



A Vision for **Change**
Monitoring Group

Independent Monitoring Group

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

**Fifth Annual Report on
implementation
2010**

June 2011

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Glossary of Abbreviations

ASIST	Applied Suicide Intervention Skills Training
AVFC	<i>A Vision for Change</i>
CAMHS	Child and Adolescent Mental Health Services
CAWT	Co-operation and Working Together
CEO	Chief Executive Officer
CMH	Central Mental Hospital
CMHTs	Community Mental Health Teams
CNUs	Community Nursing Units
DCU	Dublin City University
ECDs	Executive Clinical Directors
GP	General Practitioner
HRB	Health Research Board
HSE	Health Service Executive
ICGP	Irish College General Practitioners
ICT	Information Communications Technology
IMG	Independent Monitoring Group
MHC	Mental Health Commission
NGO	Non-Governmental Organisation
NMHSC	National Mental Health Service Collaborative
NSUE	National Service Users Executive
PCCs	Primary Care Centres
PCTs	Primary Care Teams
RDOs	Regional Directors of Operations
SPHE	Social, Personal and Health Education
SW	Social Worker
WTE	Whole Time Equivalent

Executive Summary

The Independent Monitoring Group (IMG) acknowledges and is pleased to report some progress in the implementation of *A Vision for Change* (AVFC) in 2010. In respect of capital development, the IMG welcomes the opening of the new adult and child and adolescent mental health care in Dublin, Cork and Galway. The IMG also welcomes the closure or imminent closure of outdated services in Wexford, Dublin, Tipperary, Galway, Donegal and partial closure of services in Kerry, Carlow and Kilkenny. The IMG acknowledges that the impetus for some of the above closures resulted from conditions on registration set by the Mental Health Commission.

In respect of financing for 2010, the IMG welcomes the special derogation given to mental health announced in December 2010 for Budget 2011 of a 1.8% reduction for mental health care services, a lower reduction compared to other health sectors, and its implementation by the HSE. The Group also acknowledges the derogation from the moratorium on recruitment in the public service of 100 psychiatric nursing posts in 2010. The IMG recommends that similar actions be repeated in 2011 and beyond. In respect of youth mental health the IMG welcomes the continued development of the Jigsaw model for youth mental health.

The IMG welcomes the appointment of the National Clinical Lead for Mental Health. The IMG proposes that this post should be a full time post to reflect the importance of the development of effective pathways and protocols in mental health care services.

The Government imposed moratorium on recruitment of posts vacated and new recruitment in the public service continues to be a major factor in the slowness of implementation of AVFC. It is well reported, and has been acknowledged previously, that the mental health care services appear to be taking a disproportionate amount of losses in posts particularly in the area of nursing services *vis a vis* other health care services.

Partly as a consequence of the moratorium there has been little progress made in the establishment of fully staffed Community Mental Health Teams in Adult or Specialist mental health care services. This lack of development undermines significantly the full implementation of the model of service described in AVFC.

Additionally, the anticipated development revenue of approx €21m per annum as per AVFC has not been allocated since 2007 therefore contributing to the delay in the full implementation of AVFC.

While the IMG welcomes the development of the capital development scheme, whereby €50m per annum is to be made available from the sale of old psychiatric hospitals and lands, the IMG is disappointed that the changed economic environment has meant that it has been difficult to realise the full potential of this scheme.

The IMG is particularly disappointed with the absence of progress in developing specialist mental health care services, with the exception of child and adolescent services during 2010. Year on year, the IMG Reports have

criticised the lack of progress in the specialist services such as forensic mental health care services, rehabilitation and recovery, eating disorder services, psychiatric services for older people, services for co-morbid severe mental illness and substance abuse problems and, in particular, intellectual disability services. There is now a critical and urgent need for Government to turn its attention to these specialist services used by some of the most vulnerable people in society.

The IMG welcomes the post of Assistant National Director for Mental Health but repeats its assertion that there is an urgent need to put in place a full Directorate of mental health care services with the Director reporting directly to the CEO. The Directorate must have authority in the reconfiguration of existing services and the development of new mental health care services in line with AVFC. Additionally, it is imperative that the Directorate has control of existing and new mental health care resources and in the way that these resources are applied to ensure that the objectives of AVFC are achieved. The absence of such a Directorate means that there can be no clearly defined corporate leadership within the HSE to drive the full implementation of AVFC. The precedent for establishing such a Directorate is clearly set in the post of Director of Children's services established by the HSE in 2010.

The IMG is also aware of the Special Delivery Unit established by the Department of Health to enable a faster resolution of long term issues in the Irish health services. The IMG strongly recommends that a Mental Health component be established within this unit to give Department oversight of the full implementation of AVFC.

The ethos on recovery is one of the fundamental principles for AVFC. Previous IMG reports have noted the absence of recovery principles and competencies in the mental health care services. This year the IMG took the view that this matter warrants special attention. In Chapter 6, the IMG describes the discussion that has taken place between the IMG and various stakeholders on the issue of recovery. It is clear from the IMG deliberations that there is little evidence that the recovery ethos and the principles and practices of recovery are ingrained in mental health care services in Ireland. If Irish mental health care services are to move towards a full realisation of AVFC then it is essential that recovery competencies and practices are the norm rather than the exception. This report details a specific set of recommendations on the topic of the recovery ethos.

Aspects of AVFC implementation are the responsibility of a number of Government Departments. The IMG notes that progress in 2010 in all Departments has been limited to a greater or lesser extent and the IMG reiterates the need for comprehensive joined up thinking and action by all Government Departments concerned with the realisation of AVFC.

Overall, it is the view of the IMG that slow progress was made during 2010. The challenge of implementing AVFC by the HSE, Independent bodies and Government Departments has been hindered by the lack of resources available to mental health, the imposition of the public service moratorium and a lack of dedicated corporate leadership.

It is the view of the IMG that AVFC will only be fully implemented when there is additional resource allocation, a redistribution of existing resources, significant change in how services are delivered and most importantly a cultural shift of attitude and practice by service providers and mental health professionals. These changes can only be brought about by strong leadership by Government, service providers and professional organisations. The provision of legislation to support the full implementation of AVFC should be considered.

Chapter 1

The work of the Independent Monitoring Group

1.1 Background

In January 2006, the Government adopted the Report of the Expert Group on Mental Health Policy AVFC 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 AVFC, established the First Independent Monitoring Group for a three year period to monitor progress on the implementation of the report recommendations.

The term of the First Independent Monitoring Group ceased in April 2009 and in June the Minister for Equality, Disability and Mental Health, Mr John Moloney, T.D. appointed the Second Independent Monitoring Group. The members appointed:

Mr John Saunders, Director, Shine (Chair)

Dr Tony Bates, Founder Director, Headstrong (resigned from the Group in October 2010)

Ms Siobhan Barron, Director, National Disability Authority

Mr Brendan Byrne, former Director of Nursing, Carlow

Dr Pat Devitt, Inspector of Mental Health Services

Mr Paul Gilligan, Chief Executive, St Patrick's University Hospital

Ms Dora Hennessy, Principal, Department of Health and Children (was replaced by Ms Sandra Walsh, Assistant Principal in April 2011).

Dr John Hillery, Consultant Psychiatrist, Stewarts Hospital Services, St John of God Kildare Services & Tallaght Mental Health Services

Dr Terry Lynch, GP and Psychotherapist

Mr Tim O'Malley, Pharmacist

Mr John Redican, National Executive Officer, National Service Users Executive

Dr Margaret Webb, General Manager, Eastern Vocational Enterprises Ltd.

1.2 The Group's Terms of Reference are:

- To monitor and assess progress on the implementation of all the recommendations in AVFC;
- 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 Summary of the Work of the First Independent Monitoring Group (IMG)

The first meeting of the IMG was held on 25th April 2006. It met on twenty eight occasions over its three-year term. The Group submitted three annual reports and one progress report to the Minister of State with responsibility for mental health. The Group met with the Ministers of State, the Director of the Office for Disability and Mental Health, the Chief Executive, the National Director for Primary, Community and Continuing Care, Assistant National Directors and the Director of Estates in the HSE, the Mental Health Commission, the Irish Mental Health Coalition and the Board for Mental Health and Learning Disability Northern Ireland.

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

In preparing its first annual report, the IMG identified nine priority areas to be reported on to the Minister. The implementation template reflected these priority areas and the HSE was requested to provide a detailed report under each heading: Recovery (key recommendation on page 9 of AVFC); 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 (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 (Chapters 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 on implementation was requested in relation to the remaining recommendations of the Report.

In its Report, the Group acknowledged the commitment of the HSE to implement AVFC but found that there was little evidence of a systematic approach to implementation. It was particularly concerned that there was no implementation plan in place and expressed concern about the lack of clarity in relation to responsibility within the HSE's management structure for implementation. The full report is available at http://www.dohc.ie/publications/vision_for_change_review1.html

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

For its Second Annual Report the Group developed a template for reporting progress on all the recommendations in AVFC. In its Report, while the Group was encouraged with the HSE's approval of an

Implementation Plan for 2008 / 2009, the IMG was of the view that the Plan had too little detail and too many timelines that lacked ambition. The 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 IMG continued to be concerned about the absence of clear, identifiable leadership within the HSE to implement AVFC, the recommendations in AVFC were not being addressed as a comprehensive package and the HSE's transformation process was taking precedence over the implementation of some recommendations in AVFC. The full report is available at

www.dohc.ie/publications/vision_for_change_2nd_report.html

Third Annual Report – 2008

In its Third Annual Report the IMG acknowledged the commitment and dedication of the staff of the HSE to the development of mental health services. While the IMG recognised the difficulties facing the HSE in the prevailing economic climate, the Group considered that this did not in any way diminish the HSE's responsibility to implement AVFC.

The Group acknowledged that the HSE prioritised six key areas for implementation in 2008 and 2009 and accepted that progress was made with some priorities i.e. the provision of child and adolescent services, engagement with service users and mental health information systems. However, the IMG was disappointed with the rate of progress, found that many of the recommendations made in its first two reports had not been addressed, three years into implementation a comprehensive implementation plan was not available and that the absence of a dedicated leader at senior, national level had impeded progress and may have contributed to continuing poor facilities and standards of care in some areas and an inconsistent approach to embedding the recovery ethos in services. The full report is available at www.dohc.ie/publications/vision_for_change_3rd_report.html

1.4 Work of the Second Independent Monitoring Group

Fourth Annual Report - 2009

The first meeting of the Second Independent Monitoring Group took place on Monday 22 June 2009 and met on eighteen occasions.

In its Report, the Monitoring Group acknowledged progress in relation to the development of child and adolescent services, the appointment of the Assistant National Director for Mental Health and the gradual movement towards the creation of catchment areas as outlined in *A Vision for Change*. Overall, the Monitoring Group was disappointed to report that, four years since the publication of *A Vision for Change*, there was little significant progress. The Group was disappointed in the lack of development of governance, management and leadership systems within the HSE, found little evidence of the embedding of recovery within the HSE structures and processes, was disappointed at

the lack of progress in the implementation of the specialist mental healthcare services and, in particular, the creation of fully staffed community mental health teams to develop the model of service outlined in *A Vision for Change*.

A number of agencies and groups were invited to submit a short report on their organisation's assessment of progress and their views on the implementation priorities for 2010. The full report is available at http://www.dohc.ie/publications/vision_for_change_4th_report.html

1.5 Fifth Annual Report - 2010

In preparing the Annual Report for 2010 the Second Independent Monitoring Group met on seventeen occasions. The IMG further developed the Template for reporting which was forwarded to the HSE and to the Department of Health and Children for transmission to the relevant Government Departments. The Group met with

- The HSE's Assistant National Director for Mental Health, Mr Martin Rogan and Ms Catherine Brogan, Mental Health Specialist (17th November and 16th February). Mr Tony Leahy, Specialist National Planning, Mental Health Service also attended the meeting on 16th.
- Mr Brian Gilroy, HSE National Director, Commercial and Support Services, Integrated Services (8th December).
- HSE Executive Clinical Directors - Drs Mary Cosgrave, Maurice Gervin and Anne Jackson (19th January).
- HSE delegation from Dublin North East led by the Regional Director of Operations, Mr Stephen Mulvany and included Executive Clinical Directors - Dr Anne Jackson and Dr Margo Wrigley; Local Health Manager Dublin North, Mr Willie McAllister; Director of Nursing, Mr Pdraig O'Beirne and Specialist Mental Health Ms Janet Malone (25th January).
- HSE delegation led by Chief Executive, Mr Cathal Magee and included Executive Clinical Director and Clinical Lead on Mental Health Dr Ian Daly and Assistant National Director Mental Health Mr Martin Rogan (16th February).
- Amnesty International (16th February).
- HSE delegation from West led by the Regional Director of Operations, Mr John Hennessy, and included Executive Clinical Directors - Dr Owen Mulligan, Dr Laura Mannion, Dr Jack O'Riordan; Integrated Service Area Manager, Donegal Mr John Hayes and Mental Health Lead Mr John Meehan, (23rd February).
- Mental Health Reform (23rd February).
- Director of the Office for Disability and Mental Health, Ms Bairbre Nic Aongusa (9th March).

- HSE delegation from South led by the Regional Director of Operations Mr Pat Healy and included Lead Local Health Manager for Mental Health Ms Pauline Bryan; Specialist Mental Health Ms Ber Cahill; Executive Clinical Directors - Dr Frank Kelly, Dr Noel Sheppard, Dr Eamon Moloney and Dr Maeve Rooney; Directors of Nursing - Mr Michael Bambrick and Mr Kevin Plunkett; Specialist Social Inclusion Ms Rebecca Loughrey, and National Service Users Executive Mr Damien Godkin (23rd March).
- HSE delegation from Dublin Mid-Leinster led by the Regional Director of Operations Mr Gerry O'Dwyer, Executive Clinical Directors - Dr Ian Daly, Dr Justin Brophy, Dr Maurice Gervin, and Professor Harry Kennedy, Local Health Manager and Central Mental Hospital and Lead for Mental Health and Addiction Services, Mr Jim Ryan; Integrated Services Area Manager, Dublin South Central Mr Gerry O'Neill (23rd March).
- Mental Health Commission (6th April).
- Independent Mental Health Service Providers Group (6th April).
- National Service Users Executive (20th April)
- College of Psychiatry of Ireland (24th May)

1.6 Submissions received

A number of agencies and groups were invited to submit a short report on their organisation's assessment of progress on the implementation of AVFC and their views on the implementation priorities for 2010. A total of eighteen submissions were received and the contributors are listed in Appendix 1. The submissions are available at <http://www.dohc.ie/publications/>

In addition, as recovery is one of the key recommendations in AVFC, the IMG invited a number of agencies and groups to indicate if they had a policy on Recovery. A number of agencies were also asked to indicate the degree to which Recovery is explicitly dealt with in their undergrad, post-grad and continuing education curricula. Chapter 6 of this Report provides a discussion on Recovery.

Chapter 2

Progress on Implementation as reported by the Health Service Executive

2.1 Introduction

Responsibility for the implementation of over 80 per cent of the recommendations in AVFC lies primarily with the HSE. Implementation of the remainder of the recommendations is the responsibility of Government Departments and their agencies.

The IMG further developed the template for reporting and requested a report on progress for 2010 with as much specific information as possible along with a progress report on the key deliverables for 2010 as identified in AVFC Implementation Plan 2009 - 2013. The HSE reported to the IMG that they did not have the administrative capacity to complete the template provided due to the loss of administrative posts as part of the voluntary redundancy scheme implemented at end 2010.

Following discussion, the HSE provided the data generated from an on-line survey conducted at the end of 2010, a national report from the Office of the Assistant National Director Mental Health, Mr Martin Rogan as well as a report from the four Regional Directors of Operations (RDOs). A report was also received from Mr Brian Gilroy, National Director, Integrated Services Directorate Reconfiguration.

In order to gather data, the HSE created an on-line reporting tool which provides quantitative data on every HSE related recommendation in AVFC in each extended catchment area, NOSP and nationally. The Survey was conducted during December 2010 by the Executive Clinical Directors (ECDs) in Mental Health. The HSE launched the findings from the Survey in Dublin Castle in January 2011 at an event to mark the 5th anniversary of the launch of AVFC. The HSE has indicated that qualitative data will be collected during Phase 2 of the process. In 2010, the first qualitative newsletter featuring local initiatives with illustrations and detailed reports on progress achieved was developed. The *Vision on Line* survey report and newsletters are available at <http://www.hse.ie/eng/services/Publications/services/Mentalhealth/>

An assessment of progress in 2010, as reported by HSE, is summarised below. In this regard, it should be noted that the progress reported is additional to that reported in previous annual reports of the IMG.

Copies of the progress reports, including national and regional are available at <http://www.dohc.ie/publications/>

2.2.1 Progress on implementation as reported by the Health Service Executive at national level

Recommendation 3.5: A National Service User Executive should be established to inform the National Mental Health Service Directorate and the Mental Health Commission on issues relating to user involvement and participation in planning, delivering, evaluating and monitoring services including models of best practice; and to develop and implement best practice guidelines between the user and provider interface including capacity development issues.

- The electoral process for the National Service Users Executive (NSUE) has been concluded. The Second Opinion Report on service user satisfaction in 2010 was published in January 2011 and is available at [http://www.nsue.ie/m/uploads/files/Second Opinions 2010 .pdf](http://www.nsue.ie/m/uploads/files/Second_Opinions_2010_.pdf)

NSUE Awards were made to three services: Best Community Mental Health Team - Loughrea/Athenry Community Mental Health Service; Best Day Hospital/Day Centre - Tara Suite Mental Health Day Centre; Dunshaughlin; Most Improved Service - West Cork Mental Health Services.

- All major mental health projects actively include a service user and carer representation.

Chapter 4 – Social Inclusion

- The HSE is represented on the National Working Group on housing needs to advise on the development of a more appropriate level of care.
- The RCI-Recovery Context Inventory is being developed by EVE Limited led by Mr Tom O'Brien, Principal Psychologist.
- A Programme on Recovery is being developed as a priority by Dr Ian Daly National Clinical Director for Mental Health.
- A Working Group is developing a definition for recovery.

Examples of shared collaboration:

- In September 2010, a comprehensive memorandum of Understanding was signed with An Garda Síochána for shared interventions and collaboration.
- Cross Sectoral Team meetings are held regularly between the HSE, Gardaí, Irish Prison Service, and the Departments of Justice and Law Reform and Health and Children.
- Inter-departmental work with Department of the Environment, Community and Local Government on the Housing Strategy.
- HSE fund and support many initiatives within local communities and the non-governmental sector to promote social inclusion.

Chapter 5 – Fostering Wellbeing & Promoting Mental Health

- In 2010, The National Office for Suicide Prevention continued with its two national mental health awareness campaigns on TV, Cinema, Posters, and interactive Web resources http://www.yourmentalhealth.ie/about_mental_health/ <http://www.letsomeoneknow.ie/>
- Mental health promotion initiatives by Non-Governmental Organisations (NGOs) funded by HSE
- Partnership Initiatives with funded NGOs to reduce duplication have been introduced
- Service Level Agreements with non-governmental organisations being revisited to ensure compliance with AVFC.

Chapter 7 – Mental Health in Primary Care

- Additional primary care teams (PCTs) are being developed
- Community Mental Health Centres are now co-located with thirty-one Primary Care Centres (PCCs).
- Clinical Programme Director pathways are being developed in association with Primary Care.
- *The Power of Words*, a national bibliotherapy programme, has been developed by the HSE, Irish College of General Practitioners (ICGP), the National Library Council and public library authorities around the country. A list of 30 books has been selected by a group of HSE psychologists and will be available in public libraries.
- A protocol has been devised and piloted with the Farm Animal Welfare Advisory Committee for an integrated early warning system which allows the District Veterinary Officer to alert the HSE local services where they may have a concern for the farmer's mental health.

Chapter 8 Reconfiguration of Mental Health Services

- The creation of CMHTs is a national priority. The additional resources have not been made available which greatly hampers the creation of fully staffed multidisciplinary CMHTs. The Mental Health Commission imposed conditions in relation to new admissions to St Brendan's, St Ita's and St Senan's Hospitals, including the timelines for commissioning alternative accommodation. Closure Programmes for 2010 include:-
 - St Conal's, Hospital Letterkenny closed in June.
 - North West Dublin Mental Health Service opened Pine Unit in the Department of Psychiatry, Connolly Hospital Blanchardstown in September 2010. All acute psychiatric admissions to St. Brendan's Hospital from the Cabra and Finglas sectors transferred to the new unit

at this time. St. Brendan's Hospital no longer accepts acute admissions from these sectors from this date.

- Funding has been secured for a new Acute Admissions Unit at Beaumont Hospital, Dublin. Currently the project is in the planning process with An Bord Pleanála. Following receipt of planning permission, construction of the Unit will take approx 18 months.
- Bed numbers in St Senan's Hospital Wexford have reduced from 170 in 2005 to 85 continuing care beds in 2010. Four fully funded capital development projects are underway which will see the complete closure of all the non acute wards in St Senan's Hospital by December 2011. In Waterford, continuing care beds further reduced by 9 in 2010 - from 63 to 54. A detailed service development plan for Wexford / Waterford was developed and published.
- St Finan's Hospital, Kerry reduced its continuing care beds by 8 in 2010 - from 28 to 20.
- In South Tipperary, reconfiguration of Long Stay beds continued with the reduction from 83 in 2009 to 55 in 2010. A number of Capital Projects are underway which will see the closure of non acute wards by December 2011.
- St Dymphna's Hospital, Carlow and St Canice's Hospital, Kilkenny reduced their continuing care beds from 72 to 45 over the last 12 months. Detailed service development Plan for Carlow/Kilkenny developed and published.

Chapter 9 – Community Mental Health Teams

- Many of the WTEs that were due to be released following the closure of traditional hospitals have been lost to the service because of retirement. They cannot be replaced due to the recruitment moratorium. The age profile of staff in Mental Health also creates a particular issue for the services.
- Each ECD is conducting a review of current staffing.

Chapter 10 – Child and Adolescent Mental Health Service (CAMHS)

- The number of CAMHS teams increased from 39 in 2006 to 55 in 2010 although few teams are fully staffed per AVFC recommendations.
- The Second Annual Child and Adolescent Mental Health Service Report 2009 – 2010 was published in November 2010. The Report showed reduced waiting times with 45% of children and adolescents seen within one month of referral and 70% within three months of referral.
- Training has been provided for CAMHS staff on the management of waiting lists.
- 32 posts have been filled following the allocation of additional funding in 2009 for 35 additional therapy posts. Although advertised on four

occasions, one post had not been filled. The remaining posts are in the process of recruitment.

- In-patient bed capacity tripled since 2006 with
 - 20-bed in-patient Child and Adolescent Unit developed at Bessboro, Blackrock, Cork in 2010.
 - 20-bed Child and Adolescent Unit in Galway opened nine of its beds in January 2011. The remainder are expected to open during first quarter 2011.
 - construction began on a Child and Adolescent Mental Health Services Day Hospital in Cherry Orchard, Dublin
- Engaged with Youth Justice at St Patrick's Institution and shared expertise on facility design.
- Jigsaw initiatives in Kerry and Meath in partnership with Headstrong are in train. €1m funding secured for 2011 to fund the expansion of *Jigsaw* in new communities.

From information received from Headstrong:- in 2010, the five Jigsaw demonstration projects in Galway, Ballymun, Kerry, Meath and Roscommon continued to evolve and develop as they implemented their key goals from approved business plans.

- Galway – made significant progress with development of accessible supports for young people from a central Hub in Galway city. Outreach to the more rural parts of the county was also established in 2010.
- Ballymun – a key emphasis of the Jigsaw youngballymun model has been on strengthening community capacity to respond to the mental health needs of young people through upskilling and capacity building across the community at large and delivery of key skills enhancement training to professionals employed in roles that support young people.
- Kerry – Jigsaw Kerry was officially launched in September 2010. A key success of this project has been the significant youth engagement in the initiative from the outset.
- Meath – a major focus for Jigsaw Meath in 2010 has been on the development of a Whole Schools approach to supporting youth mental health. This Schools initiative has had extensive support from the VEC, NEPS and the HSE.
- Roscommon – Implementation of Jigsaw Roscommon was delayed because of difficulty in securing a Clinical Co-ordinator position from the HSE but this was secured in October 2010.

Chapter 11 – General Adult Mental Health Services

- A bed reduction programme is in place.

- Clinical Pathways for the Early Identification of Psychosis has been prioritised.
- An Individualised Care Planning Programme has been introduced in association with Mental Health Commission and eleven service areas.
- Targeted recruitment with the exemption from the moratorium for 100 nursing posts acts to incentivise service reform, community orientation and best practice.

Chapter 12 Rehabilitation and Recovery

- The HSE is represented on the National Working Group on housing needs to advise on the development of a more appropriate level of care.
- The HSE currently provide long term care and housing to 2,900. Over 3,000 staff work in this area and the HSE needs to reduce its commitment to low and medium support housing. It will require the support of local authorities and social housing agencies. Some additional high support housing capacity is being developed under the Capital Investment Plan (West Dublin).
- A Recovery Clinical Pathway is being developed as a priority by Dr Ian Daly, National Clinical Director for Mental Health.
- The HSE's National Working Group on Vision for Change established a Recovery working sub group in January 2011. The remit of the group is to develop a guidance document on supporting the implementation of recovery.
- The RCI-Recovery Context Inventory is being developed by EVE Limited led by Mr Tom O'Brien, Principal Psychologist.

Chapter 13 – Mental Health Services for Older People

- A number of areas have yet to develop additional mental health services for older persons with mental health needs – Kildare, Wicklow, Kerry Roscommon and some areas of Cork.
- Adapted Community Nursing Unit opened in Ballinasloe in December 2010. Additional units are being built in Wexford, Clonmel, Mullingar and Kerry.
- Delirium Clinical Care Pathway has been prioritised by the National Clinical Director for Mental Health
- Many service users have been assessed and included in the Fair Deal scheme.
- Vision on-line survey shows an excess of continuing care beds in some areas while deficits persist in other areas.

Chapter 14 – Mental Health Services for People with an Intellectual Disability

- Congregated Settings Report completed in 2010
- Genio Innovation funding allocated to ensure that people with a Learning Disability can move away from congregated or mental health settings.
- Knockamann, a new residential development for clients of St Joseph's Intellectual Disability Service, Portrane, opened in September. 60 people live in the new development which provides a home for clients aged between the ages of late 20s to late 50s.

Chapter 15 – Special Categories of Mental Health Service

Forensic Mental Health Services

- An Agreement in relation to the provision of Forensic Psychiatric support to the Gardaí during emergency incidents was progressed during 2010.
- Additional facilities being developed in association with Dublin City Council and a partner agency to provide for conditional discharges from the Central Mental Hospital.
- The HSE actively engages with the Department of Justice and Law Reform, Irish Prison Service and Gardaí via the Cross Sectoral Team meetings.
- Court Diversion Programmes in place in Dublin area.
- Engaged with Youth Justice at St Patrick's Institution.
- Reports were prepared for the Committee on the Prevention of Torture and Inhuman and Degrading Treatment (CPT) and visits by the Committee to St Ita's Hospital and the Central Mental Hospital were facilitated.
- A full time project manager has been appointed to the National Forensic Hospital project. This project will encompass the four Regional Intensive Care Rehabilitation Units, 100-bed Forensic Child and Adolescent Mental Health Service Development and 10-bed Forensic Mental Health Intellectual Disability facility.

Homeless persons

- ACCESS Team and North Dublin Homeless Service in place.

Eating Disorders

- Clinical Programme Director has prioritised Eating Disorder for pathway design.
- Funding to Bodywhys continued in 2010.

Suicide Prevention

- An internal evaluation of the first four years of implementation of *Reach Out* was completed.
- A self-harm work shop was held in association with the Irish Association for Suicidology.
- Additional funding of €1 million was made available for 2011.
- Work is ongoing with Clinical Care Directorate to implement a more uniform process in Emergency Departments.
- The Applied Suicide Intervention Skills Training (ASIST) and SafeTALK suicide prevention training programmes continued to be delivered in 2010.
- Supported pilot primary care projects in suicide prevention.
- Continued the general population and young people's mental health awareness campaigns. An evaluation in 2010 of the *Letsomeoneknow* campaign found that recall of the advertisement was exceptionally high at 87%.
- The results of the evaluation of schools mental health promotion programmes were implemented through the inter-departmental group (Departments of Education and Health and the HSE).
- The *Look after your Mental Health during Tough Economic Times* programme was maintained and extended.
- Cross border work and initiatives continued in 2010.
- Continued to fund suicide prevention work for 15 national organisations. Projects funded include the Self Harm Registry (NSRF), Coroners Pilot Data Collection (NSRF), Bereavement Support (Console), Media Monitoring (Headline), Primary Care Self Harm Pilots (Wexford & Cluain Mhuire), Travellers Project (Crosscare), LGBT Youth (BeLonG To), LGBT Lives (GLEN), SpunOut.ie (Community Creations), Teenline, Cross Border Men's Health Forum project, Irish Association of Suicidology, Bereavement First Aid (Living Links), Young Social Innovators, Self Harm Nurses (HSE), Training Officers (HSE), Wexford Self Harm Counselling (HSE).

Chapter 16 – Management and Organisation of mental health services

- A National Clinical Programme Director for Mental Health has been appointed to work with the Quality and Clinical Care Directorate.
- Significant redesign work has been required to maximise the benefits of the extended catchment areas and emerging integrated service areas.
- Discussions are in train with the nursing representative bodies regarding the senior nursing management structure within the Executive Clinical Directorate and the role of the Director of Nursing for the expanded catchment area.

Chapter 17 – Investing in Mental Health

- Budget 2010 provided for a special allocation of capital investment in mental health. In March 2010, the HSE announced a major capital investment programme.
- Additional capital was secured via the Cancer Control Strategy to relocate and replace two acute units in Cork and Galway.
- The HSE Estates Directorate coordinated land sales to the value of €13 million in 2010.
- The projected capital expenditure on the Mental Health Investment Programme in 2010 was approximately €25m. The shortfall between this expenditure and the proceeds from the sale of assets will be funded from the HSE's Capital Vote in 2010 and future years. The HSE is committed to this investment programme and all projects will be brought to completion.
- A full time project manager has been appointed to the National Forensic Hospital Project.
- The placement of Community Mental Health Centres within planned PCCs allows for additional community infrastructure outside of the mental health capital programme.
- The HSE is working to rebalance resource availability based on population, size and profile. The HSE's Mental Health Resource Utilisation and Access Working Group will take account of the Report of the Expert Group on Resource Allocation and Financing in the Health Sector which was published in July 2010.

A separate report from the HSE National Director, Integrated Services Reconfiguration is at 2.2.3.

Chapter 18 – Manpower, Education and Training

- A targeted exemption of the moratorium allowed for the recruitment of 100 mental health nurses in 2010. Retiring staff salaries are lost to the service budget. 1,000 registered psychiatric nurses retired during 2009 and 2010. A further 1,100 will be eligible for retirement by 2012. 5,497 mental health nurses (5006 WTEs) are currently employed in mental health.
- Vision for Mental Health Nursing, a partnership project to re-examine the future role of mental health nurses in association with Nursing Planning Development Unit, NSUE, Irish Advocacy Network, Trinity College Dublin, An Bord Altranais, Psychiatric Nurses Association, SIPTU, Mental Health Nurse Managers Ireland, Department of Health and Children. A comprehensive national survey and focus groups are being conducted amongst mental health nurses working across all speciality areas in mental health.
- The close monitoring of nursing capacity, the exemption to the moratorium and targeted recruitment of mental health nurses allows for some rebalancing of resources within services.

- Consolidated Clinical Psychological Training with four colleges - Trinity College Dublin, University College Dublin, University of Limerick and National University of Ireland Galway
- A detailed review of Clinical Psychology was conducted by the National Working Group chaired by the Local Health Manager, North Dublin.
- Additional Allied Professionals were appointed to Child and Adolescent Mental Health Teams.
- The Second Annual Child and Adolescent Mental Health Service Report 2009 – 2010 published in November 2010 provides data on staffing on each CAMHS team.
- An audit of Occupational Therapy capacity showed that there are 190 WTEs.
- Staffing census is being conducted by ECDs in each extended catchment area.
- Rationalisation of Non-Consultant Hospital Doctor posts in HSE mental health services.
- Collaborated with College of Psychiatry of Ireland to review the quality and content of training programmes.

Chapter 19 – Mental health information and research

- Mental health services hub developed on HSEland education and development website. The hub was launched in October 2010 and is available to HSE staff.
- The Proof of Concept phase for the WISDOM project was extended to December 2010.
- HSE supports research studies in the clinical domain and service evaluation.
- The Annual Reports on Child and Adolescent Mental Health Services greatly improved the transparency of service utilisation and informs service design and resource allocation.
- Key performance indicators and HealthStat data have been developed for Adult Mental Health Services.
- NOSP continually evaluate health promotion and awareness campaigns.
- The National Mental Health Services Collaborative, a partnership initiative between the MHC, the HSE, St. Patrick's University Hospital and St. John of God Hospital, aims to develop and implement individual care and treatment plans to support recovery in accordance with the Quality Framework for Mental Health Services. Eleven multidisciplinary teams are participating in the project.

Chapter 20 – Making it Happen

- In May 2010, Ireland hosted the International Initiative on Mental Health Leadership event. This conference brought together 500 Leaders in mental health from England, Scotland, USA, Canada, Australia, New Zealand and Ireland. Over 50, 2-day exchange workshops were hosted by local mental health services and partners. The conference provided the opportunity for mental health services to showcase their work and form links with international colleagues.
- In 2010, the Quality and Clinical Care Directorate appointed a National Clinical Programme Director for Mental Health to introduce evidence based and uniform clinical pathways for specific mental health issues. The protocols begin with self care and primary care and progresses through to secondary specialist mental health care, where appropriate. multidisciplinary working groups have been established to design the care pathway with service users. Initial early programme design has commenced in Early identification of psychosis, Self-harm and Suicide, Eating Disorder, Physical Health Needs of people with enduring mental illness, Delirium and recovery.
- The National Office for mental health is working with the RDOs and the CEO's Office to design the preferred national structure to advance AVFC and guide mental health services.
- The Collaborative Leadership Programme in DCU has proven to be an effective mechanism for driving change while keeping the service user / carer / service manager perspectives in play.

2.2.2 Progress on implementation as reported by the Health Service Executive at regional level

The Independent Monitoring Group met with the four RDOs at which they highlighted progress on the implementation of AVFC in their regions to date and plans for future developments.

HSE Dublin North East – Cavan / Monaghan, Dublin North City and County, Louth and Meath

In 2010, implementation of AVFC in the Dublin North East region largely focussed on advancing the provision of more appropriate accommodation for patients requiring acute in-patient admission. Considerable reconfiguration of long-stay beds has taken place. Progress identified in 2010:

- The centralisation of acute in-patient services in the Cavan General Hospital site was progressed in 2010. It is anticipated that the interim acute unit will be operational in June 2011.
- Two continuing care units in St Davnett's Hospital, Monaghan merged in 2010 facilitating the closure of ten long-stay beds and providing the remaining residents with more appropriate accommodation.

- Planning for the acute in-patient unit in Beaumont Hospital was completed in 2010. The plans for the development are awaiting approval from An Bord Pleanála.
- In accordance with the conditions attached by the Mental Health Commission to the registration of St Ita's in Portrane in 2010, Unit 9 closed in December 2010 and Units 1, and 8 will close permanently in March 2011. A refurbishment programme is planned for St Ita's which will function as an interim acute admission unit for North Dublin area until the new acute unit is completed at Beaumont.
- St Joseph's Intellectual Disability Service (Mental Health Approved Centre) underwent a significant reconfiguration in 2010 which led to the last sixty patients moving to the Knockamann development comprising 10 six-bed bungalow style residences.
- The Pine Ward at Connolly Hospital opened in September 2010 and patients from the acute services at St Brendan's Hospital, Grangegorman transferred to this new unit. Connolly Hospital has two 22-bed acute units and a five-bed High Dependency Unit. The remaining units on the Grangegorman site will be replaced by a new purpose built 54-bed facility, which it is anticipated will be completed in 2012.
- Two continuing care units in St Brigid's Hospital, Ardee merged in 2010 providing more appropriate accommodation for 20 patients and facilitating the closure of 13 long-stay beds.
- Planning commenced in 2010 for a new acute in-patient unit which will replace the admission units in St Brigid's Hospital, Ardee and Our Lady's Hospital, Navan.
- Of the ten allied professional posts allocated to Dublin North East for child and adolescent services in 2009, nine have been filled and efforts to fill the vacant post continue.
- Plans for Phase Two of St Joseph's Adolescent Unit in St Vincent's Hospital, Fairview were approved in 2010. The number of in-patient beds will increase from six to twelve. It is anticipated that the extended unit, which will incorporate St Joseph's Day Hospital, will be completed by end of 2011.
- The Employment Control Framework poses significant challenges given that psychiatric services and psychiatric nursing in particular are especially vulnerable to the impact of early retirement. In 2010, a total of 112 psychiatric nursing posts fell vacant and of these 42 were filled in 2010 with a further 19 have, or are in the process of agreeing, a start date in 2011. A number of posts remaining are with the National Recruitment Services.
- A Primary Care Centre incorporating mental health community mental health teams opened in Trim, Co Meath.
- New residential premises were provided for the CMHT in Navan, Co Meath where a Day Hospital is currently being developed.

HSE West – Donegal, Sligo/Leitrim, Galway, Mayo, Roscommon, Limerick, Clare, North Tipperary

HSE West is moving ahead with closing outdated mental health institutions and developing modern community-based mental health services. Progress identified in 2010:

- Three ECDs have been appointed.
- A new 35-bed acute admission unit is being developed at Letterkenny General Hospital.
- St. Conal's Hospital, Letterkenny closed in June 2010.
- A community mental health team is based in the Primary Care Centre in Letterkenny.
- Closure Plan developed for St. Brigid's Hospital in Ballinasloe.
- 50-bed adapted Community Nursing Unit with 25 beds for mental health opened in Ballinasloe in December.
- Unit 5B in Limerick's Mid-Western Regional Hospital upgraded. The provision of a high observation area will be advanced in 2011.
- The number of beds in St Joseph's Hospital, Limerick reduced from 69 to 42.
- The relocation of acute in-patient services from Tipperary South to the Mid-West (Tipperary North patients) will result in resources being freed up to provide an effective community based service which will offer multidisciplinary home based treatment and a comprehensive range of medical, psychological and social therapies relevant to the needs of service users and their families.
- 20-bed child and adolescent in-patient unit developed in Galway in 2010 (operational 1st Q 2011).
- The HSE in partnership with Headstrong developed the Jigsaw youth mental health initiative in Roscommon in 2010 and continued to support the initiative in Galway.
- Additional 5 WTEs were provided to the Child and Adolescent teams in Mayo and Sligo.
- A 3-year CAWT pilot project commenced within the Donegal, Sligo, Leitrim area through the provision of 3 Eating Disorder Therapists focusing on mild to moderate eating disorder referrals.
- Loughrea/Athenry Community Mental Health Service received the NSUE award as the Best Community Mental Health Team 2010 (scored a satisfaction rating of 85%).

HSE South – Cork, Carlow, Kilkenny, Kerry, South Tipperary, Waterford, Wexford

HSE South is continuing to progress their programme of closure of old long-stay institutions, reduce dependency on inpatient beds and prioritise the development of community based mental health services across the four extended Catchment Areas. HSE South is committed to the development of a recovery orientation in the development of services. Progress identified in 2010:

- Four ECDs have been appointed.
- Long-stay bed numbers have reduced by 435 (49%).
- Existing Community and Specialist Mental Health Teams have been enhanced. Five Psychiatry of Old Age Teams, six Rehabilitation Teams, one Liaison Psychiatry Team, one Home Based Treatment Team, four Child and Adolescent Teams and a Consultant-led Homeless Service in Cork City have been developed.
- 20-bed in-patient Child and Adolescent Unit developed at Bessboro, Blackrock, Cork. Twenty four new Child and Adolescent posts have been allocated.
- A new purpose built community mental health centre at Kilmoney in Carrigaline is being developed.
- The caseload for the Home Based Treatment Team introduced in HSE North Lee in 2010 continues to increase / expand and team staffing also increased.
- HSE Mental Health Service in West Cork was voted *'the most improved service'* in the National Service Users Executive Second Opinion Survey in 2010. The Team in West Cork worked to establish a service that is guided by a commitment to services user involvement, a recovery philosophy embracing a community, orientation and the importance of partnership working. South Lee in collaboration with other city based mental health services have been involved in the Arts in Mental Health Group which has developed arts projects for mental health service users including music, dance and poetry projects. These projects have high levels of service user involvement and are run on the recovery model of mental health.

West Cork Mental Health Services received a grant of €100,000 from Genio to help consolidate their recovery orientation. A document prepared by West Cork Mental Health Services entitled *'Moving West Cork Mental Health Services in a Recovery Direction'* outlines what is meant by recovery, what already has been achieved in West Cork and explains how the service will develop in the next two years.

- The number of patients in St Paul's Ward, St Finan's Hospital, Killarney has reduced from twelve to seven during 2010 and will completely close in Q2, 2011.
- A new close observation unit is being planned for the acute psychiatric unit attached to Kerry General Hospital.

- The HSE in partnership with Headstrong developed the Jigsaw youth mental health initiative in Kerry.
- The decision by the Mental Health Commission that the registration of St. Senan's Hospital as an Approved Centre would expire on 28th February 2011 necessitated the acceleration of planned acute service developments across the Wexford / Waterford extended catchment area. Acute services will be provided as follows:
 - Acute bed capacity, for the region, will be provided in the Department of Psychiatry, Waterford Regional Hospital, where there are 44 beds. The acute unit in Waterford is a purpose built acute psychiatric unit and an investment of €1.5m has been approved to improve the infrastructure of this Department to meet international best practice standards.
 - A dedicated inpatient service (5 acute beds) has been secured at Newcastle Hospital, Co. Wicklow to facilitate acute admissions from Gorey and the North Wexford area from January 2011.
 - A respite facility (formerly termed crisis house) will be developed in Enniscorthy. This facility will provide respite of up to 72 hours for service users who are known to the services and will ensure that an immediate local placement is available. The first step in the development of this service will be the establishment of six beds in St. Senan's on a non acute ward; these beds will then transfer to a high support residence.
- Bed numbers in St Senan's Hospital, Wexford have reduced from 170 to 85 continuing care beds in 2010. Approximately 22 elderly long stay patients were relocated to nursing home care with the continued support of the Psychiatry of Later Life Team and the majority of staff released were redeployed for community mental health services.
- A Day Hospital has been developed in Gorey, Co Wexford. Day Hospitals are being developed in Wexford town, two in Waterford City and one in Dungarvan in conjunction with primary care.
- With the assistance of Wexford Mental Health Association one intellectual disability unit closed in St. Senan's Hospital and the residents relocated to a purpose built unit at Oylegate.
- A purpose built 12-bedded High Support/Rehab Hostel – Tús Nua – is under construction at St John's, Enniscorthy, Co Wexford.
- Funding has been secured to provide three High Support Residences at St John's Enniscorthy.
- A Community Nursing Unit is to be developed on the grounds of Wexford General Hospital.
- The Child and Adolescent team in Waterford was enhanced by 5 posts.
- Four Specialist Liaison Nurse services for self-harm /suicidality were extended at Wexford General Hospital from a five-day to a seven-day service and a specialist Suicide Crisis Assessment Nurse service was developed to provide urgent easy access to GPs.

- Detailed plans for the reconfiguration and development of mental health services in South Tipperary and Carlow/Kilkenny were completed. An Integrated Mental Health Services Steering Group and a Project Group have been established to oversee the reconfiguration process. As part of the €20 million capital programme the following facilities are underway:
 - 40-bed adapted Community Nursing Unit on the campus of South Tipperary Mental Health Services.
 - Day Hospital and Sector Headquarters on the campus of South Tipperary Mental Health Services.
 - Crisis House - an 8-10 bed staffed facility.
 - High Support Hostel – 10-12 bed facility.
 - Provision of 2 Community Residences for inappropriately placed Intellectual Disability clients is progressing with a voluntary provider.
- Reconfiguration of beds in St Dymphna’s Hospital, Carlow / Kilkenny continues with 42 beds closed to date.
- Dedicated Mental Health Care Service accommodation in PCCs are at various stages of development: Mallow, Macroom, Clonakilty, Fermoy, Charleville, Schull, Ballincollig, Blackrock, Listowel, Newmarket, Kilkenny, Callan, Waterford City, Dungarvan, Enniscorthy, New Ross, Tipperary, and Clonmel. In Kilkenny, a Psychiatric Liaison Clinic is held in the Primary Care Centre fortnightly and the Registrar from the hospital attends the Clinic. A total of 53 patients and 59 consultations have been successfully completed since April 2010. Several of the people who attended the clinic would not have attended the hospital and would therefore not have received expert treatment.

Dublin Mid-Leinster – Dublin South, East Wicklow, Kildare, Laois, Longford, Offaly, Westmeath

HSE Dublin Mid-Leinster, mental health services provide care for people of all ages who need specialist assessment, care and treatment for mental illness. This entails a continued shift to the community based services to support people living as independently as possible. Progress reported for 2010:

- A Primary Care / Mental Health Centre is under construction in Ballyfermot, Dublin.
- A new child and adolescent day hospital is being developed in Cherry Orchard.
- Planned the development of an interim Adolescent Unit on St Loman’s site in Palmerstown.
- Additional 5 WTE multidisciplinary staff provided to the Warrenstown child and adolescent in-patient unit.
- The Acute Unit at St Loman’s Hospital, Mullingar is being redeveloped to provide a 24-bed acute unit, a 20-bed long-stay unit, a 50-bed continuing care unit.

- Closure Plans have been developed for St Loman's Hospital, Mullingar and St Fintan's Hospital, Portlaoise.
- DML has the lowest number of acute in-patient beds (270) in the country.
- DML engaged with the Local Authorities and Housing Agencies in placing patients with mental health difficulties.
- Further developed early intervention psychosis services in greater Dublin area.
- In relation to forensic mental health:
 - The Central Mental Hospital has capacity for 93-beds plus 6 community high support residences;
 - Mental health liaison at Garda Station level has been subject to a memorandum of understanding between An Garda Síochana and HSE;
 - An integrated care process is in place for prisons serviced by the Central Mental Hospital.
 - Prison in-reach court diversion services are available at Cloverhill and Dochas Prisons.
 - Prison health services integrate forensic mental health in-reach services (medical and psychiatric nursing) with Irish Prison Service nurses / counselling / clinical psychology and Prison Welfare (SW) Officers.
 - There is now a fully rostered Consultant Psychiatrist service provided nationally to the Gardaí during emergency incidents. This service can only be initiated when the Commanding Officer on-site deems it necessary. There is a shared training programme in place between the CMH and the Gardaí with much of the training activity carried out in Templemore.

2.2.3 Report on implementation as reported by the National Director, Integrated Services Reconfiguration

Mental Health Infrastructure Developments

The Mental Health Investment Programme was agreed early in 2010. All the priority projects have been progressed and many are now under construction. Mental health infrastructure projects being progressed at present are:

Acute Mental Health Departments on acute hospital campuses

The programme to provide appropriate replacement acute mental health units on acute hospital campuses, as per AVFC, is continuing. Replacement units have been provided in St Luke's Hospital, Kilkenny, Connolly Hospital Blanchardstown and St Vincent's University Hospital. Projects being progressed in 2011:

- Letterkenny Acute Mental Health Unit under construction – 34-beds.

- Beaumont - design / build contractor appointed. At design/planning stage. Construction to commence in 2011 – 60-beds
- Limerick Acute Mental Health Department - refurbishment and extension – is at tender stage – 30-beds
- Louth Acute Mental Health Department, Drogheda is at planning stage – 30-beds

Child & Adolescent Residential Accommodation

The construction of two 20-bed child and adolescent in-patient facilities in Galway and Cork has now been completed. Both units are operational. Projects being progressed include:

- Warrenstown House - pending its purchase from the local authority, is at tender stage. Four additional beds will be provided giving a total of 10.
- St Vincent's Fairview, Phase 2 - an additional 6 beds will be provided. Construction will begin in 2011.

Residential Accommodation

Closure strategies for the remaining large psychiatric institutions have been prepared and are being implemented. The provision of appropriate services and accommodation for the remaining residents is underway. AVFC identified that approximately sixteen, 30 to 50-bed mental health Community Nursing Units (CNU) and residential hostels are required to address the residential and day care needs of these residents. The following CNU projects are underway.

- Ballinasloe - 50 replacement beds and 25 day places to replace accommodation in St Brigid's Hospital – it has been partially occupied since Dec 2010 (25 beds).
- Clonmel is under construction. 40 replacement beds to replace accommodation in St Luke's Hospital.
- St Mary's Hospital, Mullingar is under construction. 50 replacement beds to replace accommodation in St Loman's Hospital.
- St Loman's Hospital, Mullingar is at tender stage for a 24 bed acute admission unit and 20 replacement beds. This will replace St Enda's ward.
- Wexford is at tender stage for 40 replacement beds to replace accommodation in St Senan's Hospital.

Hostels

- Hostels in Dublin - Clondalkin, Chapelizod and Ballyfermot are under construction (44 replacement beds)
- Two Hostels are under construction in Wexford (25 replacement beds)
- In South Tipperary, a sixteen bed hostel is at tender stage
- In Ballinasloe, hostel development is at planning stage (12 replacement beds)

Mental Health Primary Care Centres

- PCCs in Ballyfermot and Inchicore are under construction

Central Mental Hospital (CMH)

Procurement options for CMH are being reviewed. It is proposed that the sale of existing site will be offset against the cost of development resulting in a cost neutral development. A project manager has recently been appointed to this project. A cost benefit analysis is being prepared at present and a submission will be made to the Department of Health & Children early in 2011 based on its recommendations. It is accepted that initial funding will be from HSE's Exchequer capital allocation.

This project includes the provision of the other national forensic medicine facilities: - the four 30 bed ICRUs and the intellectual disability and child and adolescent ICRUs (10 beds each) and is reflected in 2011-2015 Capital Programme.

Grangegorman Development

The Grangegorman development, which will provide replacement accommodation for 54 residents, is included in the 2011-2015 Capital Programme. The estimated cost of the mental health infrastructure to be constructed as part of the Grangegorman Development is estimated at €19m. Enabling works have commenced and construction of the development will commence in 2011.

Chapter 3

Commentary on progress reported by the Health Service Executive

Introduction

This Chapter is a commentary on the data provided in previous Chapter from the HSE. For the purpose of this 2010 reporting, reports were received from the Office of the Assistant National Director Mental Health, the four RDOs and from the National Director, Integrated Services Directorate Reconfiguration. Additional to these reports, all of these groups made verbal presentations to the IMG as did the HSE Chief Executive, Mr Cathal Magee. The presentations included the presence of Executive Clinical Directors, the Clinical Director for Mental Health and regional Mental Health Specialists.

Additionally, the IMG relied on the content of the HSE AVFC Implementation Plan 2009 – 2013. The HSE created an on-line reporting tool which provided quantitative data generated from the on-line survey conducted at the end of 2010 on every HSE related recommendation in AVFC in each extended catchment area, NOSP and nationally. The HSE have indicated that qualitative data will be collected during Phase 2 of the process.

Communication and Information

As reported in last year's IMG report, the HSE gave a commitment that in reporting 2010 activities an electronic system would be put in place that would be accessible to both local and regional HSE personnel allowing for real-time updating of progress.

The HSE reported to the IMG that they did not have the administrative capacity to complete the template provided. However, following discussion, the HSE provided the data generated from an on-line survey, a national report from the Office of the Assistant National Director Mental Health, Mr Martin Rogan, as well as a report from the four RDOs. A report was also received from Mr Brian Gilroy, National Director, Integrated Services Directorate Reconfiguration.

The IMG is of the view that the reports provided and the meetings held with HSE representatives as detailed above provided a substantial improvement on the quality of the information provided. Notwithstanding that there was a challenge to identify specific progress during 2010 as opposed to the description of ongoing work or work unrelated to AVFC e.g. Mental Health Act, 2001 Criminal Law (Insanity) Act 2006. In parts, the language used was vague and difficult to interpret precisely.

In the course of its review of the HSE reports, the IMG noted occasional references to the evaluation of specific programmes. However, the reports lacked detail on outcomes of the evaluations. The IMG recommends that all programmes should be evaluated and the results disseminated.

Management and Leadership Structures

During its deliberations, the IMG was aware that HSE management structures were repeatedly changing which gave rise to confusion about responsibilities, geographical and service boundaries. Confusion also applies to titles of personnel, the relationship between administrative and clinical staff and the alignment of catchment and service delivery areas. At the time of writing this report there is still no clarity about agreed boundaries.

Almost all of the presentations received from non-HSE sources indicated a requirement that the present Office of the Assistant National Director for Mental Health be replaced as a National Mental Health Service Directorate within the HSE with authority to control the redistribution of existing resources and the allocation of any new resources to support implementation of AVFC. A capacity to develop innovative and creative ways of delivering on the targets of AVFC within a difficult economic environment should be a core competency of a new Directorate.

The Mental Health Commission indicated in its submission that *“The Role of the Assistant National Director for Mental Health should be strengthened. One key way of doing this is the allocation of a percentage of the mental health budget plus W.T.E.s to this post holder in order to target resources at reconfiguring services in line with Vision for Change. This would further enhance the impact of the role and such an approach would begin to incentivise and reward the services which adapt and change and not reward those who do not”*.

In addition Mental Health Reform indicated *“There remains a need to establish an office (Directorate) with single pointed executive authority, responsibility and accountability for implementation of AVFC”*.

The IMG has not been made aware of any substantial reason why a Directorate has not been put in place. The lack of clarity about structure and the lack of a Directorate contribute to an absence of corporate leadership. The new policy whereby the Minister and the Department of Health have greater authority over the health services may provide an opportunity for the appointment of a Directorate.

In comparing reports and from the presentations from the four regions, differences were identified in the management resources, team building, and capacity of administrative and Executive Clinical Director/Clinical Director management structures. The IMG noted distinct variations in the enthusiasm for and the pace and level of progress being achieved within each region.

Given the ongoing restructuring and changing roles of management and clinical personnel it is important that the key administrators and clinicians are given the necessary management and mental health policy and awareness training to ensure they have the requisite skills to manage and implement policy in a complex environment.

Revenue Funding

Expenditure on mental health in 2010 was in the region of €721 million compared to €787 million in 2009 (*HSE Service Plans 2010 and 2011*), which represents an 8.3% reduction.

The IMG noted the Budget 2011 provision for special consideration for the mental health and disability sectors, which will ensure a reduction of 1.8% in 2011 for those sectors which compares favourably to the reduction imposed on other health service areas. In the context of the overall policy on the reduction in public expenditure, the IMG recommends that a similar strategy should be carried into 2012 and beyond.

The additional annual investment of €1 million per annum (as identified in AVFC) required to progress implementation was not allocated by Government. The relative spend on mental health services is not consistent across the four HSE regions. The percentage of the allocation to mental health of the total funding allocation in 2011 is: HSE Dublin North East - 7.3%; HSE Dublin Mid-Leinster 6.6%; HSE South 9.38% and HSE West 9.55%.

The Jigsaw project a partnership between HSE and Headstrong is operating in three counties - Galway, Kerry and Dublin - and is being developed in Meath and Roscommon. Innovation funding of €1 million, announced in 2010, will allow them to expand to 5 additional counties.

Capital expenditure

The IMG welcomes the progress reported in Chapter 2 of this Report on Capital Expenditure by the National Director Integrated Services, Reconfiguration. The IMG welcomes the decision in Budget 2010 to ring-fence €50m additional capital funding for mental health infrastructure, to be financed from eventual sale of lands. It is clear that the sale of lands envisaged has been severely comprised by the economic downturn and the collapse of the property and land market. That said, the report indicates that there is much better value for money for new capital projects

The IMG welcomes the development of two 20-bed Child and Adolescent in-patient units – in Cork and Galway - bringing the total number of beds available to 52 (additional 26 beds in the Independent Hospital Sector – St John of God’s (12) and St Patrick’s (14)).

The IMG acknowledge the planning of CNUs as detailed below. The IMG is concerned about the rationale behind developing 50-bed and 100-bed Community Nursing Units, which is contradictory to AVFC.

Community Nursing Units - HSE planned developments as at June 2011.

St. Vincent’s Hospital, Fairview, Dublin	100 bed unit under the auspices of Older People’s services. 25 patients to be transferred from St. Catherine’s Ward – to be completed 2010 (HSE 2010 Capital Programme). The 100 bed Community Nursing Unit in St. Vincent's Hospital Fairview is completed but not yet fully commissioned.
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	<p>However, in March 2011, 25 residents from St. Ita's Hospital, Portrane, under the care of Mental Health Services for Older People, temporarily transferred to the O'Casey Wing, which is registered with the Mental Health Commission as an Approved Centre in accordance with the provisions of the Mental Health Act, 2001.</p>
<p>St. Joseph's, Hospital, Limerick</p>	<p>50 bed unit (part of the closure plan for St. Joseph's Limerick) under the auspices of Mental Health Services and described as 'alternative appropriate residential accommodation' - to be completed by 2013 (HSE's 2010 Capital Programme) Tender documents and associated administration procedure being completed by local estates department in conjunction with Limerick Mental Health Service.</p>
<p>Kerry</p>	<p>A 30-bed residential unit to relocate residents of St Finan's Psychiatric Hospital, Killarney - to be completed by 2012 (HSE's 2010 Capital Programme). Not included in Capital Plan 2011.</p>
<p>Mullingar, Co Westmeath</p>	<p>A new 50-bed continuing care unit is due to be developed at St. Mary's, Mullingar for patients from St. Loman's, Mullingar (HSE's NSP 2011 Capital Programme). This project is under construction and due for completion and commissioning in early 2012.</p>
<p>St. Ita's Hospital, Portrane, Co Dublin</p>	<p>26 continuing care beds to be completed in 2011 (HSE NSP 2011 Capital Programme). Pending completion of the new 44 bed Acute Unit in Beaumont Hospital, the acute admission units in St. Ita's will transfer to the <i>ABC Block</i>, which is due to be refurbished before year end. When the transfer to the Acute Unit in Beaumont Hospital is completed the residents in O'Casey Wing in the Community Nursing Unit in St. Vincent's Hospital Fairview will transfer back to the <i>ABC Block</i> at St. Ita's.</p>
<p>St. Luke's, Clonmel, South Tipperary</p>	<p>A 40-bed residential unit, adjacent to South Tipperary General Hospital (HSE NSP 2011 Capital Programme). Projected Completion Dec 2011.</p>
<p>Wexford town, Wexford</p>	<p>A 50 bed community Nursing Unit is being developed adjacent to Wexford General Hospital site to accommodate 20 Older Persons patients from the Mental Health Service. Bed designation will be 7 male, 7 female and 6 assessment beds. Occupation of these beds will enable the closure of St. Elizabeth's ward at St. Senan's Hospital Enniscorthy. The remaining 30 beds will be occupied as replacement beds for the old age Community Nursing Unit currently at Ely Hospital, Wexford. Planning has just been received for the development which is on schedule for occupation in January, 2013.</p>

Ballinasloe, Co Galway	A 50-bed CNU to be registered with HIQA. 25 of these beds are for mental health. The MHC has approved 16 beds in this unit to facilitate the closure of St. Brigid's Hospital in Ballinasloe. The Unit is operational with 16 mental health beds.
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Moratorium on Recruitment in the Public Service

It is clear from all the reports from the HSE that the moratorium on recruitment is having a significant and detrimental effect on the HSE's ability to fill vacated posts in existing CMHTs and to create new CMHTs. As reported by the MHC, the vast majority of CMHTs are still incomplete. This applies particularly to posts other than consultant psychiatrist and mental health nursing posts. It has been widely reported to the IMG that mental health services have borne the brunt of posts lost due to the moratorium. The HSE reported over 1,000 posts have been left vacant in mental health care services during 2009/2010. As reported previously this rate of attrition is unsustainable and greatly compromises existing services and objectives.

Notwithstanding the above, the 2010 Employment Control Framework for the health service allowed for an exemption from the moratorium and the filling of 100 psychiatric nursing posts. In March 2011, it appears that 54 of those posts have been filled.

The IMG welcomes the reallocation of 90 vacant psychiatric nursing posts within the HSE which are targeted towards priority areas such as the CMH (20 posts), St Brendan's (30 posts) and the two new Child and Adolescent units in Cork and Galway (20 posts each).

The impending shortage of non-consultant hospital doctors presents a critical issue for all medical services. In respect of mental health services, the supply deficit may provide an opportunity to reform the delivery of our mental health services and look at ways of doing things differently.

Similarly, the dramatic reduction in the number of nurses may present an opportunity for creative and imaginative thinking in the delivery of mental health care services, such as mental health care support workers, as proposed in AVFC. Obviously, such reconfiguration is dependent on the financial resources for the lost posts being retained.

All reports to the IMG stress the effect of the moratorium vis-a-vis the number of posts lost to mental health services. Despite the moratorium, some services progressed cost neutral initiatives e.g. the development of specific recovery practices, the inclusion of service users locally and attitudinal change.

In the Mental Health Commission Annual Report for 2010 including the Report of the Inspector for Mental Health Services, the Chairman of the Commission indicated *"The current moratorium on public service recruitment often results in staff being withdrawn from community services in order to plug gaps in inpatient units. This further militates against the move from institutional to community care that we all want"*.

Service User Involvement

Following the National Service Users Executive Second Opinion Survey in 2010, awards were made to three services based on the opinions of those surveyed. The awards were made to Loughrea / Athenry Community Health Services for Best Community Mental Health Team; Tara Suite Mental Health Day Centre for Best Day Hospital/ Day Centre and to West Cork Mental Health Services for Most Improved Service.

From information received by the IMG, it is clear that there is inconsistent involvement of service users and their families, particularly at regional operational levels. There would appear to be open and positive communication and collaboration between service user groups and the Office of the Assistant National Director for Mental Health. This open and positive communication does not appear to be present consistently at regional, operational or at catchment area level. The IMG notes that a service user representative was only attended at one of the HSE meetings with the IMG (HSE South). There is inconsistent practice in the development of capacity to engage service users on advisory groups across the country. Despite the establishment of the NSUE in 2007, there is no evidence that it is being fully utilised as a forum for full participation of service users and their family members in the planning, monitoring, delivery and evaluation of mental health care services. The IMG notes that the resource allocation to NSUE of €200,000 per annum in 2007 has been reduced to €187,000.

Given the remit of the NSUE, the IMG is of the view that the overall resource allocation to NSUE needs to be reflective of its need to expand and develop.

Recovery Ethos

In its deliberations for 2010, it is clear to the IMG that there is a lack of a consistent recovery ethos across all services. The IMG considers the presence of a recovery ethos as a fundamental principle of AVFC. This year, to reflect its concern on the matter, this Report devotes a separate Chapter (6) to the issue of recovery.

Model of Service Delivery

AVFC clearly outlines the ideal model of service delivery in a modern mental health service. There is a need for greater access to psychological or 'talk' therapies. The demand for psychological and social therapies and the evidence of their effectiveness have been growing in recent years. The consensus among service users and service providers is that they should be regarded as a fundamental component of basic mental health care services, rather than viewed as additional options that are not consistently available. The IMG notes the availability of psychological services across the HSE. The most available service is cognitive behavioural therapy which is available in the majority of HSE services. The IMG also notes that the availability of a range of psychological therapies is not consistent across HSE services nationally.

Additionally, the IMG is concerned that despite a wait time of 2 – 14 days for urgent referrals, the average waiting times range from 6 months to 2 years. The IMG recommends that the availability of psychological and social therapies be made consistently available on the basis of need as opposed to the availability or interest of professional staff.

The model of service proposed in AVFC is a Biopsychosocial model where there is an equal emphasis on the delivery of psychological and social interventions along with medical ones. The IMG is alarmed at the public information provided by the MHC on the widespread use of Benzodiazepine medication among long stay and elderly population in mental health services and is concerned about the over emphasis on a pharmacological approach in the provision of mental health services. The significant overuse of Benzodiazepine medications may be indicative of the lack of importance and availability of psychological and social interventions.

The IMG acknowledges and welcomes the appointment of a National Clinical Lead for Mental Health to the Office of the National Director of Clinical Strategy & Programmes. The work carried out by this office will help to establish clinical care pathways which will lead to improved responsiveness and delivery of services. The IMG recommends that this appointment should be on a full-time basis.

Community Mental Health Teams (CMHTs)

In last year's report, the IMG noted that there was little progress in developing and staffing CMHTs in specialist and adult community mental health care services. Little has changed since then. The Report of the Inspector of Mental Health Services and the Mental Health Commission 2010 acknowledge the low level of fully staffed CMHTs. This is also noted in the Second Annual Child & Adolescent Mental Health Service Report. The Reports provided by the HSE do not indicate the extent to which CMHTs are staffed or plans for the development of fully staffed teams.

During 2010, the report *Community Mental Health Teams Determinants of Effectiveness in an Irish Context*¹ was published. This report, supported by the HSE and the Mental Health Commission, set out to analyse a baseline for the adult community mental health teams in terms of composition and key influences that affect their performance. The Report details a number of reasons why full CMHTs have not developed, including: significant differences in pace, scope and design of policy implementation in and between geographic areas, the absence of a tangible commitment to ensure national and corporate leadership with sustained investment and implementation based on need, the roles, relationship and accountability boundaries of individuals and collective team members.

It is clear from the Report that there are a number of issues around shared vision and goals, variety of composition, performance management, environmental influences, leadership and communication which need to be

¹ *Community Mental Health Teams Determinants of Effectiveness in an Irish Context* by Stiofán de Búrca, Claire Armstrong, Pat Brosnan – available at http://hsyrc.com/Images/PapersPresentations/CMHTs_Volume1.pdf:

resolved if the goal of having fully populated CMHTs is to be achieved. The IMG recommends that a detailed plan to address the shortcomings identified in the Report should be put in place.

Information Systems

Last year's IMG report welcomed the introduction of the WISDOM data management system albeit on a pilot basis in one area of the country (Donegal). The IMG has been informed that following an external review, the WISDOM project has been suspended since 31st December 2010 due to performance issues with the system. The IMG is concerned at the delay and lack of clarity in developing a national mental health IT System.

Relationship between the statutory services and the independent not-for-profit sector

Following on from IMG's comments in last year's report about the need for a strategically defined and proactive relationship between the HSE and Independent Mental Health Service Providers there has been no significant negotiation during 2010. The IMG is strongly of the view that there needs to be a strengthened working relationship between these two sectors to add greater cohesion to the delivery of mental health care services.

Closure of old institutional facilities

The IMG notes the activity around the closure of two of the old psychiatric hospitals (St. Brigid's, Ballinasloe, St Conal's, Letterkenny) and progress on the closure of inadequate in-patient facilities - St Ita's, Portrane, St Senan's, Wexford, St Brendan's, Grangegorman - following the Mental Health Commission decision to attach conditions to the registration of these hospitals as Approved Centres.

The IMG notes the commentary provided by the National Director Integrated Services Reconfiguration on the closure strategy for the remaining psychiatric hospitals and urges a continued and accelerated programme to ensure closure.

Implementation

Implementation of AVFC continues to be slow, piecemeal and hampered by the lack of additional resources, the moratorium on public service recruitment, and an inability to reallocate existing resources. The lack of corporate leadership in the form of a Directorate for mental health care services with authority and control over resource allocation is detrimental as is the absence of a dedicated timelined, costed implementation plan. The lack of clarity about management structures and responsibilities is an additional burden on implementation.

As referred to earlier the IMG reviewed the HSE AVFC Implementation Plan 2009 – 2013 – Pages 99 to 101 and Pages 113 to 115 - which sets out detailed actions to be delivered in 2010. Apart from the completion of the Child and

Adolescent Mental Health Units in Cork and Galway there would appear to be no progress made on the actions detailed in the Implementation Plan.

The Reports of the 4 HSE Regions showed disparity from region to region on the roll-out of the implementation of AVFC. From considering the written reports and listening to presentations there are clearly policy and practical differences between the Regions. This is particularly true in respect of consensus on how services are being delivered to the client population e.g. no consensus on the merits or otherwise of assertive out-reach teams and home based teams.

In its '*From Vision to Action*' document, the MHC clearly outlined the factors, which militated against successful implementation and set out clearly recommendations for implementation into the future. In its 2009 Annual Report, the IMG urged the HSE to consider carefully the issues set out by the MHC and the evidence presented. The IMG again urges the HSE to consider the evidence presented by the MHC.

It has been suggested by a number of sources that there is a requirement to enact legislation which would compel the relevant statutory authorities to provide mental health care services as described in AVFC. The IMG is of the view that the enactment of legislation could play a significant role along with other methodologies in achieving full implementation.

In respect of the statutory review of the Mental Health Act 2001 to be undertaken by the Minister for Health, the IMG recommends consideration be given as to how changes would *inter alia* assist the implementation of AVFC.

The Independent Monitoring Group, itself a recommendation of AVFC, is in place until June 2012. There is no provision in AVFC for what might happen beyond that in terms of monitoring.

AVFC notes that implementation should be reviewed formally after seven years in light of what has been implemented and the changing needs and priorities for service providers and a final report issued.

The IMG considers that during the impending review of the Mental Health Act 2001, consideration might be given as to whether the review of AVFC, as recommended, could be carried out by the MHC.

Previous IMG reports have stressed concern about implementation. It is clear from the observations of the IMG that little has happened to put in place the explicit conditions for successful implementation.

Specialist mental health services

Introduction

Apart from the capital development for Child and Adolescent facilities, there has been little progress reported in progressing AVFC recommendation for Psychiatry of Old Age, Intellectual Disability, Liaison Psychiatry, Eating Disorder, Recovery and Rehabilitation, Co-morbid Substance Abuse and Mental Illness and Neuropsychiatry.

Child and Adolescent Mental Health Services

The IMG notes progress made in 2010 as referred to in Chapter 2 of this report.

In last year's report, the IMG reported on the initiative between the HSE and MHC to eliminate the admission of children to adult mental health units. During 2010, the HSE completed the initiative to avoid the admission of children under 17 years.

The IMG welcomes the publication of 2nd Annual Report on Child and Adolescent Services. The IMG notes the reported 9.5% decrease in waiting lists for mental health services. In its submission, the College of Psychiatry of Ireland suggested that the decrease may have been achieved by sporadic attempts to reduce waiting lists at specific locations. The result, according to the College, is that internal specialist waiting lists e.g. cognitive behavioural therapy and speech therapy have lengthened.

The IMG also acknowledges that 30% of CAMHS teams are not fully staffed as of yet. Of particular note in the Report is the activity around developing key indicator and performance outcomes. The IMG notes the detailed list of service initiatives and activities set out in Appendix 1 of the Report.

The compilation and publication of this detailed and transparent Second C&AMHS report is of itself a unique and welcome development in our mental health care services. The IMG strongly recommends that other mental health programmes produce a similar report. The IMG also recommends that Mental Health Advisory Groups, modelled on the C&A Mental Health Services Group should be established for all other mental health programmes.

Forensic Mental Health Services

Developments in forensic mental health services centered on prison in-reach services in Dublin and Leinster. This is a welcome development that needs to be extended to Munster and Connacht.

During 2010, no progress was reported in the development of new national forensic mental health service and the four intensive care rehabilitation units. The IMG is aware of a statement by Government in response to the report of the Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment that a site is being developed but no public announcement has been made to-date.

The IMG also notes and welcomes the amendments to the Criminal Law Insanity Act which allows for conditional discharges from the CMH. It also welcomes the development of the protocol for the provision of Consultant psychiatric support by the HSE to the Gardaí in emergency incidents which was progressed during 2010.

Mental Health Services for Older People

In the area of old age psychiatry there have been some developments in the transfer of older long-stay patients to newly developed community nursing units or private nursing homes under the Fair Deal scheme. The IMG is anxious that

there should be continued emphasis on the placement of older people in appropriate modern and fit for purpose buildings.

The IMG notes that there are significant regions of the country without specialist old age psychiatry services including Wicklow, Kildare, Roscommon and parts of Cork and Kerry. The absence of specialist intervention in these areas has resulted in increased pressure on general adults mental health care services and general hospital services.

Rehabilitation and Recovery Mental Health Services

There has been little progress reported in the development of CMHTs in this area. There is an impression, reported to the IMG, that there is a HSE policy of withdrawal and reduction of rehabilitation and recovery services in order to support reduced mental health adult services. The HSE has stated categorically in writing that this is not HSE policy.

In its discussions in the area of Recovery, the IMG noted that both HSE and the College of Psychiatry put greater emphasis on recovery ethos in this particular service speciality. As noted elsewhere in this Report, the IMG is of the view that Recovery ethos and Recovery competencies should be an integral part of all mental health services.

Mental Health Services for People with Intellectual Disability

In its 4th Report, the IMG noted continued lack of progress in this area. In reports received for 2010 the IMG can not find any evidence of progress in development of mental health service for people with intellectual disabilities with the exception of the opening of Knockamann at St Ita's Hospital, Portrane. Sixty people transferred from inappropriate accommodation in St Ita's Hospital building to live in Knockamann which provides home to a younger population ranging from late 20s to late 50s. Most of this client group have a diagnosis of mental illness and require enhanced levels of support due to the challenging nature of their presentations.

Despite the recommendation in AVFC for 39 specialist mental health intellectual disability teams (26 for adults; 13 for children and adolescents), there are no fully staffed adult teams. There appears to be no planning for the development of the recommended acute, rehabilitation and forensic beds and day hospital places.

Concern has also been raised with the IMG at the number of people with intellectual disability (55) who are placed out of state because of the absence of appropriate facilities in Ireland. The IMG is concerned that these placements are at huge expense to the state as well as separating vulnerable people from their families.

Mental Health in Primary Care

Under mental health and primary care, the IMG notes the development of mental health centres in the newly established PCCs. Thirty-one such facilities are in place although the IMG is not able to identify the quantum of service available in each location.

Mental Health Services for Homeless People

The IMG is not aware of any new services provided for homeless people with a mental illness.

Mental Health Services for Persons with Co-morbid Severe Mental Illness and Substance Abuse Problems

The IMG is not aware of any new services provided for persons with a co-morbid mental illness and substance abuse problem.

Mental Health Services for people with Eating Disorders

The IMG is not aware of any new services provided for persons with an eating disorder with the exception of new developments by independent service providers.

Liaison Mental Health Services

The IMG is not aware of any new services provided in liaison mental health.

Neuropsychiatry Services

The IMG is not aware of any new services provided in Neuropsychiatry.

People with borderline personality disorder

The IMG is not aware of any new services provided for people with borderline personality disorder.

Suicide Prevention

The IMG notes and welcomes the additional €1 million funding for activities to be developed in 2011. The IMG notes and supports the programmes funded by

NOSP in 2010. The NOSP worked in partnership with a range of statutory and voluntary organisations to meet the commitments of *Reach Out* the National Strategy for Action on Suicide Prevention (2005). The NOSP further developed its general population mental health campaign, the *letsomeoneknow* campaign aimed at young people and its *tough economic times* campaign through the social media and advertising. Additionally, during 2010 the NOSP invested as a partner in the *See Change* National Stigma Reduction Campaign.

Conclusion

Overall the IMG is alarmed and concerned at the complete lack of progress in the Psychiatry of Old Age, Intellectual Disability, Liaison Psychiatry, Eating Disorder, Recovery and Rehabilitation, Co-morbid Substance Abuse and Mental Illness, Neuropsychiatry, and Borderline Personality disorder. These are areas that need urgent attention to ensure that the most vulnerable people within mental health care services will have their needs met.

Chapter 4

Progress on Implementation as reported by Government Departments

Implementation of 20% of the Recommendations in AVFC is the responsibility of Government Departments and their agencies. The Government Departments are: -

- Department of Health and Children (now Department of Health)
- Department of Education and Skills
- Department of Justice and Law Reform (now Department of Justice and Equality)
- Department of Social Protection
- Department of Environment, Heritage and Local Government (now Environment, Community and Local Government)
- Department of Community, Equality and Gaeltacht Affairs (functions have now transferred to newly reconfigured Departments).

As indicated in Chapter 2, the IMG further developed the template for reporting and requested that the report on progress for the period ending December 2009 include information in relation to national spread, time lines for completion and the learning which arose in the course of implementation. The template was forwarded to the Department of Health and Children for transmission to the relevant Government Departments.

The AVFC recommendations (in italics) reported on by Government Departments is summarised below. The IMG comments on progress reported in Chapter 5. It should be noted that the progress reported is additional to that reported in previous annual reports by the IMG. Copies of full progress reports are available at <http://www/dohc.ie/publications>

Department of Health and Children

***Recommendation 4.9:** Community and personal development initiatives which impact positively on mental health status should be supported e.g. housing improvement schemes, local environment planning and the provision of local facilities. This helps build social capital in the community.*

- The National Youth Health Programme, a partnership between the National Youth Council of Ireland, the Health Service Executive and the Office of the Minister for Children and Youth Affairs, aims to provide a broad based, flexible health promotion / education support and training service to youth organisations and to all those working with young people in out-of-school settings. This is achieved through the development of programmes specifically for and with youth organisations throughout the country and the provision of training and support for workers and volunteers who implement these programmes.

A one day National Conference *Mental Health: Dealers in Happiness* which examined the role of Youth Workers in promoting positive mental health in young people was held in November with 140 Participants.

- The Health Quality Mark (HQM), a set of quality standards in youth health promotion, takes the form of an award conferred on organisations that satisfy agreed quality criteria. The aim of the HQM is to develop and sustain quality youth health promotion in youth organisations. 37 organisations currently hold HQM awards at various levels.
- The National Youth Health Programme and the Irish Health Foundation developed a Healthy Eating Active Living resource for the youth sector. The resource aims to equip youth workers with the skills necessary to create a healthy eating; active living environment in their organisation by providing information on health education, healthy eating, active living policy guidelines and key contact information. The resource was disseminated at regional network events in June.
- The National Youth Health Programme is working in conjunction with NUI Galway to develop a user-friendly bibliography of health promotion research in the youth work sector. The literature will be reviewed and evaluated and gaps in Irish research on youth health promotion in the youth work sector will also be identified. This bibliography will be invaluable for health practitioners, youth workers and researchers alike. It is expected that the final Bibliography report will be available in June 2011.
- The National Youth Health Programme is working with the Sanctuary in Stanhope Street in Dublin, a voluntary organisation, offering a wide range of programmes, courses and workshops, to individuals and groups on meditation and mindfulness. The centre aims to integrate contemplative living into contemporary life. Training programmes are currently being developed for youth workers to assist them to bring mindfulness practices into their work with young people. It is anticipated that this training will be provided in 2011.

Recommendation 5.3: *A framework for interdepartmental cooperation in the development of crosscutting health and social policy should be put in place. The NAPS framework is a useful example of such an initiative.*

During 2010, the Office for Disability and Mental Health (ODMH) continued to work in partnership with four Government Departments: Health & Children,

Education & Skills, Enterprise & Innovation and Justice & Law Reform, to progress the implementation of the recommendations in AVFC.

Progress in the areas of Health, Justice, Employment, Housing and Agriculture include:

- The Cross Sectoral Team on Health & Justice continued its work to bring about improvements in services for people with mental health difficulties that come into contact with the criminal justice system. The issue of the provision of Consultant psychiatric support by the HSE to the Gardai in emergency incidents was progressed during 2010. Both Departments also engaged in extensive consultation on the drafting and enactment of the Criminal Law (Insanity) Amendment Act 2010, and the provision of step-down accommodation for persons conditionally discharged from the hospital. The Departments also collaborated in relation to the visit of the Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT).
- The Department of Health & Children continued to work closely with the Department of the Environment, Housing and Local Government to develop a National Housing Strategy for People with a Disability. The Strategy is expected to be finalised in early 2011.

Recommendation 17.1: *Substantial extra funding is required to finance this policy (Chapter 17, AVFC). A programme of capital and non-capital investment in mental health services as recommended, adjusted in line with inflation, should be implemented in a phased way over the next seven to ten years, in parallel with the reorganisation of mental health services.*

Recommendation 17.4: *Approximately 1,800 additional posts are required to implement this policy. This significant non-capital investment will result in mental health receiving approximately 8.24% of current, non-capital health funding, based on 2005 figures.*

Recommendation 17.9: *The comprehensive and extensive nature of the reorganisation and financing of mental health services recommended in this policy can only be implemented in a complete and phased way over a period of seven to ten years.*

- €50m additional capital funding was ring-fenced for mental health infrastructure, to be financed from eventual sale of lands. Progress is continuing on the hospital closure programme.
- Innovation funding of €3m was allocated to the Genio Trust in 2010 to support the transition from institutional to person-centred models of care. During 2010, 50 projects were awarded grants totalling €3.6m – 15 of which were mental health projects with funding of €1.4m.
- In September 2010, funding of almost €1 million was provided to 26 local projects under the Dormant Accounts Fund for a programme of suicide prevention measures. The initiatives funded will help communities to

develop integrated local action plans for suicide prevention and will enhance the ability of communities to prevent suicidal behaviour at all levels of risk, and are consistent with *'Reach Out – the National Strategy for Action on Suicide Prevention (2005)'*.

- Total funding available for mental health services in 2010 was c. €70m (Rev 2011). Budget 2011 provided special consideration for the mental health and disability sectors, which will ensure a reduction of 1.8% in 2011 for those sectors. The relatively lower reduction, compared to other health sectors, recognises that these services are provided to vulnerable groups.

Budget 2011 also provided:

- An additional €1 million to the National Office for Suicide Prevention to enable the Office to build on initiatives to date and bring added momentum and new impetus to their activities to address the increasing incidence of suicide.
- A further €2m to *Genio* to further their work in 2011.
- €1m to fund the expansion of *Jigsaw* an innovative community based support service for young people, which has been developed by Headstrong and is designed to promote systems of care that are accessible, youth-friendly, integrated, and engaging for young people. This allocation will be a recurring allocation for 3 years from 2011.
- More than 600 psychiatric nurses (out of a total number of 5,000) retired over the past two years. However, the 2010 Employment Control Framework for the health service provided an exemption from the moratorium and allowed the filling of 100 psychiatric nursing posts. In addition, the moratorium on recruitment did not apply to exempted grades (psychologists, social workers etc) i.e. vacancies in these grades could be filled and new posts created subject to a post of equivalent value being suppressed.
- In 2010, 90 vacant psychiatric nursing posts were reallocated within the HSE and targeted towards priority areas such as the CMH (20 posts), St Brendan's (30 posts) and the two new Child and Adolescent units in Cork and Galway (20 posts each).

Recommendation 19.9: *The recommendations of the Health Research Strategy should be fully implemented as the first step in creating a health research infrastructure in mental health services.*

Recommendation 19.10: *A national mental health services research strategy should be prepared.*

- The Health Research Strategy has been superseded by the establishment of the Health Research Group (HRG) to coordinate strategic engagement at national level of all relevant organisations in health research. The HRB is leading implementation of actions concerning research funding and the development of infrastructure for clinical research. The HRG is chaired by the Department of Health and Children and includes Departments of Enterprise Trade and Employment, Education and Science, Environment,

Heritage and Local Government, Marine and Natural Resources, and Agriculture, Food and Fisheries. It is supported by various agencies including the HRB, HSE, HIQA, Science Foundation Ireland (SFI), Enterprise Ireland (EI), the Industrial Development Agency (IDA) and Forfás.

- In 2010, the Health Research Board (HRB) underwent a period of reorganisation and realignment to reflect its shift in strategic emphasis, articulated in the revised HRB Strategic Plan 2010 – 2014. The HRB commits to increasing its support for Population Health Sciences and Health Services Research, to focus on developing the infrastructure and services required to build a coherent research system within the Irish health system, and to focus activities on accelerating the uptake of research evidence and increasing the capacity of health professionals to implement that evidence. This shift in focus will see the continued development of infrastructure, capacity and greater funding opportunities for mental health research.
- The HRB has conducted a review of population health sciences and health services research in Ireland to inform the development of upcoming initiatives for population health sciences research (PHSR) and health services research (HSR) within the HRB. This Review provides vital evidence to inform the development of mental health research in Ireland. It is planned to publish the Review and an Implementation Plan that sets out HRB funding priorities for PHSR and HSR in 2011.
- The HSE is shifting its service delivery focus to a population health approach and is striving to develop and embed an R&D culture within the health service by linking chronic disease management and the development of care pathways to the identification of evidence gaps and research priorities for the Directorate of Quality and Clinical Care.
- The Health Information and Quality Authority (HIQA) has begun to develop standards for the myriad of health information systems in Ireland.
- A dedicated Research Unit, within the Department of Health and Children, is driving significant strategic research-relevant initiatives such as the development of a Health Information Bill which will facilitate a national ethics committee structure, the development of a Unique Personal Identifier and the legislative basis for linkage of existing health information data.
- A national Task Force on Prioritisation of Research has commenced its deliberations, assisted by Forfás, which will have a significant impact on where research expenditure is directed in Ireland over the coming years.

Recommendation 19.11: *dedicated funding should be provided by the Government for mental health service research.*

- The Department of Health and Children provides funding to the Mental Health Research Unit 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), quarterly Performance Indicator reports on activities in the services and

- regular Census of Psychiatric Inpatients and Community Residences reports.
- During 2010, the HRB supported 51 mental health research projects representing an investment of €14.4m across the lifecycle of this research.

Recommendation 19.12: *People with experience of mental health difficulties should be involved at every stage of the research process including the development of research agendas, commissioning, overseeing, conducting and evaluating research as well as supporting the use of the emerging evidence base in policy and practice.*

- The HRB has a wide funding remit and funds researchers outside of academic settings in voluntary and teaching hospitals, medical charities, research institutes and health service settings. In promoting the role of service users within health research, the HRB adopts two main approaches:
 1. It advocates and promotes the involvement of users and patients within the processes and activities of individual research projects that are submitted for funding review.
 2. Where it has a role in defining the oversight structures of an infrastructure initiative the HRB is able ensure an end user or patient representation in governance and thus strategy setting for the infrastructure.
- The HRB produces and disseminates an annual *Picture of Health* publication to help the general public understand the link between investments in health research and the health care they receive. In 2010, the stories featured came from more than 200 researchers working in ten third level institutions universities and ten hospitals.

Department of Education and Skills

Recommendation 3.4: *The adult education system should offer appropriate and supported access to information, courses, and qualifications to service users, carers and their representatives that would help to enhance and empower people to represent themselves and others.*

- The Higher Education Authority (HEA) developed a student information section on its website <http://www.hea.ie/en/students>. The site provides a wide range of information for students and parents on opportunities in higher education; advice on course choices; information on how to apply to higher education institutions; student finances; postgraduate study and the student experience. The site also contains a host of links to other relevant websites.

Recommendation 4.1: *All citizens should be treated equally. Access to employment, housing and education for individuals with mental health problems should be on the same basis as every other citizen.*

- FÁS has mainstreamed its services and all services are open to people with disabilities.
- Supports for students with mental health difficulties are supplemented through the ESF –aided Fund for Students with Disabilities. In the 2009–2010 academic year, some €12.2 million was approved for 4,963 students. With regard to students with a mental health difficulty, 289 students were approved funding. It should be noted that from 2005 – 2006 to 2009-2010 the number of students with mental health difficulties accessing the Fund increased from 57 to 289 (400%).
- Some higher education institutions provide support services such as institutional-based counselling, mental health/psychiatric services or general learning support. For example, there is a specialised occupational therapy mental health support service called Unilink within the Disability Service. Additionally, institutions have developed online information services to assist students with mental health problems – <http://pleasetalk.ie/>

Recommendation 4.3: *The flexible provision of educational programmes should be used to encourage young people to remain engaged with the education system and to address the educational needs of adults with mental health problems.*

- The *National Plan for Equity of Access to Higher Education* (HEA 2008) included a national target for flexible/part-time provision for higher education. A target of 17% was set for 2013. An interim target of 13% was set for 2010. An analysis of 2010 data reveals that the target was exceeded, with 21,525 students participating on such courses. This represents 14.1% of provision in 2010.

Recommendation 4.6: *Evidence-based approaches to training and employment for people with mental health problems should be adopted and such programmes should be put in place by the agencies with responsibility in this area.*

- Twelve higher education institutions collaborate on a Disability Access Route to Education (DARE) scheme. DARE is for school leavers who have the ability to benefit from and succeed in higher education but who may not be able to meet the points for their preferred course due to the impact of their disability. Students can apply to the DARE scheme to gain a place on a higher education course in participating institutions on a reduced leaving certificate points basis. Once a student with a disability enters college, via DARE or through traditional entry, they can avail of the full range of student supports.

Recommendation 10.4: *Programmes addressing mental health promotion and primary prevention early in life should be targeted at child populations at risk.*

- The National Educational Psychological Service (NEPS) currently employs 171 psychologists, an increase of 13 on the 2009 figure. Under the terms of the National Recovery Plan 2011 - 2014 a cap of 178 was applied in this

regard. The Department of Education is working with the Public Appointments Service (PAS) to bring the complement to this level in the immediate short-term.

- During 2010, NEPS completed a process with Primary and Post-Primary schools assisting them in the development of Critical Incident Management Plans.
- NEPS has applied a Continuum of Support Structure for Primary and Post Primary schools relating to the provision of support for students with special education needs including social emotional health difficulties. Two documents were developed for schools in 2010 - *A Continuum of Support for Post Primary Schools* and at primary level the *Behavioural Emotional Social Difficulties – A Continuum of Support*.
- Guidelines and resource materials have been prepared for teachers and are being distributed to schools as part of the NEPS support service.
- NEPS has also had input into the Inter-Departmental Committee on Health Promotion and Suicide Prevention in relation to the development of a framework in this regard for operation within Post-Primary Schools. This Committee is due to report in 2011.

Recommendation 10.5: *For those children in school settings it is recommended that the SPHE be extended to include the senior cycle and that evidence-based mental health promotion programmes be implemented in primary and secondary schools.*

- The Social, Personal and Health Education (SPHE) modules at junior cycle deal specifically with belonging and integrating, handling conflict constructively, bullying, dealing with peer pressure, coping with stress, emotional health and well being, influences on decision-making, and relationships and sexuality education.
- In third year, an awareness of the range of agencies which can help students in difficulty is promoted, as well as the skills of knowing when and how to seek help. SPHE is designed for implementation in the context of a caring whole-school approach which is supported by the pastoral care structures in schools.
- All post-primary schools provide guidance and counselling service for students and receive ex-quota hours from the Department for this provision. The service includes the provision of individual guidance and counselling for students either at critical stages in their education or at times of personal crisis.
- Schools continue to use Mental Health Matters, a resource pack on mental health for 14 to 18 year olds, on an optional basis as a module in the Transition Year Programme, an element of the Leaving Certificate Applied Programme, a component of the SPHE programme or an element of other subjects such as Religion or Home Economics.
- In addition to the above, the Department continues to provide funding for a large number of mainstreamed projects in local drugs task force areas.

These projects, through a variety of programmes and activities, seek to encourage young people not to engage in drug-taking. Most of these projects are administered by three VECs - Dublin City, Dublin County and Dun Laoghaire - while a small number are funded directly by the Department.

- Eighteen VECs also administer over 70 interim funded projects in drug task force areas around the country which are funded by the Department of Community, Equality and Gaeltacht Affairs.

Recommendation 10.6: *Provision of programmes for adolescents who leave school prematurely should be the responsibility of the Department of Education and Science.*

- The Department of Education & Skills has adopted a broad-based approach to tackling early school leaving. DEIS (Delivering Equality of Opportunity in Schools) action plan for educational inclusion focuses on addressing the educational needs of children and young people from disadvantaged communities. Enhancing attendance, progression, retention and attainment are central elements of the DEIS plan. Targeted interventions include the School Completion Programme (SCP), Home School Community Liaison services, additional funding for pupils at risk of early school leaving and alternative curricular options.
- The National Educational Welfare Board (NEWB), the National Educational Psychological Service and the Department are working together to ensure that an integrated approach to children at risk of early school leaving is adopted between staff in these services and other staff involved in the implementation of the School Support Programme under DEIS.

Recommendation 11.2: *A Health Promoting College Network should be developed and implemented.*

- Higher education institutions provide health services as part of their student support services. Within this broad health promotional framework, higher education institutions develop policies to create and maintain an environment which is conducive to the health and well-being of students and staff. Many university counselling services run workshops focused on mental health issues such as stress management, resilience and coping skills.

Recommendation 12.7: *The development of formal coordination structures between health services and employment agencies should be a priority if the delivery of seamless services is to be facilitated.*

- A Protocol relating to mutual referrals of applicants with disabilities between FÁS and the HSE is in place under the aegis of the Cross Sectoral Group comprising the former Department of Enterprise, Trade and Employment, Department of Health and Children, Department of Social

Protection, FÁS and the HSE. This group provides a mechanism for a cross-sectoral approach between Departments and agencies with responsibility for the delivery of the mainstreaming agenda in respect of the employment of people with disabilities.

(Under the transfer of functions announced in 2010 responsibility for FÁS and all its functions, including employment services and community programmes, and skills policy, transferred to the Department of Education and Skills).

Recommendation 12.8: *To facilitate the service user in re-establishing meaningful employment, development of accessible mainstream training support services and coordination between the rehabilitation services and training and vocational agencies is required.*

- The FÁS Strategy for Vocational Training provision for people with disabilities addresses the issue of re-establishing employment and makes relevant recommendations along with timelines for intervention. The Strategy forms an integral part of the Sectoral Plan of the former Department of Enterprise, Trade and Employment. Many of the recommendations in the Strategy regarding FÁS training are currently in the process of being implemented under the FÁS Vocational Training Strategy for Disabled People.
- All FÁS Services are open to people with disabilities and the organisation welcomes applications from those who wish to progress and enter the open labour market. Both FÁS and the HSE recognise that the transition for people with disabilities from HSE rehabilitative training to FÁS Vocational training can be difficult and this has been evidenced by high drop out levels in the past. In order to address this need, the HSE and FÁS scheduled three short Test Bridging Programmes between HSE Rehabilitative Training and FÁS Vocational Training which will now take place in 2011. On completion they will be evaluated and will inform policy and practice going forward.
- A specific recommendation for developing a Protocol for FÁS mainline vocational training provision for people with mental health difficulties, which is contained in the Mental Health Forum's report, has been developed and disseminated for use by FÁS staff. The protocol recommends a framework within which FÁS staff can support learners with mental health difficulties in delivering training and providing employment, and community services to this group of FÁS customers.
- The results of the first programme from the FÁS joint bridging initiative with St. Joseph's Foundation in Charleville, County Cork, which tests if people with disabilities can make the transition from rehabilitative training to vocational training with a view to entering the open labour market, were encouraging and a repeat programme was contracted in 2010. The programmes are for 14 people each and they are of 2 years duration.

Department of the Environment, Heritage and Local Government

Recommendation 4.1: All citizens should be treated equally. Access to employment, housing and education for individuals with mental health problems should be on the same basis as every other citizen.

- The Department continues to support a vibrant voluntary and co-operative housing sector through the Capital Assistance Scheme with funding of €90 million provided for 2011.
- The reform of allocations policy and a new system of assessment of housing need were identified as part of a suite of reforms required in order to put in place a modern system of housing supports, including through providing an improved basis for policy development and service delivery. The legislative framework for the new needs assessment and allocation policies system has been provided for in the Housing (Miscellaneous Provisions) Act, 2009 and work continues on its implementation. Regulations and guidance on needs assessment as well as new needs assessment procedures will be in operation in 2011. It is planned that new allocation schemes will be put in place in housing authorities by mid-2011. Given the wide range of different letting schemes currently in operation, it is intended that local authorities be given some time and flexibility to transition fully to the new allocation policy.

Recommendation 4.7: The provision of social housing is the responsibility of the Local Authority. Mental health services should work in liaison with Local Authorities to ensure housing is provided for people with mental health problems who require it.

- The Department is finalising a national housing strategy for people with a disability. The strategy will have particular regard to people who experience a mental health disability. The strategy, which is due to be submitted to the Housing Forum and to Government in 2011, was prepared with the assistance of a National Advisory Group, chaired by this Department and involving the Department of Health and Children, the Health Service Executive, social partners and other relevant stakeholders, including the National Disability Authority. A sub-group of the National Advisory Group was established to examine the specific housing needs of people with a mental health disability. The work of the sub-group also included the development of a protocol governing liaison between housing authorities and the HSE in relation to the individual housing needs of people with a mental health disability.
- A further protocol is also being developed to govern liaison arrangements between the housing authorities and the HSE in relation to the provision of capital and revenue funding for health service related support costs for projects provided by approved housing bodies for people with a disability.
- In addition, a protocol to govern liaison arrangements between housing authorities and the HSE in relation to the strategic assessment of the nature and extent of local housing needs of people with a disability, has been

identified as a key action in the context of the development of the national housing strategy for people with a disability. This protocol will improve the capturing of data in relation to the housing needs of people with a disability, including those with a mental health disability, and is expected to be in place by quarter 3, 2011.

- Discussions are underway between the Department and the Office for Disability and Mental Health in relation to the de-institutionalisation of mental health facilities and the provision of more appropriate accommodation and the necessary community based health related supports for people with a mental health disability.

Recommendation 4.9: *Community and personal development initiatives which impact positively on mental health status should be supported e.g. housing improvement schemes, local environment planning and the provision of local facilities. This helps build social capital in the community.*

- To date, payments of almost €6.5 million have been made from the Sustainable Communities Fund, with payments of €1.285 million made in 2010.

Recommendation 15.2.1: *A data base should be established to refine the dimension and characteristics of homelessness and analyse how services are currently dealing with it.*

Recommendation 15.2.2: *In the light of this information, scientifically acquired and analysed, make recommendations as to requirements and implement them.*

- A statutory assessment of housing need is carried out every three years by all housing authorities. The last assessment took place in 2008.
- The National Strategy to Address Adult Homelessness 2008 – 2013 is committed to the development and implementation of a single integrated data information system on the use of homeless services. The development of this new client based data system (PASS) was completed towards the end of 2010 and training of the system was rolled out to all funded Statutory and Voluntary homeless services in Dublin. The system is due to go live in January 2011, when the rollout in Dublin commences.

Recommendation 15.2.3: *The Action Plan on homelessness should be fully implemented and the statutory responsibility of housing authorities in this area should be reinforced.*

- The Housing (Miscellaneous Provisions) Act 2009, which commenced on 1 February 2010, puts local homeless action plans on a statutory basis. Statutory Regional Joint Homelessness Consultative Fora have been established and statutory regional action plans were adopted by mid 2010.

Recommendation 15.2.4: *A range of suitable, affordable housing options should be available to prevent the mentally ill becoming homeless.*

- *Support to Live Independently* Scheme, which was announced in 2009, commenced operation in Dublin in the last quarter 2010. Other housing options were assertively pursued during 2010 for the provision of long term accommodation for the homeless including providing long term tenancies in homeless facilities that were being converted to independent self-contained units, a new leasing scheme, Rental Accommodation Scheme (RAS) and the social housing lettings scheme. In addition to the sourcing of long term accommodation solutions there was sufficient bed capacity on a nightly basis to accommodate all those in need of emergency accommodation and an assertive outreach service assisted in eliminating the need for homeless persons to sleep rough.

Department of Justice, Equality and Law Reform

Recommendation 15.1.2: FMHS should be expanded and reconfigured so as to provide court diversion services and legislation should be devised to allow this to take place.

- The Criminal Law (Insanity) Act 2010 was signed into law on 22 December 2010 and will be brought into operation early in 2011. Section 4 of the Act, which improves the procedure specified in the Criminal Law (Insanity) Act 2006 for dealing with persons who may be unfit to be tried on criminal charges, will go some way towards encouraging the use of the diversion route, where possible. Section 4 (a) of the Act amends section 4 (3) of the 2006 Act, which deals with the determination of the fitness to be tried of a person who is before the District Court charged with a summary offence or with an indictable offence which is being, or is to be tried, summarily. The new paragraph 4 (3) (aa), inserted by the 2010 Act, will allow the court, where a question arises as to an accused person's fitness to be tried, to request evidence of an approved medical officer for the purposes of
 - (i) determining whether to adjourn the proceedings to facilitate the accused person in accessing any necessary care or treatment,
 - (ii) making a determination as to whether or not the accused person is fit to be tried, or
 - (iii) exercising the power to commit the accused person to a designated centre for examination under section 4 (6).

This amendment (particularly paragraph (i)) should help to prevent unnecessary referrals to the Central Mental Hospital (CMH) and give statutory recognition to informal diversion arrangements operating at Cloverhill District Court.

- The amendment to Criminal Law Insanity Act will also allow for the conditional discharge of patients from the Central Mental Hospital (CMH) to community forensic settings which would offer a safe transition for patients from the CMH to a structured facility in the community. The community forensic mental health team will provide follow-up and address risks subsequent to discharge, providing an intensive highly staffed social care model to ameliorate the possibilities of relapse. The commencement of

the Act should bring improved access for prisoners to therapeutic facilities in the CMH and will allow for enhanced throughcare options which will create more vacancies for admission to the CMH.

Recommendation 15.1.8: Education and training in the principles and practices of FMH should be established and extended to appropriate staff, including An Garda Síochána.

- Training events were held for the Probation Service personnel during 2010:
 - *Mental Health, Personality Disorder and Self Harm* - event held in Dublin in May (delivered by CMH personnel).
 - *Working with people with Personality Disorder* - event held in Cork in April.
 - *Responding to Trauma and Post Traumatic Stress Disorder* – event held in Dublin in June (Trinity College personnel. Social Studies Dept.).
 - *Dual Diagnosis* - June - a member of the Wexford team completed a five week course hosted by the CMH.
 - *Safe Talk* - Suicide awareness training - held in Cork in September (HSE)
 - *Loss and Bereavement* event held in Dublin in September (Trinity College personnel, Social Studies Dept.)

- Training in mental health issues continues to be part of Garda training. For serving members training modules on Mental Health Awareness have been part of the Continuous Professional Development Core Programme since 2004 and were updated in 2007. Mental Health awareness training was incorporated into Phase 3 Training for Garda students with specific focus on the issue of suicide. Lectures and presentations on other aspects of personality issues have been facilitated by SHINE Ireland and Focus Ireland as well as presentations on the necessary steps for young Gardaí to look after their own mental health and seek help to deal with stressful incidents they encounter in the course of their duties.

Recommendation 15.1.9: A senior garda should be identified and trained in each Garda division to act as resource and liaison mental health officer.

- A Memorandum of Understanding on the removal or return of a person to an Approved Centre in accordance with section 13 and section 27, and the removal of a person to an Approved Centre in accordance with section 12, of the Mental Health Act 2001 was agreed between the Garda Síochána, the HSE, the Mental Health Commission and service users and was signed by the Commissioner on 15 September 2010.

Effective implementation of the Memorandum of Understanding is underway. A member of the Garda Síochána at Inspector rank has been nominated in each Garda Division to act as liaison person to the Approved Centre to the catchment area(s) that extent to their Division.

The development of a specific training programme for these Liaison Inspectors is at an advanced stage in the Garda College.

Department of Social Protection

- Funding of €3.3 million for advocacy services was provided in 2010, bringing the total funding for all advocacy services to €12 million for the period 2005 to 2010.
- Forty-six projects were funded to deliver representative advocacy services to people with disabilities. The overall focus of the programme is on representative advocacy for people with a disability. There was a caseload of 2,169 in 2010.
- In October 2010, in line with recommendations of the evaluation of the pilot programme, a new National Advocacy Service for People with Disabilities was announced to take effect from January 2011. Since then, a rationalisation of services has taken place; with the number of disparate entities providing advocacy services reducing from 46 projects to 5 lead Citizens Information Services (CISs). The service will be regionally structured, with 5 regional teams, each reporting directly into one voluntary board of an existing CIS within the region.
- The Citizens Information Board (CIB) also provides advocacy through the CISs supporting the provision of an enhanced mainstream service to enable more people with disabilities to use mainstream CISs on the same basis as everyone else, focusing on access to services, welfare entitlements and employment rights.

Recommendation 4.4: *Measures to protect the income of individuals with mental health problems should be put in place. Health care access schemes should also be reviewed for this group*

- Social welfare rates are guided by the commitments in the National Action Plan for Social Inclusion 2007-2016: *Building an Inclusive Society (NAPinclusion)* and the *Social Partnership Agreement Towards 2016*.

Department of Community, Rural and Gaeltacht Affairs

The next progress report on the NAP inclusion Report 2007 – 2016 for the period 2009 – 2010 will be available Q2, 2011.

Chapter 5

Commentary on progress reported by Government Departments

Introduction

The IMG received detailed reports from the Government Departments concerned with implementing some aspect of AVFC. A Summary of progress reported is detailed in Chapter 4 and is available on the web at www.dohc.ie/publications/

Department of Health and Children

The Department of Health submission was accompanied by a presentation by the Director of the Office for Disability and Mental Health, Ms Bairbre Nic Aongusa. The Department reported progress on the following:

- The ring-fencing of additional capital funding of €50m
- Exemption from moratorium for nursing posts

The IMG understands that it is intended that both of these measures will be repeated in 2011. The Department also reported progress in reorganising services in Dublin and Wexford arising out of the conditions imposed by the Mental Health Commission. Other initiatives highlighted by the Department include:

- IIMHL Leadership Conference in Killarney
- Launch of Stigma Reduction Campaign *See Change*
- Innovation funding of €2 million to Genio Trust and €1m to the Headstrong Jigsaw project.
- Dormant Account funding for suicide prevention initiatives.

Notwithstanding these developments the Department agreed that work needs to be done on cross-sectoral planning within Government Departments. The Department acknowledges that progress on implementation had been slow in respect of housing and employment.

The IMG is concerned that the remit of the Office of the Minister of State with responsibility for mental health has been retracted from the three other Government Departments as outlined in last year's IMG report. The IMG recommends that the Minister of State should have specific linkage with all Departments that have a responsibility for implementing AVFC.

Department of Education and Skills

Much of the activity reported refers to on-going policies and interventions spanning a number of years. Of note, is the increase in the number of

psychologists (an increase of 13) employed by NEPS and the NEPS work in the development of critical development plans.

Department of Environment, Heritage and Local Government

Reports from this Department indicated on-going work in the development of protocols and policies between Housing Authorities and the HSE on the housing needs of people with mental health problems.

Department of Justice and Law Reform

This Department's report relates to the amendment to the Criminal Law (Insanity) Act 2006 which allows for conditional discharges from the Central Mental Hospital to community care. Other amendments to the Act will, hopefully, prevent unnecessary referrals to the CMH.

The IMG welcomes the memorandum of understanding agreed between An Garda Síochana and the HSE which will lead to the development of liaison systems in each catchment area between the Gardaí at inspector rank and mental health services.

The IMG acknowledges the visit of the Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment during 2010, its comments on mental health care in prisons and the reply to the Report issued by the Government.

The IMG welcomes the development of the protocol for the provision of Consultant psychiatric support by the HSE to the Gardaí in emergency incidents which was progressed during 2010.

The IMG welcomes the publication in 2010 of the Heads of a Bill for Capacity Legislation and urges the new Government to proceed with urgency in the republication of revised heads of Bill.

Department of Social Protection

The IMG welcomes the progress made during 2010 resulting in the launch of the National Advocacy service in 2011 by the Citizens Information Bureau which includes responding to mental health Advocacy needs.

Conclusion

Overall, the IMG is of the view that, with the exception of the Department of Health, there is little specific focus in Departments on how AVFC is being implemented. Many of the responses provided did not relate to the specific recommendation in AVFC. The IMG recommends that relevant Departments should have a detailed, timelined and costed implementation plan for AVFC.

Chapter 6

Recovery

6.1 Introduction

Recovery is a core principle of AVFC. Putting Recovery at the core of all mental health services is not resource dependent. It is disappointing therefore that the IMG found little evidence that in 2010 concrete steps were in train to make Recovery the pervasive philosophy of mental health services. This must change as a matter of urgency and Recovery must be embedded in all aspects of mental health service delivery in Ireland.

6.2 The Recovery Ethos is central to Mental Health Policy

AVFC states that Recovery is the foundation of mental health policy. *“A Recovery approach to mental health should be adopted as a cornerstone of this policy”*, and *“this new policy focuses on a different approach to people with mental health problems, not as passive recipients of care, but as active participants in care who need to be helped and enabled to recover – not necessarily in the sense of ‘being cured’ but rather in a sense of regaining control over their lives and of learning to live with symptoms if they cannot be eliminated”*.

Recovery reflects *“the belief that it is possible for service users to achieve control over their lives, to recover their self-esteem, and move towards building a life where they experience a sense of belonging and participation”*. *“While recovery does not necessarily mean a cure, it does suggest that the individual can live a productive and meaningful life despite vulnerabilities that may persist, equipped with the necessary self-understanding and resources to minimize relapse”*, and to be treated with dignity and respect.

“A recovery orientation should inform every aspect of service delivery and service users should be partners in their own care. Care plans should reflect the service user’s particular needs, goals and potential and should address community factors that may impede or support recovery”.

In their introductions to AVFC both the then Minister for State for Mental Health, Tim O’Malley, and Joyce O’Connor, Chairperson of the Expert Group on Mental Health Policy, reiterated the core role of Recovery principles in modern mental health service delivery.

In the consultation process with service users, carers and providers, which was a key step in the development of AVFC, *“the need to adopt a recovery perspective at all levels of service delivery”* was one of the most frequently cited issues.

6.3 The Mental Health Commission and Recovery

The MHC has reiterated their view that the Recovery approach and practice orientation must be central to the delivery of Irish Mental Health services in several publications in recent years.² In addition, the Commission held a conference in 2008 focused exclusively on the Recovery approach in conjunction with the publication of its resource pack ‘*A Recovery Approach within the Irish Mental Health services – Translating Principles into Practice*’. Their recognition of the commitment to addressing the implementation challenges have been demonstrated in these resource documents. However, it was not apparent to the IMG that these resources are being utilised across the broader HSE.

6.4 Recovery and the Irish Mental Health Services

The Monitoring Group is heartened by the finding in the NSUE 2010 “Second Opinion”³ national survey that 67% of respondents felt that Recovery was promoted by their mental health service.

The IMG notes and welcomes the intention of the National Clinical Lead for Mental Health to develop A ‘*Recovery Office*’ Programme. Additionally, the IMG notes the commencement of a Recovery Working Group in the Office of the Assistant National Director. It is desirable that the various offices of the HSE work collaboratively on this issue.

However, it is of concern that, in a major review of Community Mental Health Care Teams in Ireland⁴, it was found that “*Recovery is a contested concept*”. A common theme of the presentations and submissions to the IMG was that very little was happening with regard to Recovery. With some exceptions, the centrality of Recovery and the Recovery ethos has not as yet become embedded in the plans or the everyday operations of the Irish Mental Health Service.

In each of its Annual Reports since the inception of the first Group in 2006, the IMG has expressed concern regarding the lack of appropriate focus on and development of a Recovery ethos and approach within Irish Mental Health Services. In its 2009 annual report, the IMG stated that “*It is of great concern that so little progress has been made in embedding the Recovery ethos, the cornerstone of A Vision for Change, in our national mental health services over the past three years. We are left to conclude that this ethos presents challenges either at the fundamental level of understanding or at the immediate level of implementation. This situation needs to be acknowledged, prioritised and addressed as a matter of urgency.*” On a national level, it appears that little changed during 2010 with regard to these concerns.

²A Vision for Recovery Model in Irish Mental Health Services Discussion Paper Fostering and promoting high standards in the delivery of mental health services (2005); A Qualitative Analysis of Submissions to the Mental Health Commission (2007) and The Recovery Journey Position Paper (2008) - available at <http://www.mhcirl.ie/Publications/>

³ http://www.nsue.ie/m/uploads/files/Second_Opinions_2010_.pdf

⁴De Burca et al. (2010) Community Mental Health Teams, Determinants of Effectiveness in an Irish Context.

6.5 Care Planning

The IMG considers that the fundamental principle of Recovery oriented mental health services is the development and implementation of comprehensive multidisciplinary care planning. Such care plans should have a recovery focus and be drawn up in partnership with the individual service user and, where appropriate, their family and / or supporters.

A welcome development therefore has been The National Mental Health Services Collaborative (NMHSC), established in November 2009. This is a quality improvement initiative between the MHC and the HSE, in partnership with St. Patrick's University Hospital and St. John of God Hospital. The aim of this project is to develop and implement individual care and treatment plans to support recovery in accordance with Standard 1.1 of Quality Framework for Mental Health Services in Ireland (MHC, 2007) across eleven multidisciplinary teams over 18 months. In addition the teams will work towards achieving 15 other standards that are linked to Standard 1.1. The project is using the 'Breakthrough Collaborative Approach' developed by the Institute of Health Care Improvement (IHI) in the United States. The project is undergoing independent evaluation and during 2010 teams received site visits, interviews and completed on line questionnaires for the evaluators. During 2011 the teams will develop plans to sustain the improvement that they have achieved and spread that learning to other teams. It is anticipated that the independent evaluation of this initiative will be published later this year.

6.6 Submissions received on Recovery

The IMG is disappointed to report that the presentations and submissions from the HSE and other stakeholders with regard to Recovery and the Recovery ethos did not recount a uniform and pervasive approach as would be expected.

At a national level, Recovery did not feature in the submission from the HSE (on-line survey) other than in the context of Rehabilitation Psychiatry. According to HSE officials during consultation with the IMG, the HSE does not as yet have a policy on Recovery. The presentations and submissions from the 4 HSE regions to the IMG demonstrated considerable variance regarding the apparent emphasis placed on Recovery and developing the Recovery Ethos within these four regions. While recognising that there were some initiatives in all regions with regard to Recovery, the IMG was particularly impressed with the work undertaken in the HSE South region to progress and implement a Recovery approach within their services (*'Moving West Cork Mental Health Service in a Recovery Direction: Developing an integrated mental health service in line with A Vision for Change'*).

In an effort to ascertain the degree to which Recovery was being actively promoted and taught, the IMG wrote to the educational bodies and other organisations charged with educating professionals, support staff, service providers and service users. The IMG asked each group if they had a policy on Recovery and a policy document on Recovery, and if so, they were requested to forward a copy to the IMG. Explicit information was sought from the bodies

charged with education of the relevant professions and other staff as to the degree to which Recovery is explicitly dealt with in their curricula.

The IMG is thankful to the agencies and organisations which submitted written responses which are listed at Appendix 2. The submissions are available at <http://www.dohc.ie/publications/>

The College of Psychiatry of Ireland does not have a policy or a policy document on Recovery. The College of Psychiatry of Ireland informed the IMG that they include Recovery as part of their training of post-graduate training of psychiatrists, and continuing professional education of practicing psychiatrists, particularly in relation to Rehabilitation Psychiatry. The degree of emphasis on Recovery within this training was not outlined. This college forwarded a copy of “*A common purpose: Recovery in future mental health services*”⁵ to the IMG. This British publication, a joint position paper, is the result of collaboration between the Care Services Improvement Partnership in the United Kingdom, which includes Care Services Improvement Partnership, Royal College of Psychiatrists, and Social Care Institute for Excellence. It is not clear to what degree the ideas and principles outlined in this document are put into practice within Irish mental health services.

In its position paper on Irish Mental Health Services⁶, The Irish Medical Organisation supports the establishment of Recovery and Rehabilitation services for mental health service users with severe and enduring mental health problems, and recommends that all mental health staff should receive adequate training in Recovery competencies. It is not clear from their submission whether the Irish Medical Organisation has itself actively initiated the development and progression of Recovery.

The Irish College of General Practitioners does not have a specific policy on Recovery. In their management of people experiencing mental health difficulties, GPs employ their core competencies, as they do for all aspects of health care.

While they do not as yet have a policy on Recovery, submissions on Recovery from the Independent Mental Health Service Providers suggested that Recovery is seen as important within these organisations both in theory and in practice. However it is difficult to ascertain to what degree this perception translates into practice.

In their submission, the Pharmaceutical Society of Ireland emphasised the role of the pharmacist in the provision of high quality care.

6.7 General Observations

The IMG has formed the opinion, whilst broadly welcomed, the Recovery ethos has not been incorporated into mental health service delivery to anything like the degree recommended in AVFC.

Five years after the publication of AVFC, the HSE has no explicit policy or policy document on Recovery. We understand that the HSE is currently

⁵ <http://www.scie.org.uk/publications/positionpapers/pp08.pdf>

⁶ http://issuu.com/issuuimo/docs/mental_health_nov2010?mode=a_p

working to produce a document on Recovery, but it is not clear whether this will translate into a policy or a policy document.

As seems to be a common theme regarding implementation of AVFC, the lack of leadership at corporate level, which has affected the implementation of AVFC since its inception, is unfortunately a key factor in the current inconsistent state of incorporation of the Recovery ethos within the mental health services in Ireland. The degree to which the Recovery ethos has become a reality within services appears to depend upon local leadership by service providers, local voluntary groups and service users who believe in and drive the Recovery ethos.

In its meetings with various stakeholders, it seemed to the IMG that in many services Recovery was primarily considered within the context of Rehabilitation and Recovery part of the service. However, AVFC clearly stated that the Recovery ethos must apply throughout mental health services, not just Rehabilitation and Recovery services.

The IMG does not have a sense that there are definite plans to up-skill service providers in recovery competencies.

The IMG considers the document developed by the National Institute for Mental Health England and the Sainsbury Centre for Mental Health Joint Workforce Support Unit – *The Ten Essential Shared Capabilities A Framework for the Whole of the Mental Health Workforce*⁷ as an appropriate document which sets out a value based system of knowledge and working that recognises the centrality of the service user. A recovery audit tool needs to be in place, and used by every multidisciplinary team, and training in recovery competencies needs to be part and parcel of professional development across all disciplines; and should be part of any job description in mental health services and be examined at interview by a panel that includes a service user.

⁷ U.K. Department of Health document developed by the National Institute for Mental Health England and the Sainsbury Centre for Mental Health Joint Workforce Support Unit – *The Ten Essential Shared Capabilities A Framework for the Whole of the Mental Health Workforce in conjunction with NHSU (2004)*

Chapter 7

Recommendations

Recommendations

In light of the above conclusions the IMG makes the following recommendations:

7.2.1 Recommendations – Health Service Executive

- A National Mental Health Service Directorate with the authority to control the redistribution of existing resources and the allocation of any new resources to support implementation of AVFC should be established within the HSE.
- A detailed, time-lined and costed implementation plan should be developed as a matter of urgency.
- The IMG again urges the HSE to consider carefully the issues and the evidence presented around implementation set out by the MHC in the report *From Vision to Action*.
- A detailed plan to address the shortcomings identified in the Report *Community Mental Health Teams Determinants of Effectiveness in an Irish Context* should be put in place by the HSE.
- The IMG urges the HSE to use the impending shortage of non-consultant hospital doctors to consider reforming the delivery of our mental health services and look at ways of doing things differently. Similarly, the dramatic reduction in the number of nurses may present an opportunity for creative and imaginative thinking in the delivery of mental health care services, such as mental health care support workers, as proposed in AVFC.
- Given the remit of the NSUE, the IMG is of the view that the overall resource allocation to NSUE needs to be reflective of its need to expand and develop.
- The post of National Clinical Lead for Mental Health should be on a full-time basis.
- The introduction of an electronic reporting system providing quantitative and qualitative data is an important component of driving the full implementation of AVFC and should be progressed as a priority.
- There needs to be a strengthened working relationship between the HSE and the Independent Service Providers to add greater cohesion to the delivery of mental health care services.

- In tandem with the development of fully developed CMHTs and services the closure programme for the remaining psychiatric hospitals should be accelerated.
- Mental Health Advisory Groups, modelled on the C&A Mental Health Services Group, should be established for all other mental health programmes.
- A new national forensic mental health service and four regional intensive care rehabilitation units should proceed as quickly as possible.
- Implementation of specialist mental health services in Psychiatry of Old Age, Intellectual Disability, Liaison Psychiatry, Eating Disorder, Recovery and Rehabilitation, Co-morbid Substance Abuse and Mental Illness, Neuropsychiatry, and Borderline Personality disorder should be prioritised as a matter of urgency.

7.2.2 Recommendations - Government Departments

- The decision by Government to give special protection to mental health care service expenditure should be continued in future years.
- A derogation for specific mental health care posts should be introduced into the Public Service Employment Control Framework to allow the completion of fully staffed Community Mental Health Teams in line with AVFC.
- The Government decision to ring fence €50 million capital funding for capital investment projects from the eventual sale of lands should be continued in future years.
- As part of the review of the Mental Health Act 2001, consideration should be given as to how legislation would *inter alia* assist with the implementation of AVFC. In addition, the review might consider whether the seven year review of AVFC could be carried out by the MHC.
- AVFC component, with identified authorised personnel, should be established within the Special Delivery Unit of the Department of Health to give the Minister and Department direct influence on the full implementation of AVFC.
- The remit of the Office for Disability and Mental Health should be extended to include all Government Departments concerned with implementation of AVFC.
- An implementation plan should be developed and one overarching report detailing the progress made on the implementation of AVFC by all Government Departments should be provided by the Office for Disability and Mental Health.
- A more structured process of evaluation of the implementation of AVFC should be developed which encourages cross-departmental and HSE / Government Department communication and collaboration and ensures

the full participation of voluntary and independent service providers and professional organisations.

- Significant memoranda to Government should be mental health proofed to ensure that the proposals do not adversely affect people with mental health difficulties.
- People with mental health difficulties should be included in mainstream services by ensuring those services are developed to understand their needs and provide the right supports. Departments should indicate how they have taken account of those needs in developing initiatives and any specific actions they have taken to promote participation by those with mental health difficulties in programmes and services and the outcomes achieved.
- The Courts Liaison Service should be put in place nationally as a priority.
- Prison In-reach services should be available in every prison in the State
- Training in the principles of forensic mental health and mental health should be continuous for all relevant public service staff including An Garda Síochána.

7.2.3 Recommendations - Recovery

- The Recovery ethos should be accepted by senior management, within the HSE, as a key aspect (the “cornerstone”) of AVFC, and prioritised accordingly in practice.
- In planning, developing and delivering mental health services, the HSE at corporate level should accept the importance and centrality of recovery and give equal precedence to Recovery as AVFC and the Mental Health Commission.
- The HSE must formulate a clear corporate policy on Recovery, and ensure that this policy becomes accepted practice nationally.
- The HSE must ensure adequate capacity raising, training and evaluation within mental health services with regard to Recovery.
- Recovery should become the norm across the range of mental health services and not just Rehabilitation and Recovery services.
- Service providers should employ Recovery and the Recovery ethos as an active and real part of their everyday work, rather than an abstract, theoretical concept that has little application in their working lives.
- The HSE must develop a system to reward services that demonstrate that they have incorporated Recovery and the Recovery ethos into their services.
- The Pillars of Recovery Service Audit Tool, as outlined by the Mental Health Commission in ‘*A Recovery Approach within the Irish Mental Health services: a Framework for Development*’ (2008) should be formally adopted and applied within all mental health services.

- The HSE should ensure that outcome measures and performance indicators reflect the Recovery ethos and become part of the evaluation of the quality and effectiveness of services (e.g. disability rates; recovery rates; the rates at which people leave the service having recovered; the rate at which people no longer need disability benefit; the numbers who return to and remain in employment and education; and rates of medication usage).
- The HSE should also ensure that recovery outcomes are also evaluated and reported on directly by service users to capture their personal experience of recovery.
- Bodies charged with responsibility for the education of service providers ensure that Recovery and the Recovery ethos becomes a key part of the education of mental health service providers, at undergraduate, postgraduate and continuing education levels. This should apply to all mental health service provider groups, including psychiatry.
- Given the general acceptance that psychiatrists are the leaders within Community Mental Health Teams and mental health in general, the College of Psychiatry of Ireland must develop and publish a policy on Recovery.
- Given the position of GPs as leaders within the Primary Care Teams, The Irish College of General Practitioners must develop and publish a policy on Recovery as it applies to mental health in general practice.
- All service provider groups must develop the necessary competency in Recovery and a formal means of testing that brings practical benefit to service users.
- Recovery competency should formally become a requirement for all mental health service provider posts, be specified as such in writing in job specification information and be tested for at interview by a panel that includes a service user.
- The IMG considers that the fundamental principle of recovery oriented mental health service is the development and implementation of comprehensive multidisciplinary care planning. Such care plans should have a recovery focus and be drawn up in partnership with the individual service user and, where appropriate, family. Such care planning must become an accepted part of everyday delivery of mental health services to service users. The final report of the Independent Evaluation of the NMHSC should be considered carefully in this context.

**Schedule of Organisations that provided a submission on
implementation of *A Vision for Change***

Name of Organisation

Amnesty International

Association of Occupational Therapists of Ireland

Children's Mental Health Coalition

College of Psychiatry of Ireland

Disability Federation of Ireland

Health Research Board

Inclusion Ireland - *National Assoc for People with an Intellectual Disability*

Independent Mental Health Services Providers Group

Irish Association of Social Workers

Irish College of General Practitioners

Irish Medical Organisation

Irish Mental Health Coalition (*now called Mental Health Reform*)

Irish Pharmacy Union

Mental Health Commission

Mental Health Ireland

National Disability Authority

National Service Users Executive

Psychiatric Nurses Association

Schedule of Organisations that provided a submission on Recovery

Name of Organisation

Amnesty International

Bloomfield Care Centre

College of Psychiatry of Ireland

Highfield Hospital Group

Irish College of General Practitioners

Irish Medical Organisation

Mental Health Commission

Pharmaceutical Society of Ireland

St John of God Hospital

St Patrick's University Hospital

West Cork Mental Health Service