

ENSURING CHILDREN'S ACCESS TO QUALITY MENTAL HEALTH SERVICES

Dainius Pūras

Department of Psychiatry, Vilnius university

Human Rights Monitoring Institute

Former UN Special rapporteur on the right to health (2014-2020)

„Beyond the horizon: a new era for the rights of the child“

High-level Launch for the new Strategy for the Rights of the Child (2022-2027)

Rome, Italy, April 7-8, 2022

Promotion of children's mental health principles – in line with human rights and child rights based approach

- Right to life, survival and (holistic) development (CRC art 6)
- Non-discrimination - on any ground (CRC art 2)
- Right to be heard (participation/inclusion) (CRC art 12)
- Best interests of the child (CRC art 3)

-
- Child is a subject (owner) of his/her rights, and not an object.
 - Evolving capacities of the child. Children should be protected, but they should not be overprotected. E.g., right of adolescents to confidential services
 - Children and families representing groups in vulnerable situations should not be left behind.
 - COVID-19 pandemic has activated the need to protect all human rights of the child as effective remedy. E.g., harmful effects of lockdowns on mental health
 - These basic principles should be protected and enhanced before, after, but especially - **during crises and emergencies**

Crises and emergencies: impact on mental health

- Many mental health related issues are exacerbated by crises. But most of them are “normal reactions to abnormal events”
- Violence against children. Adverse childhood experiences. Toxic stress. Insecurity. Quality of parenting and parent-child relationships predetermine quality of brain architecture, health and well-being through entire life span
- Crucial role of schooling: impact of its quality or absence to mental health
- Adolescence: socialization in general and relationships with peers is of utmost importance.
- Family members: separation, bereavement, displacement, refuge
- Focus on increasing number of risk factors? Rather focus on enhancing protective factors and resilience in children, parents, communities.
- Are national mental health related systems ready to effective response (before, during and after crisis)? Are main requirements for quality, quantity, independent monitoring, sustainability in place?

Impact of war and military conflict on child mental health and well-being

- Detrimental impact on health and development of children:
 - immediate stress-responses
 - attack on right to life, survival and (holistic) development
 - increased risk for specific mental health conditions
 - distress from forced separation from parents
 - absence of safe and predictable environment
- Response should be based on rights based and evidence based principles:
 - multileveled, needs-oriented, trauma-informed, strength- and resilience-oriented interventions
 - evidence-based interventions: from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy
 - provide post-migration infrastructures and social environments that foster mental well-being
 - support to children entails enabling and supporting parents
 - avoid institutional care and pathologization of mental health conditions in refugees and displaced children
 - studies point out the enormous capacity for resilience in children. Protective factors: effects of coping strategies, healthy family relationships, friendships
- Prevention of wars and military conflicts – promote universal human rights principles and oppose agendas confronting them

Mental health promotion: modern principles

- All forms of violence, discrimination and inequalities have negative impact to mental health – need to address them in all policies
- States need to invest in enabling, supportive, non-discriminatory and non-violent environments in all settings (family, school, workplace, community, healthcare and other services, society at large)
- All services to children/adolescents should be child/adolescent friendly (take into account their rights and needs)
- Support families with variety of community based non-discriminatory services
- Full implementation of human rights based approach is an obligatory precondition of effective investment in mental health and mental healthcare (including promotion, prevention, support, treatment, rehabilitation, recovery)
- These issues are of utmost importance to development, sustaining and monitoring of preventive and therapeutic services to children and families

Effective ways to address challenging behavior of children and adolescents

- All history of child/adolescent mental health care is to large extent about balancing important targets of interventions - child, family, community, society. Also – bio-psycho-social “pendulum”
- Spectrum of interventions - primary and secondary prevention, family based interventions, support to families at risk, foster care and other. **Key issues – therapeutic alliance, supportive relationships and enabling environments.**
- **Family focused and community based interventions are effective when they promote resilience, strengthen protective factors, empower children and parents, promote coping skills, eliminate or reduce violence, discrimination and inequalities.**
- It is a threat to mental and physical health of adolescents if there is a lack of comprehensive and age appropriate sexuality education in schools
- Universal human rights principles should be protected and enhanced in the development and implementation of childhood and family policies
- Working with policies and services towards healthy, non-violent and trustful relationships should be one of the main goals.
-

Situation of crisis may be helpful in re-thinking and improving mental health related services

- Mental health as an emerging priority should be addressed in multi-sectorial, rights based and evidence based way.
- Right to holistic development is as important, as is right to life and survival (CRC article 6). This is about investing in emotional and social development. Most important – early childhood and adolescence.
- Interventions should not be focused on targeting individuals and their brains. They should firstly target relationships and social determinants of health, to reduce/eliminate violence, discrimination and inequalities
- Avoid another wave of excessive pathologization and medicalization during the process of assessment and management. Child mental healthcare should move beyond biomedical paradigm. Biomedical interventions are not a first line treatment in most cases.
- Avoid coercive practices (institutional care, forced interventions, restraint). Invest in community based services that support families with children at risk. Children with disabilities should not suffer from discrimination
- Take into account evolving capacities: children should be protected, but overprotection should be avoided. Services should respect children/adolescents as rights holders and service users.
- Critically address proliferation of unscientific theories and attacks on universal human rights principles. The best way to support families is to protect and promote human rights of each member of the family, first of all - children and women.

Conclusion: what are the priorities?

- Implement CoE Rome Strategy for the Rights of the Child (2022-2027) in sustainable way. Mental health is important to each of 6 objectives.
- Human rights imperative. UN Human Rights Council Resolutions on mental health and human rights (2016, 2017, 2020)
- Council of Europe resolution (2019) on ending coercion in mental healthcare
- Address toxic stress and adverse childhood experiences (ACEs) with rights based and evidence based policies and services
- Prevent excessive medicalization of diversities, disabilities, mental health conditions.
- Prioritize child/adolescent friendly psychosocial interventions. Therapeutic relationships – a key!
- Mainstream mental health and discontinue prioritizing investments in institutional care, segregated psychiatric and “correctional” institutions. All services should be child/adolescent friendly and of good quality. Invest in high quality workforce.
- Replicate good practices that provide supportive, non-discriminatory and non-coercive mental health services
- Address all forms of discrimination and violence in all settings, starting from family.
- Invest in policies and services based on universal human rights principles and oppose agendas based on theories, that are not child rights friendly and not evidence based (such as “protection of traditional family values”)