



Mental Health Reform

Promoting Improved Mental Health Services

**Submission to the Department of Environment, Community and Local Government on
A Framework Policy for Local and Community Development in Ireland
16th April 2015**

Introduction

Mental Health Reform (MHR) welcomes this opportunity to contribute to the Department of Environment, Community and Local Government's Framework Policy for Local and Community Development in Ireland. As the national coalition promoting improved mental health services and implementation of the mental health policy *A Vision for Change*, Mental Health Reform, makes this submission with particular reference to individuals experiencing mental health difficulties. It focuses on five key areas in its recommendations, including:

- A commitment to implementing *A Vision for Change* in so far as the policy's recommendations fall within the Department's remit, and to implementing the mental health actions under the Housing Strategy for People with Disabilities in so far as these relate to local and community development
- A commitment to agreeing with the Department of Health and the HSE on a dedicated funding stream to provide medium and long-term tenancy sustainment support to individuals with long-term mental health difficulties
- A commitment to inter-Departmental and inter-agency collaboration
- A commitment to implement the Department's Action Plan to address homelessness
- A commitment to provide resources through Local and Community Development for innovative mental health community development programmes led or run by people with self-experience of a mental health difficulty

A commitment to the implementation of A Vision for Change

Mental Health Reform recommends that the Department’s framework policy on local and community development contain a specific commitment to the implementation of the government’s 2006 policy *A Vision for Change* in so far as this fits within the Department’s remit, and in particular to implementing recommendations 4.1, 4.7 and 12.4, of the policy. The framework policy should also include a commitment to implementing the actions of the *Housing Strategy for People with Disabilities* in so far as these relate to local and community development.

Recommendation 4.1 states: “All citizens should be treated equally. Access to employment, housing and education for individuals with mental health problems should be on the same basis as every other citizen.” Recommendation 4.1 is underpinned by the principle of non-discrimination in the policy, which states that: “Equal opportunities for housing, employment and full participation in society must be accorded to individuals with mental health problems.”

Recommendation 4.7 states: “The provision of social housing is the responsibility of the Local Authority. Mental health services should work in liaison with Local Authorities to ensure housing is provided for people with mental health problems who require it. As part of Recommendation 4.7, the Expert Group on mental health stated that: “Local Authorities must fulfil their obligations under the Housing Act to provide housing to people in their area who require it. Mental health services should work in liaison with Local Authorities to ensure service users can access housing that is appropriate to their needs. Continued support by mental health services of these individuals can help them maintain their tenancy. Flexible provision of housing and other benefits should recognise the changing needs of people with mental health difficulties (see *A Vision for Change* Section 4.7.1).

Recommendation 12.4 sets out that “opportunities for independent housing should be provided by appropriate authorities with flexible tenancy agreements being drawn up in accordance with each service user’s needs. Arrangements that best enable service users to move from high support to low support and independent accommodation need to be considered.”.¹

The Australian Human Rights and Equal Opportunities Commission found that: ‘One of the biggest obstacles in the lives of people with mental illness is the absence of adequate, affordable and secure accommodation’.² People with mental health difficulties are also at a significantly higher risk of

¹ Department of Health (2006). *A Vision for Change*. Dublin: The Stationery Office, p.110

² Human Rights and Equal Opportunities Commission (1993) *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness*, Canberra: Australian Government, cited in Department of Environment, Community and Local Government (2011) *National Housing Strategy for People with a Disability 2011-2016*, Dublin: DECC, p.99.

becoming homeless. People are 'at risk' of homelessness when they have lost security of tenure in any residential setting. Long periods of hospitalisation for treatment of mental health difficulties may compromise tenancy arrangements. Those discharged from mental health care and who lack resources and community ties are also particularly vulnerable to homelessness.

The Department of Environment has the lead role to play in providing adequate housing to individuals with mental health difficulties in order to enhance their recovery process and ultimately promote their social inclusion. As specified in the Government's policy *A Vision for Change*³, local authorities must fulfil their obligations under the Housing Act to provide housing to people in their area who require it.

The Department also has a key role in implementing the actions under the Housing Strategy for People with Disabilities, including the specific actions for people with a mental health disability. The Framework Policy on Local and Community Development should make specific reference to the Housing Strategy for People with Disabilities and should set out how actions under that strategy will be reflected in the framework policy.

A commitment to agreeing with the Department of Health and the HSE a dedicated stream of tenancy sustainment funding for people with mental health difficulties

Recommendation: The Department of Environment, Community and Local Government in collaboration with the Department of Health should agree a way to jointly provide a dedicated funding stream for tenancy sustainment support to individuals with a mental health difficulty who require this support to access and maintain accommodation.

The Government's commitment in Budget 2013 to fund forty places for individuals in mental health service housing to transfer into mainstream housing in the community, at a cost of €0.35 million, was welcomed by Mental Health Reform. We also welcome the pilot initiative being undertaken under the Housing Strategy for People with Disabilities which will see the initial transfer of some housing stock from HSE to local authority control during 2015. Mainstream, ongoing funding will be required over the coming years to continue the transfer of individuals who are currently inappropriately placed in HSE supported accommodation and who could live in mainstream housing in the community.

In the Housing Agency's housing assessment report, 2013 it states that 1,034 households have a household member where the main need for social housing support is as a result of having a mental

³ Ibid, p. 39

health disability. The Housing Agency recognised that due to under-reporting this figure may be significantly higher.

An on-going difficulty in preventing homelessness and promoting deinstitutionalisation 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. The Implementation Framework for the National Housing Strategy for People with Disabilities recognises that the HSE will be required to continue to provide health and personal social services for people transitioning from mental health service accommodation.⁴ The interim protocol agreed as part of the Housing Strategy for People with Disabilities states with regard to people transitioning from institutional settings that:

“10.5. The appropriate supports from the HSE/Service Provider must be put in place for the individual and any services already being provided by the state should be assessed and continued if appropriate. A protocol will be put in place between the Housing Authority and the HSE/Service Provider to ensure that the appropriate supports are maintained for the individual.”⁵

However, there is currently no dedicated funding stream within either the HSE’s or the Department of Environment, Community and Local Government’s budgets for tenancy sustainment support. The HSE’s recently published guidance paper *Addressing the Housing Needs of People using Mental Health Services* illustrates a range of housing and housing support models currently in operation which emphasise and underpin the requirement for tenancy sustainment support for those transitioning from mental health service accommodation.

It is important that a dedicated funding stream for tenancy sustainment support is established on an ongoing basis so that the Government’s policy of deinstitutionalisation is not hindered by a gap in social support for tenants with mental health disabilities living in the community.

A commitment to Inter-Departmental and inter-agency collaboration

Mental Health Reform recommends that the Department work in collaboration with the Department of Health in implementing *A Vision for Change* principles through the provision of housing and tenancy sustainment initiatives to support the recovery of individuals with mental health difficulties.

⁴ WRC Social and Economic Consultants (2008) Research Report on the Operations and Effectiveness of the Supported Employment Programme, Final Report, available at www.fas.ie, p.26.

⁵ Department of Environment, Community and Local Government (2013) Protocol for the Provision of Housing Support to People with Disabilities (draft).

A Vision for Change recommends collaboration between Local Authorities and mental health services to ensure that individuals with mental health difficulties can access housing that is appropriate to their needs and to effectively sustain their tenancy. The policy further recommends that the flexible provision of housing and other benefits should recognise the changing needs of people with mental health difficulties. The Department's and its agencies' involvement in collaborative working with the Department of Health and the HSE to implement the Housing Strategy for People with Disabilities has been welcome and is bearing fruit in progressing implementation of the strategy.

A commitment to implement the mental health-related actions in the Department of Environment, Community and Local Government's Action Plan to address homelessness

The publication of the Department's Action Plan to Address Homelessness in December 2014 includes commitments to the following key objectives:

- Streamline HSE specialist consultant-led mental health and primary care services to ensure in-reach services into all emergency accommodation settings across the Dublin Region
- Implement a formal discharge protocol with Dublin hospitals and homeless services to ensure that, as far as possible, no patient will be discharged into homelessness

As noted above people with mental health difficulties are at a significantly higher risk of becoming homeless. The links between homelessness and mental health difficulties are also significant. In 2013 Dublin Simon reported that 71% of individuals accessing Dublin Simon services were identified as having a mental health difficulty.

In a separate study between 2012 and 2013 an audit was carried out in an acute mental health unit in Tallaght Hospital in relation to housing need. The study found that

- On average, 38% of patients had accommodation related needs at any one time
- 98% of the long stay / delayed discharge inpatients had accommodation related needs and
- There was a discharge to homeless services every 9.4 days (39 discharged individuals in total).

Mental Health Reform recommends that the Department's commitment to responding to the needs of people experiencing homelessness, including people who are experiencing both homelessness and mental health difficulties, should be included in the Department's framework policy on local and community development.

Supporting local and community development projects led by people with mental health difficulties

Mental Health Reform recommends that the framework policy include a commitment to provide resources through Local and Community Development for innovative mental health community development programmes led or run by people with self-experience of a mental health difficulty.

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” (Recommendation 3.3). Furthermore, the report *Mental Health & Social Inclusion* published in 2007 by the National Economic and Social Forum 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”.⁶ The NESF recommended that community development and local support networks be further developed and resourced and that innovative approaches to community development be fostered.⁷

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 have been particularly vulnerable to funding cuts during the economic crisis and have failed to achieve a secure funding base.

The Local and Community Development policy framework should include a priority to resource such peer-led and peer-run community development projects for people with mental health difficulties as a way of fostering recovery from mental health difficulties and promoting social inclusion of people with a mental health disability.

Finally, Mental Health Reform recommends that the Department make a specific commitment within its framework policy on local and community development to ensure that **local and community development decisions are mental health proofed, that is, that the impact of the decision on the population’s mental health should be assessed and reflected in the decision made.**

⁶ NESF (2007) *Mental Health & Social Inclusion*, p.154.

⁷ *Ibid.*, p.173.

The report *Mental Health & Social Inclusion* published by the National Economic and Social Forum (2007) highlighted the important role that strengthening local communities plays in promoting positive mental health of the population. The NESF recommended that Departments and agencies regularly review and evaluate the impact of their policies on health, including mental health, including through the use of Health Impact Assessments.⁸ The Independent Monitoring Group on *A Vision for Change* has also recommended mental health-proofing public policies. In light of the Department's role under the *Healthy Ireland Framework*, mental health-proofing the Local and Community Development Policy Framework for its potential to promote positive mental health and wellbeing as well as to support recovery from mental health difficulties would be a way of fulfilling this role.

Conclusion

Mental Health Reform is the national coalition of 50 organisations working to promote improved mental health services and the implementation of the mental health policy *A Vision for Change*.

Mental Health Reform is available to discuss the above recommendations. Please contact Kate Mitchell, Policy and Research Officer at 01 874 9468 or via email at kmitchell@mentalhealthreform.ie for further information

⁸ NESF (2007), p.166.