



A Vision for **Change**
Monitoring Group

Independent Monitoring Group

***A Vision for Change* – the Report
of the Expert Group on Mental
Health Policy**

**Third Annual Report on
implementation**

2008

April 2009

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Executive Summary

This is the Third Annual Report of the Independent Monitoring Group for *A Vision for Change* the Report of the Expert Group on Mental Health Policy. The Monitoring Group was established in March 2006 to monitor and assess progress on the implementation of *A Vision for Change*.

In its first two reports covering 2006 and 2007, the Monitoring Group found that *A Vision for Change* had been adopted by Government and embraced by all parties as the framework for developing services for people with mental health problems. The Group was concerned about the absence of clear, identifiable leadership within the HSE to implement *A Vision for Change*. While acknowledging that the HSE had put in place an interim implementation plan for 2008 and 2009 which prioritised six key areas for implementation, the Group had concerns that a more comprehensive plan had not been put in place.

In this the Third Annual Report, the Independent Monitoring Group accepts that progress is being made with some priorities e.g. the provision of child and adolescent services, engagement with service users and mental health information systems. However, the Monitoring Group has found that many of the recommendations made in its first two reports have still not been addressed. Three years into implementation a comprehensive implementation plan is still not in place and the Group is very disappointed with the slow rate of progress. The Group recognises the difficulties facing the HSE in the current economic climate but this does not in any way diminish the HSE's responsibility to implement *A Vision for Change*.

The Monitoring Group acknowledges the commitment and dedication of the staff of the HSE to the development of mental health services. However, the Monitoring Group considers that the recommendations of *A Vision for Change* cannot be implemented effectively without a National Mental Health Service Directorate. The absence of a dedicated leader at senior, national level has impeded progress in the implementation of *A Vision for Change* and may be contributing to continuing poor facilities and standards of care in some areas and an inconsistent approach to embedding the recovery ethos in services. The Group recommends that the HSE should immediately appoint a leader of a National Mental Health Service Directorate to drive the implementation of *A Vision for Change*.

The Monitoring Group welcomes the establishment of the Office for Disability and Mental Health in January 2008 under the leadership of the Minister for Equality, Disability and Mental Health and acknowledges the potential the Office presents to bring about more effective cross-departmental working to implement those recommendations of *A Vision for Change* that are the responsibility of Government Departments.

Chapter 1

The work of the Monitoring Group

1.1 Background

In January 2006, the Government adopted the Report of the Expert Group on Mental Health Policy *A Vision for Change* as the basis for the future development of mental health services in Ireland. In March 2006, the then Minister of State at the Department of Health and Children, Mr Tim O'Malley, T.D., with special responsibility for mental health services, in line with the recommendation in *A Vision for Change*, established the Independent Monitoring Group to monitor progress on the implementation of the report recommendations.

The members of the Monitoring Group in March 2009 were:

Dr. Ruth Barrington, Chief Executive Officer, Molecular Medicine Ireland (Chair)

Dr. Tony Bates, Founder Director, Headstrong

Mr. Pat Brosnan, Specialist National Planning Mental Health, HSE

Dr. Pat Devitt, Inspector of Mental Health Services

Mr. Paul Flynn, Service User

Ms. Dora Hennessy, Principal, Mental Health Division, Department of Health & Children

Dr. Terry Lynch, General Practitioner and Psychotherapist

Mr Tim O'Malley, Pharmacist

Ms Máire Redmond, Department of Health, Social Services and Public Safety, Northern Ireland.

1.2 The Group's Terms of Reference are:

- To monitor and assess progress on the implementation of all the recommendations in *A Vision for Change*;
- To make recommendations in relation to the manner in which the recommendations are implemented;
- To report to the Minister annually on progress made towards implementing the recommendations of the Report and to publish the report.

1.3 Work of the Monitoring Group 2006 - 2007

First Annual Report – 1st February 2006 to 31st January 2007

In preparing its First Annual Report, the Monitoring Group identified nine priority areas to be reported on in their first report to the Minister. The implementation template reflected these priority areas and the HSE was requested to provide a detailed report under each heading as follows:-

- Recovery (key recommendation on page 9 of *A Vision for Change*)
- Partnership in Care: Service Users and Carers (Chapter 3)
- Community Mental Health Teams (Chapter 9)
- Child and Adolescent Mental Health Services (Chapter 10)
- Difficult to Manage Behaviours and close observation provision (Chapter 11: Recommendations 11.13, 11.14, 11.15)
- Rehabilitation Teams (Chapter 12: Recommendations 12.2, 12.3)
- Management and organisation of mental health services (Chapter 16)
- Closure of hospitals/sale of lands/re-investment in mental health services (Chapter 17 and 20: Recommendations 17.6, 17.7, 20.4)
- Mental health information systems (Chapter 19: Recommendations 19.3, 19.5, 19.6, 19.7)

An overview of progress with implementation was requested in relation to the remaining recommendations of the Report.

The Group's first annual report, which covered the period to the end of January 2007, was presented to Mr Tim O'Malley T.D., Minister of State with responsibility for Disability and Mental Health, on 31st May 2007.

In the Report, the Group acknowledged the commitment of the Health Service Executive (HSE) to implement *A Vision for Change* but found that there was little evidence of a systematic approach to implementation of the recommendations. It was particularly concerned that there was no implementation plan in place and expressed concern in relation to the lack of clarity in relation to responsibility within the HSE's management structure for implementation. In addition, the Group was concerned with

- the HSE's decision not to put in place a National Mental Health Service Directorate as recommended in *A Vision for Change*
- the lack of emphasis on recovery as a guiding value of mental health service delivery in implementation to date
- the unacceptable delays between the allocation of resources and the recruitment of staff
- the inadequacies in the provision of information and communication technology to underpin the implementation of the Report's recommendations

- the overemphasis on the appointment of consultant psychiatrists rather than on the recruitment and consolidation of the multidisciplinary teams
- the slow rate of progress in closing large psychiatric hospitals and the redeployment of resources to the provision of suitable alternative community services and the retraining of existing staff
- the lack of progress in the provision of child and adolescent services including appropriate inpatient facilities
- the delay in finalising the mental health catchment areas and in establishing the mental health catchment area management teams
- the absence of a framework for interdepartmental cooperation.

Progress Report 1st February to 31st October 2007

Following his appointment in June 2007 as Minister of State with responsibility for Disability and Mental Health, Dr Jimmy Devins, T.D. requested the Monitoring Group to provide him with a report on the current state of implementation of *A Vision for Change*. The Monitoring Group prepared this progress report for the Minister of State's information on the basis of the information available to it at the end of October 2007.

In its Report, the Monitoring Group continued to have concerns as follows:

- the management responsibility for implementing *A Vision for Change*, within the HSE, lacked the clarity behind the Report's recommendation of a National Mental Health Service Directorate
- no implementation plan was in place eighteen months after the Report was adopted as HSE policy
- that the HSE's Transformation Programme may delay or impact negatively on implementation
- the lack of information in relation to where the additional funding of €51 million provided in 2006 and 2007 for the implementation of *A Vision for Change* had been spent
- the lack of additional funding provided for the implementation of *A Vision for Change* in Budget 2008.

The Monitoring Group welcomed the proposed establishment of the Office of the Minister for Disability and Mental Health and the appointment of the Minister for State in the Departments with key responsibility for implementation of *A Vision for Change*. However, it was concerned that no inter-departmental committee had been established to take forward the recommendations of the Report that lie with central government. The Monitoring Group expressed the view that the creation of an interdepartmental committee should not be deferred until this new Office became operational, as this would likely delay matters by several months.

Second Annual Report – 1st February 2007 to 31st January 2008

In the Second Report, the Monitoring Group found that by and large the recommendations in its first report were not addressed in 2007, although some were prioritised for implementation in 2008. The Monitoring Group continued to be concerned about the absence of clear, identifiable leadership within the HSE to implement *A Vision for Change*. In addition, the Group was concerned

- that the National Steering Group, appointed to manage the planning and implementation of *A Vision for Change*, was not multidisciplinary and had no service user or carer representative
- that the role and relationship of the Steering Group to the HSE's Expert Advisory Group on Mental Health and the Implementation Group was unclear
- that the HSE's 2008 and 2009 Implementation Plan had too little detail and too many timelines that lacked ambition and that a more detailed Plan had not been published
- that catchment areas were not in place
- that the recommendations of *A Vision for Change* were not being addressed as a comprehensive package
- that the HSE's 'transformation process' was taking precedence over the implementation of some recommendations of *A Vision for Change*
- with the resourcing of multidisciplinary community mental health teams (CMHTs) not being adequately prioritised and the lack of clarity regarding the key central role of multidisciplinary CMHTs as envisioned in *A Vision for Change*
- with the potential for a blurring of boundaries between Primary Care and Secondary Care that would not be in the interests of the care of people with mental health problems
- that €24 million of the €51.2 million development funding allocated to the HSE for the implementation of *A Vision for Change* was not used as planned. It was not apparent to the Monitoring Group who in the HSE had budgetary responsibility for mental health services or how budgetary decisions affecting mental health services were made
- with the slow rate of progress in providing alternative community accommodation, the closure of psychiatric properties and the redeployment of resources and the retraining of existing staff
- with the slow rate of progress in the development of child and adolescent mental health teams and in the provision of additional inpatient beds
- with the absence of a regional forensic mental health service and the rate of progress in providing mental services to people with an intellectual disability

- with the rate of progress in the provision of information and communication technology to underpin the implementation of the Report's recommendations.

1.4 Work of the Monitoring Group 2008

Third Annual Report – 2008

The Template, developed by the Monitoring Group for reporting progress, was forwarded to the HSE and to the Department of Health and Children - for transmission to the relevant Government Departments - in September / October 2008. A summary of the responses received from the HSE and Government Departments is included later in this report.

The Independent Monitoring Group welcomed the opportunity provided in December by the Minister of State, with responsibility for Disability and Mental Health, Mr John Moloney, T.D., to comment on the HSE's draft Implementation Plan 2009 – 2013. In providing its views to the Minister, the Group acknowledged the work behind the Plan, the progress made with implementing some recommendations and the information provided on a national basis about the current infrastructure for mental health care. However, the Group expressed concern in relation to –

- the level of detail on implementation in the Plan - almost three years following the publication of *A Vision for Change* the Group expected to see a plan of more substance. The Group was not confident that the plan, as drafted, would ensure the implementation of *A Vision for Change*
- responsibility for implementation at national level was not clear in the Plan. While the Monitoring Group was aware that the HSE was about to embark on a regional management structure, the need to address many issues at a national level remained. These issues included: -
 - the reallocation and restructuring of existing resources;
 - the marked disparity between regions in service provision;
 - achieving and sustaining realistic national mental health budgets;
 - national training programmes for relevant professional groups; national services priorities; and
 - monitoring effectiveness of catchment area management teams
- some Actions in the Plan were not linked clearly back to *A Vision for Change*
- no recognition of the provision of the additional €1 million in 2006 and 2007

The Group considered that as *A Vision for Change* is Government policy on mental health that its recommendations should be implemented as a whole, not on a piecemeal basis.

The Minister met with the Monitoring Group on five occasions and arranged for the Group to meet with Professor Brendan Drumm, Chief Executive, Health Service Executive on 10th March 2009. At these meetings the Group highlighted their concerns regarding

- the lack of leadership at national level for the implementation of *A Vision for Change*
- the commitment to the recovery ethos which underpins *A Vision for Change* and
- the absence of a comprehensive implementation plan.

Meetings of Independent Monitoring Group

In the year to end January 2009, the Monitoring Group met on twelve occasions.

The Group also met with

- The Minister for Equality, Disability and Mental Health, Mr John Moloney, T.D. on 31st July, 10th December 2008, 3rd, 10th and 23rd March 2009.
- Ms Bairbre NicAongusa, Director, Office for Disability and Mental Health on 26th May, 2008.
- Mr John Saunders and Ms Caroline McGrath, Irish Mental Health Coalition on 3rd October 2008.
- Ms Laverne McGuinness, HSE National Director, Primary, Community and Continuing Care Directorate, Mr Martin Rogan, Assistant National Director, Mr Seamus McNulty Assistant National Director with national responsibility for mental health, Dr Brendan Doody, Consultant, child and adolescent psychiatrist, Dr Ian Daly, Consultant, general adult psychiatrist and Mr Jim Ryan, Project Manager *A Vision for Change* on 3rd October 2008.
- Mr Martin Rogan, Assistant National Director and Mr Brendan McGrath, Principal Engineering Adviser, HSE on 10th December 2008
- Mr Jim Ryan, Project Manager *A Vision for Change* and Ms Janet Malone, Mental Health Specialist, Dublin North East on 11th February 2009.
- Professor Brendan Drumm, Chief Executive, Health Service Executive, Ms Laverne McGuinness, HSE National Director, Primary, Community and Continuing Care Directorate, Mr Seamus McNulty Assistant National Director with national responsibility for mental health, Dr Brendan Doody, Consultant, child and adolescent psychiatrist, Dr Ian Daly, Consultant, general adult psychiatrist and Mr Jim Ryan, Project Manager *A Vision for Change* on 10th March 2009.

In addition to its assessment of the responses from the HSE and Government Departments, the Monitoring Group was made aware of concerns in relation to

the slow pace of implementation of the recommendations of *A Vision for Change* from the Irish Mental Health Coalition in association with Amnesty International and individual correspondents, as follows: -

Irish Mental Health Coalition

In January 2009, the third anniversary of the launch of *A Vision for Change*, the Irish Mental Health Coalition published a report entitled '*Late for a Very Important Date*' which highlighted their concerns in relation to implementation. The Report indicates "*the reform process has been painfully slow ... Despite statements of support for mental health reform from Government and the HSE, basic systems to promote reform are not in place, targets for service delivery have not been met and development funding has all but ceased*".

The Irish Mental Health Coalition in association with Amnesty International also made a submission to the Monitoring Group in which they reviewed progress on implementation over the past twelve months and highlighted concerns, as follows -

- Three years after the publication of *A Vision for Change* reforms remain largely unachieved.
- The pace of progress reflects a lack of priority and momentum for reform of mental health services.
- The failure to deliver on targets coupled with the absence of accountability and transparency in how funding is allocated and spent is undermining efforts to progress implementation.
- The absence of a costed implementation plan with time-lines, targets and lines of accountability.
- The decision of the HSE not to appoint a National Mental Health Services Directorate.
- The HSE Service Plan for 2009 is modest in scope, vague in commitments and lacking in specifics.
- The absence of a cross-departmental action plan and a structured approach to cross-departmental monitoring and reporting.

Individual correspondents

The Independent Monitoring Group also received letters from individuals who expressed concern in relation to the implementation of *A Vision for Change*. The main concerns of the correspondents were:

- lack of progress in implementing *A Vision for Change*.
- lack of detail in the HSE's implementation plan e.g. where additional funding is required, funding for voluntary services, actual service expansion, the issue of human rights of the people with mental health problems – such as recovery, empowerment, peer support and advocacy.

- no cross departmental implementation plan in place
- no additional funding provided for mental health services in 2008.

Chapter 2

Progress on Implementation

Responsibility for the implementation of over 80 per cent of the recommendations in *A Vision for Change* lies primarily with the Health Service Executive. Implementation of the remainder of the recommendations is the responsibility of Government Departments and their agencies. The Government Departments are: -

- Department of Health and Children
- Department of Education and Science
- Department of Enterprise, Trade and Employment
- Department of Justice, Equality and Law Reform
- Department of Social and Family Affairs
- Department of Environment, Heritage and Local Government
- Department of Community, Rural and Gaeltacht Affairs

The Independent Monitoring Group summarises below its assessment of progress in 2008 as reported by the responsible agencies in relation to the implementation of recommendations in *A Vision for Change*.

2.1 Progress reported by the Health Service Executive

- A service user and carer representative has been nominated to the national implementation steering committee, which is responsible for implementing the recommendations of *A Vision for Change* (Recommendation 3.1).
- A Chief Executive has been appointed to the National Service Users Executive (Recommendation 3.5).
- The *Mind Your Mental Health* media campaign was delivered again during 2008 (Recommendation 5.1).
- *The Journey Together* - an information booklet providing support to family members who care for someone with mental health difficulties was launched in December 2008.
- Twenty Primary Care Centres with an integrated community mental health facility will be in place by end of 2009. Two hundred Primary Care Centres will be in place by end 2011 (Recommendation 7.1).
- One hundred and twenty-nine general adult mental health teams are in place nationally, although many do not have the full multidisciplinary team membership recommended in *A Vision for Change*. One hundred

and thirty-six team members have been appointed since 2006 (Recommendations 9.1, 9.2 and 11.6).

- A new post-graduate training programme for registered psychiatric nurses has been established (Recommendation 9.2).
- By the end of 2009, the total child and adolescent inpatient bed capacity will have increased from twelve to thirty – four beds opened in St Anne’s Galway in April 2008, six beds opened in St. Vincent’s, Fairview, Dublin in 2009 and eight beds in St Stephen’s, Cork will open later in 2009. Warrenstown in Dublin is now operating a 7-day service (Recommendation 10.1)
- Construction has commenced on the provision of a twenty-bedded unit in Cork and a twenty-bedded unit in Galway (Recommendation 10.1).
- The number of community child and adolescent mental health teams has increased from forty-seven to fifty with a further eight teams to be put in place in 2009. Additional funding was provided in 2009 for the recruitment of thirty-five additional therapy posts to facilitate the development of additional teams in 2009 (Recommendation 10.7).
- The Assistant National Director for mental health in the Office of the Chief Executive participates in the work of the Department of the Environment, Heritage and Local Government’s sub-group which was established to consider the housing needs of those with mental health issues (Recommendation 12.4).
- Since 2006, 10 specialist posts for psychiatry of old age have been recruited which brought the number of teams in place nationally from 20 to 25 (Recommendation 13.1).
- Since 2006, €3 million has been invested in Forensic Mental Health Services which has enabled an additional 10 inpatient beds and 6 community rehabilitation beds to be provided and the further development of the Court Liaison and Prison In-reach Services. One hundred service users have been diverted under the court diversion scheme to their local mental health service for appropriate care and treatment (Recommendation 15.1.2).
- A Psychiatric Prison In-reach and Court Liaison Service has been developed by the Central Mental Hospital at Cloverhill remand prison, which takes approximately 75% of remands nationally. Medical and nursing staff screen all new remand prisoners (over 4000 annually) for severe mental illness and accept referrals from courts, prison staff and other stakeholders (Recommendation 15.1.2).
- The pilot of the ICT WISDOM system funded by the Health Research Board went live in Donegal on 19th January 2009. An evaluation will be carried out and, if appropriate, it will be rolled-out nationally (Recommendation 16.2 and 19.6).
- Each HSE administrative region has established a steering group, chaired by the lead local health manager, to drive implementation at area local level, to support local mental health services to deliver

changes and ensure the co-ordination across catchment areas where appropriate (Recommendations 16.4 and 20.1).

- The Report of the Working Group on Modernisation of the Mental Health Infrastructure has been completed and submitted to Primary, Community and Continuing Care Directorate, HSE (Recommendation 17.1 and 17.7).

A more detailed summary of the HSE's response is included in Appendix 1.

2.2 Progress by Government Departments

Key implementation steps reported by Government Departments include: -

Department of Health and Children

- In January 2008, the Government established the Office for Disability and Mental Health to support the Minister for Disability and Mental Health, in exercising his responsibilities across four Government Departments:

Health and Children

Education and Science

Enterprise, Trade and Employment and

Justice, Equality and Law Reform

Quarterly meetings are held between the Minister and the Secretary Generals of the relevant Departments to review progress. In addition, monthly meetings take place at senior management level between the four Departments and progress on the implementation of *A Vision for Change* is a standing item on the agenda of those meetings (Recommendation 5.3).

- Bilateral meetings with officials from other Government Departments have been held.
- The Office is participating in the development of a national housing strategy for people with a disability which is being developed by the Department of the Environment, Heritage and Local Government (Recommendation 5.3).
- The Minister for Equality, Disability and Mental Health marked the 3rd anniversary of the launch of *A Vision for Change* on Monday 26th January 2009. It provided an opportunity to report on progress on implementation, showcase innovations in service delivery and identify key priorities for the further development of mental health services.

Department of Education and Science

- In July 2008, the National Access Office published the *National Plan for Equity of Access to Higher Education 2008-2013* (Recommendation 4.1).

- In December 2008, a new Assistive Technology (AT) Centre opened in University College Cork to provide opportunities to students with disabilities to enhance their learning experience within an integrated environment (Recommendation 4.1).
- Some €13.5 million was approved for over 3,000 students with disabilities through the ESF – aided Fund for Students with Disabilities. Seventy-nine students with a mental health difficulty were approved funding (Recommendation 4.1).
- The Department provides grant-in-aid funding to the Youth Work Sector which actively works with young people outside, yet alongside, the formal education sector (Recommendation 4.9).
- In 2007/2008, seventeen people were trained in the Specialist Certificate in Youth Health Promotion - National University of Ireland, Galway (Recommendation 4.9).
- In 2008, eighty youth workers and volunteers participated in the *Lets Beat Bullying* training programme (Recommendation 4.9).
- In 2008, forty workers and volunteers availed of training for youth workers in addressing the issue of mental health from a whole organisation perspective and focusing in particular on mental health promotion as well as when and how to make referrals for young people who require specialist assistance (Recommendation 4.9).
- The National Youth Health Programme (NYHP) is involved in the delivery of the ASIST (Applied Suicide Intervention Skills Training) programme (Recommendation 4.9).
- In the University sector a number of College Health Services have part-time health promotion officers who run health promotion weeks and develop educational material, both paper and online (Recommendation 11.2).
- Trinity College Dublin has an online mental health portal which provides educational information on mental health and online counselling (Recommendation 11.2).
- University College Cork is preparing to launch CALM, also known as the Relief Series, an online self-help programme designed to help people who suffer from mild depression and anxiety as well as promoting a healthy lifestyle (Recommendation 11.2).
- The Student Health Services in TCD, UCC and NUIG and the HSE have jointly initiated a feasibility study on the development of a coordinated strategy to form a national health promotion campaign for students (Recommendation 11.2).

Department of Enterprise, Trade and Employment

- A Protocol relating to mutual referrals of applicants with disabilities between FÁS and the HSE is in place under the aegis of the National

Co-ordination Committee, which is chaired by the Department of Health and Children.

- The FÁS Strategy for Vocational Training provision for people with disabilities addresses the issue of facilitating the service user in re-establishing meaningful employment and training and makes recommendations along with time lines for intervention.

Department of Justice, Equality and Law Reform

- The Department is considering amendments to the Criminal Law (Insanity) Act 2006 in relation to court diversion services (Recommendation 15.1.2).
- Training in relation to mental health awareness and the Mental Health Act 2001 is provided in the Garda College under the Social and Psychological Studies Section to Student/Probationer Gardaí (Recommendation 15.1.8).
- Under Legal, Contextual Policing and Garda Practices and Procedure Studies, student Gardaí receive tuition in relation to their duties under the Mental Health Act 2001 and the Treatment of Persons in Custody in Garda Stations Regulations 1987, where Regulation 22 deals solely with mentally handicapped persons (Recommendation 15.1.8).
- A module on mental health is included in both the Garda Negotiator and On Scene Command. Previous participants can be updated by way of distance learning techniques (Recommendation 15.1.9).

Department of Social and Family Affairs

- Funding of €1.8 million was provided in 2008 for advocacy services bringing the total funding to €6.1 million for the period 2005 to 2008 (Recommendation 3.1).
- An Information Leaflet on *Social Welfare Benefits and Entitlements for Persons with a Mental Illness* was published by Mental Health Ireland and launched by the Minister for Social and Family Affairs on 1 December 2008.

Department of Environment, Heritage and Local Government

- A sub-group of the National Advisory Group, under the aegis of the Housing Forum, has been established to examine the specific needs of people suffering mental ill health and to develop protocols to manage and coordinate the housing and associated support needs of these individuals (Recommendation 4.7).
- *The Way Home: A Strategy to Address Adult Homelessness 2008 – 2013* was launched in August 2008 (Recommendation 15.2.3).
- Section 20 of the new Housing (Miscellaneous Provisions) Bill 2008 provides the basis for a new general system of assessment of housing need and provides regulatory powers to set eligibility criteria, classify

need and determine the form of this assessment (Recommendations 15.2.1 and 15.2.2).

Department of Community, Rural and Gaeltacht Affairs

- The Department has responsibility for a wide range of policies and programmes in respect of community and rural development. While its programmes do not generally deal with the issue of mental health, its local and community development programmes, targeting the disadvantaged, include support for personal development which can have a positive impact on mental health (Recommendation 4.9).

A more detailed summary of each of the Departments' responses is included in Appendix 2.

Chapter 3

Conclusions and Recommendations

The Independent Monitoring Group is very disappointed with the rate of progress in implementing *A Vision for Change*, particularly in relation to those recommendations that are the responsibility of the Health Service Executive to implement. In the Monitoring Group's first and second annual reports, concerns were identified but these have not been adequately addressed. Change on the scale required to implement *A Vision for Change* requires a degree of dedicated and skilled leadership and management that the Monitoring Group has yet to see.

3.1 Conclusions

3.1.1 Health Service Executive

The Monitoring Group acknowledges the commitment and dedication of the staff of the HSE to the development of mental health services. While the Monitoring Group recognises the difficulties facing the HSE in the current economic climate, the Group considers that this does not in any way diminish the HSE's responsibility to implement *A Vision for Change*.

The Group acknowledges that the HSE prioritised six key areas for implementation in 2008 and 2009 and accepts that progress is being made with some priorities i.e. the provision of child and adolescent services, engagement with service users and mental health information systems. In relation to updates on progress on many of the recommendations, it has not been possible for the Monitoring Group to properly assess progress. From discussions with HSE representatives, it appears that steps being taken to implement some recommendations were not formally reported to the Monitoring Group.

The main concerns of the Monitoring Group in relation to the implementation by the HSE are:

- The absence of clearly identifiable, dedicated leadership within the HSE to implement *A Vision for Change*. The Monitoring Group does not believe that the administrative arrangements that the HSE has put in place are appropriate to the scale of the change required or reflect the fact that the implementation of *A Vision for Change* is Government policy. The Monitoring Group considers that its recommendations cannot be implemented effectively without the establishment of a dedicated leader within a National Mental Health Service Directorate.
- The absence of a clearly identifiable dedicated leader may also be contributing to the continuing poor facilities and standards of care and practice in some areas.

- Embodied in *A Vision for Change* is a vision that the “ *mental health system should deliver a range of activities to promote positive mental health in the community; it should intervene early when problems develop; and it should enhance the inclusion and optimal functioning of people who have severe mental health problems. Service providers should work in partnership with service users and their families, and facilitate recovery and reintegration through the provision of accessible, comprehensive and community-based mental health services*”. This recovery ethos is not being pursued consistently across HSE areas in the absence of a National Mental Health Service Directorate. The embedding of a recovery ethos in the provision of mental health services will not only benefit the service user but also society and the economy as a whole. The cost of providing mental health services will reduce as the need for unnecessary inpatient care and medication declines.
- A detailed implementation plan outlining how the HSE proposes to implement the recommendations of *A Vision for Change* has not yet been made available. *A Vision for Change* requires a seven to ten year approach and as such the Group does not expect to see all the recommendations implemented immediately. However, it does expect to see an implementation plan that shows how and when the HSE intends to progress each of the recommendations. The Monitoring Group made its views on the HSE’s draft implementation plan for 2009 – 2013 known to the Minister with responsibility for Disability and Mental Health in December, 2008 and looks forward to receiving the finalised version from the HSE.
- The new 13 mental health catchment areas recommended in *A Vision for Change*, although identified by the HSE, are not yet operational. These catchment areas are essential for the coherent and co-ordinated development of mental health services.
- The resourcing of multidisciplinary mental health teams has not been adequately prioritised. The HSE has indicated that many of the 129 general adult teams in place do not have the full multidisciplinary complement recommended in *A Vision for Change*.
- The rate of progress in providing appropriate alternative accommodation, the closure and sale of psychiatric properties and the redeployment of resources and the retraining of existing staff.
- The rate of progress in developing mental health services to people with an intellectual disability.
- The absence of a regional forensic mental health service.
- Although the HSE has informed the Monitoring Group that 94 per cent of the €1.2 million development funding has been allocated to progress implementation of *A Vision for Change*, it is not apparent to the Monitoring Group that improvements in services to patients are commensurate with this level of investment. The Monitoring Group sought from the HSE a detailed breakdown for the developments to which this funding has been allocated.

3.1.2 Government Departments

The Monitoring Group welcomes the establishment of the Office for Disability and Mental Health under the leadership of the Minister with responsibility for Equality, Disability and Mental Health and acknowledges the potential the Office presents to bring about more effective cross-departmental working between the four Departments concerned namely, Health & Children; Education & Science; Justice, Equality and Law Reform and Enterprise, Trade & Employment. The Group is pleased that regular meetings take place at senior management level between the four Departments and that progress on the implementation of *A Vision for Change* is a standing item on the agenda of those meetings. The Monitoring Group looks forward to the emergence of a framework that will progress implementation of those recommendations that are the responsibility of Government Departments to implement.

The Monitoring Group is satisfied that the development of a reporting template facilitated greater coherence and clarity in the information provided by Government Departments and appreciates their cooperation in adhering to the template.

The Group acknowledges the commitment of the Minister for Equality, Disability and Mental Health, John Moloney, T.D. to the development of mental health services and in particular his willingness to engage directly with the Monitoring Group and other key stakeholders.

The Group noted that the third anniversary of *A Vision for Change* provided an opportunity to highlight progress. The Minister said “*One of the most significant developments since 2006 is that there is increasing service user involvement in planning and delivering mental health services. Service users have a unique insight into the experience of mental ill health and I believe that this expertise is invaluable in the development of person-centred mental health services which are the cornerstone of A Vision for Change*”.

3.2 Recommendations

In the light of the above conclusions, the Monitoring Group puts forward the following recommendations:

3.2.1 Health Service Executive

- **The HSE should immediately appoint a dedicated leader of a National Mental Health Services Directorate to drive the implementation of *A Vision for Change*. This leader should**
 - be at a senior national level and should not be conflicted in any way by other responsibilities, either territorial or specialist
 - be committed to the recovery ethos underpinning *A Vision for Change*
 - be accountable and have the authority and the resources necessary to implement the recommendations of *A Vision for Change*
 - have experience and expertise in mental health, leadership skills and be familiar with international best practice
 - be appointed for an initial 3-5 year period
 - have the support of a multidisciplinary group
 - have a major role in coordinating, contributing and influencing the specialist functions (such as estate management and human resources) which are critical to the success of implementing *A Vision for Change*.
- **The HSE must take the necessary steps to change the culture and address impediments to ensure that the recovery ethos is central to the provision of all mental health services.** In doing so, the HSE should consult with service users and their organisations which have much to contribute in this area.
- **The HSE should complete and adopt a comprehensive implementation plan for the implementation of the recommendations of *A Vision for Change* as a matter of urgency.**
- **The HSE should strengthen the management capacity in mental health.** The HSE should operationalise the mental health catchment areas and appoint the mental health catchment area management teams as recommended in *A Vision for Change* as a matter of urgency.
- **The HSE should prioritise the resourcing of mental health teams to ensure the full multidisciplinary complement.**
- **The HSE should assess the needs of patients in psychiatric hospitals, provide appropriate levels of care, accelerate the provision of appropriate alternative community accommodation and expedite the closure and sale of psychiatric hospitals.** There should be a direct link between the sale of psychiatric properties and

the reallocation and remodelling of existing resources within mental health services.

- **The HSE should address as a matter of urgency the provision of:-**
 - regional forensic mental health services
 - mental health services to people with an intellectual disability.
- **The HSE should make transparent how funding allocated for the implementation of *A Vision for Change* is being spent on the development and delivery of mental health services and provide a detailed breakdown.**
- **Resources, both capital and revenue, in the current mental health service must be retained within mental health.**

3.2.2 Government Departments

- **The Office for Disability and Mental Health should continue to engage with relevant Government Departments to ensure a consistent and co-ordinated approach to implementation.**
- **The Office for Disability and Mental Health should encourage Government Departments to ensure that the relevant recommendations in *A Vision for Change* continue to be reflected in the ongoing development of policy and services.**
- **The Office for Disability and Mental Health should consider the role legislation might play in accelerating implementation of *A Vision for Change*.**

Summary of Report from the Health Service Executive

The HSE reported on implementation of *A Vision for Change* on 4th March 2009, which is summarised as follows:

Vision – Working in Partnership with Service Users, facilitating recovery and community integration

Chapter 3: Partnership in Care: Service users and carers

- The National Service User Executive has nominated a service user and carer representative to the national implementation steering committee, which is responsible for implementing the recommendations of *A Vision for Change*.
- Fifteen people from five mental health services graduated from the Co-Operative Learning Programme on Leadership in DCU in October 2008. This course focuses on services providers, service users and carers working together to effect change in service planning and delivery at local level and is now in its second academic year. Eighteen people from six mental health services are currently undertaking the course.
- Each acute unit has a Peer Advocacy service delivered by the voluntary partners in the Irish Advocacy Network or STEER.
- A range of methods are used by individual mental health services to engage with service users, carers, local communities and voluntary organisations including satisfaction surveys, service questionnaires, focus groups and one-to-one meetings.
- The National Service User Executive has appointed a Chief Executive and is in the process of piloting an election process in HSE South.
- An information booklet for carers entitled '*The Journey Together*,' which was developed in collaboration with the Irish Advocacy Network and SHINE, was published in December 2008. This booklet provides carers with practical advice on the implications of caring for individuals with particular mental health needs, the services available in their local area and links to support groups of carers and information about maintaining their own wellbeing.
- Adult mental health professionals who have concerns regarding the welfare of children of service users link with local community services and / or child and adolescent mental health teams. Specific projects designed to meet the needs of children and adolescents include Crosslink and Jigsaw.
- Information leaflets on the '*Your Service, Your Say*' policy framework is available in all mental health services and is available online on the HSE website.

Chapter 4 – Belonging and Participating in Social Inclusion

- The majority of mental health services are now offered to service users within their own community.
- Services have been developed for ethnic minorities, disadvantaged groups and homeless persons.
- Work is ongoing to improve liaison prison services.
- A project officer has been funded with the Gay and Lesbian Equality Network to raise awareness of mental health issues among the gay and lesbian communities.
- A range of voluntary organisations funded by the HSE also raise awareness about mental illness and to campaign for stigma reduction.
- The '*Mind Your Mental Health*' media campaign, which was launched in 2007, was again delivered in 2008.
- Local initiatives have been developed to support the individual to regain their place within the community, education and workplace. Examples of this include:
 - Health Promotion Services, HSE West, Youthreach and National University of Ireland, Galway are involved in an initiative to build capacity of staff within Youthreach Centres to promote mental health. To date
 - mental health promotion needs have been assessed in out of schools settings in Galway, Mayo and Roscommon and eight centres have been selected for a pilot
 - pre-research work has been completed in the eight centres
 - two-day training in MindOut Resource has been completed with staff in intervention centres.
 - Home Focus, a pilot project funded under the Enhancing Disability Services Project Funding, is a collaborative approach between National Learning Network, West Cork Mental Health Services, the Irish Advocacy Network, HSE Disability Guidance Services, Work Start West Cork and West Cork Community Project, which aims to provide holistic, person-centred, recovery-based support to people with severe and enduring mental health difficulties who are isolated because of their inability or unwillingness to access traditional, centre-based models of service delivery. The aim of the project is to deliver a service to this group of people in their own homes and communities in the West Cork areas of Skibbereen/Schull, Bantry/Castletownbere and Clonakilty/Dunmanway. Participants are enabled to enhance their mental health and wellbeing, independent living skills, levels of connection to their own communities, access to training, education and employment opportunities, improved quality of life and future planning. Between September 2006 and March 2008 the Home Focus team worked with thirty-five individuals for between three and eighteen months depending on their needs.

- The HSE liaises at national, regional and local level with local authorities and other voluntary agencies on an ongoing basis in relation to social housing and community and personal development initiatives. A HSE representative is on the Department of Environment, Heritage and Local Government's sub-group, which was established to develop a protocol to manage the housing and support needs of people suffering mental ill health.
- Intercultural training is carried out as part of the HSE's performance and development programme and interpretation services are provided as required.
- The HSE is represented on the Economic and Social Forum Working Group.

Chapter 5 – Fostering well-being: Mental Health Promotion

- The HSE's National Office for Suicide Prevention drives the promotion of positive mental health and wellbeing in the whole community and improving the health status of people with severe and enduring mental illness is a central aim. In this context the '*Your Mental Health Media Campaign*' – includes TV, radio, internet, Bebo and a '*Mind your Mental Health*' information booklet.
- A national Working Group has been established to consider how best to address the physical health needs to people with severe and enduring mental illness.
- In April 2008, guidelines on the management of tobacco in mental health settings were launched.
- Nutritional Guidelines and an Assessment Tool for people with severe / enduring mental health difficulties have been devised with specialist input.
- Activity programmes / gym equipment made available in day services.
- Support for the health promotion agenda of Voluntary Partners - Mental Health Ireland, Aware, Shine (formerly Schizophrenia Ireland), BodyWhys, Recovery Inc, GROW, Samaritans) - was provided.
- DUMP – the Disposal of Unused Medications Project in the East facilitates the removal and safe disposal of unused medications.
- Two surveys have been carried out to inform the development of mental health services – the '*Psychological Wellbeing Study*' in association with HRB and '*Mental Health in Ireland: Awareness and Attitudes*' survey by the National Office for Suicide Prevention.
- Resource materials have been developed and recent publications include: - '*Looking Ahead*' a magazine which gives a population approach to mental and physical health; '*Numbers when you Need Them*' provides helpline numbers at times of distress; '*You Are Not Alone*' provides bereavement support information for those bereaved by suicide and '*The Journey Together*' an information booklet which provides support to family members who care for someone with mental health difficulties.
- Mental health promotion is a key component of a range of health promotion programmes delivered across a range of settings including schools and the workplace.

- Designated health promotion officers are in place, although there are currently a number of vacancies.

PLAN – Services will be co-ordinated and delivered through community mental health teams

Chapter 7 – Mental Health in Primary Care

- A collaborative partnership between the HSE and the Irish College of General Practitioners (ICGP) on the Mental Health in Primary Care project, provide support for a Project Director post to enhance the development of mental capacity and skills within primary care.
- A Mental Health in Primary Care Resource Pack was prepared and delivered to each General Practitioner in 2007. The pack included protocols and guidance on the treatment of depression, anxiety and alcohol aware practice in Primary Care, referral guidance and research findings on counselling in primary care.
- The HSE and the ICGP devised a 10 module Distance Learning Programme for GPs and primary care workers.
- The creation of bespoke Primary Care Centres with dedicated mental health space, a number of which are planned for 2009, creates the opportunity for a closer alignment of community mental health teams with primary care.
- Additional funding has been secured in 2009 which will support the development of a syllabus of training for primary care workers on effective recognition, treatment and care of mental illness.
- In order to facilitate the closure of the psychiatric hospitals, a strategy for the closure of these hospitals and the appropriate re-accommodation of the remaining service users has been developed: -
 - *Community Mental Health Centres/Day Hospitals*
Accommodation for the Community Mental Health Teams (CMHTs) within a Community Mental Health Centre (CMHC) will be integrated within the planned Primary Care Centres. A number of these sites will also be able to provide for an integrated Day Hospital. There are currently plans to provide over 200 Primary Care Centres by end 2011 and a significant number of these could provide either accommodation for the CMHT and/or a Day Hospital. This initiative will reduce the anticipated cost for the remainder of the mental health infrastructure provisions as outlined in *A Vision for Change* to approximately €600 million, which is more in line with anticipated income from the sale of the psychiatric hospitals. It is planned that 20 Primary Care Centres with an integrated Community Mental Health facility will be in place by the end of 2009.
 - *Planned Provision*
The provision of the new facilities will be phased and the initial provision of Community Mental Health Centres will be in tandem with the provision of Primary Care Centres. The provision of the initial

adapted Community Nursing Units (CNUs) will be funded from the monies lodged with the Exchequer from the sale of St Loman's and the initial tranche of funding from the sale of St Luke's Clonmel. This is based on the system whereby the funding drawn down needs to be spent in the year in which it is received. By implication, the sale of lands needs to be phased to provide funding for a defined programme of infrastructure which can be provided within a year.

Chapter 9 – The Community Mental Health Team (CMHT)

- One hundred and twenty-nine general adult mental health teams are in place nationally. Many of these teams are not configured in accordance with and do not have the full multidisciplinary team membership recommended in *A Vision for Change*. An additional one hundred and thirty-six team members have been put in place since 2006. The actions required for the further reconfiguration of these teams will be outlined in the Implementation Plan 2009 – 2013.
- 50 Training places for Clinical Psychology trainees were provided in 2007, in partnership with 3rd level institutions. This will provide 150 graduates every year from 2009.
- A new post-graduate training programme for registered Psychiatric Nurses has been established. Further work to ensure the availability of appropriately trained and qualified staff is being undertaken.
- The process of developing an integrated suite of performance indicators has commenced. In this regard a small working group has been established, comprising representatives of the Department of Health and Children, Mental Health Commission, Health Research Board and the HSE.
- A research project on Adult Community Mental Health Teams has commenced. This project, sponsored by the Mental Health Commission, is being undertaken by the University of Limerick in partnership with the HSE. The project will carry out a national survey to profile the functioning of Community Mental Health Teams and will explore the determinants of and barriers to team effectiveness.

Chapter 10 - Child and adolescent mental health services

- By the end of March 2009, the total child and adolescent inpatient bed capacity will increase from twelve to thirty – four beds opened in St Anne's Galway in April 2008, six beds in St. Vincent's, Fairview, Dublin and eight beds in St Stephen's, Cork will be opened early in 2009. Warrenstown in Dublin is now operating a 7-day service.
- Construction has commenced on the provision of a twenty-bedded unit in Cork and a twenty-bedded unit in Galway. The completion of these purpose built units together with the increase in the additional capacity will see a significant increase in the bed capacity for children by the end of 2010.
- A national clinical audit of child and adolescent services is underway to ascertain the age, gender, diagnostic profile, duration of the contact, the

waiting time for new appointments, the source of referral and the number of appointments offered.

- A detailed survey of staffing / skills mix on each team will be completed shortly and will inform service planning, training needs, role design and development to maximise utilisation of existing staff resources with ongoing workforce planning.
- There are fifty child and adolescent mental health teams in place with a further eight teams to be in place by the end of the first quarter of 2009. A further thirty-five allied health professional posts will be positioned in 2009 to develop a further six teams in 2009. This will increase the number of teams to sixty-four by the end of 2009.
- As part of the health statistics reporting system a set of basic activity data has been agreed and will be returned by each child and adolescent mental health team on a monthly basis.
- Funding has been allocated in 2009 for the recruitment of thirty-five additional therapy posts.

Chapter 11- General adult mental health services

- One hundred and twenty-nine general adult mental health teams are in place nationally. Many of these teams are not configured in accordance with and do not have the full multidisciplinary team membership recommended in *A Vision for Change*. An additional 136 team members have been put in place since 2006. The actions required for the further reconfiguration of these teams will be outlined in the Implementation Plan 2009 – 2013.
- The Report of the Working Group on the Modernisation of Mental Health Infrastructure was submitted to the Primary, Community and Continuing Care Directorate in December 2008. In order to facilitate the closure of the psychiatric hospitals, a strategy for the closure of these hospitals and the appropriate re-accommodation of the remaining service users has been developed.
- Accommodation for the Community Mental Health Teams (CMHTs) within a Community Mental Health Centre (CMHC) will be integrated within the planned Primary Care Centres. A number of these sites will also be able to provide for an integrated Day Hospital. Currently, there are plans to provide over 200 Primary Care Centres by end 2011 and a significant number of these could provide either accommodation for the CMHT and/or a Day Hospital. It is planned that 20 Primary Care Centres with an integrated Community Mental Health facility will be in place by the end of 2009. The provision of the new facilities will be phased and the initial provision of Community Mental Health Centres will be in tandem with the provision of Primary Care Centres.
- Home based treatment teams have commenced in some areas and will be developed in other areas through reconfiguration and as new resources become available.

- On early intervention services, a costed programme has been prepared by the Tallaght / St Loman's mental health service for consideration as part of the HSE innovation programme.
- The report of the '*Value for Money Assessment of Long Stay Residential Provision in Adult Mental Health Services*' has been completed and is currently being considered by the HSE and the Department of Health and Children.

Chapter 12 Rehabilitation and recovery mental health services for people with severe and enduring mental illness

- The HSE provided support for the development of the development of a debate around Recovery by supporting the '*Expert by Experience*' initiative in partnership with Dublin City University and supporting a number of voluntary partners in their work on recovery. Support is also provided to the Co-Operative Learning Programme and the Recovery Context Inventory which is a tool to support recovery planning.
- The HSE works in partnership with local authorities and voluntary partners in relation to independent housing. A report has been completed that maps the existing hostel infrastructure.
- The Department of the Environment, Heritage and Local Government established a sub-group to consider the housing needs of those with mental health issues and has invited the Assistant National Director for mental health in the Office of the Chief Executive to participate in its work.
- Local mental health services have developed strong links with communities and voluntary services in their areas. For example, in Cavan and Monaghan, the Community Rehabilitation Services (CRS) works in a practical way to assist service users to maximize their potential and independence. The CRS comprises of a multidisciplinary team involving service users and carers in an active process of engagement in their recovery to independent living. They link closely with statutory, voluntary and community agencies so that service users have an equal opportunity to access their entitlements such as housing and benefits.

Chapter 13 – Responding to the Mental Health Needs of Older People

- Since 2006, 10 specialist posts have been recruited which brought the number of teams in place nationally from 20 to 25.
- Mental health promotion programmes have been targeted at the community in general to raise awareness of the importance of maintaining physical and mental well-being for everyone.
- Partnership with voluntary organisations is strong at national level. Local mental health services have developed differing relationships with the voluntary partners depending on their role and strength in their area.

Chapter 14 – Mental health services for people with intellectual disability

- Each HSE area was required in 2008 to agree the reconfiguration necessary to meet the recommendations in relation to the provision of services for people with Intellectual Disability. As the majority of services for people with intellectual disability is provided by voluntary partners these arrangements will be agreed and developed jointly with voluntary partners.
- In recent years, sixty-four clients with intellectual disability transferred from psychiatric hospitals to more appropriate settings. A further sixty clients will be accommodated in ten purpose built bungalow currently under construction as part of the Streetscape facility at St Ita's, Portrane.
- Significant investment has been made in Intellectual Disability Services through the Multi-Annual Investment Programme which facilitates the maintenance of many of those with Intellectual Disability in their own community. Referral policies do reflect their needs which will be further consolidated through the rollout of the Disability Act.
- The provision of a forensic service to people with an intellectual disability and mental health needs is under consideration by the National Forensic Project Group in the context of the wider development of Forensic services.

Chapter 15 – Special categories of service provision

Forensic mental health services

- Since 2006, €3 million has been invested in Forensic Mental Health Services to include a further 10 inpatient beds, 6 community rehabilitation beds and the development of Court Liaison and Prison Inreach Services. One hundred service users have been diverted under the court diversion scheme to their local mental health service for appropriate care and treatment. This has facilitated their early integration into their own community.
- Consultant led multi disciplinary teams provide weekly daily Prison In-reach service to clients in the Dublin and Leinster area. Where necessary, patients are transferred to the Central Mental Hospital for further treatment. This initiative resulted in significant improvement in the care of patients enabling speedier access to mental health interventions in local mental health services.
- A Psychiatric Prison In-reach and Court Liaison Service has been developed by the Central Mental Hospital at Cloverhill remand prison, which takes approximately 75% of remands nationally. Nursing and medical staff screen all new remands (over 4000 annually) for severe mental illness and accept referrals from courts, prison staff and other stakeholders. The team contacts the person's family, General Practitioners and psychiatric services as well as other agencies such as homeless services. The aim is to "join up" services so the person can access the treatment they need on release.
- Design brief is being prepared for new Central Mental Hospital. The Design envisages 120 beds in the new facility.
- The establishment of the CMH Advisory Group improved liaison between Community and Forensic Mental Health Services. There are close working

relationships developed between the Irish Prison Service and the Forensic Services as a result of the Prison In-reach service.

- Training in Critical Incident Management has fostered good working relations between the Gardaí and Forensic Mental Health Services. Regular training in a variety of forensic mental health service issues are provided by staff from the Central Mental Hospital and participants from a range of statutory and voluntary agencies regularly attend.
- Most HSE areas have guidelines in place for patients discharged from psychiatric in-patient care to prevent them becoming homeless.
- Specialist teams exist in the greater Dublin to manage complex, severe substance abuse and mental disorder and considerable additional investment has been made over the last number of years in the development of community addiction responses which add considerably to the range of services available.

Mental Health services for homeless people

- Most HSE areas have practices in place to help prevent service users becoming homeless and have a good working relationship with the voluntary and statutory sectors.
- The Department of the Environment, Heritage and Local Government established a sub-group of the National Advisory Group to examine the specific needs of people suffering mental ill health and to develop protocols to manage and coordinate the housing and associated support needs of these individuals. As part of this approach, protocols are being developed to deal with cooperation between the Housing Authorities and the HSE and to provide a strategic framework for inter agency cooperation at local level where there is a care and accommodation aspect to meeting needs. The Assistant National Director for mental health in the Office of the Chief Executive is participating in its work.

Mental health services for people with co-morbid severe mental illness and substance abuse problems

- Specialist teams are in place in the greater Dublin area and additional investment has been made over the last number of years in the development of community addiction responses.

Mental health services for people with eating disorders

- Specialist services are available within child and adolescent mental health services and adult services.
- Funding is provided to voluntary agencies – Bodywhys and Mental Health Ireland.
- The HSE continues to invest in staff through education and training provided both internally and externally on a range of issues including specialist areas of concern including Eating Disorders.

Liaison Mental Health Services

- Progress will be outlined in the HSE's Implementation Plan 2009 -2016

Neuropsychiatry Services

- Progress will be outlined in the HSE's Implementation Plan 2009 -2016.

Suicide Prevention

- The National Office for Suicide Prevention (NOSP) has funded the expansion of specialist nurses responding to those who present to Emergency Departments having self harmed. Each Emergency Department will have its own clinical response to such presentations. The Office is working to develop a uniform approach and assessment. It is planned to hold a clinical workshop in 2009 to develop a common approach.
- NOSP has funded two pilot projects in Wexford and South Dublin which seek to provide early intervention and support to those who express suicidal thoughts and intent and attend their GP. Early results from the research will be available later this year and may provide indications of the importance of early intervention and follow up between the mental health services and general practice.
- An additional €1m once off funding was made available in 2009 to develop a young people's mental health awareness campaign using the media and technology.
- The NOSP funds 16 voluntary organisations as well as providing funding to HSE services to implement the actions in *Reach Out*. The Office holds an annual forum on suicide prevention to present research and good practice and to consult with stakeholders on priorities to be undertaken.

People with borderline personality disorder

- Progress will be outlined in the HSE's Implementation Plan 2009 -2016

IMPLEMENTATION

Chapter 16 – Management and organisation of mental health services

- Work has commenced nationally on the establishment of thirteen larger catchment areas. Work on the realignment of catchment area boundaries is being completed as part of the Transformation process and will be finalised in 2009.
- The pilot of the ICT WISDOM system funded by the Health Research Board went live in Donegal on 19th January 2009. Full implementation in all services is planned by the fourth quarter of 2009. The WISDOM information system will provide a comprehensive, detailed record of service provision within mental health services and assist in managing all aspects of the service

user journey from receipt of referral to discharge. It will improve efficiency by making patient information readily available to professionals; inpatient and community care services to those authorised to access this information. The pilot system will be evaluated and, if appropriate, rolled-out nationally.

- The line management, governance and accountability rests with the local health manager, the Assistant National Director (Operational) and the National Director for Primary, Community and Continuing Care structure. A National Steering Group, chaired by the lead Assistant National Director and includes the Lead Local Health Managers together with the Project Manager for *A Vision for Change* and a Clinical Director and Consultant Psychiatrist, has been established to plan and implement *A Vision for Change*.
- Each HSE administrative region established a Steering Group to drive implementation at area local level and to support local mental health services to deliver changes. The group is chaired by the area's lead local Health Manager. Where necessary, they will be responsible for ensuring the co-ordination of the implementation of the recommendations across catchment areas.

Chapter 17 – Investment in the future- Financing the mental health services

- The allocation of new resources in mental health services has been made on the basis of a population based allocation model adjusted for deprivation.
- Since 2006, additional funding of €51.2 million was allocated for mental health services. 94% of that will be in place by end of 2009.
- Estimates for the cost of providing the required infrastructure for mental health services range from €766 million to €946 million. A report from the Working Group, which was established to consider the modernisation of the mental health infrastructure, was submitted to the Primary, Community and Continuing Care Directorate in December 2008. The following proposals have been agreed by the Working Group
 - Accommodation for the Community Mental Health Teams (CMHTs) within a Community Mental Health Centre (CMHC) will be integrated within the planned Primary Care Centres. A number of these sites will also be able to provide for an integrated Day Hospital. Currently, there are plans to provide over 200 Primary Care Centres by end 2011 and a significant number of these could provide either accommodation for the CMHT and/or a Day Hospital. It is planned that 20 Primary Care Centres with an integrated Community Mental Health facility will be in place by the end of 2009. The provision of the new facilities will be phased and the initial provision of Community Mental Health Centres will be in tandem with the provision of Primary Care Centres.
 - In order to make the psychiatric hospitals available for sale, a strategy for the closure of these hospitals and the appropriate re-accommodation of the remaining service users has been developed. Many elderly mentally ill service users remain in the old psychiatric hospitals and adapted Community Nursing Units may facilitate the closure of these hospitals by providing appropriate accommodation for

this cohort of service user. These units will be funded from the monies lodged with the Exchequer from the sale of St Loman's and the initial tranche of funding from the sale of St Luke's, Clonmel.

Chapter 18 Manpower, Education and Training

- Funding is provided for training and continued professional development.
- Education and training is provided both internally and externally on a range of issues including the Mental Health Acts and specialist areas of concern e.g. Eating Disorders.
- Training is provided to staff involved in changing work practices and roles.

Chapter 19 Mental Health information and research

- The WISDOM information system, which is funded by the Health Research Board, will provide a comprehensive, detailed record of service provision within mental health services and assist in managing all aspects of the service user journey from receipt of referral to discharge. This information system has been developed in partnership with service users, carers and providers. The pilot of the system went live in Donegal on 19th January 2009 with full implementation in all services planned by the fourth quarter of 2009. The system will be evaluated and if appropriate rolled-out nationally.
- A working group comprising representatives from Department of Health and Children, Mental Health Commission, Health Research Board and the HSE has been established to agree a minimum dataset to meet the requirements of each of the four agencies.

Chapter 20 Transition and transformation: Making it Happen

- The planning and implementation of *A Vision for Change* is managed through a National Steering Group, chaired by the lead Assistant National Director and includes the Lead Local Health Managers together with the Project Manager for *A Vision for Change* and a Clinical Director and Consultant Psychiatrist.
- Each HSE administrative area established an area Steering Group to drive implementation at area local level and to support local mental health services to deliver changes. The group is chaired by the area's lead local Health Manager.

Appendix 2

Summary report from Government Departments

At the request of the Monitoring Group, the Department of Health and Children reported on implementation in other Government Departments as follows:

Progress by Government Departments and other Agencies

Department of Health and Children

- In January 2008, the Government established the Office for Disability and Mental Health to support the Minister for Equality, Disability and Mental Health, in exercising his responsibilities across four Government Departments: Health and Children, Education and Science, Enterprise, Trade and Employment and Justice, Equality and Law Reform. The Office provides for greater cohesion across the public service and brings together responsibility for a range of different policy areas and State services. The Office aims to bring about improvements in the manner in which services respond to the needs of people with disabilities and mental health issues, by working to develop person-centred services, focusing on the holistic needs of clients and service users and actively involving them in their own care. It brings a new impetus to the implementation of *A Vision for Change* working in partnership with the HSE and other stakeholders to achieve implementation of agreed targets.

Meetings are held on a quarterly basis between the Minister for Equality, Disability and Mental Health, the four Secretary Generals of the relevant Departments and the Director of the Office, to review progress in priority areas. In addition a senior management team comprising of the Director of the Office of Disability and Mental Health and Principal Officers from other departments meet on a monthly basis. The Director of the Office is also a member of the Senior Officials Group on Social Inclusion, which monitors progress on the Government's commitments in relation to social policy.

Bilateral meetings with officials from other Government departments to discuss progressing recommendations in *A Vision for Change and Reach Out* have taken place. The Office plans an interdepartmental forum in 2009 (Recommendation 5.3).

- The Minister for Equality, Disability and Mental Health marked the 3rd Anniversary of the launch of *A Vision for Change*. It provided an opportunity to report on progress on implementation, showcase innovations in service delivery and identify key priorities for the further development of mental health services.
- Overall spending on mental health services is approximately €1 billion which is 6.7% of the Health Service Executive's expenditure. Implementing *A Vision for Change* is essentially about the reallocation and remodelling of these resources. The estimated additional cost of the implementation of *A Vision for Change* is €150m over 7 – 10 years. Development funding totalling €1.2m was allocated to the HSE in 2006 and 2007, some of which was

diverted because of core budgetary pressures. The HSE advised that 94% of the €51.2m will be in place before the end of 2009. Funding of €3million is being provided in 2009 for 35 additional therapy posts for child and adolescent mental health services (Recommendations 17.1, 17.4 and 17.9).

- An intergovernmental / agency Health Research Group, chaired by the Department of Health and Children, was established in May 2007 to advise on the formulation and implementation of a comprehensive health research strategy which will include identification of strategic research priorities and priority research needs in population health and health services research. It received regular reports on developments in research from other departments/agencies who participate on the Group. A Subgroup to progress the formulation of a Health Research Action Plan has been established.

The Department of Health and Children provides funding to the Mental Health Research Unit (MHRU) to carry out research and information activities in the mental health area, as part of the HRB's overall allocation. The Unit manages and reports on national information systems in the mental health area e.g. the National Psychiatric In-Patient Reporting System (NPIRS). It provides quarterly Performance Indicator reports on activities in the services and regular Census of Psychiatric Inpatients and Community Residences reports.

Support has been provided to the Health Research Board to develop WISDOM - a system to capture information on inpatient and community care service activity. Implementation of WISDOM began in January 2009 as a proof of concept Donegal. The system will be evaluated and if appropriate rolled-out nationally. The HRB Mental Health Research Programme 2007-2011, developed with stakeholder input, provides for a range of research which will inform policy and planning. The research programme covers 3 main areas – mental health services research, mental health epidemiology, psychosocial and environmental aspects of mental health and illness. Research published in 2008 included 19 papers and reports and 13 articles submitted to peer-reviewed journals. These papers and reports provide valuable information for health services policy and planning.

Research outputs which inform policy and planning include:

- *'Happy Living Here'* - Community Residence Study which provided insights into service use, service users, staffing and service planning;
- Analysis of NPIRS data provided revealing information regarding characteristics of new long stay patients, measures to reduce the 'revolving door' phenomenon, characteristics of those with few and many readmissions and relevance of community treatment orders to Ireland etc;
- *Psycho-social studies* – provides findings re perceptions and needs of carers of those with enduring mental illness; service users' views of recovery – implications for service development and delivery; use and potential of the internet for mental health information by mental health status of users; use of psychotropic medication and characteristics of users and research into suicide.

The HRB *National Psychological Wellbeing and Distress Survey* is one of the key activities of the HRB Mental Health Research Unit. This information is invaluable in relation to quality of life issues, the prevalence of mental health problems and distress and the use of associated services including GP and mental health services. This study also provides information that can be used to estimate the economic cost of mental health problems in society.

In addition, research is an integral part of the work of the Health Service Executive and the Mental Health Commission. A study entitled '*Economics of Mental Health Care in Ireland*', conducted by University College Galway and funded by the Mental Health Commission was published on 18th September 2008, provides economic analysis and reflection on mental health care provision in Ireland, with particular emphasis on three themes: cost of illness; economic evaluation; and willingness to pay. The Report endorses the recommendations in *A Vision for Change* (Recommendations 19.9, 19.10 and 19.11).

- The HRB Mental Health Research Programme (MHRU) was developed with stakeholder input which included input from a number of user groups. The research carried out by the MHRU is informed by user group input in different ways depending on the nature of the study. A study on *Recovery from Enduring mental health problems*, was designed and informed with input from mental health user groups and service users. The aim of this study is to investigate what recovery means to those experiencing mental health problems and the processes involved in recovery. The study will make recommendations for the development of 'recovery-based' services as indicated in *A Vision for Change* (Recommendation 19.12).

Department of Education and Science

- The Adult Education Guidance Initiative, which has offices around the country, is not yet available nationwide, provides advice and guidance to potential learners and existing learners in adult and community education, in Vocational Training Opportunities Scheme and in the Back to Education Initiative (Recommendation 3.4).
- Full and part-time programmes are available ranging from adult literacy and community education programmes, second chance education for early school-leavers and adults with low skills to advance education vocational training. These courses have a strong focus on personal development and empowerment (Recommendation 3.4).
- The Education for Persons with Special Educational Needs Act 2004 provides a framework within which education services are provided to children with special educational needs, including those arising from mental health difficulties (Recommendation 4.1).
- Legislation under the Equality Act 2004, Equal Status Act 2000 and Disability Act 2005 protects students against discrimination and places important obligations on higher education providers in accommodating the needs of students with mental health difficulties (Recommendation 4.1).

- In July 2008, the National Access Office, a unit of the Higher Education Authority (HEA), published the *National Plan for Equity of Access to Higher Education 2008-2013*. The plan provides an evaluation of progress, identifies challenges, outlines policy objectives and sets challenging but realistic targets for the participation of under-represented student groups, including students with disabilities. The National Access Office monitors and reports on progress in the implementation of the Action Plan and the reaching of national and institutional targets on equity of access to higher education (Recommendation 4.1).
- Further supports for disability services are provided through the Strategic Innovation Fund (SIF). This includes €900,000 for a three year funded project for a Regional Assessment Centre in Athlone Institute of Technology. Athlone IT, in conjunction with National University of Ireland, Galway, Letterkenny Institute of Technology, Sligo IT and Galway Mayo IT, are developing a regionally based service so that all students entering further and higher education have timely access to needs assessment services. The project has established an assessment centre in the region to enable access and progression of students with disabilities. Funding was also allocated under SIF for a project in Trinity College Dublin which aims to improve online access to mental health services for its student population (Recommendation 4.1).
- In December 2008 a new Assistive Technology (AT) Centre opened in University College Cork to provide opportunities to students with disabilities to enhance their learning experience within an integrated environment. The National Access Office will continue to encourage similar initiatives led by higher education institutions, which support further increases in the participation of students with disabilities in higher education (Recommendation 4.1).
- Supports for students with mental health difficulties are supplemented through the ESF –aided Fund for Students with Disabilities. In the 2007–2008 academic year, some €13.5 million was approved for over 3,000 students with disabilities. With regard to students with a mental health difficulty, 79 students were approved funding under the Fund for Students with Disabilities in 2007-8 (44 overall in 2006-7) on the basis of individual applications, while 90 were granted funding on the basis of shared group applications in 2007-8 (57 overall in 2006-7). The types of mental health difficulties that have been supported under the Fund include Anxiety Disorder, Depression, Bi Polar Affective Disorder and Schizophrenia (Recommendation 4.1).
- Core elements in an institutional disability service include individual needs assessment for all registered students, student mentoring, academic accommodations, lecture notes, assistive technology services, learning support service and access to library materials. The objective of these supports is to empower this group of students to become independent learners by tailoring supports to enhance their academic, personal and social development to achieve their academic potential and ultimately make a successful transition to employment (Recommendation 4.1).
- Learning support services provided to students with mental health difficulties include one-to-one specialist tuition and subject specific tuition. One-to-one

specialist tuition provides students with organisation, communication and learning skills to cope with the demands of social, personal and academic integration into higher education. Additional subject specific tuition may be provided to compensate for lectures missed due to absences, hospital appointments, effects of medication etc (Recommendation 4.1).

- The Department extended, on a phased basis, the Junior Certificate School Programme (JCSP), an intervention within the Junior Certificate specifically aimed at students who are potentially early school leavers, to schools which are participating in Delivering Equality of Opportunity in Schools (DEIS). DEIS Action Plan for Educational Inclusion provides for extended access to the JCSP for second level schools with the highest concentrations of disadvantage. The first phase commenced in September 2007 with the Programme offered to an additional 28 schools. It is intended that all DEIS schools will be approved by 2010 (Recommendation 4.3).
- The Department provides grant-in-aid funding to the Youth Work Sector which actively works with young people outside, yet alongside, the formal education sector. The programmes operated by the voluntary youth work organisations vary widely. Qualities and skills such as leadership, co-operation, decision-making, motivation and self responsibility are acquired by young people through voluntary participation in this non-formal learning process. In addition, Youth Work often acts as the point of contact and referral in the interface with other youth-related services spanning the realms of care, health and welfare (Recommendation 4.9).
- In 2007/2008, 17 people were trained in the Specialist Certificate in Youth Health Promotion (National University of Ireland, Galway). Arising from this training, a further 6 organisations have implemented the Health Quality Mark (HQ Mark) with more to come on stream in 2009. The HQ Mark is an innovative award devised by the National Youth Health Programme (NYHP) which acknowledges the efforts of youth organisations who have achieved a high standard of quality in promoting health among their young people, staff and volunteers. The participants who have completed the Specialist Certificate join a network of health promoters who meet twice a year for additional input. In 2008, the network received training on critical incident management and promoting mental health with young people. 20 health promoters from youth organisations attended both events (Recommendation 4.9).
- Following on from the launch of the *Lets Beat Bullying* resource in 2007, organisations have continued to participate in the accompanying training programme and the resource has been downloaded extensively. In 2008, a further 80 youth workers and volunteers participated in this training (Recommendation 4.9).
- The '*Good Habits of Mind*' resource which was launched in 2004 was also availed of by the youth sector. This resource provides guidance to youth workers in addressing the issue of mental health from a whole organisation perspective and focuses in particular on mental health promotion as well as when and how to make referrals for young people who require specialist assistance. The training which accompanies this resource was availed of by 40 workers and volunteers in 2008. This training also incorporates the use of

the *‘Working Things Out’* resource which is a mental health resource written by young people for young people (Recommendation 4.9).

- The National Youth Health Programme (NYHP) is involved in the delivery of the ASIST (Applied Suicide Intervention Skills Training) programme. In 2008, 82 participants took part in the training at 3 locations throughout the country. Additionally, two training programmes delivered by the NYHP - *‘Enhancing Adolescence’* and *‘Let’s Leave it till Later – Delay’* - also contain elements which positively impact on mental health status. *‘Enhancing Adolescence’* explores the relationship between self esteem and health and explores how workers can help young people to address issues of self esteem while also examining the areas of risk and resilience. The *‘Delay’* programme is designed to the course will be very skills based and focus on the interaction between workers and young people in relation to sexual health and to the issue of delaying sexual activity of young people. Again there is a strong component of self esteem work and mental health promotion in this programme (Recommendation 4.9).
- The Child Protection Unit (based in the National Youth Council of Ireland) launched the Child Protection Awareness Programme (CPAP) in 2007. This programme is designed to assist youth organisations in addressing their responsibilities in relation to child protection and as such provides guidance on defining and recognising child abuse, the importance of screening adults who work with children and young people, reporting procedures and codes of behaviour. In 2008, 73 youth workers completed the training for trainers in relation to the CPAP. They in turn trained hundreds of workers and volunteers in their own youth organisations (Recommendation 4.9).
- All second-level schools provide guidance and counselling services to students at critical stages in their education or at times of personal crisis (Recommendation 10.4).
- The National Educational Psychological Service (NEPS) provides a range of services, both direct and indirect, which support the personal, social and educational development of children in primary and second-level schools through the application of psychological theory and practice in education and having particular regard for those with special education needs. All primary and post primary schools have access to psychological assessments either directly through the NNEPS or through the Scheme for Commissioning Psychological Assessments (SCPA). In addition NEPS provides assistance, upon request, to all schools and school communities that experience critical incidents (Recommendation 10.4).
- Social Personal and Health Education (SPHE) is part of the curriculum for all pupils in primary schools. It provides specific opportunities to enable the child to understand himself or herself, to develop healthy relationships, and to establish and maintain healthy patterns of behaviour (Recommendation 10.5).
- A programme in SPHE for senior cycle is being developed by the National Council for Curriculum and Assessment, which will cover such areas as mental health, gender studies, substance use, relationships and sexuality education, and physical activity and nutrition (Recommendation 10.5).

- For those who leave school early, the Department offers a second chance programme of integrated general education, vocational training and work experience through Youthreach and Senior Traveller Training Centres, while FÁS offers a similar programme through a network of Community Training Centres. These services all offer guidance, counselling and psychological services to students. A FÁS advocacy service is available to trainees in both Youthreach and in the Community Training Centres (Recommendation 10.6).
- The Special Education Needs Initiative project currently being piloted in the Youthreach programme (in 20 centres) to determine the merits of a general allocation/team based model to address the special educational needs of students in Youthreach is continuing. Some of their special needs may be of a mental health nature. An evaluation has been carried out on this project and this evaluation is currently being examined to determine best practice before a decision on extending the project is taken (Recommendation 10.6).
- Higher Education Institutions provide health services as part of their student support services and developed policies to create and maintain an environment which is conducive to the health and well-being of students and staff (Recommendation 11.2).
- One outcome from the National Working Group on Alcohol in Higher Education and earlier studies has been the development and implementation of campus alcohol policies for universities and other third-level educational institutions. A working group report - *The Framework for Developing a College Alcohol Policy* - outlined a number of options for college authorities when drafting and implementing the alcohol policies and health promotion measures. The main focus areas of these alcohol policies include actions with regard to sponsorship and advertising, limiting harm in the drinking environment, education and awareness, campus support services, and encouraging alcohol-free alternatives and choices. Each institution is free to adopt the guidelines to reflect the needs and aspirations of their own campus environment. All Universities have an alcohol policy in place, and all but two of the Institutes of Technology have policies in place (the final two Institutes have policies in development (Recommendation 11.2).
- All of the Institutes of Technology provide medical staff on campus (nurses and doctors) who frequently hold events promoting healthy lifestyles and make literature available to all students on exercise, diet, alcohol, safe sex etc. Institutes provide financial and other support to clubs and societies and encourage all students to take part in exercise and sports. This is promoted through the sports officers appointed in each Institute (Recommendation 11.2).
- In the University sector a number of College Health Services have part-time Health promotion officers who run health promotion weeks and develop educational material, both paper and online, focusing on mental health, sexual health, nutrition, exercise and on issues relating to alcohol and drugs and run workshops. A typical health promotion week would involve sport, peer supporters, catering etc. Many University counselling services also run workshops focused on mental health issues such as stress management, resilience and coping skills. Some but not all counselling services have addiction counsellors (Recommendation 11.2).

- Trinity College Dublin has an online mental health portal which provides educational information on mental health and online counselling. A major collaborative project has been developed (and submitted for funding under SIF II) to develop it further and roll it out in other third level colleges - Universities and Institutes of Technology (Recommendation 11.2)
- University College Cork is preparing to launch CALM, also known as the Relief Series, an online self-help programme designed to help people who suffer from mild depression and anxiety as well as promoting a healthy lifestyle (Recommendation 11.2).
- The Student Health Services in TCD, UCC and NUIG and the HSE have jointly initiated a feasibility study on the development of a coordinated strategy to form a National Health Promotion campaign for students focusing on Mental health, Sexual health, Nutrition, Exercise and on issues re Alcohol and Drugs aimed at third level students in Ireland. The HSE have funded a part-time Health promotion coordinator for this feasibility study (Recommendation 11.2).

Department of Enterprise, Trade and Employment

- The Department indicated that FÁS does not collect medical information on disabled people. The question of disability is asked under Equal Opportunities. Disabled people are identified by self-declaration or by social welfare payment. Many customers who have mental health difficulties do not see themselves as having a disability and will therefore not make a disclosure. In 2005, the FÁS National Advisory Committee on Disability (NACD) found that medical information would have a negligible impact on FÁS Services in view of the fact that the same disability could be experienced differently from one person to the next. The important question is what types of supports are required and this would vary from person to person. This approach is consistent with the social model used by FÁS as opposed to the out-of-date medical model that had previously operated.
- Access to employment for people with disabilities, including those with mental health problems, are dealt with in the Department's Sectoral Plan under the Disability Act 2005. This plan outlines the Department's key initiatives in promoting equality of opportunities for disabled people in the open labour market, as further elaborated in an outline for the implementation of a Comprehensive Employment Strategy for People with Disabilities. Progress on the labour market measures contained in the Sectoral Plan is monitored by the Department in conjunction with the Consultative Forum on an Employment Strategy for People with Disabilities and the National Disability Stakeholders Group. (Recommendation 4.1).
- FETAC Certification is a requirement for all FÁS training programmes. FÁS research and planning carry out periodic surveys on its clients, including those with disabilities (Recommendation 4.6).
- The Memorandum of Understanding, in place between FÁS and the Department of Social and Family Affairs is currently being updated to reflect the current labour market environment and commitments under Towards 2016

relating to activation measures. In addition, a protocol is in place between the HSE and FÁS (Recommendation 12.7).

- A Protocol relating to mutual referrals of applicants with disabilities between FÁS and the HSE is in place under the aegis of the National Co-ordination Committee, which is chaired by the Department of Health and Children. Proposals on the structure and modalities of a pilot FÁS / HSE Bridging Programme to facilitate progression between rehabilitative training and vocational training services continue to be actively discussed between FÁS and the HSE with a view to early implementation (Recommendations 12.7 and 12.8).
- The FÁS Strategy for Vocational Training provision for people with disabilities addresses the issue of facilitating the service user in re-establishing meaningful employment and training and makes recommendations along with time lines for intervention. In November 2008, FÁS commenced a joint bridging initiative with St. Joseph's Foundation in Charleville, County Cork, to examine if people with disabilities can make the transition from rehabilitative training to vocational training with a view to entering the open labour market (Recommendation 12.8).
- 'A Framework for the Training and Employment of People with Disabilities' compiled by an Ad Hoc Mental Health Forum in 2007 provides a comprehensive overview of existing services, with recommendations to FÁS for improvement. Many of these recommendations regarding FÁS training are currently in the process of being implemented under the FÁS Vocational Training Strategy for Disabled People (Recommendation 12.8).

Department of Justice, Equality and Law Reform (Garda Commissioner)

- The Department is considering amendments to the Criminal Law (Insanity) Act 2006 in relation to court diversion services (Recommendation 15.1.2).
- The Social and Psychological Studies Section in the Garda College provides training to Student/Probationer Gardaí in relation to mental health awareness and the Mental Health Act 2001. Social and Psychological Studies staff liaise regularly with the Mental Health Commission in relation to training and new developments. All the training takes place on Phase III of the student Garda training programme and includes:
 - Guest speakers from Shine (formerly Schizophrenia Ireland) in relation to self experience and communication techniques.
 - Lectures on mental health awareness, depression, suicide and schizophrenia and Section 12 and 13 of Mental Health Act 2001.
 - Training through developmental role play scenarios which depict practical incidents that they may encounter relating to mental illness in the Community.

Under Legal, Contextual Policing and Garda Practices and Procedure Studies, student Gardaí receive tuition in relation to their duties under the Mental Health Act 2001 and their responsibilities under the Treatment of Persons in

Custody in Garda Stations Regulations 1987, where Regulation 22 deals solely with mentally handicapped persons (Recommendation 15.1.8).

- A module on Mental Health is included in both the Garda Negotiator and On Scene Command Courses which are presented by Dr. Harry Kennedy and his colleagues from the Central Mental Hospital, Dundrum. Anything that is further required can be included on these courses and previous participants can be updated by way of distance learning techniques (Recommendation 15.1.9).

Department of Social and Family Affairs

- In 2004 the Citizens Information Board (CIB) began the process of engaging the community and voluntary sector in the provision of advocacy services to people with disabilities. A total of 46 projects are currently funded to deliver representative advocacy services. It is planned to undertake a full evaluation of the Community and Voluntary Sector Advocacy programme in 2010.

The Citizens Information Board also provides advocacy through the Citizens Information Services focusing on access to services, welfare entitlements and employment rights. The Community and Voluntary Sector Advocacy programme is creating close links with the Citizens Information Services to ensure that people with disabilities are encouraged and supported to use the mainstream services where possible. The advocacy capacity within the Citizens Information Services is being strengthened through the provision of Advocacy Resource Officers who work to build the capacity of information providers to advocate on behalf of clients. There are nine Advocacy Resource Officers in operation across the Citizens Information Services network.

Funding of €1.8 million was provided in 2008, bringing the total funding for all advocacy services to €6.1 million for the period 2005 to 2008 (Recommendation 3.1).

- Once off funding of €15,000 had been provided by the Department to Mental Health Ireland in December 2007 to develop information leaflets on social welfare entitlements. An Information Leaflet on *Social Welfare Benefits and Entitlements for Persons with a Mental Illness* was published by Mental Health Ireland and launched by the Minister for Social and Family Affairs on 1 December 2008.

Department of Environment, Heritage and Local Government

- The Housing Policy – ‘*Delivering Homes, Sustaining Communities*’ - was published in 2007. This Policy outlines an overarching vision to guide the development of the housing sector in Ireland over the next 10 years. In the area of special needs, including the area of mental health, the framework provides for actions to address the wide range of housing needs including through
 - the reflection of specific strategies in Housing Strategies and Housing Action Plans for different special needs categories, developed with inter-agency cooperation;

- the development of protocols for inter agency cooperation with regard to all special housing needs; and
 - the development of a national housing strategy for people with a disability, which will give a broad framework to inform the development of the relevant components of housing action plans (Recommendation 4.1 and 15.2.4).
- A new means of assessment of housing need is being developed to provide an improved basis for policy development and service delivery to ensure that all people can live with maximum independence within their community. An important new component will be the incorporation of the life cycle approach into the assessment of need, reflecting the fact that different households may experience a need for different types of housing supports at various stages of the life cycle. The new needs assessment and allocation policy has been included in the Housing (Miscellaneous Provisions) Bill 2008 which was published in July 2008. It is envisaged that the Bill will be enacted during 2009 (Recommendation 4.1).
- The Department commenced work in October 2007 on the development of a national housing strategy for people with a disability which will inform the development of Housing Actions Plans. The strategy, which will support the provision of tailored housing and housing supports to people with disabilities, will have particular regard to people who experience mental health issues. The strategy, which is expected to be developed by 2009, is being progressed by a National Advisory Group under the aegis of the Housing Forum headed by the Department of the Environment, Heritage and Local Government and involving the Department of Health and Children, the Health Services Executive, social partners and other relevant stakeholders, including the National Disability Authority. A sub-group of the National Advisory Group has been established to examine the specific needs of people suffering mental ill health and to develop protocols to manage and coordinate the housing and associated support needs of these individuals. As part of this approach, protocols are being developed to deal with cooperation between the Housing Authorities and the HSE and to provide a strategic framework for inter agency cooperation at local level where there is a care and accommodation aspect to meeting needs (Recommendation 4.7).
- A Sustainable Communities Fund was established in 2007 to provide revenue funding to local authorities on a project-by-project basis, for a defined period of up to three years, subject to conditions, to support the achievement of sustainable communities, through initiatives that provide for housing renewal and improvement of the housing stock and living environments, in the context of the housing policy framework – *Delivering Homes, Sustaining Communities*. Allocations totalling over €4 million were made to City and County Councils in 2008 for multi-annual projects encompassing areas such as Equality, Diversity and Special Needs Initiatives, as well as initiatives in the areas of supported housing, tenancy sustainment and case management projects for people who face multiple challenges. Allocations were conditional on local authorities providing a financial input - when local authority funding is taken into account, it is anticipated that the total spend on

these projects over three years will rise to some €14.4 million (Recommendation 4.9).

- *The Way Home: A Strategy to Address Adult Homelessness 2008 – 2013*, the new national strategy on homelessness was launched in 2008. It recognises the importance of accurate data in developing a targeted response to homelessness. It has committed to the development and implementation of a single integrated national data information system on the use of homeless services. The Homeless Agency has carried out review of Dublin LINK database system and will devise and implement a new client based data system in Dublin initially, which will be rolled out nationally following an initial pilot in Dublin. A sub-group of the National Homeless Consultative Committee continues to play an important role in addressing the issue of data collection, including input into the development of the proposed data system (Recommendations 15.2.1 and 15.2.2).
- The Department is participating in the EU MPHASIS project (Mutual Progress on Homelessness through Advancing and Strengthening Information Systems). This study aims to enable organisations on an EU level to share knowledge and good practice on data collection regarding measurement of homelessness. The Department hosted a national meeting in November 2008, which brought together both statutory and voluntary agencies to discuss important issues relating to data collection on homelessness (Recommendations 15.2.1 and 15.2.2).
- In addition to the development of a database on people using homeless services, regular counts of homeless people are also undertaken. Under the Housing Act 1988, local authorities are responsible for making periodic assessments of the number and type of homeless households in their administrative area. Triennial assessments of homelessness have been carried out by local authorities since 1991 as part of the general housing needs assessment. Section 20 of the new Housing (Miscellaneous Provisions) Bill 2008 provides the basis for a new general system of assessment of housing need and provides regulatory powers to set eligibility criteria, classify need and determine the form of this assessment. Instead of the traditional needs assessment which was undertaken by housing authorities on a three yearly basis, section 21 of the Bill gives the Minister for the Environment, Heritage and Local Government the power to request that an assessment summary be prepared as necessary in order to provide the most up to date and accurate picture of housing need upon which to base strategic and financial decisions (Recommendations 15.2.1 and 15.2.2).
- The Homeless Agency, involving the four Dublin local authorities, has refined a survey method (published as “*Counted In*” 1999, 2002 and 2005) that provides a robust, point-in-time assessment of those using homeless services. This is used to monitor the extent of homelessness and to identify the needs of people who are currently using homeless services. In 2008, the *Counted In* survey method was used for the first time in Cork, Galway and Limerick (Recommendations 15.2.1 and 15.2.2).
- The Homeless Agency’s action plan, *A Key to the Door – the Homeless Agency Partnership Action Plan on Homelessness in Dublin 2007 – 2010*, describes its vision as the elimination of long-term homelessness and the need

for anyone to sleep rough by 2010. This vision is reflected in the Government's national strategy on homelessness *The Way Home: a Strategy to Address Adult Homelessness 2008 – 2013* which was launched in August 2008. This strategy sets out a vision, underpinned by a detailed programme of action, with 3 core objectives

- eliminating long-term occupation of emergency homeless facilities;
- eliminating the need to sleep rough; and
- preventing the occurrence of homelessness as far as possible.

A detailed Implementation Plan is currently being prepared which will set out more specific timelines and assign lead roles for the various national actions. The local actions will generally be a matter for local homeless action plans and relevant bodies at local level. The strategy committed to putting local homeless action plans on a statutory basis and provision for this is currently being prepared in the development of the Housing Miscellaneous Provisions Bill, 2008 (Recommendation 15.2.3).

- *The Way Home: A Strategy to Address Adult Homelessness 2008 – 2013* identifies people with mental health difficulties as a particular target group in the prevention of homelessness. This will continue to be a focus for interagency work by the Department and the HSE who will take the lead role in this area. *The Way Home* identifies a continuum of housing options to provide long term accommodation for formerly homeless people. These range from mainstream housing with various levels of support to residential accommodation for people who are unable to live independently. Mainstream housing options include voluntary and social housing, private rented housing, the rental accommodation scheme, the proposed new leasing and support scheme and accommodation in the family home (Recommendation 15.2.4).

Department of Community, Rural and Gaeltacht Affairs

The Department has responsibility for a wide range of policies and programmes in respect of community and rural development. While its programmes do not generally deal with the issue of mental health, its local and community development programmes, targeting the disadvantaged, include support for personal development which can have a positive impact on mental health, as follows : -

- The Local Development Social Inclusion Programme is designed to counter disadvantage and to promote equality and social and economic inclusion. The Programme supported sixty nine Local Development Partnerships in 2008 with a budget of €57.44m.
- The Community Development Programme supports locally based groups involved in anti-poverty and social inclusion initiatives in their communities. Financial assistance is provided to projects towards the staffing and equipping of local resource centres which provide a focal point for community development activities in the area and to other specialised projects and initiatives. The activities of the project are determined by the needs of their community. The Programme supported some 190 projects/groups & organisations in 2008 at a cost of €23.844m

- The RAPID Programme targets the forty-six most disadvantaged urban areas and provincial towns in the country. Through the RAPID Leverage grant scheme some ninety-three individual grants were processed in 2008 across different schemes – Housing Estate Enhancement, Traffic Measures, Playgrounds, Sports Capital Top Up, CCTV, Health Projects and Small Scale Schools Capital Projects – totalling some €8.1m.
- The Dormant Accounts Fund supports programmes or projects targeting economic and social disadvantage, educational disadvantage and persons with a disability. Disbursements from the Fund prioritise those areas designated as most disadvantaged – RAPID, Drugs Task Force areas and CLÁR areas. During 2008, the Government approved €30million for measures focusing on Substance Misuse, Traveller Initiatives, Recreation for Disadvantaged Young People, Homelessness, Suicide Prevention, Pre-School Education Initiatives, ICT Scheme to Support Disadvantaged Schools Achieve ‘Digital Status’, Provision of Wider Community Use of School Premises in Limerick City, Library Enhancement Projects in Disadvantaged Schools, Small Scale Building and Building Enhancement Grants for Residential Care Units, Capital Enhancement Grants for Respite Services, Grants for the Provision of Transport for People with Disabilities, Funding for Sporting Events for People with Profound Disabilities and Funding for Innovative Ways of Enabling People with Severe Disabilities to live Independent Lives.
- The CLÁR programme provides funding, which, although not directly dealing with the issue of mental health, has an impact on local infrastructure and the provision of local facilities. CLÁR is a targeted investment programme for rural areas that suffered more than a 35% drop in population between 1926 and 2002. The programme covers parts of 22 counties and all of Co. Leitrim and benefits a population of nearly 727,000. CLÁR schemes cover a wide variety of developments such as village, housing and schools enhancement, electricity conversion, roads, water supply, sewerage disposal, health, coastal, sports and community projects.

Under this programme, CLÁR provides funding to the HSE on a maximum CLÁR €1:HSE €2 basis to support health projects recommended by the HSE. Projects are selected / evaluated by the HSE and must be of a capital investment nature. The type of projects funded include the refurbishment and improvement of health centres and facilities, including ambulance services, the provision of people carriers and upgrades to day centres etc. A total budget of almost €9 million has been provided for 2008/2009 of which the HSE is providing almost €6m and CLAR almost €3m.