Mental Health Reform
Promoting Improved Mental Health Services

Snapshot analysis of the Independent Monitoring Group's sixth annual report

Overall, the Independent Monitoring Group (IMG) presented a vigorous analysis of the progress made on implementing *A Vision for Change* in 2011. The IMG continued to support Mental Health Reform's calls for a Directorate, an implementation plan and more action by Departments, beyond the Department of Health. The group made a number of recommendations towards implementing the recovery ethos in services. The group also made specific recommendations on monitoring drug treatments and the relationship between the pharmaceutical industry and mental health professions.

The IMG also praised Mental Health Reform's submission and *Manifesto* as "one of the most comprehensive recovery focussed submissions received by the IMG."

HIGHLIGHTS OF THE IMG'S FINDINGS ABOUT THE MENTAL HEALTH SERVICES:

Service users and families: Service user involvement, while growing, is still not consistent across all regions. There was a particular lack of attention to the involvement of family members in care planning. The IMG also commented on the lack of a consistent approach to consumer panels.

Quality: No submission had mentioned compliance ratings of mental health services with the Mental Health Commission's standards and regulations. Only three centres, all of which are run by independent service providers, were fully compliant in 2011.

Social inclusion: Work on addressing social exclusion at a broader level has been extremely slow.

Mental health promotion: The IMG was very supportive of the activities to implement the national suicide prevention strategy *Reach Out*.

Mental health in primary care: There has been a slow-down of progress on improving communication between mental health and primary care services. The IMG welcomed the €5 million allocation to develop counselling support services in primary care.

Community Mental Health Teams (CMHTs): The trend of incomplete CMHTs has continued, despite submissions from the HSE proposing that posts can be relocated from institutional services to community-based services. The policy of closing inappropriate institutions and inpatient beds has been stifled by the HSE embargo and the present Public Service Moratorium on recruitment. In particular, the IMG strongly expresses its view that new funding should support new posts and not existing posts and associated pay costs.

Child and adolescent mental health services: The IMG welcomed the development of additional residential places but noted that overall staffing levels for the 56 existing CAMHS teams decreased from 70% to 63.8% of the recommended level.

Rehabilitation & Recovery Teams: The IMG found that there were insufficient Rehabilitation and Recovery Teams to provide a comprehensive service nationally and expressed concern that "in reality there is a de-prioritization of Rehabilitation and Recovery Teams as a direct response to the demands for staffing of acute adult mental health teams," and that this is "a direct contradiction to the stated policy of *A Vision for Change*."

Specialist mental health services: Once again, there was a lack of progress on services in the areas of intellectual disability, old age, eating disorders, rehabilitation and recovery, and co-morbid severe mental illness and substance abuse problems. The group commented that this is one of the "significant implementation failures" and is a "major obstacle" to the provision of responsive specialist mental health services.

Borderline Personality Disorder: The IMG noted the new development of therapy programmes for people with 'Borderline Personality Disorder', funded by the National Office for Suicide Prevention.

Forensic services: The IMG welcomed the decision to build the new forensic mental hospital in Portrane and the proactive development of prison in-reach teams and court diversion services for prisoners on remand.

Management and organisation of mental health services: The IMG expressed the view that the Office of the Assistant National Director is under-resourced and does not have the authority to implement *A Vision for Change.* The group also said that the absence of a full implementation plan makes it difficult to assess the value of the current Office of the Assistant National Director. The IMG emphasised that having a Director of Mental Health Services would not be equivalent to having the Directorate as set out in *A Vision for Change*.

Funding: The overall reduction in the budget for mental health services in 2012 was 1% after including the €35 million allocation. The IMG also stated that the capital investment of €50 million per annum promised by the previous Government had not materialised and that only €37 million had been recouped from the sale of lands. [Mental Health Reform notes that the HSE reported €16 million expenditure in 2011 on new mental health facilities funded from the sale of lands and this was €1 million more than the allocation for the year.] The IMG expressed the view that full implementation of AVFC will require additional revenue and capital allocations.

Manpower, education and training: The IMG found 'little progress' in the area of manpower, education and training and expressed concern that the mode of training for mental health service professionals is continuing in a traditional way, with little opportunity for multidisciplinary training and in-depth training in community-based services. The IMG acknowledged developments by the Irish College of General Practitioners (ICGP) and the College of Psychiatry of Ireland (CPI) in the area of training. The continued delivery of advocacy training was also noted. The IMG emphasised the need for continuing training of mental health staff in care planning and the need to review the training, registration and roles of various mental health professionals. The group encouraged the Government to look at "innovative ways of engaging accredited therapists presently working in the community" in the absence of a statutory regulation system for psychotherapists.

Research and information: The IMG encouraged the College of Psychiatry of Ireland, Health Research Board, MHC and third-level institutions to conduct independent research. The group also sought the development of comprehensive systems which allow for the measurement of inputs, processes, and outcomes of service delivery and emphasised that service user researchers were essential to a recovery-oriented research strategy.

Addressing the biological, psychological and social factors that contribute to mental health problems: The IMG found that there has been a "gradual, slow and inconsistent transition to a biopsychosocial model of mental health care" and that "there are not many examples of services in transition to the biopsychosocial model." The IMG commented "that too much emphasis to date has been on pharmaceutical industry funded research and training…" The group noted that in September 2010, the CPI passed a motion that "The College would cease receiving any sponsorship from pharmaceutical companies, for its academic meetings or other activities." However, there is still a potential link between clinicians and the pharmaceutical industry for the purpose of clinician-organised Continuing Professional Development. The IMG also welcomed the decision by the CPI that in future, all trainee psychiatrists will receive training in psychotherapy for the first four years of their studies.

The National Clinical Care Programmes in Mental Health: While the IMG broadly welcomed the fact that mental health was being addressed within the HSE's Clinical Care Programme structure, the group expressed eight concerns about the new Clinical Care Programmes in mental health. These include that it was unclear how the programmes would implement the principles of *A Vision for Change* and that the National Mental Health Programme Plan must not be seen as a substitute for delivery of *A Vision for Change* nor the Clinical Lead a substitute for a Directorate. The IMG commented that the Clinical Care Programme plan may be difficult to implement in the absence of fully-resourced, functioning CMHTs and expressed particular concern that the requirements of the 'Specialist within Generalist framework' of the programmes could stretch CMHTs to breaking point. (By 'Specialist within Generalist', the HSE means that some staff from CMHTs would take on an additional specialist role to support the Clinical Care Programmes (e.g. on eating disorders, self-harm, and so on).

HIGHLIGHTS OF THE FINDINGS ON OTHER GOVERNMENT DEPARTMENTS:

- The IMG viewed the reduction in the current Minister of State's responsibilities so that it no longer extends to the Departments covering education and employment as a retrograde step. The group considered that co-operation between Government Departments could be strengthened by having an implementation plan for *A Vision for Change* similar to the National Disability Strategy.
- On housing, the IMG welcomed the appointment of an Implementation Monitoring Group for the housing strategy for people with disabilities and the representation of the mental health sector on this group.
- On the Department of Justice, the IMG welcomed the development of formal co-operation between the Irish Prison Service and the HSE in providing psychiatric in-reach and court liaison services. The group also welcomed the review of the Criminal Law (Insanity) Act 2006. The IMG commented favourably on the change to this Act that has allowed seven patients to be conditionally discharged from the Central Mental Hospital. The IMG also congratulated the Irish Prison Service and the forensic mental health service on winning the WHO's '*Health in Prison – Best Practice*' award for the High Support Unit in Mountjoy Prison.
- On the Department of Social Protection, the IMG welcomed the launch of the National Advocacy Service for people with disabilities under the auspices of the Citizens Information Board. The IMG considered that there is a need for a specialist advocacy service for children and adolescents. The group expressed hope that the restructuring of FÁS would improve the ability of the new agency to respond to the training and employment needs of people with a mental health problem.
- On the Department of Education and Skills, the IMG noted that there were no new initiatives reported for 2011, though on-going work was reported.

COMPARING THE IMG'S RECOMMENDATIONS TO MENTAL HEALTH REFORM'S SUBMISSION AND MANIFESTO:

MHR recommendation to the IMG	**IMG Recommendation**
On Recovery: Mental Health Reform supports the IMG's recommendations on recovery in its Annual Report for 2010. The HSE should specify how they are implementing these recommendations. The HSE should develop an on-going programme of cultural change within mental health services.	On Recovery: In its 2011 report, the IMG once again devotes a whole chapter to the recovery ethos and also a whole section of recommendations. The recommendations include (in some cases summarised): • All mental health care services should be based on the fundamental principles and practices of recovery. • The Directorate should prioritise the development of recovery-oriented practice in mental health services and engage with all the stakeholder groups to agree a national co-ordinated strategy and implementation plan to achieve this objective. • Staff recruitment protocols should reflect the recovery ethos and service users should be involved in recruitment. • There should be on-site assessment of reported activities to assess claims of recovery-oriented practice. • Service users and their families should be given the opportunity to do recovery-oriented programmes. • Independent evaluation of recovery programmes must be conducted by qualified personnel/bodies. • Care planning must develop into a system that can support service users' unique needs, goals and recovery journey. • Standardised outcome measures that go beyond symptom management to housing, employment, education and citizenship outcomes must be introduced. • Recovery champions need to be encouraged, incentivised and empowered to drive change at national level. • Marketing the positive achievements of services, staff, the service user and the broader community in adopting recovery practice is a priority. • At national level, there is a need to formally recognise that the change to recovery practice is dependent on shifting beliefs, attitudes and behaviours. This should be part of the implementation plan. Cultural issues such as personal attitude, professional policies and attitudes, philosophical biases, historical precedent and practice, should be addressed in any policy implementation process. • Training in the principles and practice of recovery needs to be incorporated into all in-house training in the HSE and in the professional

MHR recommendation to the IMG	IMG Recommendation
	training in the courses run by professional bodies and universities including continuing professional development programmes. • With appropriate training available, we recommend the introduction of the post of peer support worker within the HSE to ensure that the expertise of people with self-experience is valued and that not presume that this expertise will always be "volunteered". Where opportunities arise to recruit new staff, the HSE should consider adopting practice from other jurisdictions where groups of employees have been explicitly recruited for their personal qualities rather than professional qualifications, which includes valuing their personal experience of mental health problems and services. • Systems and processes to spread the learning on recovery through the HSE must be established to ensure we standardise practice nationally. • The publication of Guidance Papers by the HSE should continue as a practical support to local communities seeking to implement AVFC. These documents should seek to address the reported conceptual uncertainty and inconsistency regarding the meaning of recovery as it applies to practice in terms of delivering mental health services. • Opportunities to embed recovery principles in the current review of the Mental Health Act 2001, Criminal Law (Insanity) Act 2006 and future capacity legislation need to be fully explored.
The HSE should disseminate its charter of service user and family rights to all service users and family members in the mental health services and primary care.	Not addressed.
The HSE should implement the Team Coordinator role in Community Mental Health Teams across the country.	Not addressed.
The Department of Health and the HSE should work together to promote service user-led services and service user employment as peer workers.	With appropriate training available, we recommend the introduction of the post of peer support worker within the HSE to ensure the expertise of people with self-experience is valued and not presume that this expertise will always be "volunteered". Where opportunities arise to recruit new staff, the HSE should consider adopting practice from other jurisdictions where groups of employees have been explicitly recruited for their personal qualities rather than professional qualifications, which includes valuing their personal experience of mental health problems and services.
The HSE should develop a framework for the involvement and support of family members/significant others and carers.	There should be a consistent national approach to the development and support of service users and family members.
Mental health services that link effectively with mainstream social, educational and employment services	A comprehensive social inclusion strategy with implementation timelines should be developed for those with mental health problems as a priority.

MHR recommendation to the IMG	IMG Recommendation
to provide seamless, coordinated social inclusion support for individuals.	
A cross-departmental implementation plan for the recommendations relevant to Government Departments beyond the Department of Health.	Government Departments, other than the Department of Health and Department of Environment, Community and Local Government, need to focus on their responsibilities for the implementation of AVFC. A comprehensive social inclusion strategy with implementation timelines should be developed for those with mental health problems as a priority.
A cross-departmental implementation and monitoring structure at senior level with public access to information comparable to the HSE's HealthStat reporting.	Not addressed.
An employment strategy for the delivery of training, education and employment services for people with mental health conditions.	Not specifically addressed in a recommendation, though there is a statement that: "combating social exclusion involves a cohesive and comprehensive approach and is best achieved through mainstream policy formation and implementation in the areas of health, education, employment, economic regeneration and housing."
Continued promotion of a greater awareness among people with a mental health condition of their rights under equality legislation and easier access to claiming their equality rights.	Not addressed in any recommendation.
A long-term public anti-prejudice and discrimination strategy with appropriate resources, targets, monitoring framework and indicators for improving attitudes and behaviours towards people with a mental health condition.	Not specifically addressed in any recommendation, though some activities of the See Change campaign are reported on in the body of the report.
Implementation of the mental health recommendations in the Government's Housing Strategy for People with Disabilities.	Acknowledgement of the housing strategy but no specific housing-related recommendation.
Social inclusion outcome measures as part of mental health service data collection.	Standardised outcome measures that go beyond symptom management to housing, employment, education and citizenship outcomes must be introduced.
Ratification and implementation of the Convention on the Rights of Persons with Disabilities.	No specific recommendation.
Ensure that the €23 million and 370 posts specified for community mental health teams in the HSE's 2012 National Service Plan are realised, while also ensuring adequate cover for acute services.	Staffing of CMHTs should be continued as described in *A Vision for Change.* Equal priority should be given to filling vacant allied health professional posts on multidisciplinary teams.

MHR recommendation to the IMG	IMG Recommendation
The HSE should fast track recruitment of the community mental health team staff set out in their 2012 National Service Plan.	Staffing of CMHTs should be continued as described in AVFC. Equal priority should be given to filling vacant allied health professional posts on multidisciplinary teams.
The HSE should establish a programme for developing effective CMHT team working.	Team working and shared planning should involve the service user and, where appropriate, family members.
The HSE should adopt a policy on gatekeeping that ensures service users see the most experienced, highly trained staff from whichever discipline is most appropriate, at first point of contact.	The IMG suggested that the current difficulty in recruiting NCHDs (Non-Consultant Hospital Doctors) could give an opportunity to 'pause for thought on the continuation of a model of service delivery where the NCHD has a pivotal role." The IMG stated that "an appropriately structured community mental health service must make use of a variety of professionals in a variety of roles."
The HSE should incorporate plans to implement 24/7 available community mental health services and a range of alternatives to hospitalisation for people in crisis as part of its near-term implementation planning.	Not specifically addressed.
Government should initiate a programme designed to identify successful innovations in integrating primary care and mental health services such as Dr. Russell's approach in Cavan, evaluate these and systematically disseminate effective solutions. The health services should develop an implementation plan with clear targets, timeframes and responsibilities for implementing the consultation/liaison model with full implementation by 2016. The Department of Health and the HSE should work together to develop a framework for the integration of specialist mental health and primary care services.	The ICGP, CPI and health service providers should work to develop collaborative working relationships between primary care and mental health care services.
The HSE should take action to ensure better access to mental health treatment for people with co-occurring mental health problems and problematic drug or alcohol use.	The development of specialist mental health services in Psychiatry of Old Age, Intellectual Disability, Liaison Psychiatry, Eating Disorder, Co-morbid Substance Abuse and Mental Illness, Neuropsychiatry, Borderline Personality Disorder should be prioritised as a matter of urgency.

MHR recommendation to the IMG	IMG Recommendation
National, regional and local mental health promotion programmes should be evaluated within the next two years and a plan for implementing effective programmes on a nationwide basis put in place on foot of that evaluation. A designated mental health promotion officer should be appointed in each Service Area.	No specific recommendation.
Government should fulfil its commitment to establish a cross-departmental group to ensure that good mental health is a policy goal across a range of people's life experiences including education, employment and housing.	No specific recommendation on the structure for cross-department working, though the report does call for a comprehensive social inclusion strategy with implementation timelines to be developed for those with mental health problems as a priority.
All Government policies should be checked for their impact on the mental health of the population (mental health proofing).	Not specifically addressed.
The Department of Health and the HSE should urgently progress establishing regional, appropriate acute inpatient units that can be designated centres under the Criminal Law (Insanity) Act.	Prison In-Reach teams and court diversion services for prisoners on remand should be developed nationally.
The HSE must demonstrate that it is engaging in specific initiatives to ensure that community mental health services meet the mental health needs of all people living in local communities. The HSE should set out how it will implement Recommendation 15.6.1 to establish neuropsychiatry services in Ireland by 2016. The HSE should ensure that appropriate care planning is undertaken to address the risk factors for people with dementia in inpatient psychiatric units.	The development of specialist mental health services in Psychiatry of Old Age, Intellectual Disability, Liaison Psychiatry, Eating Disorder, Co-morbid Substance Abuse and Mental Illness, Neuropsychiatry, Borderline Personality Disorder should be prioritised as a matter of urgency.
The HSE must ensure that part 5 of the Mental Health Commission's *Code of Practice on being Admitted, Transferred and Discharged to and from Hospital* is implemented nationally.	Not specifically addressed.
Individuals with an assessed need should have timely, affordable access to psychological therapy.	To ensure quality of psychological interventions, it is important that the Government pursues the statutory regulation of psychotherapy and counselling.

MHR recommendation to the IMG	IMG Recommendation
Establishment of an executive position within the HSE which is responsible for implementing *A Vision for Change*. This must be led by a Director for Mental Health Services who has executive powers, budgetary control and responsibility to publicly report on progress. The Director must be recruited early in 2012 to oversee the additional investment set out in the HSE's National Service Plan.	A National Mental Health Service Directorate as envisaged by AVFC should be developed.
Government should ensure the provision of adequate funding to ensure equitable services across the country. In the short term all Service Areas should receive at least the national average level of funding (national average level adjusted according to the population covered) within three years. This will assure a geographically equitable and harmonised funding distribution at the Service Area level. Government should provide adequate funding to allow for the transition from institutions to community services without jeopardising quality of services.	While there is no specific recommendation on funding, the IMG expressed the view that full implementation of AVFC will require additional revenue and capital allocations.
The HSE should publish a detailed implementation plan that contains timelines, detailed costs, measurable targets and designated responsible persons early in 2012.	A comprehensive, time-lined and costed Implementation Plan should be developed.
The HSE should, as a matter of urgency, develop transparent, reliable financial and performance monitoring systems aligned to AVFC that systematically capture the voice of the service user.	In order to develop recovery oriented mental health services, all future activities should incorporate robust and independent evaluation. Comprehensive annual reports for all mental health specialities should be developed along the lines of the CAMHS annual report.
Government should introduce legislation to underpin implementation of AVFC.	The IMG is of the view that the implementation of AVFC could be strengthened by the provision of legislation which obliges Government and health service providers to plan, develop and deliver mental health care services in accordance with the policy of AVFC.
Mental Health Reform seeks a stronger commitment to partnership with the voluntary sector from the mental health services in planning and delivering mental health supports.	The proactive partnership between the HSE and the voluntary sector should be developed further to achieve full implementation of AVFC. The policies, services and practices agreed with the HSE and delivered by the voluntary sector should be aligned fully to AVFC.

OTHER RECOMMENDATIONS BY THE IMG:

- There is a need to ensure all mental health professionals are trained in biological, psychological and social factors as well as in multidisciplinary work.
- There is a continuing need for training in care planning for all staff working in the area of mental health services.
- There is a need to ensure that all training involves service users and carers.
- There is a need to ensure that all health professionals have a sound knowledge of the appropriate use and possible side effects of medications used in treating mental illness.
- The Dept. of Health with support from all relevant stakeholders including service users, carers, CPI, ICGP and Pharmaceutical Society of Ireland should develop a robust strategy to monitor, audit and report on the use and side-effects of drugs used in mental health treatment, on a regional and national basis.
- The relationship between the medical profession (and to a certain extent the mental health nursing profession) and the pharmaceutical industry should be carefully monitored to ensure that undue influence does not arise.
- Future research in mental health services should be funded through non-pharmaceutical sources.
- Training of GPs, psychiatrist and, indeed, all multidisciplinary members should be funded from non-pharmaceutical sources and training of all clinicians involved in the delivery of mental health services should be along biopsychosocial lines with particular emphasis on multidisciplinary working, service user involvement and the concept of recovery.
- Rehabilitation and recovery mental health teams as envisaged in AVFC should be resourced and additional teams developed.
- The IMG strongly encourages the continued closure of inappropriate care settings.
- Models of personalised care should be developed in the new community based units, which will reduce the risk of institutionalisation.
- A formal working relationship should be established with the independent mental health service providers.
- An action plan should be developed by the HSE to ensure that all existing mental health services become fully compliant with the current standards and regulations [of the MHC].
- An advocacy service which specifically responds to the needs of children and adolescents should be established by the Department of Social Protection in consultation with the Department of Children and Youth Affairs.
- The work of the National Mental Health Services Collaborative on Care Planning should be continued and extended by the Partners to ensure the concept of care planning is embedded in all mental health services.
- The Principle of the 'Specialist within Generalist' Framework should be revised to ensure the development of separate specialist teams.
- The necessary staff resources and training should be made available to implement the National Mental Health Programme.
- The National Clinical Lead and the GP Co-Lead should be full-time posts.
- The [Clinical Care] Programme Plan should be further developed to ensure that it is fully consistent with AVFC.
- The mandate of the present IMG should be extended to end of 2013 to allow it to conduct a comprehensive seven-year review.
- Authority should be given to the MHC to conduct the seven year review in 2013 and to conduct yearly monitoring for the following three years.
- To enhance the work of the National Mental Health Service Directorate, a Special Delivery Unit for mental health should be established within the Department of Health.
- The implementation of AVFC should be strengthened by the provision of legislation which obliges Government and health service providers to plan, develop and delivery mental health care services in accordance with the policy of AVFC.