating the status of the Measure through primary legislation to further strengthen the role of the Children's Commissioner for Wales in order to enable the officeholder to have the necessary levers to hold Ministers to account on their duty of paying due regard.

- To be able to effectively hold the Welsh Government to account, and in the spirit of transparency, Child Rights Impact Assessments should be published as a matter of course, rather than be 'available upon request'.

References

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