



**Oireachtas Joint Committee on Education, Further and Higher Education,
Research, Innovation and Science:
'Mental Health Supports in Schools and Tertiary Education'**

**Opening Statement by the Ombudsman for Children, Dr Niall Muldoon
Tuesday, 22nd November 2022**

I would like to thank the Joint Committee on Education, Further and Higher Education, Research, Innovation and Science for the invitation to appear today to discuss the topic of 'Mental Health Supports in Schools and Tertiary Education'

As members are aware, the Ombudsman for Children's Office (OCO) is an independent statutory body, which was established in 2004 under the Ombudsman for Children Act 2002 (as amended).

The OCO has two core statutory functions, namely:

- to promote the rights and welfare of children under 18 years of age
- to examine and investigate complaints made by, or on behalf of, children about the administrative actions of public bodies, schools or voluntary hospitals that have, or may have, adversely affected a child.

Promoting the rights and welfare of children experiencing mental health difficulties has been a strategic priority for the OCO since 2016. In developing our current strategic plan we used the knowledge we have gained from our work, and our understanding of the impact of Covid on children, to determine a more specific target for this ever-expanding group of children. Therefore, a key goal of the OCO's Strategic Plan for the 2022-2024 period is to promote the inclusion of mental health supports and services, including therapeutic services, within all schools.

At this point, I want to sincerely commend the Committee for its ongoing dedication to the topic of mental health in schools and for the huge amount of work you have done in this current tranche of meetings. I have no doubt that your work in this area had a big influence in bringing about the most recent commitment from the Department in relation to providing therapy in Primary schools. Thank you.

As the Committee is well aware, mental health and psychosocial problems are primary causes of ill health, morbidity and mortality among adolescents, particularly among those in vulnerable groups. These are facts that must always be to the fore when pushing for therapy in schools – it is not a luxury, but a necessity. The UN Committee on the Rights of the Child emphasizes that a comprehensive multi-sectoral response is needed, through integrated systems of mental health care that involve parents, peers, the wider family and schools and the provision of support and assistance

through trained staff. It is our opinion that the “integrated systems of mental health care” is a vital component to build upon when the Department comes to providing therapy in schools.

The Ombudsman for Children’s Office has been calling for independent therapists to be available to every school in the country since 2018 and I reiterated that call again in March 2022 at a seminar hosted by the National Association of Principals and Deputy Principals (NAPD), entitled ***Senior Cycle Reform - Carpe Diem***. It is now very clear, from all of the witnesses that you have had before you over the past number of weeks, that this call is supported by principals (at both Primary and Post Primary level), parents (both levels), students (ISSU) and unions (both levels), and indeed the INTO passed a motion to that effect at their Annual Conference in the Easter of 2022. You have also heard from a range of professional bodies who are fully supportive of the concept and from academics who made it clear that this (provision of therapy in Primary schools) is but a very small step toward catching up with most other European countries.

As stated earlier the UN Committee on the Rights of the Child emphasizes that a comprehensive multi-sectoral response is needed, through integrated systems of mental health care and it is my belief that now is the time to create such a multi-sectoral response. The Department of Education have made the positive commitment to provide therapy in Primary schools, but in the development of the system to support that, we need to see a strong engagement with the Department of Health and the HSE to ensure that “integrated system of mental health care”.

A strong and effective therapeutic service in Primary schools will not only benefit our children and our schools but will, undoubtedly, help the HSE through the reduction of waiting lists for both Primary Care Psychology and CAMHS. This is clearly evidenced by the professionals you spoke to who implement the English Model, which involves a joint approach from their Department of Education and Department of Health, via the NHS. This joint working has led to quick, positive outcomes for many children and in one Dorset area (approximately 10 schools), they saw close to 1,000 children coming off the CAMHS waiting list in one year, following intervention from their new Mental Health School Teams (MHST).

Those teams, as you are well aware having visited the area, are comprised of a variety professionals and are integrated, not only within the schools but also within the NHS and CAMHS systems. Each service in Dorset has a clinical or service lead; a team lead; a supervisor practitioner; a counsellor; a mental health practitioner in a core profession such as nursing, occupational therapy or social work; and education mental health practitioners. Depending on the sizes of the teams, the numbers vary, but the expectation is that each team of four education mental health practitioners and one supervisor will cover a population of approximately 7,500 children. It must be remembered too that this model is designed to work from early years up to the end of Secondary education.

I have heard suggestions of the Department of Education simply distributing the €5m across all primary schools and getting the principals to source a therapist. I do not see that as a way to create a viable, long-term system that will serve our children well. It seems to me that such an approach will only put more stress on the principals who will have to find and oversee a counsellor for their pupils, something they are ill equipped to do. That should be the role of the Department of Education and hence my support for the English model. Such a model also creates much more opportunity for preventative work because, not only does it offer mental health support for all children in education, it also engages in supporting school and teaching staff through a whole-school approach.

The MHST has three specific core functions set out by the national team. These are

- to provide evidence-based interventions for mild to moderate emotional and mental health issues using low-intensity approaches in a one-to-one setting with children, young people or their parents or carers;
- to support the designated mental health lead in each school to introduce and develop a whole-school approach to emotional well-being; and
- to give timely advice to school and college staff, signposting and liaising with specialist services to help children and young people get the right help and support at the right time.

What this offers is a template to build upon and it is backed up by evidence from research carried out since its inception in 2017 thus allowing our Departments of Education and Health to measure the fidelity and success of their new initiative.

That is the type of system I believe we should be setting up here in Ireland. This Committee has heard from a wide range of professionals including the Psychological Society of Ireland, the Irish Council of Psychotherapy and the Irish Association of Counselling and Psychotherapy and each one has pledged their willingness to become engaged in this initiative. There is a window of opportunity opening now for our politicians and civil servants to create a world-class therapeutic service within our education system that is collaborative and integrated, not separate and in competition with, our health system. Our children deserve no less.

Thank you again for your time and I am happy to take questions as necessary.