



Mental Health Reform

Promoting Improved Mental Health Services

6 KEY ACTIONS FOR THE NEXT GOVERNMENT

Mental health is as important as physical health and is essential for Ireland's economic and social recovery. Everyone in Ireland is likely to be affected by mental health difficulties at some point in their lives, either personally or through family, friends and colleagues. It is an issue we cannot ignore, yet our mental health services are underfunded and overstretched.

Mental Health Reform, the national coalition promoting improved mental health services, wants to see **an Ireland where people with mental health difficulties can recover their well-being and live a full life in their community**. Achieving this vision will require the engagement of every sector of Irish society. People living with mental health difficulties need modern, multidisciplinary mental health services in local communities, the availability of early interventions such as counselling in primary care, and 24/7 access to crisis supports. A concerted effort by Government and the whole of society is required to tackle social exclusion facing people with mental health difficulties, including unemployment, housing and training needs, and prejudice and discrimination.

There continues to be support across the political spectrum for reform of and investment in mental health services. In December 2014, a Private Members Motion on mental health funding received cross party support. While some progress has been made in mental health services in recent years, the next Government needs to show its continued support for mental health services, in order to redress earlier decades of neglect.

In 2016, the people of Ireland will go to the polls in a general election. The election brings an opportunity to make sure mental health is firmly on the agenda and given the priority it deserves.

MENTAL HEALTH IN IRELAND – THE NUMBERS

1 in 7 adults in Ireland will have experienced a mental health difficulty in the last year

15.4 % of children aged 11-13 and 19.5% of young adults aged 19-24 have had a mental health disorder and 75% of mental health difficulties arise before age 25

The number of suicides has remained high with between 495 and 554 deaths per year from 2009-2012

Ireland has one of the highest rates of male suicide in Europe

People with a mental health disability are 9 times more likely to be outside the labour force

1,034 people with a mental health disability were on the housing list nationally in 2013

71% of Dublin Simon Community homeless clients report experience of mental health difficulties

What the next Government must do:

- 1. Produce a detailed, time-lined whole of Government action plan to continue the reform of mental health supports and improve the mental health of the whole population, in line with *A Vision for Change* and the Healthy Ireland Framework, ensuring that adequate funding and the structures for good governance and oversight of the plan are in place.**
- 2. Improve access to early intervention by extending the Counselling in Primary Care service to people on a low income.**
- 3. Ensure that the mental health of all children and adolescents is supported, including access to mental health promotion and early intervention supports, community-based support, and accessible and holistic mental health services and supports that minimise the use of inpatient beds, with a commitment to ending the inappropriate admission of children and adolescents to adult wards within the first year.**
- 4. Update Ireland's Mental Health Act in line with international human rights standards and the UN Convention on the Rights of Persons with Disabilities, within the first year of Government.**
- 5. Ensure access to housing and tenancy sustainment support for people with mental health difficulties.**
- 6. Reduce the proportion of people with a mental health disability outside the labour force.**

6 Key Actions – Rationale

1. Produce a detailed, time-lined whole of Government action plan to continue the reform of mental health supports and improve the mental health of the whole population, in line with *A Vision for Change* and the Healthy Ireland Framework, ensuring that adequate funding and the structures for good governance and oversight of the plan are in place.

Context

A Vision for Change, the 2006-2016 national mental health policy, has had support from across the political spectrum, and has been recognised by the mental health sector as a progressive policy for modernising Ireland’s mental health services and improving the social inclusion of people with experience of a mental health difficulty. Many of the recommendations of the policy are still valid and it is important that they be included and supported in a future action plan.

Staffing levels in mental health services are far below recommended levels. There are only 13 full time posts on the HSE mental health and intellectual disability adult teams across the country, despite recommendations in *A Vision for Change* for approximately 450.

Mental health difficulties cost the Irish economy around 2% of GNP annually. This largely arises from absenteeism, lost productivity, early retirement and premature mortality. Current expenditure within the HSE’s Mental Health Division is running at approximately €730million per year. Given that staffing levels are 25% less than those recommended in *A Vision for Change*, it would be reasonable to bring total expenditure up by 25% during the 5 year term of the Government.

Currently there is no legal right to an advocate to support people with a mental health difficulty in services and to get access to health services, housing or employment supports, or welfare benefits. After a mental health crisis, people need help to get back their life in the community.

In order to meet this objective, the next Government must:

- Commit to ensuring that mental health funding reaches €973million in real terms within the 5 year term of the Government, which would bring staffing levels in the mental health services up to the *A Vision for Change* level of 12,000.
- Ensure access to 24/7 crisis supports. Mental health services are still not providing 24/7 crisis intervention services as the norm in all areas. People in a mental health crisis are still sitting through lengthy waits in busy A&E Departments, sometimes 8 hours or more, before getting support. Ireland continues to have a high rate of suicide, so why is this gap in crisis services allowed to persist?
- Allocate core funding to support the involvement of people with experience of using mental health services and their families in the design and delivery of services, including as Peer Workers and through Peer-run services, as a key innovation in line with the principles of *A Vision for Change*.

- Legislate for the right to an advocate to support people with a mental health difficulty and their family members to get access to services and supports.
 - Ensure an independent monitoring mechanism for the action plan, with regular reporting on the quality and outcomes of mental health services and on the implementation of mental health policy and the restoration of an annual monitoring report undertaken by an independent monitoring body.
 - Ensure that all Government Departments ‘mental health proof’ their policies, to assess the impact on people with mental health difficulties.
- 2. Improve access to early intervention by extending the Counselling in Primary Care service to people on a low income.**

Context

The Counselling in Primary Care service is an early intervention programme that provides medical card holders with mild to moderate mental health difficulties with access to up to 8 sessions of counselling. Approximately 15% of the adult population can be expected to be experiencing anxiety or depression at any one time, equating to approximately 500,000 adults. From January to the end of August 2014, the CIPC service had received almost 10,000 referrals, and had resources to serve 13,000 people during the year.

There continues to be a huge shortage of access to counselling for people on low incomes. Given the links between poverty and poor mental health, it is particularly important that those on low incomes as well as those with medical cards have access to counselling services. In Ireland over a fifth of workers earn less than two-thirds of the median wage (approximately 364,000 workers). Quality counselling and psychotherapy services should be accessible to everyone who needs them. The CIPC model should provide rapid access to counselling to fulfil its early intervention objective.

In order to meet this objective, the next Government must:

- Increase the capacity of CIPC and extend the service to people on a low income.
- Ensure the quality of the therapy services provided.
- Implement a regulatory framework for psychological therapies in Ireland and establish a statutory regime for governing the registration of counsellors/therapists.

Cost savings of rapid access to counselling in the UK

One enterprising general practice in England followed up 203 of its patients who had been referred to the Improving Access to Psychological Therapies (IAPT) programme. It looked at how their National Health Service costs had changed between the period before referral and two years later. Some of the patients had in the event received no IAPT treatment, some had had partial treatment, and some had had full treatment. By comparing matched samples of treated and untreated patients it was possible to estimate how the treatment had affected their usage of physical healthcare. The answer was that annual expenditure had fallen by £1,050 as a result of full treatment and by £500 for partial treatment. Source: Layard, Richard; Clark David (2014-07-03). Thrive: The Power of Evidence-Based Psychological Therapies (p. 188). Penguin Books Ltd. Kindle Edition.

- 3. Ensure that the mental health of all children and adolescents is supported, including access to mental health promotion and early intervention supports, community-based support, and accessible and holistic mental health services and supports that minimise the use of inpatient beds, with a commitment to ending the inappropriate admission of children and adolescents to adult wards within the first year.**

Context

15.4 % of children aged 11-13 and 19.5% of young adults aged 19-24 have had a mental health disorder and 75% of mental health difficulties arise before age 25. The demand on child and adolescent mental health services (CAMHS) is increasing. As of August 2015, 2240 children and adolescents were waiting to be seen by CAMHS, of which 1459 were waiting to be seen for more than 3 months. 241 of these 1459 children were waiting to be seen for more than 12 months.

During 2014, about a third of admissions of children and adolescents (89 young people) were still to adult wards, despite a commitment by the HSE to end this practice. This represents a violation of these children's human right to age-appropriate health services. Under its Access protocol the HSE committed all CAMHS to deliver services to all new cases up to 17 years of age from 1st January 2013 onwards and to all new cases aged up to 18 years from 1st January 2014 onwards.

The best way to reduce CAMHS waiting lists is through prevention and early intervention. If we give our children the knowledge and tools to look after their mental health, we will build their resilience and greatly reduce the amount of distress later in their lives.

In order to meet this objective, the next Government must

- Ensure that the mental health of children and adolescents improves as measured by a significant decrease in the percentage of children aged 11-13 and young adults aged 19-24 who have had a mental health disorder.
- Provide a nationwide school programme to build good mental health in children and adolescents.
- Provide adequately resourced evidence-informed mental health promotion, prevention and early intervention programmes for children and adolescents from infancy to adulthood.
- Increase the number of psychologists in primary care so that children, adolescents and their families can access timely early intervention support.
- Increase staffing for Child and Adolescent Mental Health services to the level recommended in *A Vision for Change*.
- End the inappropriate admission of children and adolescents to adult wards by the end of the Government's first year in power.
- Ensure equality of access to mental health services across the country including for children with disabilities, children in care and children in the youth justice system.

- Increase accessibility to CAMHS by enabling equitable, timely and needs-based access to CAMHS, including through a range of local service referral pathways.

4. Update Ireland’s Mental Health Act in line with international human rights standards and the UN Convention on the Rights of Persons with Disabilities, within the first year of Government.

Context

Changes to legislation are necessary to take account of Ireland’s signing of the UN Convention on the Rights of Persons with Disabilities (UNCPRD) in 2007, as well as the shift in *A Vision for Change* towards a partnership approach with mental health service users and family members/carers at every level of care and management.

Mental Health Reform supports many of the recommendations in the Report of the Expert Group on the Review of the Mental Health Act, 2001. It is imperative that this legislation be updated as soon as possible. People with a mental health difficulty have already waited too long for the right to make decisions about their own treatment. According to Mental Health Commission data on the use of electro-convulsive therapy (ECT), in 2013, 318 programmes of ECT were administered. 46 (14.5%) of these programmes were administered without consent, of which one person was clearly unwilling and had capacity. Updated legislation must include the right of people who are involuntarily detained to make decisions about their own treatment through binding Advance Healthcare Directives.

The Criminal Law (Insanity) Act 2006 also requires updating in line with the UNCPRD. The next Government should commit to reviewing the Act in light of the UNCPRD.

In order to meet this objective, the next Government must:

- Ensure that people with mental health difficulties are empowered to make decisions about their own treatment through Advance Healthcare Directives and can avail of assisted decision-making provided for under the law.
- Align consent provisions for mental health services with general health services so that those between 16 and 18 years can make decisions regarding their mental health treatment.
- Develop a national advocacy service for those under 18 receiving care and treatment.
- Urgently publish legislation to prohibit the use of electro-convulsive therapy (ECT) and other mental health treatments against an individual’s capable will, in line with international human rights law.
- Make provision in law for information and support for families and carers of people receiving mental health treatment.
- Extend the regulation and inspection of mental health services to include community-based mental health services.
- Review the Criminal Law (Insanity) Act 2006 in light of the UNCPRD.

5. Ensure access to housing and tenancy sustainment support for people with mental health difficulties.

Context

In the Tallaght mental health services between October 2012 and September 2013, every nine and a half days someone was discharged into homeless services. 1,034 people with a mental health disability were on the housing list nationally in 2013, according to the Housing Agency.

Having a home is essential for maintaining one's mental health. People using mental health services should have access to appropriate social housing, if required, to support their recovery.

The support service that sits alongside housing is also essential for some people to maintain their housing situation. These 'tenancy sustainment' support services are key to people integrating in their new community, reducing isolation, and maintaining their wellbeing.

Responsibility rests jointly with the Department of Environment, Community and Local Government and the Department of Health, as recognised by the Implementation Framework for the National Housing Strategy for People with Disabilities.

In order to meet this objective, the next Government must:

- Ensure an adequate supply of social housing places for people with a mental health disability in order to prevent homelessness and unnecessarily long stays in hospital. This may require allocating a number of new social housing units to people with a mental health disability, with the most recent housing list showing a need for 1,034 places.
- Fund tenancy sustainment support for people with a mental health difficulty so that they can maintain their tenure which will prevent homelessness.
- Ensure that rent supplement and/or the Housing Assistance Payment is provided at a level that reflects the real costs of rental accommodation across the country so that people with a mental health disability can have security of tenure. The combination of official rent contribution increases and tight rent limits mean that individuals in competitive rental markets such as Dublin are increasingly at risk of homelessness. For those with a mental health disability living in rented accommodation, the insecurity of tenure can lead to deterioration in their mental health, as well as homelessness.

6. Reduce the proportion of people with a mental health disability outside the labour force.

Context

People with a mental health disability in Ireland are nine times more likely to be out of the labour force than those of working age without a disability, the highest rate for any disability group. Only 43.8% of the working age population of people with a mental health disability are in the labour force compared to 61.9% of the overall population. The unemployment rate for people with a mental health disability was 41.4% in 2011. Half of adults with a mental health disability who are not at work say they would be interested in starting employment if the circumstances were right.

International evidence shows that upwards of half of people with severe mental health difficulties can obtain employment when provided with integrated mental health and employment support.

However, according to international evidence, approximately half of participants in Supported Employment programmes with mental health difficulties do not find competitive employment. This leaves a significant group who require other rehabilitative and vocational support in order to ensure that they do not become socially excluded. Rehabilitative and vocational training can play a vital role in an individual's recovery from mental/emotional distress. Evidence supports the value of social skills training for improving individuals' social interactions and ability to live independently.

In order to meet this objective, the next Government must:

- Implement the Individual Placement and Support (IPS) model of supported employment as the first option for all people with a mental health difficulty who want to work. A report for the UK Department of Work and Pensions found that for every pound invested in IPS there was an expected saving of £1.51.
- Provide individualised bridging support between rehabilitative, vocational and supported employment programmes.
- Provide person-centred, recovery-orientated on-going rehabilitation and activation support for individuals with a mental health difficulty who are unable to access competitive employment. Government agencies responsible for health and training should provide a funding stream for on-going rehabilitative and vocational training.
- Ensure a flexible social welfare system that provides adequate income support for individuals with a mental health difficulty to work to whatever extent suits their recovery and that can provide income support with flexibility for repeated exit from/re-entry into the workforce.
- Review the Employment Equality Acts 1998-2008 to ensure that they provide adequate protection against discrimination on the grounds of a mental health disability, and adequately resource the new Irish Human Rights and Equality Commission to process cases.

About Mental Health Reform

Mental Health Reform is the national mental health coalition in Ireland. It is made up of more than fifty member organisations working to promote improved mental health services and social inclusion of people with mental health conditions. One of MHR's organizational values is best international standards and human rights norms. Further information, including MHR's publications and submissions can be found at www.mentalhealthreform.ie/.