Mental Health Reform (MHR) has developed key recommendations on specific actions to be included as part of phase 3 of the Department's consultation on the new National Disability Strategy Implementation Plan. A summary of key recommendations are outlined on pages 1-5. Further information, including a detailed rationale for each of MHR's recommendations can be found in the remainder of the document.

As the national coalition promoting improved mental health services and social inclusion of people with mental health difficulties, Mental Health Reform makes this submission with particular reference to people with mental health difficulties. MHR has made detailed submissions on phase 1 and phase 2 of the Department's consultation process. These submissions are attached for your information. For further information with respect to the below recommendations please contact Kate at kmitchell@mentalhealthreform.ie.

Summary of MHR recommendations

Theme	Objective	MHR recommended action
Equality and choice	"Persons with disabilities are recognised and treated equally before the law. They have the same rights and responsibilities as other citizens".	"We will legislate for and establish court and pre-court diversion programmes to ensure that individuals with mental health difficulties are diverted from the criminal justice system at the earliest possible stage, and have their needs met within community and non-forensic mental health services, as far as practicable".
	"People with disabilities make their own choices and decisions"	"We will amend legislation under the review of the Mental Health Act, 2001 to ensure that advance healthcare directives are legally binding for all individuals engaged in mental health services, including people who are involuntarily detained".
	People with disabilities make their own choices and decisions"	"We will establish statutory, national advocacy services for children and adults with mental health difficulties in hospitals, day centres, training centres, clinics, and throughout the community, building on existing services".

	"People with disabilities are treated with dignity and respect and are free from all forms of abuse".	The proposed action "we will develop and roll out a reform and culture change programme" should be extended to include "with a particular emphasis on promoting positive public attitudes towards people with mental health difficulties".
	"People with disabilities are treated with dignity and respect and are free from all forms of abuse".	The proposed action "we will develop proposals to reform mental health legislation to align it with the Assisted Decision Making (Capacity) Act" should be extended to include "and the Expert Group report on Review of the Mental Health Act, 2001."
	"People with disabilities are treated with dignity and respect and are free from all forms of abuse".	"We will review the Employment Equality Acts to ensure that people with disabilities are adequately protected through legislation against discrimination in the workplace".
	"Public services are universally designed and accessible to all citizens".	"We will ensure the development of culturally competent disability and mental health services in order to appropriately meet the needs of individuals from ethnic minority groups".
Joined up policies and services	"Different public services work together to ensure joined-up services for individuals with disabilities".	This proposed objective should include an additional action i.e. "we will develop inter-departmental protocols which will be subject to bi-annual review to ensure joined up services for individuals with disabilities".
	"Public services actively engage with people with disabilities and their representatives in the planning, design, delivery and evaluation of public services"	The proposed action "we will embed a culture and process of engagement with people with disabilities in mainstream service design and evaluation" should be extended to include "and establish appropriate engagement structures at national and local level to achieve this".
Education	"People with disabilities are supported to reach their full potential".	The proposed action "we will put in place a structured transition process, including sharing of information for children with disabilities transitioning from pre-school to primary school" should be extended to include "and from primary to post primary school".
	"People with disabilities are supported to reach their full potential".	"We will implement a nationwide schools programme on mental health and well-being in order to build resilience among the younger population and improve mental health outcomes, including for young people with existing mental health difficulties".

Employment	"People with disabilities have the opportunity to work and have a career".	"We will implement the commitments as set out in the Comprehensive Employment Strategy (CES), including the strategic actions to a) use the evidenced based approach to supported employment in promoting the recovery of people with severe/enduring mental health difficulties and b) deliver a flexible benefits system that will support people who may be in and out of work due to the episodic nature of their disability".
	"People with disabilities have the opportunity to work and have a career".	"In addition to the commitments set out in the CES we will roll out initiatives nationally to provide transport to work in rural areas for people with disabilities".
	"People with disabilities have the opportunity to work and have a career".	The proposed action "we will implement the reforms proposed by the review of the Partial Capacity Benefit Scheme" should be extended to include "and remove the risk of loss of benefits (primary and secondary) for individuals transferring to PCB in order to support their recovery and encourage their participation in the about market". "We will ensure that individuals can automatically revert to benefits if they lose their job, with an appropriate income support assessment to follow after reinstatement of benefits".
Health and Well-being	"People with disabilities are supported to achieve and maintain the best possible physical, mental and emotional well-being".	"We will invest in the development of early intervention services which specifically target the mental health needs of infants, young children and their families".
	"People with disabilities are supported to achieve and maintain the best possible physical, mental and emotional well-being".	The proposed action "we will develop the intellectual disability and mental health service capacity as set out in A Vision for Change" should be extended to include "and any revised recommendations set out in the upcoming review of A Vision for Change". In addition, this action should be amended to clarify the fact that while AVFC includes key recommendations on mental health in intellectual disabilities, it does not cover

		intellectual disabilities as it stands alone.
Person-centred disability services		As recommended in the last two submissions made by Mental Health Reform on the next NDSIP, the theme "person-centred disability services" and any related objectives and actions should be replaced with "disability and mental health services"
	"Disability [and mental health] services support individuals to live a fulfilled life of their choosing".	**"**We will ensure that all individuals with mental health difficulties can avail of recovery orientated mental health services".
	"Participate in the everyday life and activities of their communities".	"We will establish a dedicated funding stream for the development and sustainment of community peer initiatives. This will be supported through inter-departmental collaboration".
	"Children and adults with disabilities have timely access to assessment and early intervention and the therapy rehabilitation or mental health services they require".	The proposed action "we will develop and implement effective national joint working protocols between between CAMHS, disability services and education to ensure children and young people with disabilities can access CAMHS services" should be extended to include TUSLA.
	"Disability services are delivered to high quality standards and in line with international best practice".	This objective should be amended from "disability" to "disability and mental health services". It should also be set out that there is a requirement to extend the remit of the Mental Health Commission to empower it to regulate community based mental health services as recommended by the Expert Group on review of the 2001 Mental Health Act, and to require the Inspector of Mental Health Services to conduct annual inspections of all 24-hour staffed community residences.
Housing		"We will provide a national sustainable funding stream for tenancy sustainment supports where required for individuals with severe and enduring mental health difficulties in order to prevent homelessness".

		"We will allocate dedicated funding for the capital costs of providing social housing for people with a mental health difficulty transitioning from HSE supported accommodation and/ or acute care".

1. Equality and choice

Objective:

"Persons with disabilities are recognised and treated equally before the law. They have the same rights and responsibilities as other citizens".

MHR recommended action:

"We will legislate for and establish court and pre-court diversion programmes to ensure that individuals with mental health difficulties are diverted from the criminal justice system at the earliest possible stage, and have their needs met within community and non-forensic mental health services, as far as practicable".

Rationale:

It is widely recognized that people with a disability, particularly those with a mental health or intellectual disability may end up coming to the attention of the criminal justice system when their support needs are not adequately met. Kelly (2007) showed a strong correlation between the closure of large psychiatric hospitals [and the subsequent gaps in development of community mental health services] and the growth in the number of people with mental health difficulties within the Irish prison system.

However, the prison environment has been identified as a grossly inappropriate setting for individuals with existing mental health difficulties. The European Committee for the Prevention of Torture expressed serious concern about how Ireland's criminal justice system provides for the needs of prisoners with mental health difficulties.[1] Moreover, despite national [2] and international guidance that individuals with severe mental health difficulties should be diverted from the criminal justice system, for many individuals this is not achieved.

[1] European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) (2011) Report to the Government of Ireland on the Visit to Ireland carried out from 25th January to 5th February 2010. Strasbourg: Council of Europe.

[2] As advocated in *A Vision for Change* "every person with serious mental health problems coming into contact with the forensic system should be afforded the right of mental healthcare in non-forensic mental health services unless there are cogent and legal reasons why this should not be done".

Specific diversion measures should be put in place to reduce the extent to which adults and children with mental health difficulties end up in the forensic, including:

- early intervention services[3] for children and families with mental health needs
- promoting practices of diversion among members of the Gardaí at point of arrest[4]
- the expansion of the mental health prison in-reach and court liaison service to remands nationally to enable the widest possible use of appropriate diversion to community and non-forensic mental health services[5] for both adults and children
- the timely transfer of individuals to the Central Mental Health Hospital (CMH), where required. Currently, there is a significant lack of beds in the CMH.[6]
- The provision of care options beyond the Central Mental Health Hospital, including the development of local acute and low secure units for individuals with severe mental health difficulties who have been charged with a serious criminal offence. Currently, there is a service gap between the local level and the Central Mental Hospital for this group of individuals who cannot safely be treated in a community mental health team or local approved centre.

It is important to recognise, however, that individuals with severe mental health difficulties should be imprisoned as a last resort. The mental health care needs of this group of individuals should be addressed in the community and in non-forensic mental health

[3] Wraparound Milwaukee in the US is a system of coordinated, community based care for children [and their families] with serious emotional, behavioral, and mental health needs. The programme provides care in a holistic manner by identifying and addressing a range of support needs, including mental health, substance abuse, social service, and other supportive needs. The programme targets children who have a diagnosed mental health difficulty, children who are involved in two or more service systems, including mental health and juvenile justice and children who have been identified for out-of-home placements in a residential treatment centre. Wraparound Milwaukee has been cited as one of the most successful wraparound programmes and repeated evaluations have found that its participants show marked improvement in their behavior and socialization, and they are significantly less likely to offend/ re-offend than participants of more traditional programmes. There are also appears to be cost benefits to the types of supports provided in Wraparound Milwaukee with the average monthly cost of service delivery amounting to less than half the cost of traditional residential programming. Both the NMHA and SAMHSA's Center for Mental Health Services (CMHS) have enthusiastically endorsed the wraparound approach, and CMHS has been actively promoting wraparound as part of its "systems of care" initiative.

[4] There is further opportunity to redirect individuals with mental health difficulties from the criminal justice system at the point of arrest. In 2013, 19% of all applications for civil detentions were made by Gardaí by invoking section 12(1) of the Mental Health Act. It is clear that members of an An Garda Siochana play a significant role in civil detention; therefore, Gardaí should be adequately trained and supported to address situations where mental health difficulties may be involved. The Expert Group strongly pushed for mental health training for Gardaí which was followed by a report of a Working Group and a MOU between the HSE and An Garda Siochana to clarify roles and responsibilities. While training is provided for new recruits such training has not always been provided for the existing Garda workforce. It is of fundamental importance that all members of An Garda Siochana are skilled in diverting people with severe mental health difficulties from the criminal justice system, where possible.

[5] The Mental Health Prison In-reach and Court Liaison Service, based in Cloverhill prison has proven positive with improved identification of mental health difficulties, increased number of diversions, and a reduction in the waiting time of the provision of treatment after identification of need. While a referral system exists from other remand centres, there is a need to expand this service to cover remands nationally. The extension of psychiatric assessment services provided in Cloverhill prison to all prisons in Ireland would enable the widest possible use of practice of diversion to the community and/or non-forensic mental health services.

[6] Judge Michael Reilly has highlighted that during his inspections between 2008 and 2012, there have been "a number of prisoners who were mentally-ill and not transferred to the Central Mental Hospital as there were no bed spaces available".

settings. It is worth noting that a significant proportion of crimes committed by individuals with severe mental health difficulties are minor offences. Successful diversion of this group of people will require the provision of adequately resourced and trained community mental health teams that take account of the specific needs of those at risk of coming to the attention of or re-entering the criminal justice system.[7]

2. Equality and choice

Objective:

"People with disabilities make their own choices and decisions".

MHR recommended action:

"We will amend legislation under the review of the Mental Health Act, 2001 to ensure that advance healthcare directives are legally binding for all individuals engaged in mental health services, including people who are involuntarily detained".

Rationale:

Advance healthcare directives (AHDs) have been included in the new Assisted Decision-Making (Capacity) Act and will provide a way for people to articulate their will and preferences for a later date in which their views may become unclear or unknown. However, under the current capacity legislation people who are involuntarily detained under Part 4 of the Mental Health Act are legally excluded from using advance directives.

This provision is unfortunate as it is precisely when people are being treated under the Mental Health Act 2001 that many will wish an advance directive to take effect. The use of differential standards for treatment decisions during involuntary detention perpetuates stigma and limits the use of ADs in mental health settings. Stigma and discrimination have been identified as the greatest barriers to recovery. Furthermore, even if ADs are legally binding during voluntary admission, the threat of coercion and the possibility of being made involuntary at any time limits the impact of their existing status.

The findings of a national study of Irish mental health service users suggests an urgent need for legally binding ADs during involuntary detention to promote respect for treatment preferences. Many clinicians assume that if ADs are made binding in the mental health context that numerous people will make blanket refusals of all medical treatment. However, ADs can actually increase treatment engagement rather than refusals. Service users are more interested in using ADs to express a preference for particular treatments over others

[7] IPRT (2012) p. 4.

rather than refusing all treatment. To make a blanket denial of a person's preferences and concerns when they are made involuntary – which is precisely the moment such directives become most important – is simply unjust.

3. Equality and choice

Objective:

"People with disabilities make their own choices and decisions".

MHR recommended action:

"We will establish statutory national advocacy services for both children and adults with mental health difficulties in hospitals, day centres, training centres, clinics, and throughout the community, building on existing services".

Rationale:

Mental Health Reform has previously highlighted that there are significant gaps in existing advocacy supports for people with mental health difficulties. There is currently no statutory right to advocacy, as recommended in *A Vision for Change* and envisaged in the Citizen's Information Act, 2007.

Furthermore, existing advocacy services are limited in their remit. The National Advocacy Service (NAS) established under the Citizen's Information Board provides a non-statutory advocacy service to people with disabilities, including individuals with mental health disabilities. However, it focuses primarily on those with complex and/or severe mental health difficulties and is unable to meet the advocacy needs of many individuals. The Irish Advocacy Network (IAN) offers a peer advocacy service to individuals across the country, but prioritises services to individuals in acute inpatient units. Both services are under-resourced.

In particular, it is evident that there is significant unmet need in terms of advocacy supports for people with mental health difficulties living in the community. *A Vision for Change* recommends that "all users of the mental health services – whether in hospitals, day centres, training centres, clinics, or elsewhere – should have the right to use the services of a mental health advocate." This right has yet to be realized.

In a recent small scale study in one urban area in Ireland investigating the views of mental health service users on independent advocacy supports available in the community it was identified that there is a very low level of awareness of existing advocacy services for people with mental health difficulties and very few individuals have accessed such services.

Despite the recognition of the importance of children and adolescents to actively participate in their own mental health care there is currently no national advocacy service for children engaged in mental health services in Ireland. There is a concern that this group of children and young people are not being heard in terms of their experiences of the services, in addition to their will and preferences. Mental Health Reform has previously recommended the establishment of a dedicated advocacy service to ensure that the advocacy needs of children with mental health difficulties are being met.

The Expert Group report on review of the Mental Health Act, 2001 made specific recommendations on the availability of advocacy services to children and families engaged in mental health services.

In February 2016, the United Nations Committee on the Rights of the Child published its concluding observations on Ireland's compliance with the UNCRC. Among its recommendations were for Government to consider the establishment of a mental health advocacy and information service that is specifically for children and accordingly accessible and child-friendly.

4. Equality and choice

Objective:

"People with disabilities are treated with dignity and respect and are free from all forms of abuse".

MHR recommended action:

The proposed action "we will develop and roll out a reform and culture change programme" should be extended to include "with a particular emphasis on promoting positive public attitudes towards people with mental health difficulties".

Rationale:

There is no doubt that people with severe mental health difficulties experience the highest levels of discrimination in comparison to people with other types of disabilities. In the National Disability Authority's Attitudes Survey 2011, respondents reported relatively higher comfort levels with having a work colleague with a physical, hearing or vision disability compared with a colleague with a mental health disability. Similarly, respondents reported low levels of comfort with people with mental health difficulties living in their community, in comparison to other types of disabilities.

As recent as September 2015, findings from a study conducted by St. Patrick's Mental Health Services illustrated that only 21% of individuals surveyed believed that Irish employers would be comfortable employing someone with a mental health difficulty and 9% claim that they would not want to live next door to someone who previously had a mental health difficulty, with 16% uncertain.

In recent years the See Change stigma reduction partnership has been an important means of stimulating public discussion about mental health and has begun to have an impact in reducing negative attitudes towards people with mental health difficulties. While there has been some improvement in attitudes around mental health, attitudes towards people with severe mental health difficulties do not appear to have improved, leading to their continued social exclusion and hindering their recovery.

Attitudinal and behavioural change is a slow, long-term process that requires sustained support by Government. It is important that the next NDSIP specifically acknowledges the stigma and discrimination experienced by people with mental health difficulties and highlights the important role the community has to play in addressing this issue.

In addition, the high prevalence of mental health difficulties among particular groups of individuals at risk, such as people from ethnic minorities, members of the deaf community and homeless people illustrate the need for targeted stigma reduction and mental health promotion campaigns. Mental Health Reform has heard from the National Traveller Suicide Awareness Project, for example, that members of the Traveller community do not feel that current national mental health and stigma reduction campaigns are relevant to them or aimed at their minority group. Similarly, MHR's Ethnic Minorities and Mental Health advisory group recommended that the national stigma reduction campaign 'SeeChange' incorporate a specific strand of work targeted at reducing the stigma around accessing mental health services among people from BME communities.

The new suicide prevention framework Connecting for Life makes a clear commitment to reducing stigmatising attitudes to mental health and suicidal behaviour within priority groups.

5. Equality and choice

Objective:

"People with disabilities are treated with dignity and respect and are free from all forms of abuse".

MHR recommended action:

The proposed action “we will develop proposals to reform mental health legislation to align it with the Assisted Decision Making (Capacity) Act” should be extended to include “and the Expert Group report on Review of the Mental Health Act, 2001.”

6. Equality and choice

Objective:

“People with disabilities are treated with dignity and respect and are free from all forms of abuse”.

MHR recommended action:

“We will review the Employment Equality Acts to ensure that people with disabilities are adequately protected through legislation against discrimination in the workplace”.

Rationale:

The Employment Equality Acts 1998-2008 expressly prohibit discrimination on the grounds of a mental health disability. However in a study by DCU 36% of participants reported having experienced unfair treatment in finding a job and 43% in keeping a job. Amnesty International Ireland concluded that it is likely discrimination by employers against people with a mental health disability is occurring in Ireland.

Furthermore, there is anecdotal evidence to suggest that there are many individuals with mental health difficulties who are unaware of the equality legislation and of their rights under the Workplace Relations Commission. This issue should be addressed as a matter of priority through targeted information campaigns.

7. Equality and choice

Objective:

“Public services are universally designed and accessible to all citizens”.

MHR recommended action:

“We will ensure the development of culturally competent disability and mental health services in order to appropriately meet the needs of individuals from ethnic minority groups”.

Rationale:

While current policy documents *A Vision for Change* and the National Intercultural Health Strategy 2007-2012 make reference to the need for culturally competent mental health services a more developed framework for the delivery of such services is required.

Mental Health Reform's report on ethnic minorities and mental health identifies numerous barriers for ethnic minority communities in accessing mental health services in Ireland. Such barriers include a lack of understanding among mental health professionals of the social and cultural context for people's mental health difficulties; a lack of awareness among ethnic minority communities on how to access services; experiences of stigma and discrimination and communication and language barriers.

It is important to recognise that mental health services have been designed and developed in a way that reflects a majority culture. For example, standard assessment tools may reflect the dominant culture and mental health professionals may be unaware of this cultural bias.

The development of cultural competence among [mental] health professionals is fundamental to improving ethnic minorities' access to services, and ultimately improving their mental health outcomes. Programmes to develop cultural competence and remove barriers to access have been undertaken internationally, including in the UK, Australia and the US. The national standards for Culturally and Linguistically Appropriate Services in healthcare (CLAS) in the US set out to "provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs."

8. Joined up policies and services

Objective:

"Different public services work together to ensure joined-up services for individuals with disabilities".

MHR recommended action:

The proposed objective should include an additional action " we will develop inter-departmental protocols which will be subject to bi-annual review to ensure joined up services for individuals with disabilities".

9. Joined up policies and services
Objective:

“Public services actively engage with people with disabilities and their representatives in the planning, design, delivery and evaluation of public services”.

MHR recommended action:

The proposed action “we will embed a culture and process of engagement with people with disabilities in mainstream service design and evaluation” should be extended to include “and establish appropriate engagement structures at national and local level to achieve this”.

10. Education

Objective:

“People with disabilities are supported to reach their full potential”.

MHR recommended action:

The proposed action “we will put in place a structured transition process, including sharing of information for children with disabilities transitioning from pre-school to primary school” should be extended to include “and from primary to post primary school”.

11. Education

Objective:

“People with disabilities are supported to reach their full potential”.

MHR recommended action:

“We will implement a nationwide schools programme on mental health and well-being in order to build resilience among the younger population and improve mental health outcomes, including for young people with existing mental health difficulties”.

Rationale:

The national suicide prevention strategy Connecting for Life seeks to “enhance the supports for young people with mental health problems or who are vulnerable to suicide”. Specifically,

it commits to support the implementation of the national guidelines for mental health promotion and suicide prevention across primary and post primary schools.

The Children's Mental Health Coalition has previously welcomed the publication of these guidelines, however, it has consistently raised concerns with respect to their lack of implementation in schools across the country.

In its report on effective interventions for the prevention of mental health difficulties, the WHO identified ample evidence that the education system can influence positive mental health and reduce risk factors for mental health difficulties.[8] International evidence demonstrates that school-based mental health promotion programmes, when implemented effectively, can lead to long term benefits for young people by improving social and emotional functioning, reduce the risk of anxiety and depression and improve academic performance.[9]

Furthermore, there is compelling evidence on the value of a 'whole school' approach to social and emotional learning, which every level of education would benefit from.[10] In the context of mental health, the whole school approach builds the capacity of the school community to promote a sense of wellbeing, address the common emotional needs of young people and prevent the development of mental health difficulties. It seeks to make changes to the schools' social and learning environments, strengthen the structures within each school for addressing mental health promotion and promote links between the school and its community.[11]

Schools can also act as an early identification and referral point for students experiencing mental health difficulties. Where timely and appropriate supports are provided for young people with mental health difficulties, there is clear evidence that many will recover, or at least develop coping strategies to manage their difficulties more effectively.[12] There are also obvious economic benefits to addressing the issue of mental health in education.[13] Mental health difficulties in childhood not only negatively affect a child's ability to learn, but can lead to more serious mental health difficulties in adulthood, particularly if the child is not supported to recover.

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[8] WHO (2004) Prevention of mental disorders : effective interventions and policy options, Geneva: WHO.

[9] Clarke, A., O'Sullivan, M. & Barry, M., (2010). Context matters in programme implementation Health Education, Vol 110 (4), pp.273-293.

[10] Elias, M.J., Zins, J.E., Weissberg, R.P., & Greenberg, M.T., (2003) Promoting social and emotional learning: Guidelines for educators. Alexandria, VA: AFSP.

[11] The implementation of the Incredible Years Programme in Ballymun has shown the benefits of implementing a whole school approach to social and emotional learning. Pre and post test monitoring data demonstrates significant improvements in children's social and emotional well-being (as measured by the Strengths and Difficulties Questionnaire) associated with participation in the programme. Such outcomes were also reflected in the parenting programme. Parents who participated in the programme reported significantly reduced levels of stress (measured by Parental Stress Index) and depression (measured by the Beck Depression Index).

[12] D. Evans, E. Foa, R. Gur (Eds.) et al., (2005) Treating and preventing adolescent mental health disorders: what we know and what we don't know, Oxford University Press, New York.

[13] Ibid.

Mental Health Reform has consistently advocated for the implementation of a nationwide schools programme to build good mental health at both primary and post primary level. As most mental health difficulties begin in childhood, it is of fundamental importance to promote mental health and well-being at this early stage and equip children and young people with the resilience and skills to reduce the likelihood of mental health difficulties in later life.

12. Employment

Objective:

"People with disabilities have the opportunity to work and have a career".

MHR recommended action:

"We will implement the commitments as set out in the Comprehensive Employment Strategy (CES), including the strategic actions to a) use the evidenced based approach to supported employment in promoting the recovery of people with severe and enduring mental health difficulties and b) to deliver a flexible benefits system that will support people who may be in and out of work due to the episodic nature of their disability".

Rationale:

The current system of employment supports for people with mental health disabilities, throughout the country, has not been successful in facilitating appropriate access to employment. People with mental health disabilities 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 in Ireland. Yet, 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. This has been further endorsed by a recent review of Disability Allowance by the Department of Social Protection.

In a detailed report on mental health and social inclusion, the National Economic and Social Forum in Ireland concluded that work is the best route to recovery and employment is the best protection against social exclusion. Studies have also indicated that returning to work can lead to clinical improvement and increased social functioning among individuals and improved quality of life.

Aside from the individual gains, high unemployment rates among people with mental health difficulties continue to have a detrimental effect on the Irish economy. In 2008, it was identified that mental health difficulties cost the Irish economy around €3 billion or 2% of GNP annually and most of the costs are in the labour market as a result of lost employment,

absenteeism, lost productivity and premature retirement. (This figure is based on 2006 GNP).

It is largely recognised that individuals with severe and enduring mental health difficulties will require a range of supports to access and sustain employment. However, with the appropriate supports people can be very successful in this area of their life. There is strong evidence that the internationally recognised approach to supported employment (Individual Placement Support), as set out in the Comprehensive Employment Strategy is the most effective method of supporting this group of individuals to achieve sustainable, competitive work. It has also been shown to be both cost effective and less costly than traditional vocational approaches.

This approach includes seven key essential principles including: integrated mental health and employment supports; intensive, individual support; rapid job search followed by placement in paid employment; and time-unlimited in-work support for both the employee and the employer. Early indications of a pilot project in Ireland [led by MHR and funded by DSP and Genio] are that this approach is able to provide a more integrated supported employment service than has been the case previously through Employability services.

The evidence based approach to supported employment should be rolled out across the country to ensure that all individuals with mental health disabilities who want to work are provided with effective support into employment. The commitment by the Department of Social Protection and Department of Health to invest in the pilot of the Individual Placement Support approach to supported employment is very welcome by Mental Health Reform. However, it is important that this commitment is continued and extended.

13. Employment

Objective:

“People with disabilities have the opportunity to work and have a career”.

MHR recommended action:

“In addition to the commitments set out in the Comprehensive Employment Strategy we will roll out initiatives nationally to provide transport to work in rural areas for people with disabilities.”

Rationale

One challenge, identified through the above mentioned pilot project is lack of transport, particularly in rural communities, in enabling people to access and sustain employment. The

absence or lack of public transportation in many areas of the country has meant that it is extremely difficult for many individuals to get to and from work. This is particularly problematic in the case of people with severe mental health difficulties, as many do not drive due to the effects of prescribed medications. It is of paramount importance that this barrier to employment is addressed in the Irish context of supported employment.

14. Employment

Objective:

"People with disabilities have the opportunity to work and have a career".

MHR recommended action:

The proposed action "we will implement the reforms proposed by the review of the Partial Capacity Benefit Scheme" should be extended to include "and remove the risk of loss of benefits (primary and secondary) for individuals transferring to PCB in order to support their recovery and encourage their participation in the about market". "We will ensure that individuals can automatically revert to benefits if they lose their job, with an appropriate income support assessment to follow after reinstatement of benefits".

Rationale:

Mental Health Reform has consistently heard from people with mental health difficulties that one of the greatest barriers to taking up employment is fear of losing primary and secondary social welfare benefits. Mental health difficulties are often episodic and it can take years before some individuals settle into how to manage their condition and maintain stability. Some people will continue to have episodes of severe distress alongside periods of wellness throughout their lives.

In the Department of Social Protection's recent review of Disability Allowance, 50% of participants reported mental health difficulties as the health issue that affects them most. In the same review, fear of losing social welfare benefits and fear of losing the medical card were most highly reported as barriers to achieving individual employment goals.

In particular, the current Partial Capacity Benefit scheme often discourages people with a mental health disability from taking up work because they must undergo a review of work capacity that can result in removal of their existing disability benefit. There is a real fear among individuals in receipt of Illness Benefit and Invalidity Pension that they will lose their benefits or be unable to return to benefits should they be unable to work in the future if they transfer to PCB.

15. Health and well-being

Objective:

"People with disabilities are supported to achieve and maintain the best possible physical, mental and emotional well-being".

MHR recommended action:

"We will invest in the development of early intervention services which specifically target the mental health needs of infants, young children and their families".

Rationale:

MHR has consistently advocated that it is necessary to invest in the development of early intervention services which specifically target the mental health needs of infants, young children and their families. Despite targeted investment by Government in evidence-based programmes to improve outcomes for children and families [most notably through the Area-based Childhood initiative] there has been a lack of national direction on mental health in this area. Early intervention needs to include a response which places the social and emotional health and well-being of infants on par with that of their physical health. This should be set out in national policy and complemented with the necessary resources.

In 2013, the WHO recommended redirecting mental health spending towards community-based services, including the integration of mental health into maternal and child health, enabling access to better and more cost-effective interventions.[14] A recent evaluation of a parenting programme in Ireland indicated that for every €1,463 spent per child, a saving of €4,599 per child was realized.[15] In this context, it is worth noting that since 2011 there has been a 5% cut to family resource centres throughout the country year on year.

The financial impact on wider society, by neglecting to invest in early intervention [and mental health] services has been clearly identified - from economic disadvantage to academic underachievement, substance abuse, mental health difficulties, juvenile delinquency and intergenerational effects, to name but a few.[16],[17] Researchers, clinicians and economists are in strong agreement that adequate investment in this area, and a move towards prevention and early intervention, as opposed to crisis care will lead to long-term economic savings, enhanced social capital and individual gains.

[14] World Health Organization (WHO; 2013). Mental Health Action Plan 2013 – 2020. WHO, Switzerland.
[15] Early Years Strategy (EYS; 2013) Right From the Start: Report of the Expert Advisory Group on the Early Years Strategy. Department of Children and Youth Affairs, Ireland.
[16] Mihalopoulos et al.,(2012).
[17] NICE (2014).

16. Health and well-being

Objective:

“People with disabilities are supported to achieve and maintain the best possible physical, mental and emotional well-being”.

MHR recommended action:

The proposed action “we will develop the intellectual disability and mental health service capacity as set out in A Vision for Change” should be extended to include “and the upcoming review of A Vision for Change”.

In addition, this action should be amended to clarify the fact that while AVFC includes key recommendations on mental health in intellectual disabilities, it does not cover intellectual disabilities as it stands alone.

17. Person- centred disability services

MHR recommendation:

As recommended in the last two submissions made by Mental Health Reform on the next NDSIP, the theme “person-centred disability services and any related objectives and actions should be replaced with “disability and mental health services”.

Rationale:

This is imperative given that disability and mental health services are provided through two separate divisions within the HSE. It is important to acknowledge that person centred services should underpin both disability and mental health services. To not specify mental health services will in effect exclude them from this commitment as mental health services are not included under the remit of disability services.

18. Person- centred disability services

Objective:

“Disability [and mental health] services support individuals to live a fulfilled life of their choosing”.

MHR recommended action:

"We will ensure that all individuals with mental health difficulties can avail of recovery orientated mental health services".

Rationale:

With respect to the principles of recovery, *A Vision for Change* encapsulates the meaning of recovery stating that [it] … " should inform every level of service provision". Mental Health Reform is of the view that a cross Departmental approach is required to ensure the recovery of people with mental health difficulties. The associated principles of recovery recognise that services should operate from a hopeful orientation that supports recovery; listen to and work in partnership with people who use services; offer choice and the opportunity for individuals to exercise their autonomy, and support the social inclusion of people with mental health difficulties. The recovery ethos is further endorsed by the Mental Health Commission in its Quality Framework for mental health services and in its report on a recovery approach within Irish mental health services. Mental Health Reform's full briefing paper on recovery can be found at this link https://www.mentalhealthreform.ie/resources/.

Recent efforts have been made to instil the recovery ethos in a number of mental health services across the country. However, such organizational change requires continued action and commitment, including through a wider health agenda. The provision of recovery orientated services requires a substantial shift in the mental health system. There continues to be significant concerns regarding the over-reliance of medication, the lack of alternative therapies, including talking therapies and the lack of meaningful recovery and care plans for individuals and their families accessing the services.

29. Person- centred disability services

Objective:

"Participate in the everyday life and activities of their communities".

MHR recommended action:

"We will establish a dedicated funding stream for the development and sustainment of community peer initiatives. This will be supported through inter-departmental collaboration".

Rationale:

A *Vision for Change* includes a recommendation that "innovative methods of involving service users and carers should be developed by local services, including the mainstream

funding and integration of services organised and run by service users and carers of service users".[18]

Furthermore, the National Economic and Social Forum (NESF) highlighted the role that community development can play as a "key strategy in building social capital, particularly in facilitating communities in a self-help approach to providing solutions to collective problems such as ill-health".[19] The NESF recommended that community development and local support networks be further developed and resourced and that innovative approaches to community development be fostered.

During the past decade a handful of local community projects have been developed by people who use mental health services and family members. The two most well-established are the Aras Follain centre in Nenagh and the Gateway project in Rathmines, Dublin. These projects provide a vital space for individuals to support each other to recover from mental distress. They also provide training and self-development programmes and work to engage people who use mental health services in local community activities.

These types of programmes have the potential to reduce hospitalisation and improve social inclusion for people with severe mental health difficulties. However, these types of initiatives, as recommended in *A Vision for Change* remain sparse and have been particularly vulnerable to funding cuts during the economic crisis, failing to achieve a secure funding base.

20. Person- centred disability services

Objective:

"Children and adults with disabilities have timely access to assessment and early intervention and the therapy rehabilitation or mental health services they require".

MHR recommended action:

The proposed action "we will develop and implement effective national joint working protocols between CAMHS, disability services and education to ensure children and young people with disabilities can access CAMHS services" should be extended to include TUSLA.

[18] AVFC (2006),p. 27.
[19] NESF (2007), p.5.

21. Person- centred disability services

Objective:

“Disability services are delivered to high quality standards and in line with international best practice” should be amended to “Disability and mental health services…”

Rationale:

Under the Mental Health Act 2001, the Inspector of Mental Health Services can visit community residences, report on his or her findings and request the service to provide a quality improvement plan. However, under current legislation, these residences are not subject to regulation by the Mental Health Commission. This means that the MHC has no statutory powers over these residences unlike inpatient units which can be closed down by the MHC if they breach certain standards of care.

Of additional concern, is the existing environment and practices of care in such community residences. Following inspections of 20 community residences in 2015, the Mental Health Commission stated that “many of the residences inspected were too big, in poor condition and institutional in nature”.

- There was limited multidisciplinary input in over 50% of residences inspected
- Some residents had no care plans or any meaningful activities to occupy them during the day

Overall, many 24-hour supervised residences were failing to provide opportunities for the optimal recovery and rehabilitation of their client population, as outlined for them in A Vision for Change, which is now 10 years in operation

It is important to note individuals living in these residences are particularly vulnerable as many have been living with long term mental health difficulties and within institutional settings for most of their lives. This vulnerability is further exacerbated by the fact that there is no statutory oversight in terms of regulation and inspection of community residences.

The Expert Group established to review the Mental Health Act 2001 recommended that revised legislation should give the Mental Health Commission specific powers to make standards in respect of all mental health services and to inspect against those standards. The Standards should be made by way of regulations and the regulations should be underpinned by way of primary legislation.

22. Housing

Objective:

NA.

MHR recommended action:

"We will provide a national sustainable funding stream for tenancy sustainment supports where required for individuals with severe and enduring mental health difficulties in order to prevent homelessness".

Rationale:

The need for tenancy sustainment supports has been evidenced in a number of recent reports and studies. In a review of the Galway/Roscommon community mental health services published by the HSE in 2014 the review group found that some people in community residences were being over provided with care and that some could have lived independently. Similar findings were identified in earlier reports including the HSE's own Value for Money Review of the efficiency and effectiveness of long-stay residential care for adults within the mental health services in Ireland and the Mental Health Commission's Happy Living Here Study.

Currently, there are approximately 450 residents in HSE medium and low support accommodation who could probably move to independent living given the right support. There are also other individuals living in the community who could benefit from such a tenancy sustainment programme.

Mental Health Reform has welcomed the commitment within the Programme for Government to "establish dedicated funding supports for tenancy sustainment for people transitioning from HSE supported accommodation and for clients in mental health services living in other types of accommodation in the community".

Similarly, it has welcomed the recommendation by the Oireachtas Committee on Housing and Homelessness to "guarantee funding for visiting tenancy sustainment and support services to help prevent homelessness by working with those with mental health difficulties in their own homes". Similar commitments have been made in Rebuilding Ireland, the Government's new action plan on housing on homelessness.

Agreement between the Departments of Health and Housing on this funding stream should be clearly set in national policy in order to deliver on the aforementioned commitments, in addition to those included in existing housing policies and strategies, such as the National Housing Strategy for People with Disabilities.

An on-going difficulty in preventing homelessness and promoting community living is the lack of a dedicated funding stream to provide medium and long-term tenancy sustainment support to individuals with long-term mental health difficulties. Tenancy sustainment supports can assist individuals to embrace all areas of independent living.

It is important that such funding is provided so that the Government's policy of de-institutionalisation is not hindered by a gap in housing support in the community. Fundamentally, it is necessary for promoting the recovery of people with mental health difficulties and in ensuring their social inclusion within the community.

23. Housing

Objective:

NA.

MHR recommended action:

"We will allocate dedicated funding for the capital costs of providing social housing for people with a mental health difficulty transitioning from HSE supported accommodation and/ or acute care".

Rationale:

The Strategic Plan for Housing Persons with Disabilities recommends that local authorities ensure that a proportion of social housing is allocated to people with mental health difficulties in each local area. Given that the vast bulk of mental health care is delivered in the community, there will be a small but regular flow of individuals with a mental health disability who will require social housing support. HSE guidance on addressing the housing needs of people with mental health difficulties states that:

"They [mental health services and local authorities] need to engage in estimating and planning for the provision of an adequate stock of suitable living accommodation for mental health service users who have special needs in relation to their living environment and the development of mechanisms to ensure equity of access for people with a mental illness to the housing allocations process".

A recent study conducted in the Tallaght mental health services found that 98% of the long-stay/delayed discharge patients had a housing-related need. In order to prevent inappropriate and costly long-term stays in acute mental health units, it is vital that people who are in acute units and who have a housing need can access social housing quickly.

This requires that the planning mechanisms used by local authorities to estimate current and future housing need take account of this group of individuals with severe mental health difficulties who will need social housing support.

It is also imperative that people with disabilities are provided with appropriate housing in order to prevent mental health difficulties and to support individuals' recovery. Feedback from Mental Health Reform's Homeless Sector Advisory Group highlights that often people with mental health difficulties are placed in inappropriate accommodation, which can exacerbate existing mental health difficulties. Mental Health Reform's Grassroots Forum has recommended that people with mental health difficulties be housed in communities with infrastructure that supports improved living standards, including good transport links and community supports for the individuals' recovery. Members of the Forum expressed concern that placing people with mental health difficulties in areas where there is little community service provision may have an adverse effect on the person's mental health and recovery.

Mental Health Reform recommends that the Department of Housing, in its plans to build social housing, should include a proportion of social housing to be allocated to people with a mental health disability who are identified by the mental health services and/or through local authority housing need assessments.

ENDS.