



A Vision for **Change**
Monitoring Group

Independent Monitoring Group

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

**First Report on implementation
1st February 2006 to 31st January 2007**

May 2007

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Chair's Introduction

Dear Minister O'Malley

It gives me great pleasure to present to you the first report of the Group you established to monitor the implementation of the recommendations of "*A Vision for Change – the Report of the Expert Group on Mental Health Policy*" which you launched in January 2006.

Our first report charts progress with the implementation of the recommendations of the Report in the year to January 2007. We found that the Report has been embraced by all parties as the framework for developing services for people with mental health problems and that important first steps have been taken to implement the recommendations of the Report in the year since it was launched. We also found issues for concern, principally the lack of a systematic approach to implementation of the Report and the lack of clarity in responsibility for implementation in the Health Service Executive. We believe that achieving the successful implementation of the recommendations of the Report requires a commitment to the vision and values outlined in the Report on the part of all the responsible organisations if a transformed mental health service is to emerge. We put forward recommendations as to how the challenge of implementation might be addressed in the year to come.

The Monitoring Group is grateful to the Health Service Executive, and Martin Rogan and Seamus McNulty in particular, for their assistance in reporting on the implementation of the Report by the HSE, officials of the Government Departments who provided information on progress with the recommendations for which they are responsible and the comments of the non-governmental organisations who responded to our invitation to forward comments on their experience of implementation.

I would like to express my thanks to my colleagues on the Monitoring Group for their commitment and hard work during the year as we defined our brief and prepared our first report. My special thanks is due to Margaret McGuinness, Secretary to the Monitoring Group, for her efficiency and drafting skills.

I would like to assure you that we have already begun to engage with our task of monitoring implementation in this, the second year, since the Report was launched.

Yours sincerely



Ruth Barrington PhD
Chair

Chapter 1

The work of the Monitoring Group

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

The members of the Monitoring Group are:

Dr. Ruth Barrington, Chief Executive Officer, Health Research Board (Chair)

Dr. Tony Bates, Founder Director, Headstrong

Mr. Pat Brosnan, Director of Mental Health Services, HSE West

Dr. Susan Finnerty, Acting Inspector of Mental Health Services

Mr. Paul Flynn, Service User

Ms. Dora Hennessy, Principal, Mental Health Division, Department of Health & Children (Ms. Hennessy replaced Mr. Dermot Ryan, formerly of Mental Health Division, in November 2006)

Mr. Stephen Jackson, Department of Health, Social Services and Public Safety, Northern Ireland

Dr. Terry Lynch, General Practitioner and Psychotherapist.

The Monitoring Group adopted the following Terms of Reference:

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

In its first year to end of January 2007, the Monitoring Group met on five occasions. The Group met with Mr. Martin Rogan, Co-Chair protem of the Health Service Executive (HSE) Implementation Group¹ on 12th September 2006 and 8th February 2007 and with Mr. Seamus McNulty on 1st May 2007. A template for a progress report from the HSE was developed and forwarded to the HSE for completion.

¹ In July 2006, the Health Service Executive established an Implementation Group to prioritise and plan for the full implementation of the recommendations in “*A Vision for Change*” and ensure that services develop in a synchronised manner across the country. The implementation process, at the time, was co-chaired by Mr Martin Rogan and Mr Seamus McNulty.

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

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

An overview of progress with implementation was requested in relation to the remaining recommendations of the Report. A summary of the response from the HSE received by the Monitoring Group is attached in Appendix 1.

In addition, the Group sought a report from the Department of Health and Children on the implementation of the recommendations that relate to other agencies including government departments. A summary of the responses from Government Departments is attached in Appendix 2.

The views of the Irish Mental Health Coalition, Mental Health Alliance and the interim National Service Users Executive on the implementation of the Report were also sought. The report on implementation received from the Irish Mental Health Coalition is in Appendix 3. The Mental Health Alliance and the interim National Service Users Executive were not in a position to provide a report on this occasion.

The key areas of progress on implementation are reported in Chapter 2 and this is followed by the Group’s conclusions and recommendations in Chapter 3.

Chapter 2

Progress on Implementation

In May 2006, the HSE formally adopted “*A Vision for Change*” as the framework for the development of mental health services in Ireland. Within the HSE, the lead operational responsibility for the implementation of “*A Vision for Change*” rests with the Primary, Community and Continuing Care Directorate. The Office of the Chief Executive is responsible for strategic aspects of the implementation of the Report in the context of its role in supporting the implementation of national policy.

In October 2006, the HSE established a Mental Health Expert Advisory Group, which is supported by the Office of the Chief Executive. The membership of the Expert Advisory Group is listed in Appendix 5.

Responsibility for the implementation of over 80% of the recommendations in “*A Vision for Change*” lies primarily with the HSE. The implementation of the remainder of the recommendations is the responsibility of Government Departments and their agencies. The principal Government Departments are: -

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

The Monitoring Group in its first Report has assessed progress by the responsible agencies in relation to the implementation of recommendations in “*A Vision for Change*”.

Progress by the Health Service Executive

Key steps reported by the HSE to the Monitoring Group during the first year include:

- In July, 2006, the HSE established an implementation group to prioritise and plan for the full implementation of the recommendations in “*A Vision for Change*”. The Implementation Group is to be cognisant of the key recommendations and ensure that mental health services develop in a synchronised and consistent manner nationally within the HSE (Recommendation 20.1 and key recommendation on page 9). The membership of the Implementation Group is listed in Appendix 4.
- The HSE has commenced the establishment of a National Office for Mental Health to carry out the functions of the Mental Health Directorate

recommended by “*A Vision for Change*”. The National Office for Mental Health will comprise staff with strategic and operational responsibility for implementation of the recommendations of the Report. The National Office is to be guided in its role by the Expert Advisory Group.

- The HSE established an interim National Service User Executive on 31 January 2007 (Recommendation 3.5).
- The HSE has developed proposals for the realignment of the catchment area boundaries to take account of current social and demographic profiles and are with the HSE Executive for endorsement (Recommendation 16.1).
- The HSE developed a population based resource allocation model for mental health funding in 2006 to guide decisions in relation to additional investments in mental health services (Recommendation 4.5).
- The HSE funded eighteen additional multidisciplinary adult mental health teams and the enhancement of fourteen existing teams in 2006 in the most disadvantaged areas (Recommendation 9.2).
- The HSE funded two consultant psychiatric posts with special interests in forensic psychiatry (Recommendation 15.1.3).
- Six consultant posts to advance mental health services for older people were funded in 2006 (Recommendation 13.5, 13.6).
- The HSE launched the Mental Health in Primary Care resource pack on 31 January 2007 (Recommendation 7.11).
- The HSE commenced geo-mapping all mental health facilities to be completed in 2007 (Recommendation 19.3).
- The Report of the national working group on the mental health needs of people with intellectual disabilities was completed in October 2006 (Recommendation 14.9).
- The HSE appointed a National Director of Estates whose responsibilities include progressing the professional assessment of the full economic value of psychiatric hospital buildings and lands for reinvestment in the mental health services. Progress was reported in relation to the following hospitals : - St Joseph’s Hospital, Limerick, St Loman’s Hospital, Dublin, St Mary’s Hospital, Castlebar, St Brigid’s Hospital, Ballinasloe, St Senan’s Hospital, Wexford and St Otteran’s Hospital, Waterford (Recommendations 17.6, 17.7).

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

Progress by Government Departments

Key implementation steps reported by Government Departments include: -

Department of Health and Children

- The Department is considering how best to put in place a framework for interdepartmental cooperation in a number of service areas, including mental health (Recommendation 5.3).
- In 2006, a sum of €26.2 million was provided for the development of mental health services in line with “*A Vision for Change*”. A further sum of €25

million was allocated in 2007 to continue this development, bringing the total funding for mental health in 2007 to €1 billion, which equates to 7.7% of non-capital health funding (Recommendation 17.1).

- In 2006, 383 whole time equivalent posts in the HSE were approved by the Minister for Health and Children to develop mental health services in line with “*A Vision for Change*” (Recommendation 17.4).

Department of Education and Science

- There is an Adult Education Guidance Initiative which has offices around the country that provide advice and guidance to potential learners and existing learners in adult and community education, in Vocational Training Opportunities Scheme and in the Back to Education Initiative.
- Since 1999, the number of National Educational Psychological Service (NEPS) psychologists has increased from 43 to 127 (Recommendation 10.4).
- Work on the development of a curriculum for Social Personal and Health Education (SPHE) in Senior Cycle is now at an advanced stage (Recommendation 10.5).
- European Social Fund (ESF) aided funding is allocated to further and higher education institutions to ensure the successful participation of students with disabilities, including students with a mental health difficulty (Recommendation 4.1).

Department of Enterprise, Trade and Employment

- In relation to the development of formal coordination structures between health services and employment agencies, a memorandum of understanding is in place between FÁS and the Department of Social and Family Affairs. In addition, there is a protocol between the HSE and FÁS (Recommendation 12.7).

Department of Environment, Heritage and Local Government

- The Department plans to develop a national housing strategy for people with disabilities, including those with mental health problems, which will inform the development of Housing Action Plans (Recommendation 4.7).
- The housing policy document “*Delivering Homes, Sustaining Communities*” provides for a planned and concerted increase in investment in social housing stock over the coming years (Recommendation 4.9).

Department of Justice, Equality and Law Reform

- A working group on the appointment of a senior member of An Garda Síochána to act as a resource and liaison mental health officer in each Division is at an advanced stage in its deliberations (Recommendation 15.1.9).

Department of Social and Family Affairs

- The Citizens Information Act, 2007 enhances the functions of the Citizens Information Board in supporting the development of a personal advocacy service for people with disabilities (Recommendation 3.2).

A more detailed summary of the response received from Government Departments is included in Appendix 2.

Views of Irish Mental Health Coalition

The Irish Mental Health Coalition informed the Monitoring Group that its key concerns in relation to the first year of implementation of “*A Vision for Change*” are the lack of progress in establishing the National Mental Health Directorate, publishing an implementation plan, establishing the framework for interdepartmental co-operation on health and social policy, the provision of adequate funding and the lack of service user involvement.

The full response received from Mental Health Coalition is included in Appendix 3.

Chapter 3

Conclusions and Recommendations

The independent Monitoring Group recognises that 2006 was a year of significant challenge and change for mental health services with the launch of “*A Vision for Change*” in January 2006 and the full implementation of the Mental Health Act 2001 from 1 November 2006. In addition, the Health Service Executive was restructured following the enactment of the 2004 Health Act and a major reallocation of roles and responsibilities took place between the Department of Health and Children and the Health Service Executive. These structural and management changes were still underway in the HSE in 2006.

Conclusions

Health Service Executive

The Monitoring Group acknowledges the commitment of the HSE to implement the recommendations of “*A Vision for Change*” and the measures it has taken to begin the process. It is the view of the Monitoring Group that despite some significant initiatives, there is little evidence of a systematic approach to implementation during the first year. While an Implementation Group has been established, there is not yet an implementation plan² with objectives, actions, milestones, deadlines and assigned responsibility for implementing the recommendations. The absence of such a plan is impeding progress. The preparation and adoption of such a plan is a prerequisite for progress and the Group expects to see accelerated action in the second and subsequent years.

The Group is concerned that

- the HSE decided not to put in place a National Mental Health Service Directorate as recommended in “*A Vision for Change*”. The Group accepts that the National Office for Mental Health could achieve the same objective, however, it is not clear about the roles and authority in relation to implementation of the Report of those staff linked to the Office. It is also concerned about the distinction being drawn between strategic and operational responsibility for implementation within the HSE and that this distinction is contributing to a lack of clarity in relation to responsibility for implementing the recommendations of the Report.
- there is an inadequate emphasis on recovery as a guiding value of mental health service delivery in implementation to date.
- there is an unacceptable delay between the allocation of resources and the recruitment of staff.

² The HSE informed the Monitoring Group in May 2007 that the implementation plan is being prepared and will be published early to mid-summer 2007.

- the inadequacies in the provision of information and communication technology to underpin the implementation of the Report's recommendations have not been addressed more rapidly.
- there is an overemphasis on the appointment of consultant psychiatrists rather than on the recruitment and consolidation of the multidisciplinary teams.
- there is a slow rate of progress in closing large psychiatric hospitals and the redeployment of resources to the provision of suitable alternative community services and the retraining of existing staff.
- the provision of child and adolescent services including appropriate inpatient facilities has not been adequately progressed.
- there is a delay in finalising the mental health catchment areas and in establishing the mental health catchment area management teams.

Government Departments

The Monitoring Group acknowledges the commitment of Government Departments in implementing the recommendations in "*A Vision for Change*". It is imperative that Government Departments see the implementation of the recommendations of the Report as part of their ongoing remit. The Department of Health and Children's financial commitment to implement the recommendations is welcomed. However, although other Government Departments are making progress, the actions they reported to the Monitoring Group are part of their wider commitments to people with disabilities and it is not clear to what extent people with mental health problems will benefit specifically. The Monitoring Group notes that a framework for interdepartmental cooperation has not been put in place and it is the view of this Group that this has meant that there has not been a systematic approach to the implementation of the recommendations across Government Departments.

Recommendations

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

Health Service Executive

- The HSE should finalise and adopt an implementation plan for "*A Vision for Change*" as a matter of urgency. The plan should include timeframes for implementation of recommendations and set out how progress will be reported.
- The HSE should develop a suitable reporting template to assist on reporting progress on implementation.
- The HSE should implement a comprehensive information and communication technology solution for mental health services as soon as possible.
- The HSE should provide the Monitoring Group with quarterly reports on progress on implementation.
- In preparing the Implementation Plan, the HSE should prioritise the following:

- clarifying the division of responsibility for the implementation of “*A Vision for Change*” between the National Office for Mental Health and the Primary, Continuing and Community Care Directorate to ensure clear lines of authority and accountability for implementation of the Report. In particular, the respective input of strategic policy management and operational management should be clarified.
- ensuring that a recovery orientation informs every aspect of service delivery.
- streamlining the process of recruitment and service development to reduce delays in recruiting of mental health professionals.
- finalising the mental health catchment areas and establishing the mental health catchment area management teams.
- recruiting and consolidating multidisciplinary teams.
- closing large psychiatric hospitals, the redeployment of resources to treat patients in modern units attached to general hospitals and in expanded community services and the re-training of staff.
- providing Child and Adolescent services and inpatient facilities.

Government Departments

- The Department of Health and Children should establish an interdepartmental group to progress the implementation of those recommendations which fall to Government Departments to implement. The Group should adopt an implementation plan and agree how progress should be reported to the Monitoring Group.
- Departments should be open and committed to new initiatives in relation to education, employment and rehabilitation training, the provision of housing and social services for people with mental health problems.
- Government Departments should report through the interdepartmental group on a three monthly basis in relation to progress with the implementation of the recommendations for which they are responsible.

Chapter 4

2007 -2008 Work programme for the Monitoring Group

The Monitoring Group is looking forward to monitoring the second year of implementation of the recommendations of “*A Vision for Change*”. In particular it is looking forward to seeing the HSE’s Implementation Plan.

The Monitoring Group will agree with the HSE a template for reporting progress on the Implementation Plan and will expect to receive progress reports on a quarterly basis.

The Monitoring Group will request three monthly progress reports from the Government Departments, via the interdepartmental group that we recommend be established by the Department of Health and Children.

In addition to reviewing the reports from the HSE and the proposed inter-departmental group, the Monitoring Group proposes to meet with the HSE’s National Director of Primary, Community and Continuing Care. The Group will also maintain regular contact with the Assistant National Director in the Chief Executive’s office and the Chair of the Implementation Group.

The Group plans to consult with stakeholders such as voluntary organisations, service users, service providers and primary care providers.

The Group will develop a template and process for preparing the second Annual Report.

The Group will continue to review reports and other sources of information in relation to the implementation of “*A Vision for Change*”.

The Monitoring Group will provide the second Annual Report to the Minister by the end of May 2008.

Summary of Report from the Health Service Executive

The HSE reported on implementation of “*A Vision for Change*” on 19th April 2007, which is summarised as follows:

Vision

Chapter 3: Partnership in Care: Service users and carers - (identified as a priority for report)

- The interim National Service User Executive was established by the HSE on 31st January 2007 in collaboration with voluntary partners. The Executive includes four members from a carer /concerned person perspective. The interim group will design the structure and format, constitution, standing orders and set out a programme of work for the substantive Executive, which will be in place before the end of this year;
- The School of Nursing, Dublin City University, in partnership with the HSE, developed a new post of Practice, Education, Research Expert by Experience. Candidates must have experience as a user of mental health services in Ireland but do not require academic qualifications;
- Service users are invited to partake in staff selection interview boards;
- Additional investment has been made in advocacy service through partner agencies;
- Peer advocacy is now available in all acute admission sites, many community service sites and the Central Mental Hospital and has proved to be of significant assistance in addressing complaints;
- The HSE support agencies that provide particular programmes for family members and carers;
- One of the four specialists assigned to the National Office for Mental Health³ has responsibility for information, which includes the provision of information to service users, family members and carers, the public and the media. The NSUE will be asked to recommend a service user and carer to a Working Group;
- One of the four specialists assigned to the National Office for Mental Health has responsibility for quality and risk where complaints can be addressed and trends analysed. Responsibility for addressing individual complaints rests with the services;
- Many local services have developed materials for service users and carers. The HSE is reviewing all current information resources, developed by the former Health Boards, voluntary partners and others to ensure consistency and assure quality;

³ See report on Chapter 16 - Management and organisation of mental health services

- The complaints procedure has been standardised. “Your Service Your Say” is now available in 13 languages;
- The Inspector of Mental Health Services notes complaints made in each mental health service;
- International Service User links have been developed through the International Initiative for Mental Health Leadership (IIMHL).

Chapter 4 – Belonging and Participating in Social Inclusion - (Overview)

- Active links have been developed between the HSE, the Department of Education and Science, NEPS and the Education Behaviour Support Unit;
- HSE has developed links with local authorities at county level;
- HSE is represented on the National Economic and Social Forum Working Group.

PLAN

Chapter 5 – Fostering well-being: Mental Health Promotion (Overview)

- One of the four specialists in the National Office for Mental Health has responsibility for health promotion and information;
- A number of mental health promotion officers are in place;
- All health promotion activities are to be evaluated;
- In January 2007, the National Office for Suicide Prevention commissioned research into public attitudes to mental health among the adult population to inform the development of a mental health awareness campaign. The campaign is being launched during 2007 to impact on the stigma of mental health and to encourage help seeking.

Chapter 7 – Mental Health in Primary Care (Overview)

- The Mental Health in Primary Care resource pack was launched on 31st January 2007. The Pack includes material on Mental Health in Primary Care, Guidelines on the Management of Depression and Anxiety Disorders, Guidance on the Provision of Counselling in a Primary Care setting, Alcohol Aware Practice – Service Initiative and new referral forms to Adult and Child and Adolescent mental health services;
- In order to support and advance the Mental Health in Primary Care National Project, a Project Manager post has been agreed between the HSE and the Irish College of General Practitioners and recruitment has commenced;
- The Mental Health in Primary Care Distance Learning Course developed by HSE and the Irish College of General Practitioners which includes a dedicated module on child and adolescent mental health is available to GPs;

- A Child Mental Health and Emotional Health a Review of Evidence was published in December 2006 and is aimed at raising awareness of Public Health Nurses and Area Medical Officers;
- New Performance Indicators are being introduced.

Chapter 8 – Framework for Mental Health Services (Overview)

- The HSE has finalised their proposals for the realignment of the catchment area boundaries to take account of current social and demographic realities and are awaiting signoff in the HSE;
- The population based resource allocation model for mental health funding in 2006 is being further developed. The effect in 2006 was to provide 1 consultant:25,000 population in virtually all catchment areas;
- HSE commenced geo-mapping of all mental health facilities which is due to be completed in 2007 (800);
- The HSE is carrying out a staff census of all mental health resources;
- A Child and Adolescent Mental Health Team Survey was completed in December 2006.

Chapter 9 – The Community Mental Health Team (CMHT) (identified as a priority for report)

- The population based resource allocation model for mental health funding in 2006 is being further developed. The effect in 2006 was to provide 1 consultant:25,000 population in virtually all catchment areas;
- The HSE and the Mental Health Commission are funding a research project with the University of Limerick on the current reality of multidisciplinary team functioning in Ireland;
- An audit of child and adolescent multidisciplinary teams has been completed and this data is being correlated to waiting times for child and adolescent services;
- The HSE is carrying out a staff census of all mental health resources;
- Eighteen additional multidisciplinary adult psychiatric teams and the enhancement of fourteen existing teams were funded in 2006 in the most disadvantaged areas;
- Sixteen additional child and adolescent multidisciplinary psychiatric teams to be recruited in 2006 and 2007;
- Two forensic consultant psychiatric posts and six psychiatry for old age posts were funded in 2006;
- In total 383 new Whole Time Equivalent posts were allocated to mental health services in 2006. Local health managers are working with colleagues at the National Office for Mental Health, Consultant Appointments Unit and the Public Appointments Service, to advance these developments;

- One of the four specialist posts assigned to the National Office for Mental Health has responsibility for manpower planning, skills and abilities;
- The Mental Health in Primary Care resource pack was launched on 31st January 2007;
- In order to support and advance the Mental Health in Primary Care National Project, a Project Manager post has been agreed between the HSE and the Irish College of General Practitioners and recruitment has commenced;
- The Mental Health in Primary Care Distance Learning Course developed by HSE and the Irish College of General Practitioners which includes a dedicated module on child and adolescent mental health is available to GPs;
- A Child Mental Health and Emotional Health a Review of Evidence was published in December 2006 and is aimed at raising awareness of Public Health Nurses and Area Medical Officers;
- The HSE has taken steps to expand the availability of multidisciplinary team members – e.g. stabilisation and rationalisation of Clinical Psychology Training with the National University of Ireland, Dublin, Trinity College, Dublin, University of Limerick; and the National University of Ireland, Galway;
- Provision has been made to support the development of Post Graduate Training of Psychiatric Nurses.

Chapter 10 - Child and adolescent mental health services (identified as a priority for report)

- It is envisaged that an additional 40 child and adolescent teams, as recommended in “A Vision for Change”, will be provided on a phased basis over a 5 year period. 16 of these teams are to be recruited in 2006 and 2007;
- The HSE allocated €3.25 million and 40 WTEs in 2006 to develop child and adolescent mental health services including inpatient facilities. The allocation for 2007 is €7.95 million and 110 WTE posts;
- Planning is ongoing for the development of four purpose built child and adolescent in-patient units. Planning permission has been received for the projects in Cork and Galway. In the interim, additional beds are being identified in adult units across the four HSE administrative areas for children and young people aged 16 and 17 years. Training will be provided for staff of these units and children will be treated on a one-to-one basis by a dedicated child and adolescent multidisciplinary team. The Mental Health Commission has issued a code of practice for the admission of children under the Mental Health Act, 2001;
- Additional beds are being developed in existing child and adolescent inpatient units – St Anne’s, Galway and Warrenstown, Dublin in 2007 for under 16 year olds;
- The HSE is consulting the Irish Advocacy Network and Barnardos on the most appropriate model to receive feedback from young service users;

- The Mental Health in Primary Care Distance Learning Course developed by HSE and the Irish College of General Practitioners which includes a dedicated module on child and adolescent mental health is available to GPs;
- A Child Mental Health and Emotional Health a Review of Evidence was published in December 2006 and is aimed at raising awareness of Public Health Nurses and Area Medical Officers;
- An audit of child and adolescent multidisciplinary teams has been completed and this data is being correlated to waiting times for child and adolescent services;
- The study of young peoples' mental health needs in Clonmel⁴ published in September 2006 improves the understanding of contemporary issues;
- A summer school programme – Crosslinx – is run by the child and adolescent and the adult mental health services in Co Meath for young people with mental health problems and for young people with a parent who has experienced mental health problems.

Chapter 11- General adult mental health services (overview with Difficult to Manage Behaviours (DMBs) and close observation provision identified as a priority for report)

- The HSE is carrying out a staff census of all mental health resources;
- Eighteen additional multidisciplinary adult psychiatric teams and the enhancement of fourteen existing teams were funded in 2006 in the most disadvantaged areas;
- The HSE and the Mental Health Commission are funding a research project with the University of Limerick on the current reality of multidisciplinary team functioning in Ireland;
- Developed a population based resource allocation model for mental health funding in 2006 and this model is being developed further. The effect in 2006 was to provide 1 consultant:25,000 population in virtually all catchments;
- HSE commenced geo-mapping of all mental health facilities which is due to be completed early in 2007 (800);
- An evaluation is being carried out on the high observation unit in the Adelaide and Meath Hospital, incorporating the National Children's Hospital, Tallaght, Dublin;
- A high level working group on the management of aggression and violence is about to complete its work (Health Service Employers Agency) ;
- One of four specialists assigned to the National Office for Mental Health has responsibility for quality and risk.

⁴ THE CLONMEL PROJECT REPORT - Mental Health Service Needs of Children and Adolescents in the South East of Ireland – Health Service Executive and University Dublin (Published September 2006).

Chapter 12 Rehabilitation and recovery mental health services for people with severe and enduring mental illness ((identified as a priority for report)

- Funding of the development of a *Recovery Assessment Tool* with EVE Holdings;
- Drop in Service developed by Schizophrenia Ireland opened in Cork in 2006;
- Supported the Sli Eile Housing Project in Charleville in 2006;
- The Implementation Group established two sub groups to review existing infrastructure i.e. facilities, human resources and funding in the context of the new catchment areas. Some services will have the opportunity to be reconfigured into rehabilitation teams. Access to rehabilitation and recovery per 100,000 population will be assessed in this process;
- HSE commenced geo-mapping of all mental health facilities which is due to be completed early in 2007 (800). A quality audit will follow and this data will inform the National Capital Investment Plan;
- HSE provided additional funding to voluntary organisations promoting recovery models;
- International service user links developed through the International Initiative for Mental Health Leadership (IIMHL);
- The School of Nursing, Dublin City University, in partnership with the HSE, developed a new post of Practice, Education, Research Expert by Experience. Candidates must have experience as a user of mental health services in Ireland but do not require academic qualifications.

Chapter 13 – Mental health services for older people (Overview)

- Six new consultant posts for psychiatry of old age were funded in 2006.

Chapter 14 – Mental health services for people with intellectual disability (Overview)

- The Report of the national working group on the mental health needs of people with learning disabilities was completed in October 2006;
- Additional €2.25 million was allocated in 2006.

Chapter 15 – Special categories of service provision (Overview)

Forensic mental health services

- 30 additional nursing staff were recruited;
- A project team to progress the development of the new Central Mental Hospital was established;
- The practice of ‘slopping out’ ended in March 2006.

Mental health services for homeless people

- The HSE provided an additional investment of €750,000 in 2006;
- Joint HSE, Dublin North East and Dublin Mid Leinster plan for homeless mentally ill agreed;
- Community mental health nurse post developed with Simon Community, Galway.

Mental health services for people with eating disorders

- €0.75 million has been allocated in 2007 for the further development of dedicated eating disorder services through a combination of reconfiguring existing services and commissioning services from agencies;
- Additional funding provided to Bodywhys in 2006.

Suicide Prevention

- In 2005, the National Office for Suicide Prevention (NOSP) was established and is responsible for the implementation of “Reach Out” a National Strategy for Action on Suicide Prevention;
- €1.2 million additional funding was allocated in 2006 and a further €1.85 million in 2007 for suicide prevention initiatives and research. This brings the total funding for suicide prevention initiatives to €3 million in 2007;
- 7 wte posts were approved in 2006 to enhance the response in A&E departments to deliberate self harm presentations and to develop training capacity in community organisations;
- During 2006, NOSP progressed planning for a mental health promotion campaign to be launched in 2007. The aim of this campaign is to launch, in conjunction with voluntary organisations, a national multi media campaign to impact on the stigma of mental health and to encourage the seeking of help;
- In January 2007, NOSP commissioned research into public attitudes to mental health among the adult population to inform the development of a mental health awareness campaign. The results from this survey will influence the nature of the population based campaigns, and at a later stage targeted campaigns;
- NOSP continue the coordinated delivery of the ASIST (Applied Suicide Intervention Skills Training) programme which has already trained 75 trainers and delivered over 180 X 2-day workshops to over 4,000 people around the country;
- Headline was established to monitor media reporting and to work with the media on promoting positive reporting on mental health and suicide prevention. The NOSP also worked with the Irish Association of Suicidology, Samaritans and National Union of Journalists to launch revised media reporting guidelines relating to suicide in 2006⁵;

⁵ Media Guidelines for the Portrayal of Suicide

- The second National Forum meeting was held in March 2006. Over 100 groups/organisations involved in suicide prevention attended;
- An interim target for a 10% reduction in suicide, a 5% reduction in repeated self harm by 2010 and a further 5% by 2016 have been agreed.

IMPLEMENTATION

Chapter 16 – Management and organisation of mental health services (identified as a priority for report)

- Work on the realignment of the catchment area boundaries has been completed and is awaiting signoff in the HSE;
- A number of structural and managerial changes have taken place within the HSE which impact on the recommendation to establish a National Mental Health Service Directorate. The National Care Group Manager post no longer exists. The Assistant National Director with responsibility for mental health is now positioned within the office of the Chief Executive Officer. The line management, governance and accountability rests with the local health manager, the Assistant National Director (Operational) and the National Director for Primary, Community and Continuing Care structure. The Mental Health Expert Advisory Group⁶ guides the CEO and HSE on operational policy;
- The HSE has decided that the function of the Directorate should be carried out by the National Office for Mental Health. The Expert Advisory Group will guide the national office in its role;
- The national office has four specialists with lead responsibility for guidance and advice, skills and manpower issues, information and specialist services e.g. child and adolescent;
- The HSE has engaged with the Office of Health Management in developing leadership development programmes to engender leadership skills at multidisciplinary team level;
- The HSE and the Mental Health Commission are funding a research project with the University of Limerick on the current reality of multidisciplinary team functioning in Ireland;
- The HRB, in association with the HSE, has developed an IT system, ComCar, to collect information on community psychiatric services. ComCar has been piloted in 10 sites and is currently being introduced across the full spectrum of mental health settings in Donegal. The mental health information division will bring together the information needs of the HSE, Health Research Board, and the Department of Health and Children;

⁶In 2006, the HSE established Expert Advisory Groups (EAGs) to advise the HSE on the organisation and development of health and personal social services. Responsibility for the EAGs rests with the National Director, Office of the CEO, who is supported by a number of Assistant National Directors with responsibility for specific EAGs.

- The HSE has appointed 36 administrative staff with responsibility for data collection;

Chapter 17 Investing in the future: Financing the mental health services (Closure of Hospitals /Sale of lands / re-investment of proceeds in mental health services identified as a priority for report)

- Revenue associated with current mental health services is protected;
- HSE management team committed to protect mental health spending levels;
- HSE commenced geo-mapping of all mental health facilities which is due to be completed in 2007 (800);
- HSE appointed a National Director of Estates whose responsibilities include progressing the professional assessment of the full economic value of psychiatric hospital buildings and lands for reinvestment in the mental health services. Progress in this area includes: -
 - St Joseph's Limerick - in tendering process
 - St Loman's, Palmerstown, Dublin – proceeds of sale being reinvested in the creation of two community based facilities and new bespoke residential services
 - St Mary's, Castlebar. Co Mayo - last inpatient left the campus in 2006
 - St Brigid's Ballinasloe, Co Galway – wards closed to new admissions and staff consultation process in final stages
 - St Senan's Wexford, units closed to new admissions.
 - St Otteran's Waterford, replacement unit progressing in HSE Capital plan

Chapter 18 Manpower, Education and Training (Overview)

- One of the four specialist posts assigned to the National Office for Mental Health has responsibility for manpower planning, skills and abilities;
- The HSE has taken steps to expand the availability of multidisciplinary team members – e.g. stabilisation and rationalisation of Clinical Psychology Training with the National University of Ireland, Dublin, Trinity College, Dublin, University of Limerick; and the National University of Ireland, Galway;
- The HSE and the Mental Health Commission are funding a research project with the University of Limerick on the current reality multidisciplinary team functioning in Ireland;
- The School of Nursing, Dublin City University, in partnership with the HSE, developed a new post of Practice, Education, Research Expert by Experience. Candidates must have experience as a user of mental health services in Ireland but do not require academic qualifications;
- Service users participate in staff selection and training;
- Close links developed with all relevant professional bodies;

- €100,000 allocated to develop a syllabus for multidisciplinary induction and support.

Chapter 19 Mental Health information and research (information – identified as a priority for report)

- One of the four specialists in the National Office for Mental Health has responsibility for information which includes the provision of information to service users, family members and carers, the public and the media;
- The HRB, in association with the HSE, has developed an IT system, ComCar, to collect information on community psychiatric services. ComCar has been piloted in 10 sites and is currently being introduced across the full spectrum of mental health settings in Donegal. The mental health information division will bring together the information needs of the HSE, Health Research Board, and the Department of Health and Children;
- The HSE has appointed 36 administrative staff with responsibility for data collection;
- The School of Nursing, Dublin City University, in partnership with the HSE, developed a new post of Practice, Education, Research Expert by Experience. Candidates must have experience as a user of mental health services in Ireland but do not require academic qualifications;
- Information materials are being reviewed to ensure consistency, quality and effectiveness;
- The HSE published a County Guide for each local health office area including all mental health services for members of the public. A number of local directories of voluntary and community mental health services have been prepared;
- *'Numbers when you need them'*- a credit card size listing of local agencies have been prepared and distributed;
- The HSE, in association with Trinity College, is developing an allocation resource model of mental health service need to improve resource targeting;
- Geo-mapping of all mental health facilities commenced and is due to be completed in 2007 (800);
- An audit of child and adolescent multidisciplinary teams has been completed and this data is being correlated to waiting times for child and adolescent services;
- The HSE has been working closely with the Health Research Board across a range of areas. A National Distress Survey has been undertaken and the findings are being analysed.

Chapter 20 Transition and transformation: Making it Happen (Overview)

- Implementation Group established in July 2006 to ensure that mental health services develop in a synchronised and consistent manner across the country and to guide and resource service managers and clinicians in making the recommendations a reality.

Summary report from Government Departments

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

Progress by Government Departments and other Agencies

Department of Health and Children

- The Department is currently considering how best to put in place a framework for interdepartmental cooperation in a number of service areas, including mental health (recommendation 5.3).
- The estimated cost of implementation “*A Vision for Change*” is €150 million. In 2006, a sum of €6.2 million was provided for the development of mental health services in line with “*A Vision for Change*”. A further sum of €25 million was allocated in 2007 to continue this development. This brings total funding for mental health in 2007 to €1 billion, which equates to 7.7% of non-capital health funding (Recommendation 17.1).
- “*A Vision for Change*” estimated a total staffing requirement of 10,657, i.e. a net increase of 1,800 posts. This, however, requires the re-allocation and remodelling of existing resources, extra funding and personnel. An audit of resources is underway in the HSE. In 2006, 383 WTE posts were approved by the Minister for Health and Children (Recommendation 17.4).
- The Mental Health Research Division (MHRD) of the Health Research Board carries out national and international research, information gathering and the dissemination of research outcomes on mental health in Ireland. The Division manages and reports on the National Psychiatric In-Patient Reporting System (NPIRS) and is developing COMCAR - a system which collects information on community psychiatric services (Recommendation 19.10).

Department of Education and Science

- There is an Adult Education Guidance Initiative which has offices around the country that provide advice and guidance to potential learners and existing learners in adult and community education, in Vocational Training Opportunities Scheme (VTOS) and in the Back to Education Initiative (BTEI). Adult literacy, community education and second-chance education and training programmes have a strong focus on personal development and empowerment. (Recommendation 3.4).
- The Education for Persons with Special Educational Needs Act 2004 provides a framework within which education services are to be provided to children with special educational needs, including those arising from mental health disabilities.
- Legislation under the Equality Act 2004, Equal Status Act 2000 and Disability Act 2005 protects students against discrimination and places important obligations

on higher education providers in accommodating the needs of students with mental health difficulties.

- Higher Education Institutions are allocated funding by the Higher Education Authority (HEA) and the Department of Education and Science for the provision of access, disability and counselling services.
- Supports for students with mental health difficulties are supplemented through the ESF aided Fund for Students with Disabilities. The Fund is allocated to further and higher education institutions to ensure the successful participation of students with disabilities, including students with a mental health difficulty. With regard to students with a mental health difficulty, 44 were granted funding in 2006/07 (21 in 2005/06) on the basis of individual applications, while 57 were granted funding on the basis of shared group applications (37 in 2005/06). The types of mental health difficulties that have been supported under the fund include Anxiety Disorder, Depression, Bi Polar Affective Disorder and Schizophrenia (Recommendation 4.1).
- Through the Education Equality Initiative, the Department of Education and Science has funded Schizophrenia Ireland to design and develop training materials for educators and students who self-experience mental illness; to implement awareness training programmes for staff in further education colleges; to set up support structures for people with self experience who aspire to attend Further Education courses and to research good practice in Ireland and abroad.
- The establishment of the National Qualifications Framework in 2003 provided the infrastructure for learners to pursue education and training programmes in a flexible way. The 10 level framework allows learners to progress seamlessly both between and across levels.
- Greater flexibility is also facilitated by the introduction of credit-based systems and modularisation in higher education institutions. Students can complete courses within timescales that are appropriate for them.
- The HEA has developed a framework for a national Modular Accreditation Program (MAP) for the upskilling of those employed in the area of Information and Communications Technology (ICT). The programme will allow individuals to undertake discrete modules of learning for specific purposes which will be individually accredited. It will also allow individuals to continue their learning through future modules at their own pace, in their choice of institutions and still be able to group those modules together to create a national award. (Recommendation 4.3).
- The National Youth Health Programme (NYHP) works to provide a broad-based, flexible, health promotion support and training service to youth organisations and works to ensure that young persons' health is on the policy agenda. One of the aims of the NYHP is to respond to the needs of young people by developing and promoting health promotion initiatives that build on local, national and international evidence based practice. Based on experience and good youth work practice, the Programme has developed a range of health/wellbeing promotion initiatives in partnership with stakeholders such as the Rutland Centre, the HSE, the Crisis Pregnancy Agency and BeLONG To Youth Project. It supports youth work organisations in dealing with mental health issues through current training and policy and practice development (Recommendation 4.9).

- All second-level schools provide a guidance and counselling service for their students and they receive ex-quota hours from the Department of Education and Science 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 also use *Mental Health Matters*, a resource pack on mental health for 14 to 18 year olds developed by Mental Health Ireland 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.
- All primary and post primary schools have access to psychological assessments either directly through the National Educational Psychological Service (NEPS) or through the Scheme for Commissioning Psychological Assessments (SCPA). NEPS provides a range of services, both direct and indirect, which support the personal, social and educational development of children in primary and second-level schools through the application of psychological theory and practice in education and having particular regard for those with special education needs.

Since the establishment of the NEPS in 1999, the number of NEPS psychologists has increased from 43 to 127. Approval has recently been granted for an increase of 31 posts in 2007 in NEPS psychologist staffing (Recommendation 10.4).

- Work on the development of a curriculum for Social Personal and Health Education (SPHE) in Senior Cycle is now at an advanced stage (Recommendation 10.5).
- For those who leave school early, the Department offers a second chance programme of integrated general education, vocational training and work experience through Youthreach and Senior Traveller Training Centres, while FÁS offers a similar programme through a network of Community Training Centres. These services all offer guidance, counselling and psychological services to students. The National Development Plan, 2007-2013 has set a high level goal aimed at ensuring that the proportion of the population aged 20-24 who complete upper second-level education or equivalent will exceed 90% by 2013 (Recommendation 10.6).
- Higher education institutions provide health services as part of their student support services. Student support services help individual students maximise their higher education experience and realise their academic potential. Student services are an integral part of the whole student experience and crucial to the development of well-rounded students (Recommendation 11.2).

Department of Enterprise, Trade and Employment

- The Department of Enterprise, Trade and Employment published its Sectoral Plan under the Disability Act 2005. This plan outlines the Department's key initiatives in promoting equality of opportunities for disabled people in the open market including its "Comprehensive Employment Strategy for People with Disabilities". FÁS provides vocational training and employment services for disabled people to access the open labour market (Recommendation 4.1).

- In relation to the development of formal coordination structures between health services and employment agencies, a memorandum of understanding is in place between FÁS and the Department of Social and Family Affairs. In addition, there is a protocol between the HSE and FÁS (Recommendation 12.7).

Department of Environment, Heritage and Local Government

- Funding being provided under the National Development Plan 2007 – 2013 will meet the needs of some 140,000 households, including those with special needs, who cannot meet their accommodation needs fully from their own resources (Recommendation 4.1).
- The Department plan to develop a national housing strategy for people with disabilities which will inform the development of Housing Actions Plans. The strategy, which will support the provision of tailored housing and housing supports to people with disabilities, will have particular regard to adults with significant disabilities and people who experience mental health issues. The strategy, which will be in place by 2009, will be progressed through the establishment of a national group under the aegis of the Housing Forum. The National Group, which will be established by mid 2007 will be headed by the Department of Environment, Heritage and Local Government and involve the Department of Health and Children, the Health Services Executive, social partners and other relevant stakeholders including the National Disability Authority (Recommendation 4.7).
- The housing policy document "*Delivering Homes, Sustaining Communities*" provides for a planned and concerted increase in investment in social housing stock over the coming years. This will provide an opportunity to tackle some long-standing problems in communities that have experienced multiple disadvantage (Recommendation 4.9).
- Financial assistance is provided by the Department under the Capital Assistance Scheme to approved Voluntary Housing Bodies for the provision of accommodation to persons with mental health disabilities. The accommodation provided give high levels of support within a secure environment to persons being discharged from mental health institutions before returning to their communities. The schemes are supported by the Health Service Executive, which, in turn, provide the necessary levels of care and supports to residents. The Department is committed to provide ongoing funding and support for such schemes and to assist voluntary housing bodies who wish to become involved in the provision of this type of accommodation (Recommendation 12.4).
- The development of a comprehensive data system in relation to homelessness will be a key objective of the Government's revised Strategy on Adult Homelessness, which is being prepared by the Department of the Environment, Heritage & Local Government under the aegis of the Cross Department Team on Homelessness (Recommendation 15.2.2).
- The Homeless Agency's updated Action Plan covering the period 2007 to 2010 was published recently. The commitment by Government in *Towards*

2016 is to the elimination of the long term occupancy of emergency homeless accommodation by 2010 (Recommendation 15.2.3).

Department of Justice, Equality and Law Reform

- In relation to the appointment of a senior garda to act as a resource and liaison mental health officer, the Garda Commissioner has advised that the working group established in this regard is at an advanced stage its deliberations and recommendations will include the appointment of a liaison Inspector in each Division to ensure a professional, uniform and coordinated response to mental health issues in the community (Recommendation 15.1.9).

Department of Social and Family Affairs

- The Citizens Information Act, 2007, which was enacted on 21st February, 2007 enhances the functions of the Citizens Information Board (formerly Comhairle) in supporting the development of a personal advocacy service, specifically aimed at people with disabilities who would otherwise have difficulty in gaining access to social services (Recommendation 3.2).
- In relation to measures to protect the income of individuals with mental health problems, Government policy as regards social welfare rates is guided by the Social Partnership Agreement *Towards 2016* and the *National Action Plan for Social Inclusion 2007-2016: Building an Inclusive Society* (NAP inclusion). People with disabilities have been identified as one of the key groups in the Plan and the chapter devoted to this group refers to the importance of implementing the National Disability Strategy and its components (Recommendation 4.4).
- The 'National Action Plan for Social Inclusion 2007 -2016: Building an Inclusive Society', identifies people with disabilities as one of the key groups and refers to the importance of implementing the National Disability Strategy and its components (Recommendation 4.10).

Irish Mental Health Coalition's report to Monitoring Group on implementation of "A Vision for Change"

At the request of the Monitoring Group, the Irish Mental Health Coalition provided a report on implementation on 15th March 2007, as follows:

"The Irish Mental Health Coalition (IMHC) welcomes this opportunity to highlight some issues relating to the implementation of *A Vision for Change*. The purpose of this document is to analyse the progress in implementing *A Vision For Change* and to recommend the priority steps needed.

Transparency

The Irish Mental Health Coalition believes that, since the launch of *A Vision for Change* in January 2006, there has been little visible action publicly, with the exception of: the formation of the Independent Monitoring Group by the Minister for Health and Children; formation of the Implementation Group by the HSE; and the establishment of the Interim National Service User Executive. Especially given the wide engagement by voluntary organisations and civil society in the consultation undertaken in the development of *A Vision for Change*, it is disappointing that so little information on its implementation is available in the public domain, including the work of the Independent Monitoring Group.

Implementation Plan

The Implementation Group (announced in July 2006), has met four times. While it is expected that the Group will set out a detailed plan for the implementation of *A Vision for Change*, no such plan has yet emerged. While we understand that relevant Government Departments have been alerted to recommendations made in *A Vision for Change* that pertain to their areas of responsibility, we believe that a detailed implementation plan should be produced at the earliest opportunity. This plan should set out the major activities to implement *A Vision for Change*, with explicit performance targets and indicators, timelines, and specific resource commitments, across all relevant Government Departments.

Interdepartmental Coordination

The Department of Health and Children is responsible for communication with Departments and agencies outside the health sector, but there is no concrete interdepartmental working arrangement in evidence. It would appear that the Independent Monitoring Group is expected to fulfil in some part this interdepartmental facilitation role. In response to a parliamentary question enquiring if the Department of Health and Children would convene an interdepartmental working group to take forward the intersect oral components of *A Vision for Change*,

the Minister of State at the Department of Health and Children said: “The [independent monitoring] group is monitoring and assessing progress on the implementation of all recommendations including those which require to be progressed by the HSE, government departments and other relevant agencies. The Group is to submit its first annual report before mid 2007. In these circumstances the interagency dimension of mental health is being addressed and it is not my intention to establish a separate interdepartmental group at this point”.

Progress Report

In the absence of systematic mapping of the number of mental health teams throughout the country, comparing the recommended staff allocation for each team with the actual staff in post, it is difficult to pronounce on how far services have expanded and improved since the publication of *A Vision for Change*. The IMHC hopes that the Independent Monitoring Group’s progress report will provide much needed information on this.

Service Funding

Regarding funding for service expansion and improvement, while it is the stated aim of the HSE to move to a coherent, transparent and equitable resource allocation model, current funding for mental health services remains inadequate and inequitable. The allocation proposed in *A Vision for Change* of €150 million over the 7 to 10 year timeframe was a roughly estimated figure, and should be the subject of ongoing review. For instance, the figure was based on the then population, and was not adjusted for year-on-year inflation. This figure was also arrived at in the context of a general dearth of data available on resource allocation in mental health, which continues to be a source of frustration. The Implementation Group has established a subgroup to undertake the financial cleansing exercise, which is an essential step in addressing the adequacy of resources.

The allocation of an additional €25 million (excluding the €1.2m for the National Office for Suicide Prevention) in 2006 and again in 2007 is a minimalist approach to implementing *A Vision for Change*. *A Vision for Change* recommended that the proportion of the overall health budget allocated to mental health should rise from the then 6.9% to 8.24%. In Budget 2007, the revenue funding of €800m allocated to mental health and €25m for new service developments came in a context of an increase of €1.1bn in the overall health spend bringing that total to €14 billion, so that the mental health share fell to below 6%. We understand that a population-based resource allocation model was adopted by the HSE in 2006, which is being developed further to develop an evidence-based ‘Burden Population’ equation to recognise social deprivation in assessing mental health need. A breakdown of capital and revenue spend (rather than allocation) in mental health should be published in the Implementation Group’s annual progress reports, with spends on service expansions and improvements recommended in *A Vision for Change* clearly flagged.

Service User Involvement

Proposals made in *A Vision for Change* for service user involvement in planning and delivering mental health services, and in determining their effectiveness, have not advanced. Significantly, we note the establishment of the interim National Service User Executive and await the development of a regional consultative structure, which will allow for meaningful consultation with service users and their families.

Priority Steps Recommended by the IMHC

A Vision for Change is very clear that the first steps that should be taken to implement the mental health services component of this policy include the management and organisational changes recommended in Chapter Sixteen and the provision of training and resources for change (page 218). It is the view of the IMHC that the following steps towards implementation must be put into place immediately:

1. The establishment of the National Mental Health Directorate within the HSE.
2. The formation of the mental health catchment areas as outlined in *A Vision for Change*. We understand that the HSE expects to announce the new catchment areas shortly.
3. The formation of the mental health catchment management teams.
4. Concrete moves towards the recruitment of sufficient numbers of qualified healthcare personnel.
5. Training to enable full resourcing of Community Mental Health Teams.

In summary, the IMHC is concerned that the essential framework for implementing *A Vision for Change* is not yet in place. While the IMHC is aware that the timetable for the roll-out of *A Vision for Change* is seven years, it is vital that the relevant authorities publicly demonstrate the progress made on an ongoing basis, and reveal the plans in place for the full implementation of *A Vision for Change*”.

Appendix 4

Health Service Executive Implementation Group members

Mr Seamus McNulty, Assistant National Director with lead operational responsibility for mental health - Chair

Ms Antoinette Barry, Area Manager, Dublin West/South West Mental Health Service

Ms Catherine Brogan, Specialist, National Office for Mental Health

Dr John Cooney, Clinical Director, North Lee Mental Health Services

Ms Davida De La Harpe, Assistant National Director, Population Health

Mr Dave Drohan, Lead Local Health Manager, South

Mr Mark Fagan, Assistant National Director of Finance

Mr Pearse Finnegan, Director of Nursing, Co Mayo Mental Health Services,

Mr Tom Flanagan, Social Work Team Leader, St Dymphna's Hospital, Carlow

Mr David Gaskin, Lead Local Health Manager, Dublin North East Region

Mr John Hayes, Lead Local Health Manager, West

Ms Carol Ivory, Senior Manager, National Office for Mental Health

Mr Des Kavanagh, Partnership Representative, Psychiatric Nurses Association

Mr Alan Moran, Hospital Network Manager

Ms Margaret O'Connor, Deputy CEO, Irish Advocacy Network

Mr Gerard Perry, Director of Psychology, Dublin North East

Ms Ruth Power, Occupational Therapy Manager, St Brendan's Hospital, Dublin

Mr Martin Rogan, Assistant National Director, Mental Health, Office of the CEO

Mr Jim Ryan, Lead Local Health Manager, Dublin Mid-Leinster

Mr John Saunders, Director, Schizophrenia Ireland

Ms Ann Sheridan, Mental Health Promotion Officer, Letterkenny, Co Donegal

Ms Sonia Shortt, National HR Directorate

Appendix 5

Health Service Executive Expert Advisory Group members

Dr Ian Daly (Chair)	Consultant General Adult Psychiatrist/Clinical Director
Mr Michael Bambrick	Director of Nursing, West Cork Mental Health Services
Mr John Boyce	Advocate, Irish Advocacy Network
Mr Brendan Byrne	Chief Nursing Officer, St Dymphna's Hospital, Carlow
Mr Gerard Clarke	Assistant Director of Nursing, Waterford Regional Hospital
Dr Mary Davis	Principal Clinical Psychologist, Bros of Charity
Mr Geoff Day	Director, National Office for Suicide Prevention
Dr Brendan Doody	Consultant Child & Adolescent/Clinical Director
Mr Richard Dooley	Network Manager, HSE
Ms Teresa Flacke	Director of Counselling, HSE West
Ms Dora Hennessy	Principal Officer, Department of Health and Children
Dr Eamonn Keenan	Consultant General Adult Psychiatrist, Substance Misuse/Clinical Director
Dr Terry Lynch	General Practitioner and Psychotherapist
Dr Sara McDevitt	Consultant Child and Adolescent Psychiatrist, Bros of Charity
Mr Paddy McGowan	Research Education Officer, Expert by Experience, Dublin City University
Ms Tina McGrath	Senior Occupational Therapist, HSE
Mr Seamus McNulty	Assistant National Director, HSE West with lead responsibility for mental health
Mr Martin Rogan	Assistant National Director, Mental Health, Office of the CEO
Dr Vincent Russell	Consultant General Adult Psychiatrist/Clinical Director
Ms Vicki Somers	Principal Mental Health Social Worker

Reports used to inform deliberations

- Mental Health Commission Annual Report 2006 including the Report of the Inspector of Mental Health Services 2006

- *A Vision in Hindsight*: one year progress report of A Vision for Change – Siobhán Barry and Éamonn Moloney, Irish Psychiatric Association – January 2007

- Happy Living Here... A Survey and Evaluation of Community Residential Mental Health Services in Ireland – Mental Health Commission and Health Research Board