

include YOUTH

Response to Mental Health Strategy 2021-2031

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Include Youth

Include Youth is a regional rights-based charity for young people in or leaving care, from disadvantaged communities, or whose rights are not being met to improve their employability and personal development. We work with over 800 young people a year aged between 14-25. Our main offices are in Belfast, Armagh, Ballymena, Derry, Enniskillen, Newtownards and Omagh.

The young people we work with and for include those from socially disadvantaged areas, those who have had poor educational experiences, those from a care background, newcomer young people, young people with mental health issues, young people who have committed or are at risk of committing crime, misusing drugs and/or alcohol, engaging in unsafe or harmful sexual behaviour, or at risk of being harmed themselves. We provide a range of tailored employability programmes for these young people, including programmes delivered in partnership with community-based organisations.

Our Give & Take Scheme adopts a youth work approach to improving the employability and increasing the self-esteem and confidence of young people aged 16 to 24 who are not yet ready to participate in mainstream training. We work across 9 primary sites and a number of outreach locations. The core components are personal development, mentoring, training, work experience, essential skills and transitional support.

Many of these young people have experienced social exclusion, poverty or have other complex challenges in their lives and therefore need additional support to overcome these barriers and positively progress their education, training or employment needs. Seventy-five per cent of young people on the Scheme are care experienced, while over a third has a background in offending. We offer a range of tailored programmes including:

- Core - for young people aged 16-21 referred to us through the Health Trusts, a 12-24 month intensive employability programme for care experienced young people who are furthest away from mainstream education, training and employment opportunities. In 2019/2020 101 young people participated in Core.
- Start Programme – a collaborative partnership employability programme with community based organisation Northern Ireland Alternatives, targeted at young people in the North Down, Ards and Belfast areas. In 2019/2021 111 young people participated in Start.
- Outreach – for young people requiring additional support to move into employment, education and training and delivered through community groups and schools throughout Northern Ireland. In 2019/2020 191 young people participated in Outreach.

- One to One – for young people at risk of child sexual exploitation. In 2019/2020 13 young people participated.
- Transitional support – for those moving on from our Scheme and into mainstream education, training or employment or access work related courses. In 2019/2020 60 young people received support.

As part of our programme we offer care experienced and other disadvantaged young people the opportunity to gain essential skills and qualifications. Our Learning for Action programme is delivered by a team of in-house tutors who deliver weekly classes and one to one tuition to enable young people to gain qualifications at entry level, level one and level two in Literacy, Numeracy and ICT. Learning for Action is a core component of Include Youth's Give and Take scheme. Young people are given a second chance at learning and an opportunity to gain essential qualifications in settings that are informal, adaptable, flexible and that cater to their individual needs. In 2019/2020 162 young people, on the Give and Take scheme, received 240 qualifications.

Meant to Work is a one to one mentoring service for young people aged 16-24 which helps young people gain and sustain meaningful employment. Meant to Work Plus is delivered in partnership with Belfast Trust and supports care experienced young people access employment and other vocational opportunities. These programmes have supported 70 young people in 2019/2020.

Include Youth also delivers an Employability Service on behalf of two of the five Health Trusts for young people aged 16 + who have had experience of the care system. This service is designed to offer tangible and concrete opportunities to assist young people leaving care to prepare for and engage in work. 179 young people have received this service in 2019/2020.

Strive is a cross community, cross cultural, and cross border programme that engages young people aged 14-24 in good relations, person development and citizenship. We deliver this with our partners Newstart Educational Centre, Northern Ireland Alternatives, Youth Initiatives and Lifford/Clonleigh Resource Centre. The programme is delivered through local youth groups, schools and Youthreach. In 2019/2020 200 young people participated in Strive.

Include Youth also engages in policy advocacy work in the areas of employability, youth justice and policing. This work is informed by relevant international human rights and children's rights standards, is evidence based, including that provided by young people and practitioners and is based on high quality, critical analysis.

General Comments

We welcome the opportunity to comment on the content of the draft Mental Health Strategy. We were also pleased to have taken part in a consultation workshop with officials from the Department of Health on the 5th March 2021.

To inform our submission we have drawn on evidence from our existing work and from previous consultations we have conducted with young people, including those on the Programme for Government, the Children and Young People's Strategy and the Looked After Children Strategy. We also conducted a number of more recent focus group discussions and one to one sessions with a number of young people who are currently involved in various Include Youth programmes, including Give and Take Core, Give and Take Outreach, Start and Strive. In the most recently conducted focus groups young people talked specifically about the content of the draft Mental Health Strategy and fed back their views and suggestions.

We welcome the Department's approach to the consultation process and in particular the availability of a children's version of the consultation document. We fully support an approach centred on co-design and co-production with people with lived experience. We also support the appointment of the Mental Health Champion for NI and welcomed the opportunity for our young people to meet with her to discuss their concerns about mental health provision.

Specific Comments

Strategic Context

Include Youth is supportive of the recommendations made by the NI Children's Commissioner in the Still Waiting report. We are keen to hear how the recommendations from the Still Waiting report and the subsequent NI Executive Inter-Departmental Working Group Action Plan will be included within the Mental Health Strategy. We are also keen to be informed of how other related strategies such as the Department of Education's Emotional and Well Being in Education Plan, the Children and Young People's Strategy, the Looked After Children Strategy and the PfG Outcomes Framework will dovetail with the Mental Health Strategy. It would also be beneficial to learn how the Children's Services Co-operation Act (NI) 2015 will be operationalised within the Strategy.

We would urge the Department to draw on the work and recommendations of relevant youth led mental health initiatives, such as the Elephant in the Room peer research and Pure Mental, to inform the outworking of the Strategy.¹

Vision for the future

We welcome reference to the need to respect diversity, equality and human rights. We would welcome reference to the United Nations Convention on the Rights of the Child and to the specific articles within the Convention which are relevant to mental health (Articles 24, 25). The UN Committee on the Rights of the Child has made numerous recommendations relating to the mental health of children and young people. It would be beneficial to reference these recommendations as well as the recent NGO Stakeholder report submitted to the UN Committee on the Rights of the Child, to inform the UN Committee of the 'List of Issues Prior to Reporting'.

We fully support the recognition of the need to 'invigorate and energise' communities and organisations and to work in a spirit of collaboration and integration. We welcome the statement of purpose to work in partnership with voluntary and community organisations that are providing high quality support and services on the ground. This statement of purpose must be followed up with substantial financial investment in community and voluntary services. Too many organisations delivering critical mental health support to vulnerable and marginalised groups who are experiencing high levels of mental health crisis, are struggling to survive and maintain services. Financial instability has a dramatic impact on delivery of core services to those most in need. We hope that this Strategy will result in a practical outworking of financial support to voluntary and community providers.

We support the founding principles listed and the commitment to address the specific needs of at-risk groups of people who face particular barriers to accessing mental health services. Our direct work with care experienced young people has demonstrated to us that this group of young people are especially in need of support. Young people's profiles from our Give and Take programme between April 2018 – March 2020 highlight the complexities and range of personal, social, and financial barriers that affect the young people we work with and for.

- 100% Unemployed
- 85% In Care / Care Background
- 79% Essential Skills Need
- 72% Mental / Emotional Health issues

¹ Belfast City Council Youth Forum, NI Youth Forum, Youth@CLC (2018) *Elephant in the Room*. Available at: <http://www.niyf.org/wp-content/uploads/2018/12/ELEPHANT-IN-THE-ROOM-A4-V2.pdf> ; [Home | Pure Mental NI \(wixsite.com\)](#)

- 69% Economic / Social Deprivation
- 65% Early School leaver
- 60% Unsettled Accommodation
- 57% Experienced Abuse / Neglect
- 44% Alcohol / Substance misuse
- 36% At risk of suicide / self-harm
- 32% Offending background
- 31% Experience of / at risk of Child Sexual Exploitation (CSE)
- 30% Learning / Physical disability
- 15% At Risk of Threat from / Involvement with Paramilitaries
- 9% Young Parent

The Strategy must address the mental health needs of care experienced young people and establish an action plan to provide necessary supports across each of the three themes of prevention and intervention, providing the right support at the right time and establishing new ways of working.

Theme One: Promoting wellbeing and resilience through prevention and early intervention

The issue of mental health is a priority issue for many of the young people we work with. In the course of responding to a number of policy consultations in recent years, including the Children and Young People’s Strategy and the Looked After Children Strategy, we have asked the young people on our programmes what their views are on current mental health provision. While the young people acknowledged the need to meet the physical needs of children and young people it is clear that the urgent need to address mental health concerns amongst themselves and their peers is top of the list.

“The big issues are mental and physical health, suicide and self-harm.”

We cannot overestimate what a pressing issue this is for the young people we spoke to. Many of them had experience of or knew people who had experienced mental health problems and they were worried about the lack of adequate provision for children and young people to get the help they need.

“Mental health is the main issue for young people – there are not enough services out there.”

“There are mental health problems from about 14 years and up - suicide, depression, self-harm. “

“A lot of young people are not getting the mental health they need.”

“It’s a massive problem.”

In recent focus group discussions, we asked young people for their views on early intervention and prevention and if they thought enough was being done to support children and young people from an early age.

The young people felt strongly that more could be done to prevent young people experiencing mental health difficulties if they were supported from a younger age and given tools to address their mental health. Many of the young people explained how they were unaware of mental health issues when they were younger and no attempt had been made to have discussions with them about the need to look after their mental health and what supports were there to aid that. It would appear that young people are more likely to hear about mental health issues and what support structures exist when they are teenagers, but there is an absence of that experience in earlier childhood. They support early intervention and preventative programmes being introduced so that family, friends and teachers feel able to help children experiencing difficulties.

“I didn’t hear about things like mental health until I was 13 or 14.”

The young people said that more should be done in schools to break the stigma around mental health and let people know that it is ok to open up and talk about how they are feeling and ask for help. The view was expressed that schools do not do enough to prepare children and young people for issues that they will face in life such as loss, grief, family breakdown. Young people want schools to teach children coping mechanisms and tools to address mental health.

“In schools it’s not really talked about and it should be.”

“A school class on mental health should be part of the school curriculum at Primary school age level, or when children feel ready to talk.”

“If young people cannot talk or aren’t taught about their mental health, they may use negative behaviours such as cutting.”

“Teaching children ways to calm or recognise their emotions.”

Some of the young people were able to identify primary school years as the first time they started to experience poor mental health, sometimes because of bullying, not being able to fit in or being picked on because of their background. Bullying not being addressed by the school has major implications for a young person’s mental health.

“Early intervention even as early as Primary school. I was bullied at Primary school mostly down to the fact I as a young carer. It was disappointing that kids noticed I was being neglected (and bullied me for it) but teachers didn’t.”

“My mental health issues started as early as Primary School.”

“I was being called a lot of names and being severely bullied. I told my teacher after being stabbed in the head with a pencil. Her response was, ‘Sticks n stones will break your bones, but words will never hurt you’. They definitely do.”

Many of the young people feel that the issues they have problems with are disregarded and any negative feelings and emotions they feel are put down to ‘teenage hormones’. This reaction can cause some teenagers to question their own feelings and downplay how they are feeling, resulting in mental health issues not being addressed. They are hopeful that if more effort is made to educate children about emotional and mental well being, then many mental health difficulties in later life could be minimised.

“I was in a mental health hospital in Belfast at 16. I didn’t even know what mental health was at that point.”

“At 16 when things went off the rails, I didn’t know any mental health support agencies, until it was too late.”

“Talking about it as early as possible so it doesn’t become a taboo subject.”

“Being emotional smart can really help from an early age.”

The young people talked about the fact that prevention for children starts with supporting carers and parents to address their own mental health. Parents and carers are seen as important role models in a child’s life and educating parents on the importance of good mental health is critical to any strategy going forward. One young person described how after getting a talk in school about mental health and available support services she had shared the information with her parents, who were unaware of what supports existed.

“If young people grew up in homes that talked about their emotions and bottling up was not encouraged to happen, this would help.”

We asked young people to tell us what sort of things could protect children from experiencing poor mental health.

Social Media: The young people want more done to address the impact of social media on children and young people’s mental health. They believe that the use of social media is contributing massively to mental health problems for young people. Some young people felt that social media use should be restricted for younger children. They

also talked about the increase in online bullying and said not enough is being done to address it.

Sport and leisure: Young people were very aware of the importance of physical activity to improving mental health. They would like to see more accessible sport and leisure facilities being provided. They believe more access to sporting activities could combat mental health concerns and help young people who are struggling. One group of young people talked about how young people in their area were putting themselves in danger to access some sporting facilities by climbing fences and walls to gain access to high quality pitches that were constantly locked to them.

“me and my mates have to climb massive fences just to play football on the pitches.”

Young people want to see these types of facilities being opened up for young people and also recommended that there should be attendants or security staff supervising the use of facilities, to ensure everyone is safe. The young people recognised the importance of keeping children distracted and making sure there are enough community and youth provisions available.

Addressing stigma and raising awareness: The young people also talked about how many people still feel shame and embarrassment about admitting they may need help from anyone regarding mental health.

“I used to love my work with St. Johns Ambulance. I had to drop out as a first aider because I had started self-harming and felt embarrassed”.

“Tackling stigma is important so that people are not put into categories.”

Young people expressed the desire to hear from people who have “real life experience” of mental health issues as opposed to just hearing about it from a teacher or leaflet.

Young people would like to see youth work providers being funded to run programmes which address the stigma of mental health issues, dispel myths, and highlight strategies to help develop positive mental health. These strategies were discussed specifically around how to deal with anxiety.

“Youth clubs could run mental health programmes. Youth workers should be trained in mental health.”

Young people would like the topic of mental health to be explained in a way which does not make it seem like an adult topic and recommend that it should be delivered in a way which is accessible to young people. They would also like to see messages about mental health disseminated through popular media platforms such as TV and billboards and through music. Young people want to see talking about mental health ‘normalised’ and for there to be more outlets to discuss these issues within the communities in which they live.

Theme Two: Providing the right support at the right time

Some of the young people had experience of CAMHS and in particular of Beechcroft. They felt strongly that there was not enough provision to address children's mental health needs and that the geographic spread of support was too sporadic. Several mentioned the dissatisfaction that there was only one residential facility and that it was very often far away from children's families.

"There is only one hospital for children – Beechcroft."

"The fact that they are really far from home when they are at Beechcroft is really bad."

"People struggle for years and don't get the help they need from CAMHS – you just can't get the help."

"You have to wait far too long to get medication."

There was a real sense of urgency from the young people we spoke to about the need and demand from young people in care, to access mental health support.

"cos people are committing suicide."

"you need help and support."

"I waited 8 months to get help and support."

They also identified the very vulnerable time when they have to transfer from children to adult mental health services and the concern they have that adult provision is not tailored to their age and particular needs.

"And then they chop you off when you reach 18 and adult services aren't the same."

The young people were not positive about the contribution that schools make to supporting children and young people's mental health and claimed that many schools were not equipped to deal with young people experiencing problems.

"No – they (schools) are no help for that."

"They don't want to help you in school about mental health stuff. The teachers would just tell everyone. . I wouldn't trust them to tell them."

"It just gets picked up as bad behaviour, but really it is because there are things going on for you underneath everything."

We asked the young people if they thought there are particular groups of young people more likely to experience mental health problems and what could be done to help them?

- Care experienced children and young people:

“I went into care at 16. So much of my trauma could have been prevented with support. Now I have to carry and deal with these issues for the rest of my life.”

- Young carers:

“I was a young carer with no external family support.”

- Young men:

“the suicides of young men in this country is insane – some young men haven’t even thought about their lives.”

- Young people dealing with trauma:

“It was a cycle. My mother suffered from childhood trauma and now I suffer childhood trauma. My mother has normalised it and doesn’t realise the harm it caused”.

- Young people facing exam pressure and struggling with home schooling

“We need more opportunities to talk about it, certain people ask if you’re OK but then just move on.”

- Children sitting transfer test:

“P7 taking part in the AQES & GLS – They are still kids!”

- Young people dealing with domestic violence
- Children whose parents have issues with drugs / alcohol.
- Children and young people with learning disabilities.
- LGBTQ+ young people
- Children and young people living in poverty
- Homeless young people

We would add young people in contact with the youth justice system to this list. This is especially relevant given the high numbers of young people experiencing mental health problems who are detained in Woodlands Juvenile Justice Centre. An NI Audit Office reported that almost half of young people admitted to Woodlands were involved with mental health services and had a mental health diagnosis.²

² [244345 Managing children who offend- follow up review Report \(Cmbnd Final\).pdf \(niauditoffice.gov.uk\)](#)

We asked the young people for their views on the amount of money currently spent on CAMHS and the proposals to increase it to 10% of the overall mental health budget.

The young people believed that there should be a lot more money given to the services helping young people's mental health, and they thought it was disproportionate in terms of the amount of the budget going to children and young people's services compared to adults. The young people pointed out that if more money is not invested in younger people we will continue to see large numbers of the adult population experiencing mental ill health.

Some young people welcomed the increase to 10%.

"It is good that they're thinking about it – young people with mental health problems is sky rocketing and they deserve more."

Many of the young people questioned if a rise to 10% was adequate giving the growing need.

"It depends how many young people come forward with their mental health problems, but if lots of our young people coming forward they deserve more than 10%."

"It occurs more in young people – because of the amount issues are increasing."

"Early intervention for young people needs more than 10% of funding. It is an improvement than previously but definitely more could be spent on children's mental health. In time this will reduce the amount spent on adult mental health services, as children they will have benefited. "

"10% is not enough."

"More money is needed on mental health services for children in NI."

"15 – 20% needs to be spent on children's mental services in NI. This would make a big difference, in mental health rates."

"We need to invest in early intervention in young people. This will result in a drop in numbers for adults. This sounds so simple and it makes me feel sad that government doesn't realise this fact".

"That's terrible".

"extremely disappointing".

"I don't think that's enough, I think that is mad."

We asked the young people if they had had experience of CAMHS – how was it and how could it be improved?

There was a mixed reaction on how young people or their friends had experienced CAMHS. Some young people were very critical of the service they received.

“My friends don’t like it – it feels like they’re asking the same thing every week, it doesn’t go anywhere.”

“CAMHS didn’t work for me. They kept discharging me and then the doctor would refer me back again.”

“CAMHS has made no positive difference to my mental health.”

“3 out of 10 is what I rate them from personal experience.”

“It needs to be shut down or improved services.”

“I was with CAMHS 13 times and it didn’t work for me”.

Young people would like to see more tailored specific plans being developed to support children and young people.

“Tailored plans for different issues.”

“More tailored plans for different issues is needed”.

“CAMHS doesn’t help. If I go to CAMHS with any issue, they will tell me to do the same thing as someone with a different issue. There is no tailored plan for specific mental health issues. “

Other young people had more positive experiences but put that down to the individual counsellor.

“I had a great experience with CAMHS. My counsellor was very helpful and was a great listener.”

“Honestly, I was in CAMHS for 2 years. I had a great counsellor. But I know from other people that she seems to be the only one.”

One group of young people made a number of recommendations to improve CAMHS:

- More 1-1 time
- Individual plans

- More emotional support
- More funding for staff
- Quicker response time
- Online access/support
- Form support youth groups
- Lower age restrictions

We asked the young people what supports they thought should be in place to help young people who reach crisis point and need emergency help.

Young people talked about the need for faster responses for young people who are in crisis and need emergency help. They recommended a suicide helpline and emergency helpline should be developed specifically for young people. It was also suggested that an anonymous chat/text/messenger service should be developed. These services should be easily accessible and youth friendly in their format. Awareness raising about the existence of crisis and emergency supports is vital and many of the young people felt that there was not enough knowledge about what existed, resulting in young people not knowing where they can go to for support. Young people need to know that there is someone to talk to, who will listen and get them the help they need. One young person talked about their first-hand experience of needing emergency help.

“At crisis point I rang an ambulance. Actually, someone needed to ring an ambulance for me. Young people need to be aware and constantly reminded of the supports in place for dealing with mental health. It should be second nature especially at crisis point.”

“At crisis point it’s always someone else who rang for me. If there was no one there I would have been dead. At one point when I was alone and very down. A domino worker stopped me from jumping in the river”.

“People should know that in emergencies they can phone the police or ambulance.”

“I don’t know any supports for emergency mental health help”.

As well as increasing awareness amongst young people themselves about support networks, it was recommended that families, parents, carers, social workers and youth workers should also be made aware of how to help a young person in crisis.

“Youth clubs and youth workers should have specialist training to respond with emergency situations.”

Impact of Covid-19:

Young people were concerned that Covid -19 will result in more young people needing emergency mental health support.

“Young people’s mental health is going to be worse post Covid.”

As part of our consistent engagement with young people throughout the past year, we have checked in with those involved in our programmes to assess what impact the pandemic and lockdown restrictions have had. The young people raised a number of issues including the impact on their financial status, their education, their employment and training prospects, their family situation, their interaction with social services, their feeling of safety, their ability to access online services and support. But the one issue that was overwhelmingly mentioned by our young people, was the impact the pandemic and restrictions were having on their mental health.

The following is an overview of the points raised in relation to mental health, by both young people and the Include Youth staff working closely with them, during the period of October – November 2020:

- Staff are extremely worried about young people’s mental and emotional health.
- Staff are worried about the rise in general anxiety and poor mental health of young people they are working with.
- Staff have major worries about mental health impacts of the pandemic and are fearful about young people’s isolation if there is another lockdown.
- Staff are worried about the how young people who usually access the Give and Take programme three days a week, giving them structure and routine for their week (including a free lunch, WIFI, a safe place to be, physical activity, social trips, friendships) are at extreme risk of loneliness. Lockdown is having a massive impact on young people’s physical, social and mental well-being.

- Young people’s anxiety is heightened about leaving the house, having to wear a mask, and using public transport. Not using public transport is not a choice for many young people as they use it to attend work.

- Some young people are suffering panic attacks at the mention of having to wear a mask, due to previous trauma.

- Young people who have had CAMHS appointments have had them cancelled or postponed and are now being offered meetings via the phone, which does not suit all young people. Some young people prefer face to face meetings and are not comfortable with phone meetings.

- Young people who are accessing primary mental health services/ counselling cannot access this at present and are being offered a reduced service over the phone, putting young people at risk of suicide or self-harm.
- Young people believe that the mental health impact has not been addressed properly. Some expressed the view that they think that there will be more deaths due to suicide and mental health issues, than there has been due to coronavirus. They believe that mental health has taken a back seat and the government has spent so much money on fighting the coronavirus disease, that nothing extra has been put into mental health.
- Young people are still worried about their mental health and they are anxious about the prospect of more lockdowns and restrictions, especially if they are unable to visit family or peers. These groups would normally be their support networks. This is especially true of young people who are care experienced.

“Self-isolating really affects mental health- no support, especially for young people in care. Lockdown will come again, and young people are screwed. If data runs out- we have no contact with outside world or friends.”

“All of this has affected my mental health way too much. I am very frustrated, it has been very hard.”

“We have more chance of surviving COVID than suicide and loneliness.”

It is clear from these statements that the impact of Covid-19 is far reaching and will undoubtedly lead to increased numbers of young people experiencing mental health problems both now and in the future. The Mental Health Strategy must take account of the impact of the pandemic on children and young people and ensure that appropriate services and supports are in place to meet the need.

We asked the young people to suggest how mental health support could be improved.

- Earlier intervention in childhood
- Reduce time it takes to get appointment with professional
- Reduce waiting lists
- Make sure there are no gaps between different interventions
- Counselling to be made available in GP surgeries
- More availability of talking therapy rather than just medication

- Online appointment process
- Professionals should develop a more youth friendly approach
- Young person friendly buildings and décor
- Mental health professionals that are less formal
- Increase community-based resources
- More youth groups to support mental health
- Online education and support on looking after your mental health
- Online therapy
- More online chat platforms
- Promoting and teaching self-care techniques
- Available counsellors in school who are trained in specific areas of mental health
- Support rooms in schools/youth groups/hospitals
- People who take it seriously
- Supportive adults
- Peer support programmes
- More training on mental health for those working with young people

“Lots of people know lots about mental health, but don’t know how to work with young people”

Theme 3: New ways of working

We support the commitment to developing the right framework, structures and support to improve outcomes for individuals. Equity of access is critical, as is choice of services. Evidence gathering on what works will be vital to inform services and addressing gaps in provision.

Central to the outworking of the Strategy will be the financial investment to develop services. CAMHS has been underfunded for many years and we see the damage that has caused through our direct work with young people. Too many of the young people we work with have not had their mental health needs addressed and we are concerned that the impact of the pandemic has only served to increase existing vulnerabilities. The impact of not receiving the right help at the right time has led to young people

feeling abandoned and too often has resulted in devastating outcomes. This underinvestment in specialised mental health services for young people cannot be allowed to continue. We do not believe that an increase to 10% of the overall mental health budget will address the need.

We would welcome reference to mental health legislation within the document. The Mental Capacity (NI) Act applies only to those aged 16 years and over. Include Youth believe this is not compliant with human rights and children's rights standards and the Act should be extended to children and young people under the age of 16.

Concluding Comments

Include Youth will continue to support the Department in the development of mental health services for children and young people. We are thankful to the young people who contributed their thoughts, views and experiences to inform our response and we look forward to continued engagement between young people and the Department. We are happy to expand on any of the issues we have raised.