ALL IRELAND INSTITUTE FOR MENTAL HEALTH:
CONSULTATION AND NEEDS ANALYSIS

Department of Health, Social Services and Public Safety &
Department of Health and Children

FINAL REPORT

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1. INTRODUCTION

1.1 Background

There is increasing recognition, both nationally and internationally, of the need to address mental health as an integral part of improving overall health and wellbeing. The World Health Organisation and the World Bank have both drawn attention to the rise in mental health problems, such as suicide and depression, as major public health issues to be addressed in the 21st century.

In both the Republic of Ireland and in Northern Ireland a number of health policy documents have identified mental health as a key priority. The Department of Health, Social Services and Public Safety (DHSSPS) published a new public health strategy, Investing for Health, in 2002, which contains an objective ‘to promote mental health and emotional well-being’. A major review of Mental Health policy and legislation is currently underway in Northern Ireland. In 2001, the Department of Health and Children (DOHC) published a new health strategy, Quality and Fairness - a health system for you. This strategy announced the Department’s plan to develop a new Action Programme for Mental Health.

Within this context, in March 2001, a number of organisations associated with mental health and mental health research developed the concept of an all-Ireland Institute for Mental Health. The rationale behind this proposal was that an Institute would have an all-Ireland remit to undertake research and policy analysis in the field of mental health and to facilitate information sharing between service providers, academics, policy makers and others with an interest in mental health. The Ministers with responsibility for Health in Northern Ireland and the Republic of Ireland agreed a draft Memorandum of Understanding in October 2001 which undertook to explore the need for an Institute of this nature and the practicalities involved in setting it up.

The remainder of this report examines the idea of establishing an all-Ireland Institute for Mental Health and examines the need for an organisation of this nature.

1.2 Terms of Reference

Deloitte and Touche was engaged by the DOHC and DHSSPS to examine the need for an all-Ireland Institute of Mental Health.

The remit for the study was to identify the interfaces of the proposed Institute with existing mental health organisations, including research bodies, determine the added-value that the proposed Institute would provide and make recommendations on the role, structure and staffing of the proposed Institute.

The specific requirements of the study are to:

- identify all organisations in Ireland that develop mental health policy or research mental health issues;
- identify the interfaces and communication channels between these bodies; and
- make recommendations on the role, structure and staffing of a proposed Institute of Mental Health, including interfaces and communication channels.
1.3 Our Approach

In responding to the terms of reference Deloitte and Touche used a number of research methods. The first substantive task involved desk review of strategic documents and research into the range of organisations involved in the mental health field in Northern Ireland and the Republic of Ireland.

The next key stage of the project involved an extensive consultation programme with a range of voluntary, statutory, research and professional organisations across Ireland. This exercise sought to examine the views of consultees on the proposal to develop an Institute of Mental Health and explore the current level of communication between organisations with a mental health remit in both jurisdictions. The consultation programme consisted of face to face and telephone interviews conducted between November 2002 and January 2003. A total of 41 interviews were held and a list of the organisations consulted is provided in Appendix 1.

1.4 Structure of Report

This report outlines the results of our research into the need for an all-Ireland Institute for Mental Health. The report is structured into seven main sections:

- **Section 2** sets the contextual background to the project drawing upon some of the latest policy developments in both areas;
- **Section 3** lists a range of organisations involved in the mental health field in Northern Ireland and the Republic of Ireland and outlines the interfaces between them;
- **Section 4** reports the results of the consultation exercise;
- **Section 5** describes potential models for an Institute of Mental Health by examining a number of mental health and other relevant organisations currently in operation in Ireland and the rest of the UK;
- **Section 6** outlines the need for, and potential added value of, an Institute of Mental Health based on the research conducted;
- **Section 7** presents a number of options for the development of an Institute in terms of breadth of functions and structure; and
- **Section 8** sets out key conclusions and a series of recommendations for the Departments to consider.

A database containing more detailed information about the organisations involved in mental health in both Northern Ireland and the Republic of Ireland is available separately in an Excel database.
2. STRATEGIC CONTEXT

It is important to understand the wider strategic context for the development of an all-Ireland Institute of Mental Health. In particular, the development of any Institute needs to take cognisance of the strategic imperatives and the statutory commitments in relation to mental health, in Northern Ireland and the Republic of Ireland.

It is notable that whilst Northern Ireland and the Republic of Ireland have differences in relation to the structures and policies within the mental health sector, there are a range of similarities in relation to challenges facing mental health professionals and in the delivery of services.

2.1 DHSSPS Policy

The DHSSPS has recently published a number of key policy documents relating to mental health. In particular the new public health strategy, Investing for Health, which contains an objective 'to promote mental health and emotional well-being'. The Department also recently published a new strategy for mental health promotion, Minding our Health. The strategy adopts a public health approach to mental health promotion balancing promoting good mental health with preventing mental ill health and early intervention in mental health problems.

In parallel, the Department set up a major review of mental health in Northern Ireland in 2002. The Mental Health Review, chaired by Professor David Bamford, is tasked with developing a strategy for mental health services provision in Northern Ireland. The review will cover existing mental health policy and relevant legislation including 'the Mental Health Order 1986', the Human Rights Act (1998) and the Council of Europe White Paper on the protection of the human rights and dignity of people suffering from a mental disorder. It is due to report in 2004.

Another major initiative underway is the implementation of new arrangements aimed at providing a framework for providing high quality services in the HPSS under the Best Practice Best Care Initiative. The proposals under this initiative relate to setting standards for improving services and practice, ensuring local accountability in the delivery of services and improving the monitoring and regulation of services.

The Chief Medical Officer in Northern Ireland made Mental Health the theme of her report for 2002, indicating that up to 300,000 people at any one time will suffer from poor mental health in Northern Ireland. She reaffirmed the priority which Government accords to supporting the mental and emotional well-being of the population.

2.2 DOHC Policy

Policy on mental health in the Republic of Ireland is based on Planning for the Future, published in 1984. That report recommended the establishment of a comprehensive community-oriented mental health service as an alternative to institutional care. The core legislative provision relating to mental health services is the Mental Health Treatment Act, 1945. The Mental Health Act of 2001 is a very significant piece of legislation which reformed existing law concerning the involuntary detention of people for psychiatric treatment. It also provided for the establishment of a Mental Health Commission.

Other key policies and reports that guide mental health practice include the National Task Force on Suicide Report (1998), the Annual Reports of the Inspector of Mental Hospitals,

The DOHC published a new health strategy, *Quality and Fairness – a health system for you* in 2001. This strategy commits the DOHC to developing an Action Programme for Mental Health. This programme will build upon recent initiatives in mental health services, particularly in the areas of attitudes to mental illness, strengthening advocacy for people with mental illness and providing services in areas where gaps have been identified.

A number of key actions were identified in *Quality and Fairness* to improve mental health services and promote awareness of mental health, including:

- the establishment of a new Mental Health Commission to begin the implementation of the Mental Health Act, 2001;
- the development of a national policy framework for the further modernisation of mental health services, updating Planning for the Future (1984);
- the introduction of programmes to promote positive attitudes to mental health;
- encouragement and resources for independent patient advocacy services; and
- the intensification of suicide prevention programmes.

The DOHC’s National Health Promotion Strategy (2000-2005) also recognises that mental health is as important as physical health to the overall well-being of a person. It highlights the consequences of poor mental health for quality of life and an individual’s capacity to contribute to society.

Making Knowledge for Health – the National Health Research Strategy published in 2001 proposes a thriving health research culture supported by the establishment of a research and development function within the health services and enhanced support for science for health. This strategy examines how the Irish health services should create, transfer and apply knowledge to promote health, combat disease and make services more effective.

### 2.3 North South Co-operation

The Belfast Agreement introduced new arrangements for all-Ireland co-operation. Under Strand 2 of the Agreement, “Health” was identified as one of the areas where co-operation would take place under the aegis of the North South Ministerial Council (NSMC). The North South Ministerial Council provides a structure for Ministers of all Departments in both jurisdictions to:

- exchange information, discuss and consult with a view to co-operating on matters of mutual interest;
- reach agreement on the adoption of common policies where there is a mutual cross-border and all-Ireland benefit; and
- take decisions by agreement on policies for implementation separately in each jurisdiction.

The Co-operation and Working Together (CAWT) initiative is a unique partnership of Health Boards and Health Trusts on both sides of the border. It brings together health and social care professionals from a wide range of areas, including acute, primary care, mental health and learning disability, to work on cross-border joint projects, training events, conferences and information exchanges.
DHSSPS and DOHC have both recognised that there is much to be gained from co-operation in relation to mental health issues. This proposal would facilitate even closer co-ordination between the Departments in this field.
3. MENTAL HEALTH STRUCTURES IN IRELAND

3.1 Mapping Exercise

As required in the terms of reference for this assignment, we have undertaken an exercise to identify those organisations in Ireland that develop mental health policy or research mental health issues. We have developed a database with information on the organisations identified. We have attempted to be as comprehensive as possible but, inevitably, there will be some gaps in this dataset. The need for this kind of information was highlighted strongly in the consultation and the development and management of this and other relevant information is an important area for future consideration.

Where available, the database contains the following information for each entry:

- Organisation Name;
- Status;
- Contact Details;
- Remit;
- Size;
- Funders;
- Specific Interest Areas; and
- Research Activity.

The database is provided as a separate report.

3.2 Interfaces

3.2.1 Introduction

During the consultation exercise, we asked participants about the extent and nature of their contacts with other organisations within the mental health field. Some specific findings in relation this subject are given below. Overarching conclusions are presented in section 3.3 below.

3.2.2 General Knowledge and Information Sharing

The following points give examples of structures highlighted and issues raised in the course of our consultation with organisations regarding the interfaces and channels of communication with other organisations in the field:

- in Northern Ireland, within some Health and Social Services Boards, the Mental Health Service Planners / Commissioners have a ‘planning group’ which involves health and social services trusts and voluntary and community organisations. This practice allows for information exchange but also gives a range of key stakeholders an important opportunity to participate in discussion and planning of mental health services in their area;

- the Co-operation and Working Together (CAWT) initiative is a unique partnership of Health Boards and Health Trusts on both sides of the border. It brings together health and social care professionals from a wide range of
areas, including acute, primary care, mental health and learning disability, to work on cross-border joint projects, training events, conferences and information exchanges. It has a group tasked with looking at mental health issues specifically;

- there has been some contact and visits between hospitals and services. For example, many parties have visited the Monaghan service to explore the home based treatment model of care there. We became aware of some other exchanges during the consultation exercise. For example, the Ennis County Hospital in Co. Clare visited the Mater Hospital in Belfast and reported that the visit had a range of practical benefits in terms of sharing protocols and learning about different practices across psychiatric units. However, these visits were largely ad hoc and based on the initiative of the clinical directors involved;

- there is an Alliance for Mental Health in the Republic of Ireland. The Secretariat is provided by Mental Health Ireland and the alliance has approximately twelve members. The group meets every few months and is a forum for the exchange of ideas and information amongst voluntary groups with a focus on mental health issues;

- the Wheel is an independent, open and inclusive network established to assist the community and voluntary sector to become a powerful voice for change in the Republic of Ireland. The Wheel has a mental health ‘spoke’ i.e. a group which seeks to promote good practice in mental health. An example of the activity of this group is studying of the reports of the Inspector of Mental Hospitals and lending its weight to helping the inspector implement his recommendations;

- there is no parallel network (to the Alliance or the Wheel) in Northern Ireland. Some subject specific meetings are organised when a particular need is identified. For example, the Northern Ireland Association for Mental Health (NIAMH) facilitated a meeting of the Royal College of Nursing, the British Association of Social Work, the British Psychological Society and the NHS Confederation to discuss the Review of Mental Health Services;

- there is a growing precedent for the organisation of conferences for particular professional groups in the mental health field. The social work profession organised a conference in Co. Louth in February 2003 entitled “Shaping the future of Mental Health Social Work – a celebration of innovative practice”. These opportunities were welcomed by consultees as a welcome networking opportunity as well as an opportunity to examine important practice issues;

- the Health Promotion Agency in Northern Ireland hosted a discussion day with workshop sessions as part of the HPA led exercise to develop a database of mental health promotion activities and services in NI. Approximately 160 people attended and this level of attendance was considered to be exceptional. Some suggested the scale of the response was a result of the lack of structures or networks to support those in the mental health sector and that there was a huge need for fora for those working in the mental health sector to meet and discuss practice and policy issues;

- the world wide web was considered by many to provide access to extensive information but it was felt that this information relates mostly to international and UK (primarily English and Scottish) practice;
persistent significant problems with the collation of data across services were highlighted. Attempts to spearhead initiatives to encourage collaboration on data collection and management in the Republic of Ireland were considered to have failed. The importance of progress and co-operation between service providers on the data issues was stressed by a number of consultees;

academic research in general, but particularly in the Republic of Ireland, was perceived to be quite 'divorced' from public health. The link between academic research and policy development was considered to be weak and dissemination of research findings was considered to be inadequate;

a number of fora have mental health committees. For example, the National Disability Authority has a mental health subgroup. The links between these committees and sub-groups with the wider infrastructure is less clear however;

despite a steady stream of publications, conferences and seminars in the mental health field, some consultees felt that whether they heard about certain events or developments was a matter of 'luck'; and

the need for debate about research priorities was underlined and the need for clear communication from research commissioning bodies was also raised. A specific issue was the importance of receiving constructive feedback from commissioning organisations on unsuccessful research proposals.

### 3.2.3 North South Communication

During our consultation it became apparent that a number of organisations are already operating on a North – South basis. Firstly, the two Departments have developed strong working relationships with counterparts in the other jurisdiction, and consultation and collaboration on key development areas within mental health policy has become common practice in recent years.

The Mental Health Commissions in both areas have established contact and the recently launched Commission in the Republic of Ireland has acknowledged that it has benefited considerably from learning of the experiences of the Commission in Northern Ireland which has been in place since the 1980’s. The co-option of the Chairman of the Mental Health Commission in the Republic of Ireland onto the Advisory Group for the Review of Mental Health Legislation in Northern Ireland was also perceived to be a very positive and strategic development.

Professional Associations have made efforts to operate on an all-Ireland basis and the Royal College of Psychiatry (now the Irish College) has a Northern Division with membership of the main Association drawn from across Ireland. The social work profession also holds occasional conferences on key policy issues and social work researchers and practitioners from across the Republic of Ireland and Northern Ireland are invited to participate.

A few of the major mental health voluntary organisations (e.g. Aware) are organised on an all-Ireland basis and others including Threshold and Schizophrenia Ireland meet with their Northern / Southern counterparts to discuss priorities. These cross-border relationships are considered very important and a number of respondents suggested that the proposed Institute could further this integration by having a more facilitative role in this regard.

A report by the Centre for Cross Border Studies and the Institute of Public Health in Ireland entitled “Promoting Mental Health and Social Well-Being: Cross Border Opportunities and Challenges” was published in November 2002. It recommended the pooling of knowledge, expertise and resources between Northern Ireland and the
Republic of Ireland. It found that there was no co-ordinated approach to population mental health monitoring and that there is very little evaluation of cross-border co-operation. A key recommendation was for the creation of an all-Ireland information exchange and forum for dissemination of mental health promotion activities and that this should include a live database of mental health promotion activities. Our consultation found evidence of strong support for the findings of this study and it was widely believed to that the principles apply beyond health promotion to the study and treatment of mental illness.

3.3 Conclusions

As can be seen from the database, there are a significant number of organisations that have a role in researching mental health issues and developing mental health policy in Ireland. There is also a reasonable level of North / South contact for which there is general enthusiasm and the value of which is widely acknowledged. However, the organisation of this activity is relatively ad hoc and uncoordinated. Drawing on the views expressed in the consultation exercise and the evidence presented regarding communication, we have concluded that:

- in general, the level and nature of communication between organisations engaged in mental health research and policy development is limited and there is considerable scope for improvement in the sharing of information;
- although some structures and processes for communication are in place, they are predominantly within disciplines and there is an absence of a strong multi-disciplinary forum for communication of research findings or even for discussion of key policy developments;
- although there are some mechanisms in place for collaboration across the sectors i.e. between the community, voluntary and public sectors, these are also limited and do not exploit the full potential of the different providers and different interests to come together to share knowledge, ideas and experience;
- this lack of infrastructure diminishes the value being gained from the range of investment in mental health research and services. The absence of robust and recognised mechanisms for sharing knowledge and for communication between the range of organisations working in the mental health field is a major concern for many of those consulted in the course of this assignment; and
- a gap exists to service and promote this activity and the capacity of any new body to fill this gap could be addressed by an Institute of Mental Health.
4. REPORT ON THE CONSULTATION EXERCISE

4.1 General

The purpose of this section is to reflect the views presented by the range of organisations from the voluntary, public and academic sectors and from individual professionals, consulted in the course of this assignment. As expected in a consultation of this scale, a wide range of views were expressed on some issues and where possible, we have attempted to give a sense of the balance of opinion on key issues.

There was widespread qualified support for the concept of an Institute for Mental Health in Ireland. Concerns and caveats related to the source of funding for an organisation of this nature and the consequent impact on resources for other work in the mental health sector. Differing views were expressed regarding appropriate roles for the Institute. Concerns were also expressed that if an Institute was established but under-resourced or inappropriately staffed, the implications would be worse than not establishing the Institute in the first place. A clear message from those consulted was that if this Institute does go ahead, it must be given an opportunity to succeed – in terms of political and financial support. As one consultee indicated, "tokenism would be very destructive".

4.2 The Status Quo – Identified Gaps in the Current Evidence Base

In this section of the consultation feedback, we explore perceptions around the current status of mental health issues, particularly focusing on views around the adequacy of the evidence base, levels of research and policy development processes.

4.2.1 Relative Status of Mental Health

There is a widespread view that the mental health sector in both the North and South is the 'Cinderella' element of the health service, given the focus on the acute sector. The need for resources and the lack of attention afforded to mental health issues and services was a recurrent theme.

It was generally agreed that there is a significant overlap in the determinants of physical and mental health, but that mental health issues have received considerably less attention in both funding and research arenas.

Some consultees referred to the very low morale amongst those working in the mental health field and pointed to a lack of recognition as well as a lack of resources. It was suggested that the development of a dynamic Institute which could raise the profile of mental health as a discipline, create debate on key research and policy matters and lobby the Departments on key issues, could help address this sense of apathy and frustration amongst many working in this area.

A number of respondents argued that an independent Institute was needed to raise the profile of mental health across Ireland and to act as a powerful lobby group to secure additional funding for the sector.

4.2.2 The Evidence Base

An absence of a robust and comprehensive evidence base to inform mental health policy development and service planning was identified in Northern Ireland and the Republic of Ireland. It was suggested that although there are pockets of research ongoing across Ireland, it is not 'joined up' and many researchers are unaware of
what their colleagues in other universities, hospitals and health boards are doing. Levels of research were described as ‘minimal’ and ‘a deficit of data’ was highlighted.

Although some consultees pointed to a steady stream of papers and a range of conferences taking place within the mental health sector nationally and internationally, they suggested that there is no ‘centre’ or ‘focal point’ for this work. Some also claimed that where evidence does exist, there are gaps in translating that evidence into practice.

4.2.3 Current Networks (within and across jurisdictions)

As outlined in Chapter 3, there are a number of networks or groupings in place. Professional associations form one element of this structure and some individuals and organisations also have their own informal networks. Some consultees noted an increasing trend of sharing learning on a cross border basis albeit in an ad hoc and opportunistic manner rather than in a systematic planned way.

At the academic level, it has been suggested that while there has been some cooperation across Universities in Northern Ireland, the University sector in the Republic of Ireland has dispersed isolated psychiatry departments which lack ‘joined up’ research agendas. In general, the consultation highlighted a general dissatisfaction with the level and nature of communication amongst those working in mental health and there was an absence of focused multi-disciplinary networks.

The need for better networks was highlighted consistently. Many were at pains to stress that this didn’t equate to a desire to create additional layers of bureaucracy and that electronic and other mechanisms for communication should be explored. When questioned, many consultees were unaware of any networks in existence beyond their own professional associations. There was a general consensus about the need to dedicate a lot more attention to information sharing and networking amongst those working in the mental health field, particularly on a cross-discipline basis.

4.2.4 Focus of Current Research

The view of those who originally submitted the proposal to establish an Institute for Mental Health was that bio-medically oriented research was reasonably well catered for and that there was a dearth of focus on the psycho-social dimensions of mental health problems. This view was supported throughout the consultation and there was a view that although there is scope for growth and development in every aspect of understanding mental health, psychopharmacology should not be a priority for any new Institute.

4.3 Potential Roles / Remit of an all Ireland Institute

While there was general agreement on the need for more research to inform policy development and service delivery, there was a wide spectrum of views as to which issues should be explored and how. One recurrent message, however, was that the outputs of any development must demonstrably benefit the end-user and those in the community struggling with mental illness. This section outlines the range of potential roles proposed for the Institute.

4.3.1 Mapping and Co-ordination of Data

At present there is no systematic record of ongoing or completed research into mental health issues in Northern Ireland or the Republic of Ireland. The need for a
repository for information in the field was identified. At the most basic level, consultees called for a ‘database’ or ‘library’ of current and recent research into mental health issues. Some wished this information service to extend to keeping data on services across the statutory, voluntary and private sectors. Some defined the need as being for a ‘one stop shop’ initiative. The Institute was described as ‘a potential force for keeping a finger on the pulse for evidence viz. a viz. current policy’. On this basis the Institute would be a resource to all researchers and practitioners in the mental health field.

The need for active dissemination of research findings was widely emphasised, and the importance of finding appropriate mechanisms for showcasing best practice was highlighted. This would ensure that lessons learned about effective practice in mental health services are not only captured, but shared widely.

The need to draw on international and not just Irish practice was highlighted. Consultees identified a need to trawl internationally for evidence of good practice, to quality assure these approaches in relation to the local environment and then, if appropriate, implement appropriate measures in the local context.

4.3.2 Research

The overwhelming view was that any research either undertaken or commissioned by an Institute should be ‘action-oriented’ i.e. it must have the capacity to influence policy, services or public opinion in some way.

Specific issues for research that were suggested included:

- comparative epidemiological work;
- differential prevalence rates of particular mental health problems (to provide an evidence base which could inform policy development);
- benchmarking exercises comparing relative funding levels for mental health on an all-Ireland or even European basis;
- service models of care – research into the application and the consistency of the application of models;
- ongoing review of the efficacy of new interventions;
- specialties (e.g. forensic psychiatry, child and adolescent psychiatry, eating disorders and brain injury) and the delivery of services to these groups according to critical mass on the island of Ireland;
- barriers to effective collaboration at service delivery level in border areas;
- the co-ordination of services across the patient pathway;
- practice issues – models for multi-disciplinary teams, referral routes, variations in practice etc;
- the mental health needs of particular minority groups e.g. an examination of depression amongst asylum seekers in Dublin, or research with prisoners or the homeless;
- attitudes to mental health and the prevalence and impact of stigma; and
- the interface between the ‘talking therapies’ and ‘drug therapies’.
Many consultees pointed to the need for an Institute to be sharply focused as the sheer scale of issues facing those working in mental health could be overwhelming.

While many called for a focus on health service research in the mental health area, some feared that a focus on delivery would become all consuming and would drain resources away from a focus on positive mental health which is so vital for early intervention. Others who were strongly supportive of a focus on service delivery pointed to a history of providing services (in Northern Ireland) on an incremental normative basis rather than in a needs led evidence based way.

4.3.3 Informing Policy

The model of an Institute operating as a ‘think tank’ – drawing on the expertise of nominees from different backgrounds via expert committees was proposed.

It was suggested that the Institute should deliver a series of one-day symposiums at strategy and policy level. It was also anticipated by those that endorsed this view that the staff and board of the Institute should have a public relations function which could include engaging in debate on seminal mental health issues on an international stage.

Some organisations envisaged a consultancy role for the Institute and a dimension of that role could be to facilitate discussion and debate on legislative issues and the harmonisation of particular pieces of legislation e.g. legislation which might facilitate the transfer of patients across services in border areas.

Some consultees suggested that the Institute should actively promote cutting edge ideas for consideration by those developing policy and commissioning services e.g. crisis intervention teams. They called for a forward-looking organisation with ideas and views informed by innovative, proven practice internationally.

4.3.4 Quality Assurance

The role of implementation ‘watchdog’ was also suggested. Others felt this should be more of an advocate role – that the Institute should make the case for investment and profile for the mental health sector and keep issues and policies on the agenda of policy makers, health professionals and the wider public. It was indicated that one of the criticisms of the National Institute for Mental Health in England is that there is confusion around its monitoring role.

A minority of those consulted expressed the view that the Institute could have a role in auditing services and quality assurance. However, most consultees recognised that standards related issues were matters for the Mental Health Commissions and other authorities. However, this would not preclude some involvement in service evaluation and dissemination of lessons of best practice.

4.3.5 Training

One consultee made the case for an Institute of Postgraduate Mental Health. This proposal was based on the view that postgraduate training, continuing professional education and competence assurance are important but generally underdeveloped teaching functions. There are virtually no resources available for formal postgraduate curriculum development, competence training and renewal. The aims of this proposal are quite specific i.e. to:

- provide postgraduate teaching, training and assessment in each of the psychiatric specialities and in each of the related professions;
ensure that teaching and training are balanced and in accordance with the needs of modern professional practice;

assess the progress in training of non-consultant hospital doctors and advise the Medical Council when trainees have reached the level of proficiency required for Specialist registration; and

provide and monitor or validate continuous postgraduate teaching, training, mentoring and appraisal for consultants and advise the Medical Council on matters of competence assurance.

However, although there was some support for proposals that the Institute should have a training function at some level, there was a clear view from other consultees that the Institute should stay clear of the whole area of training and remain closely focused on the research and policy analysis roles. Some consultees did think that as part of a remit of facilitating networks within the mental health sector, the Institute could assist with the development of joint academic fora north and south, particularly at specialist registrar level.

4.3.6 Advocacy/Lobbying

The importance of challenging false perceptions about mental illness and tackling the stigma around mental health problems was highlighted and some felt that the Institute could have an important role in this regard. Some research has already been undertaken in relation to attitudes to mental health and it was felt that the Institute could be highly influential in profiling mental health issues and raising wider public awareness as well as influencing policy makers.

4.4 The North South Dimension

The benefits of organising the Institute on an all-Ireland basis presented by consultees included:

- economies of scale that could be yielded through collaboration at both research and service delivery levels;
- shared issues and patterns in terms of mental health problems e.g. drug and alcohol misuse, victimhood and trauma, suicide and schizophrenia;
- looking at the delivery of specialist services on an all-Ireland basis i.e. psychiatric subspecialisms of adolescent psychiatry, eating disorders, services for physically disabled people with mental health problems (e.g. deafness);
- comparative health services research could inform future planning for the development and delivery of mental health services in Ireland and further afield (Webb, McClelland and Mock 2002); and
- opportunities for comparative research.

4.5 Relative Priority accorded to the Proposed Development

The ability of an Institute to effectively lobby for additional resources was seen as key to its role. In fact, support for the Institute amongst a number of organisations was contingent on it being able to secure additional funding for the sector. This perspective was particularly strong amongst the voluntary organisations who feared that the funding required to support this proposal could have a direct impact on the funding available for their services.
4.6 Organisational Structure

One of the key questions to be addressed in the consultation was the need for a new and separate Institute for Mental Health. Proponents of the Institute were asked to make the case for the establishment of an organisation of this nature. Consultees were also asked to consider if there were other organisations that could fulfil the role proposed. Opportunities to meet the identified needs and undertake the research and policy work in other ways were explored.

The most frequent argument in favour of a stand alone Institute was the single-issue focus that would be afforded to mental health, which many claim has long been lacking in both Northern Ireland and the Republic of Ireland. Some consultees indicated that to subsume the Institute within another organisation would only serve to compound the problem that generated the idea in the first place. Conversely, a major concern expressed in the course of the consultation was that of creating yet another new organisation in the context of a major review of public administration and in an environment (the health sector) where there is a need to rationalise rather than extend structures. Many of those we spoke to were conscious of the dangers of introducing another layer of bureaucracy.

It was considered very important that the Institute gives due reference to the organisations that already exist and how they might link together at an operational level. Many consultees underlined the need to discuss and agree mechanisms for co-ordination and collaboration with other agencies in this field from the very outset.

The importance of involving the full range of professional groups in the Institute (whether at management or operational levels) was widely emphasised. Those identified include (in no particular order) social workers, psychiatrists, psychologists, health visitors, nurses, teachers, health promotion specialists, public health researchers, carers and users.

The importance of the philosophy, ethos and ultimately the ‘image’ of the Institute was underlined. It was proposed that a set of guiding principles should be established from the outset and the message of robust independence was considered to be important by a number of those consulted.

In particular, the nature and media for relationships between the Institute and other bodies should be defined. Key organisations include:

- DHSSPS/DOHC;
- Health Boards and Trusts;
- The Health Research Board (ROI);
- The Research and Development Office (NI);
- The Health Promotion Agency (NI);
- The Institute for Public Health;
- The Professional Associations (e.g. Royal College of Psychiatry); and
- Universities.

Some argued that the profile of mental health is so poor that the Director of the Institute should assume the role of a mental health ‘tsar’. Many of those consulted indicated that to have credibility the Institute must take great care to appoint the right level and mix of people. They must have a strong track record and professional reputation. A research background would be preferable but not essential – for the senior post at least.
There was a strongly held view in some quarters that the Institute should not be headed by, or affiliated with the psychiatric profession and should have strong user involvement. Conversely, some felt that psychiatry was the profession best placed to lead this initiative. The central position on this debate upheld the merit principle and suggested that professional background should be secondary to wider competencies in relation to management, research and strategy development.

4.7 Miscellaneous Issues

Additional issues were raised and these are summarised in the points below:

- one message from a number of organisations was that if this organisation is to be truly multi-disciplinary, the view that mental health services are all about psychiatry must be challenged. The danger of focusing solely on ‘magic bullets’ was highlighted. The balance of emphasis across the professions and the need for a truly multi-disciplinary focus were considered to be crucial to the effective operation of an organisation of this nature;

- some consultees expressed concern at the timing of this potential development. Some argued that the Institute would be too late to influence the review of mental health policy and legislation in Northern Ireland. Others felt that it could be a fundamental part of the process of taking review recommendations forward;

- some pointed to the dangers of the Institute getting “taken over” by a few very focused specific interest groups;

- the need to promote collaboration rather than competition in research was highlighted. This was a principle that several consultees thought an Institute of Mental Health could help extol; and

- the importance of recognising the statutory / voluntary interface was also emphasised.
5. MENTAL HEALTH ORGANISATIONS

When considering the need for an all-Ireland Institute for Mental Health it is useful to have an understanding of similar organisations in Ireland and in other countries. The following section provides a brief description of a number of relevant health organisations operating across the UK.

5.1 The Institute of Public Health in Ireland

The all Ireland Institute of Public Health (IPH) was established in 1998 with the support of DHSSPS and DOHC in conjunction with the Royal College of Physicians in Ireland. The aim was to establish an Institute which would offer practical benefits through promoting cooperation in the area of public health. The aim of the Institute is to improve health in Ireland by working to combat health inequalities and influence public policies in favour of health. The Institute promotes co-operation in research, training, information and policy advice in order to achieve the following strategic objectives:

- contributing to policies which tackle inequalities in health;
- strengthening partnerships for improving the health of society;
- maximising the potential for international collaboration to contribute to the surveillance of population health;
- producing information on health and inequalities and contribute to the surveillance of population health; and
- contributing to the capacity (information, skills and resources) of those who work to improve the health of society.

The IPH has recently been reconstituted as a company limited by guarantee and a new Board met for the first time in late 2002. The Institute currently has 8 multi-disciplinary highly trained researchers who undertake much of the Institute’s research activity internally. For further information on the institute see www.publichealth.ie.

5.2 National Institute for Mental Health in England

The National Institute for Mental Health in England (NIMHE) is a new organisation based within the NHS Modernisation Agency at the Department of Health. The Institute’s aim is ‘to improve the quality of life for people of all ages who experience mental distress’.

The Institute’s remit is based strongly around the philosophy of service redesign and breaking down barriers to more flexible working. It aims to support staff to put policy into practice and offer help to resolve local challenges in developing services. It stresses that service users will be at the heart of all of the Institute’s work and that it will take a lead in connecting mental health research, development, delivery, monitoring and review.

The institute has four core areas of activity:

- a central hub, providing leadership and co-ordination of NIMHE’s activities;
- eight NIMHE development centres, a main point of contact for frontline teams to share experiences and find solutions that work in practice;
- a research network, a standing programme of NIMHE; and
national programmes of work creating new partnerships and action at a national level, which will help staff in local services deliver change.

The organisation has over 20 staff based at its central hub and additional staff in its eight regional development centres. It has also set up a research network, to develop mental health’s research capacity and broaden research to fully involve services users and carers.

The Institute’s work programme covers acute inpatient care, community teams, primary care, substance misuse and suicide prevention, with a number of cross cutting programmes addressing equalities, workforce and research. For further information on the institute see www.nimhe.org.uk.

5.3 Sainsbury Centre for Mental Health

The Sainsbury Centre for Mental Health’s (SCMH) core aim is to improve the quality of life of people with severe mental health problems by enabling the development of excellent mental health services, which are valued by users, carers and professionals.

This aim is achieved by influencing national policy and practice through a co-ordinated programme of research, service development and training. The Centre is a charitable institution ensuring that its work is independent. It works closely with local service providers to assess needs, develop services and identify good local practice and disseminate it across the UK. A key aspect of its work is with mental health service users and carers to develop and deliver sustainable services. The Centre’s key priority areas cover acute hospital care, user empowerment, assertive outreach, crisis resolution and primary care.

The Centre also has a number of affiliations with other mental health organisations. For more information on the Centre see www.scmh.org.uk.

5.4 Scottish Development Centre for Mental Health

The Scottish Development Centre for Mental Health (SDCMH) is a not-for-profit organisation dedicated to the continuing development and improvement of mental health services in Scotland. It is independent from the Scottish Executive, statutory agencies, other providers of mental health services, policy making and campaigning organisations.

The organisation seeks to add value by promoting national and local policy change and action in the planning and delivery of mental health services. It undertakes local and national development support, training and research, and disseminates information relevant to mental health service issues. The organisation also offers consultancy services.

The Centre aims to be the leading independent organisation operating in the mental health policy and practice development and research field. For more information see www.sdchm.org.uk.

5.5 Commissioning Research

Two other relevant organisations are the Health Research Board (ROI) and the Research and Development office (NI).

The Health Research Board is a statutory body that promotes, funds, commissions and conducts medical, epidemiological and health services research in Ireland. It has a particular mission to encourage research that translates into improved diagnosis, understanding, treatment and prevention of disease and improves the efficiency and effectiveness of the health services. The Mental Health division carries out national and international research, information gathering and dissemination of research outcomes on mental health and mental
illness in Ireland. The results of the research are used to inform national policy, health service management, clinical practice and international academic research.

The Northern Ireland R&D Office is also a statutory body with a remit to commission all Health and Social Services research conducted within Northern Ireland. Funding from Health Boards is top-sliced and earmarked for research. This mechanism ensures that the R&D Office commissions all relevant research in the HPSS. A recent bid from the mental health sector failed to secure Recognised Research Group status. The main piece of Research and Development Office funded research in mental health is a major epidemiological study into individual and family differences in mental health.

5.6 Centre for Cross Border Studies and Centre for Health Promotion Studies

The Centre for Cross Border Studies, based in Armagh and Dublin, was established in 1999 to research and develop co-operation across the Irish border in health, education, business, public administration, communications, agriculture, the environment and a range of other practical areas. It is an independent company jointly owned by Queen’s University Belfast, Dublin City University and the Workers Educational Association.

Established in 1990 with the support of the DOHC, the Centre for Health Promotion Studies at the National University of Ireland in Galway is the only centre of its kind in Ireland. It has an active multi-disciplinary research programme in place including both commissioned and self-initiated research at regional, national, EU and international levels.

5.7 Other Organisations

There are numerous other organisations working in the mental health field which offer other potential models or aspects which the Institute could adopt. A few with different types of remit are highlighted below:

- there are a number of bodies providing links to a range of other organisations and offering advice to carers, users and professionals, for example, the Mental Health and Well-Being Support Group and the Mental Health Foundation;

- there are a number of research organisations, the largest being the National Institute for Mental Health (NIMH) in the US; and

- there are numerous umbrella organisations at a European and World level including the World Federation for Mental Health and Mental Health Europe.
6. THE NEED FOR AN ALL-IRELAND INSTITUTE OF MENTAL HEALTH

A critical aspect for this study to address is the added value or need for an all-Ireland Institute for Mental Health. Throughout our research and consultation we gathered a range of information and responses from individuals and organisations. A number of key themes emerged from this research. In this section we outline a number of potential functions for the Institute and discuss the added value that the Institute could bring.

6.1 Research Co-ordination and Information Exchange

6.1.1 Context

The consultation highlighted a general perception within the mental health sector that there is a lack of co-ordination or collaboration between organisations. This perception was due, in part, to the range of organisations and umbrella groups that characterise the sector. Respondents stated that the following areas need better co-ordination, including:

- dissemination of research findings;
- undertaking and review of service evaluations;
- dissemination of good practice; and
- planning of conferences / networking opportunities.

Based on the evidence presented, there would appear to be elements of duplication of effort in relation to ongoing research and some organisations were clearly unaware of similar work being conducted elsewhere. There are a number of examples of good practice and networking initiatives, but these were generally conducted in relative isolation with no mechanism for disseminating information to wider audiences. Where consultees demonstrated awareness of the work of other organisations, it tended to be based on informal contacts.

6.1.2 Potential Role

The evidence points to a need for better knowledge management in the sector and improved systems for co-ordinating information and research.

No organisation is currently responsible for the comprehensive collation of information and materials across the mental health sector in either jurisdiction or across both. This need could be met by the development of a common information source or internet portal. Such a website could be used as a central point of contact for all organisations with a number of roles. It could be used to:

- identify organisations and individuals working, or interested in, the mental health field. As noted in section 4.1 we have already started the process by compiling a list of interested parties, which although not entirely comprehensive, includes the key players at a national / regional level;
- collate information on conferences, workshops and other events;
- inform commissioning by the Departments i.e. when advertising tenders, research proposals or highlighting additional funding streams, especially those which look to foster cross-border participation; and
it could be used as a record or knowledge management tool for research and evaluation projects conducted on an all-Ireland basis.

Critical to the success of such a knowledge management tool or information portal would be the frequent use of the site by organisations. The development of a common information source could help the Institute address the current lack of coordination by acting as an umbrella group. However, a number of respondents considered that there were already too many existing umbrella groups and it would be important for the Institute to replace this existing infrastructure rather than becoming a bureaucratic 'umbrella group for umbrella groups'.

Research in mental health, particularly at a service level is fragmented and often ad hoc. An information management tool could be supplemented by developing a mental health research network function. This would employ staff dedicated to coordinating research on an all-Ireland basis by spreading good practice, ensuring research results are disseminated, promoting evidence based practice and improving mental health research techniques.

6.2 Research Function and Research Commissioning

6.2.1 Context

As highlighted in our report of consultation findings, a potentially huge research agenda in mental health was identified. There is a clear need for an organisation with an explicit mental health research focus to address some of these issues. However, during the consultation a number of concerns were expressed about the ability of the Institute to commission research relating to:

- the risk that sufficiently high quality mental health service researchers may not be available to the Institute; and
- that the Institute would duplicate research commissioning functions and peer review mechanisms developed by existing commissioning bodies.

It was suggested during the consultation that the Institute could undertake some of this research or think tank work in-house.

6.2.2 Potential Role

There is a need for additional research in mental health, some of which could be conducted directly by an Institute, provided there were sufficiently qualified researchers with mental health expertise within the core staff team. In order to maximise the use of the pool of mental health researchers in both areas, it is sensible to increase co-operation and collaboration in research on an all-Ireland basis. We understand that the Health Research Board and the Research and Development Office already support and welcome North-South collaboration in research.

If additional research is needed the Institute could commission work externally, but issues regarding how this would relate to existing commissioning mechanisms must be examined.

In order to build up a greater research capability in mental health services the Institute could also establish training programmes in health services research methodologies and facilitate this via its research network function.
6.3 Policy and Strategy

6.3.1 Context

The consultation process highlighted that there is a lack of policy orientated research and evidence based strategic development of services. A number of issues were raised about the lack of research which explicitly informs mental health policy and practice in Ireland. Research that was underway was generally seen as piecemeal or on a small scale. There was a desire for additional ‘health services research’, in addition to research on the genetics of mental health or research associated with pharmaceutical interventions. The need for this to feed into the policy development process was underlined.

There was also a strong perception that there was no clear mental health strategy in either jurisdiction at present. The review of mental health is underway in Northern Ireland and a review is planned in the Republic of Ireland. There was a desire for the Institute to be a major player in shaping future mental health strategies, providing research input, advice and providing an overview from an all-Ireland context.

6.3.2 Potential Role

The issues raised in the consultation represent a potentially huge policy agenda and an extensive range of policy, strategic and research questions were identified. For example, a number of issues were raised about the potential of the Institute to facilitate closer working on an all-Ireland basis and its ability to have a unique perspective on a range of service delivery and policy issues including:

- examination and review of differences in legislation (identification of key legislative issues and facilitation of consultation/ discussion on their implications);
- a review of training needs and organisation for certain small specialities;
- collaboration in relation to the delivery of specialist services (e.g. child and adolescent psychiatry, forensic psychiatry, brain injury services, eating disorders, services for physically disabled adults);
- the analysis of barriers to integrated service delivery in border areas; and
- the ability to exchange ideas and best practice.

These issues could be sensibly addressed on an all-Ireland basis. The size of Ireland is such that issues of specialisation and the geographic organisation of services are highly relevant. In terms of epidemiology of mental health problems, there are patterns and issues common to both jurisdictions. However, it would be important to note the substantial cultural, organisational and budgetary barriers preventing widespread North South co-ordination in service delivery in the short to medium term. A potential role for the Institute would be to investigate the feasibility of a number of areas for collaboration and drive this agenda forward.

6.4 Relative Underfunding of Mental Health

6.4.1 Context

As reflected in Section 4, the consultation highlighted a perception of significant and sustained underfunding in the mental health sector. This perception is also borne out by a number of recent statistics on mental health funding and is seen as a particular
problem in the Republic of Ireland. A recent and damning Amnesty International report\(^1\) highlighted that services in the Republic of Ireland 'are severely under-resourced in terms of staff, money and available therapies'.

A recent report by Deloitte & Touche to the DOHC illustrated that the relative spend on mental health services in the South has declining over the past ten years\(^2\). Between, 1990 and 1999 the proportion of expenditure on 'psychiatric services' fell from 10.7 per cent to 8.6 per cent of total health expenditure. In Northern Ireland in 1999, the total spend on mental health services was £123,864,677 i.e. 9.24% of the total Hospital, Community PSS Expenditure. It is important to note that these figures are not directly comparable for a number of reasons:

- the definitions of mental health services will vary, for example in Northern Ireland dementia services are explicitly excluded;
- the model of service provision and relative provision in hospital versus community settings will vary; and
- the total size and scope of the health budget will vary.

### 6.4.2 Potential Role

The key question relates to how an Institute of Mental Health could help address this issue. One option is that an Institute could research levels and patterns of mental health funding over time and make comparative assessments with other countries, in order to make an evidence-based case for additional funding. A critical question, however, is whether an Institute would be able to effectively lobby for additional resources for the sector or whether it will be seen as a 'drain' on already scarce resources. A role for an Institute of Mental Health could be the promotion of more efficient use of mental health resources.

### 6.5 Multidisciplinary Working

#### 6.5.1 Context

The mental health sector is characterised by multidisciplinary working, where members from a range of professions are involved in patient care. In fact, mental health probably has the widest array of professions involved in care relative to other health sectors. This range of inputs raises a number of issues about 'professional working' across groups such as psychiatrists, psychologists, social workers, nurses and other health professionals regarding best practice care models and modes of treatment.

A number of respondents have argued that a credible and influential Institute could help to ease these tensions and address critical issues associated with skill mix and multidisciplinary working.

#### 6.5.2 Potential Role

The new English Institute for Mental Health has a strong remit for service re-design, reducing bureaucracy and introducing new methods of working. These issues strongly relate to professional relationships, behaviours and cultures but could potentially radically reshape care models in the mental health sector. Any such role

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\(^2\) Audit of the Irish health system for value for money. Deloitte & Touche, in conjunction with the York Health Economics Consortium Department of Health and Children, Dublin. 2001
would be enormously challenging and would require a very strong commitment from the two Departments, the professions and any new Institute.

6.6 Summary

The consultation and research phase highlighted a number of potential needs within the mental health field that the Institute could meet. In our assessment, an Institute of Mental Health could add value in respect of a number of areas including:

- the facilitation of North South co-operation in relation to knowledge management, research and policy development;
- the undertaking of research and policy analysis relevant to both areas;
- raising the profile of mental health issues and lobbying for resources for the sector; and
- consideration of issues of multi-disciplinary working and service redesign.

When considering each of these roles it is important to bear in mind that the ultimate aim of the Institute is to deliver patient benefits to this under-resourced and marginalised group.
7. OPTIONS, COSTS AND RISKS

Having established a number of areas of potential added-value or need in the mental health field that an all-Ireland Institute of Mental Health could address, it is important to establish the range of potential options for the development of an organisation of this nature.

We consider that there are two main types of option to consider:

- options associated with the role and breath of potential functions for an all-Ireland Institute; and
- options associated with the Institute’s structure and constitution.

7.1 Functional Options

Figure 7.1 illustrates the range of potential functions the Institute could adopt. These options are based on views expressed in the consultation and our analysis of need. The diagram proposes that the Institute could deliver a number of core functions with other functions building on these in a cumulative way.

Figure 7.1
Potential Range of Functions for Institute

- Information Hub
- Research Network Function
- Undertaking / Commissioning Research
- Policy Analysis / Think Tank
- Lobbying and Profile Raising
- Service Redesign and Professional Collaboration

Source: Deloitte & Touche

The functions outlined above relate to a remit that is primarily focused on issues associated with service provision in the mental health sector. In order to determine the relative benefits and disbenefits of including the range of functions outlined above it is important to consider whether the Institute would be effective at delivering these functions and the associated cost implications. The following section examines the range of functions that could underpin the role of the Institute and builds upon the needs identified in section 6. We have classified
these functions into three categories to represent our view of the sequence in which these functions might be introduced:

- **core functions** represent roles that the Institute could take on at an early stage of its development and which meet consistently expressed needs;

- **intermediate functions** address important needs that an Institute should address in the medium term. These functions could be introduced once the remit, interfaces and resourcing of the Institute have been clearly established. They build on the proposed core functions; and

- **ancillary functions** are potential functions for an Institute of Mental Health, which have capacity to make a valuable contribution to the mental health sector. However we consider that these functions would not be appropriate in the early phases of the development of an Institute and should only be considered once an organisation has consolidated its position in relation to core and intermediate functions.

### 7.1.1 Core Functions

**Information Hub:** there is no single organisation on an all-Ireland basis with a knowledge management role. This relates to the provision of information on statutory, voluntary or academic organisations involved in the mental health field. Information relating to conferences, workshops and other activities are currently disseminated on an ad hoc basis and could benefit from greater co-ordination. We consider that there is considerable scope for improving the sharing of information yet there is no infrastructure for facilitating this collaboration across professions, between statutory and voluntary agencies and on an all-Ireland basis.

**Research Network Function:** this would involve fostering and co-ordinating existing research on an all-Ireland basis. Current health services based research is fragmented and ad hoc. Co-ordinators could be employed to develop a more structured research network function. The remit of the network would be to identify and spread good practice, to advise on research techniques and promote evidence-based practice. The newly established National Institute for Mental Health in England has a similar remit, the aim being to co-ordinate and disseminate relevant research and promote evidence-based practice.

We consider that an Institute would add value in these particular areas. The development of an information portal and the appointment of research co-ordinators could achieve these functions.

### 7.1.2 Intermediate Functions

**Undertaking / Commissioning Research:** a key need identified is the importance of building the evidence base on which informed policy decisions can be based. An Institute of Mental Health should have the capability to undertake relevant research in-house but also be able to commission other relevant work from external organisations or in collaboration with existing commissioning bodies. Although there is some research activity in this sector, the focus on the psychobiological aspects of mental health and the treatment of mental health have taken precedent. There is significant scope for additional research in a range of areas of mental health (see 4.3.2) and an Institute could play a crucial role in promoting, supporting undertaking and possibly commissioning mental health research.

**Policy Analysis/Think Tank:** the importance of drawing on appropriate data and research findings in the development of policy is of paramount importance. Our findings indicate that an independent agency could add value in facilitating policy
debate, undertaking consultations on key policy developments and studying local and international practice to inform policy development. New and innovative models of service delivery should be considered and there is considerable scope for comparative assessment of policy approaches across the two jurisdictions. For example, issues associated with cross-border service integration and the centralisation of certain low volume specialist services. Other areas of policy analysis could relate to the issue of comparative funding of the mental health sector, differences in service models and barriers to the implementation of best practice.

We consider that the Institute could add value in these areas if it has a focused research policy related to relevant policy issues in both Departments and the mental health sector in general.

7.1.3 Ancillary Functions

*Lobbying and Profile Raising:* this function was identified as a potential role for the Institute because of the perceived underfunding of the mental health sector. Whilst we consider this an appropriate aim in the longer term, we consider that the organisation would need to establish itself as a credible voice in the mental health policy arena before taking on this role. Policy analysis and appropriate research would be a prerequisite. There are also other players well positioned to fulfil this role.

*Service Redesign and Professional Collaboration:* the mental health sector is characterised by a multidisciplinary environment and as a result a number of different professions 'compete' against one another. A credible Institute could start to examine issues of skill mix in the provision of services and other issues related to service redesign such as models for the operation of multi-disciplinary teams. Again this was a strong theme identified from within NIMHE. However, this function would be extremely challenging and time consuming (although, likely to have the biggest patient benefit in the long run) and may be considered outwith the remit and budget of a proposed Institute.

Whilst we consider lobbying and service redesign functions as important we also view these activities as additional to the main functions of the Institute. However, they could be seen as long term goals if the organisation is successful in the execution of the proposed core and intermediate functions.

7.2 Organisational Options

The 'breadth of functions' of any Institute will have a direct influence on the options for the constitution of the organisation. There are a number of options, which are interdependent with the remit, or functions of the Institute.

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3 there is a strong perception that the mental health sector is relatively underfunded yet we are not aware of any systematic research providing the evidence base for this.
A brief description of the ‘long list’ of options is presented in Table 7.1.

Table 7.1
Potential Options for Institute

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No Institute</td>
<td>The status quo</td>
</tr>
<tr>
<td>2. Strengthen Existing Structures</td>
<td>This would involve increasing or strengthening the remit of existing organisations such as the Public Health Institute, the policy/planning teams within DHSSPS/DOHC or the mental health remit of existing research bodies/research commissioning bodies.</td>
</tr>
<tr>
<td>3. Virtual Organisation</td>
<td>This option would require the development of a virtual network of organisations linked by information technology and supported by a small number of technical staff and a mental health professional.</td>
</tr>
<tr>
<td>4. Associated Institute</td>
<td>This would involve the unit being located within an existing organisation.</td>
</tr>
<tr>
<td>5. Hosted Institute</td>
<td>This would involve the establishment of a stand-alone unit, physically located within an existing organisation (not necessarily within the mental health sector) to reduce overhead costs.</td>
</tr>
<tr>
<td>6. Stand Alone Unit</td>
<td>This would involve the development of a new Institute as a stand-alone body fully independent of the Department or any professional body.</td>
</tr>
</tbody>
</table>

Based on our analysis we do not consider that the status quo is a realistic long-term option. Expectations have been raised given the range and breadth of our consultation and there is a widespread agreement on the necessity for an intervention to address the needs expressed. Within the current strategic planning environment, the notion of an all-Ireland organisation is conceptually sound. There is also clearly a need for an information-sharing function.

The second option relates to the ‘bolting on’ of some of the functions highlighted for the Institute within existing organisations. For example, the research commissioning bodies or the Department could commission additional research on policy issues or a university or statutory body could be commissioned to develop an information portal. This option would reduce the need to establish an additional public body but may be seen as fragmented and not delivering on an all-Ireland basis. It could actually serve to reinforce the problems which underline the need for an Institute in the first place.

The third option proposes the establishment of a virtual organisation. A number of virtual organisations already exist and provide an effective forum for the collation and dissemination of data on clearly defined subject areas. This form of organisation could effectively perform the information hub and research network functions, but would be limited in its capacity to deliver the other functions. For example, a policy analysis/think-tank role would be difficult to support from a disparate organisation.

The fourth option relates to an Institute established in parallel to an existing organisation operating within the mental health field. The association with an existing organisation could lend credibility to the fledgling Institute. During our consultation we identified a number of organisations that could possibly provide the auspices under which the Institute could develop including:
Central Government: this option was not supported because it was viewed as a threat to the organisation's independence, despite a view from some quarters that it would be easier to influence policy 'from the inside';

Professional Association: no clear consensus regarding an appropriate association was reached. This was primarily due to the multidisciplinary nature of the sector where selecting one profession over another was perceived to be inappropriate;

Mental Health Commission: whilst there would be considerable synergies with this option it was felt that both the Commission's were still developing and would not be ready for an additional remit;

Institute of Public Health: the option of developing a 'mental health wing' of the IPH given the shared determinants of physical and mental health was proposed, but the current Institute is still establishing itself and may not be ready for an additional 'division'. Others felt that the single issue focus is paramount and this could be lost if a mental health institute was located within the IPH; and

University Department or Research Centre: location of an Institute of Mental Health within the academic or research environment could lend credibility to the research status and the independence of the Institute. However, it could be perceived to distance it from services and the focus could be seen as too academic rather than highly policy orientated.

As discussed above, there is no single organisation that was identified during the consultation as a suitable Associate for the Institute. In the short term, this option does not seem feasible, however, if an appropriate Associate is found this option should be considered further.

The fifth option related to a hosted Institute, which like option four would be attractive from a financial perspective because of the ability to reduce overhead costs. The host organisation would not necessarily need to be in the mental health field. The Institute would remain independent and the association would be purely practical.

The final option would be the development of a stand-alone unit. This was perceived by the majority of consultees to be the preferred solution. It would also facilitate the widest range of organisational functions.

Table 7.2 examines the potential of each of the structural options to undertake the range of roles proposed for the Institute.
As discussed above there are a range of potential functions and organisational options for the Institute. The range of functions that an Institute could realistically deliver will clearly depend upon the type of organisational structure chosen. We have shortlisted three main functional and organisational options to consider further:

1. a virtual Institute which would co-ordinate an information and research network function but with no remit for research;
2. the development of a virtual Institute whilst simultaneously strengthening existing research capacity in the mental health sector by increasing research funding;
3. a stand alone Institute:
   a) an Institute ‘hosted’ within an existing organisation to reduce overhead costs;
   b) an independent Institute.

The status quo and the associated Institute options have been discounted. This was because of the clearly identified need for at least an information co-ordinating centre and the inability to identify a suitable home for an Associated Institute. However, as mentioned in 7.2 this should be kept under review. We have assumed that the ‘hosted’ stand-alone unit would be in an organisation out with the mental health sector.

Table 7.3 gives a framework for consideration of the potential benefits of each option relative to three criteria:

- the ability to deliver the information exchange function;
- the ability to address research and policy issues; and
the organisation’s credibility.

Each option was scored out of three, where zero represents no benefit and three implies the option fully addresses the criterion.

The virtual organisation scores highly in terms of the information function and value for money but poorly in terms of research and credibility. The second option scores well on most criteria although we would expect it to lack credibility and the critical mass of a fully integrated research hub. The hosted and stand-alone options perform well on the functional aspects. An independent unit would deliver the greatest degree of credibility to the Institute and address the view that mental health requires a dedicated unit to raise its profile.

Table 7.3 also highlights some indicative revenue costs of running an Institute. Capital costs involved in establishing the Institute to cover equipment and fittings have been excluded, but could be funded from the year one revenue budget (thus pushing back an Institute’s official start date). All costs are presented in sterling and euro4.

The most expensive option would clearly be the establishment of an independent stand-alone unit. We estimate it would cost between £425,000 and £475,000 (€595,000 to €665,000) per annum depending on whether offices are located in both the North and South and the size of any research commissioning budget5. A stand-alone unit would consist of a director, up to four researchers and administration support. We estimate that between £50,000 and £75,000 (€70,000 to €105,000) of the management support and overhead costs could be saved from hosting, whilst we have assumed no overhead costs would be incurred by the virtual unit.

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4 UK Sterling: Euro Exchange Rate 1.40 (May 2003)
5 this compares reasonably to the original proposal for the Institute (£400,000) and the budget of the Northern Ireland Mental Health Commission which is £460,000 per annum for 8 FTE staff.
Table 7.3  
**Shortlisted Options, Costs and Benefits**

<table>
<thead>
<tr>
<th>Option</th>
<th>Revenue Cost: Sterling £'000s (€'000s)</th>
<th>Benefit Criteria(^4)</th>
<th>Credibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Effectiveness of Function</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information &amp; Network</td>
<td>Policy &amp; Research</td>
</tr>
<tr>
<td>1. Virtual Organisation(^1)</td>
<td>100 (140)</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2. Virtual Organisation &amp; research budget(^2)</td>
<td>200 (280)</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>3. Stand Alone Unit(^3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Hosted</td>
<td>350-375 (490-525)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>b. Independent</td>
<td>425-475 (595-665)</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

\(^1\) cost based on one research co-ordinator per country, a part time manager and web design resource cost and consumables  
\(^2\) as above but with £100,000 (€140,000) for commissioning research  
\(^3\) cost based on the original Institute proposal (March 2001)  
\(^4\) where scores range from 0 (no benefit) to 3 (fully addresses criterion)
7.4 Risks

A number of specific risks to the success of the Institute were identified through this assignment. The potential risks associated with establishing an Institute will depend upon the role and function of the Institute. The risks associated with establishing an organisation to deliver the core functions proposed would be lower than those associated with the ancillary functions as outlined in this report. General risks are highlighted below and cross referenced to the range of functions proposed:

- There is a danger that an Institute could become a 'talking shop'. Unless the design and establishment of the Institute is carefully managed, it risks duplicating rather than adding value to existing structures. Whilst the vast majority of respondents to the consultation process supported the Institute concept others were sceptical about the value of creating an additional organisation. One way to address this is through the preparation and publication of a clear workplan and the use of clear governance structures and consultative mechanisms (all functions);

- The constrained resource environment within the Departments is likely to limit the number of posts available within the core of an Institute in the short term. It is crucial to the success of the Institute that the personnel, and particularly the most senior postholder, have credibility within the sector. If the ethos and leadership of any Institute fail to secure the support and confidence of those delivering mental health services, it will be extremely difficult for the Institute to meet its objectives (particularly relevant to intermediate and ancillary functions);

- There is a risk that the Institute would not be able deliver on its workplan, if it failed to recruit high quality mental health researchers (intermediate functions);

- The DHSSPS and the DOHC are limited in the amount of funding they can allocate to any potential development of this nature. In order to grow the organisation, it may be necessary to secure funding from other sources. It may be possible to source funding from Executive Programme Funds, from European Funding Programmes, to tender for work from existing commissioners of mental health research and to arrange support in kind e.g. secondments, from other organisations. The use of funding from the pharmaceutical industry was not considered appropriate in this context (intermediate and ancillary functions);

- It is important that an Institute should not be too ambitious regarding what it can achieve in the short term and it should ensure that a SMART (specific, measurable, agreed, realistic and timebounded) business plan with clear priorities is put in place (all functions);

- There is a risk that the Institute will not meet its objectives or the needs identified within this report. In order to minimise this occurrence a review mechanism should be established (an interim review after 3 years and a full review after 5 years are proposed in the draft Ministerial memorandum of understanding) to ensure objectives and targets are met. Ongoing monitoring is also essential. There should be a clear mechanism for the discontinuation of the Institute if it does not meet its objectives (all functions).

It will be important that the DHSSPS and the DOHC carefully weigh up the risks, benefits and costs of establishing a new Institute. Whilst this report has highlighted a need for the Institute, its success will depend upon the preparation of a robust business case to minimise the potential risks of failure.
7.5 Governance and Staffing Structures

Appropriate governance and staffing requirements for each option will vary according to the organisational model and function selected.

**Option 1** the virtual organisation would need only limited managerial support and oversight. We envisage that it would rely on two key research co-ordinators one of whom could have an additional management role. This would include overall responsibility for plan delivery and performance monitoring. The Departments could have an advisory role or leave the oversight of the project to a third party.

**Option 2** would have a similar staffing profile as Option 1 but would increase the level of research funding (and therefore grow the number of posts within the organisation) via a research body. The supervision of this funding would be via existing research accountability arrangements.

**Option 3a or 3b** would involve the establishment of a separate legal entity. The Institute should have a Board of Management including both Departments and an advisory committee – which would be the mechanism for ensuring that the full range of disciplines, users and carers had an appropriate opportunity to feed into the Institute’s planning and management structures. This structure would be in accordance to the N/S memorandum of understanding. A stand-alone institute should be able to support one director and at least four WTE researchers plus support staff.

Figure 1 illustrates potential organisational structures.

### Figure 7.1
**Potential Governance Structures**

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHSSPS/DOHC</td>
<td>Board of Management</td>
</tr>
<tr>
<td>Research Co-ordinator 1</td>
<td>(including Departments)</td>
</tr>
<tr>
<td>Research Co-ordinator 2</td>
<td>Advisory Committee</td>
</tr>
<tr>
<td></td>
<td>Director of the Institute</td>
</tr>
<tr>
<td></td>
<td>Researcher 1</td>
</tr>
<tr>
<td></td>
<td>Researcher 2</td>
</tr>
<tr>
<td></td>
<td>Researcher 3</td>
</tr>
<tr>
<td></td>
<td>Researcher 4</td>
</tr>
</tbody>
</table>

If the Institute were to be a public body, the constitutional arrangement would likely be to set it up as a non-departmental public body. However, the options of setting up the Institute as a company limited by guarantee with charitable status or as a charitable trust are more likely and in our view, more appropriate. If the option of establishing an Associated Institute was adopted, the structures would depend on the status and structures of the parent organisation.
8. CONCLUSIONS AND RECOMMENDATIONS

8.1 Overarching Conclusions

- as demonstrated in Section 7, there are a range of roles that an all-Ireland Institute of Mental Health could fulfil and if these roles were executed efficiently, the added value and benefits to all those with an interest in mental health issues could be considerable;
- the added value and potential success of an Institute of Mental Health are contingent on a number of issues. The mitigation of the potential risks which have been highlighted in this report is crucial;
- the potential structure of the Institute is contingent on decisions in relation to the most appropriate role(s), but based on our analysis, a new independent organisation is most likely to succeed. It is also the most expensive option; and
- in order to meet the expectations expressed in this consultation, an Institute would need to secure additional funding from other sources. Departmental funding would support core costs but it is likely that programme and project based funds would be required if the Institute is to meet expectations within the sector.

8.2 Conclusions on Communications in the Mental Health Field

- in general, the level and nature of communication between organisations engaged in mental health research and policy development is limited and there is considerable scope for improvement in the sharing of information;
- although some structures and processes for communication are in place, they are predominantly within disciplines and there is an absence of a strong multi-disciplinary forum for communication of research findings or even for discussion of key policy developments;
- although there are some mechanisms in place for collaboration across the sectors i.e. between the community, voluntary and public sectors, these are also limited and do not exploit the full potential of the different providers and different interests to come together to share knowledge, ideas and experience;
- this lack of infrastructure diminishes the value being gained from the range of investment in mental health research and services. The absence of robust and recognised mechanisms for sharing knowledge and for communication between the range of organisations working in the mental health field is a major concern for many of those consulted in the course of this assignment; and
- a gap exists to service and promote this activity and the capacity of any new Institute to fill this gap could be addressed by an Institute of Mental Health.

8.3 Recommendations

8.3.1 Overarching Recommendation

- the DHSSPS / DOHC should consider supporting the establishment of an all-Ireland Institute of Mental Health;
8.3.2 Role / Remit

- the Departments should consider the full range of potential roles identified for an Institute (as summarised in Table 8.1). However, we suggest that the Core and Intermediate Functions should be prioritised in the first phase of the Institute’s development;

<table>
<thead>
<tr>
<th>Table 8.1</th>
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</thead>
<tbody>
<tr>
<td>Summary of Potential Roles</td>
</tr>
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<table>
<thead>
<tr>
<th>Core</th>
<th>Information Hub</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Research Network Function</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intermediate</th>
<th>Research</th>
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<tr>
<td></td>
<td>Policy Analysis</td>
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<table>
<thead>
<tr>
<th>Auxiliary</th>
<th>Lobbying and Profile Building</th>
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<td>Service Redesign</td>
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</table>

- research should be linked to policy development and service delivery i.e. should be required to demonstrate how it will contribute to improving the quality or effectiveness of support for those with mental health problems;

- mechanisms for working with existing commissioners of mental health research should be established from the outset;

- while recognising the multiplicity of determinants of health, the focus of the Institute should be less in the psycho-biological field and more on the social and environmental factors that influence mental health; and

- the remit for the organisation and its relationship with other stakeholders should be tightly defined and widely communicated.

8.3.3 Structures

- consideration should be given to establishing a stand alone Institute. Options for ‘hosting’ this organisation with another body should be considered in order to ensure best value is sought. This could be done through a tendering / expression of interest process. If no appropriate and acceptable host organisation is found, the Institute should be established independently;

- the selection of senior staff within the Institute should be undertaken following a comprehensive job analysis and the assessment process should be competency based and subject to open competition with independent assessors;

- appropriate involvement of carers, parents and service users in the management of the Institute must be considered; and

- efforts should be made to ensure that the Institute is multi-disciplinary at both Board and officer levels.
8.4 Implementation Considerations

The following factors should be considered in discussion and planning of the implementation of the preferred option:

- it is important that the Institute has a clear definition of ‘mental health’ and that the breadth of the subject for research purposes, is clarified;
- similarly, it is important to have a clear and agreed understanding of what is meant by research for the purposes of the Institute. For example, the Research Development Office in Northern Ireland has a focused definition of research i.e. it involves innovation and the testing of hypotheses by experiment. Findings should be capable of being generalised. The proposed roles for the Institute go much wider than this particular definition of research;
- the rigour and transparency with which the selection process for posts within an Institute for Mental Health is administered, is of paramount importance. We suggest that a competency based approach to the assessment of candidates is adopted after the completion of a thorough job analysis;
- the location of the Institute should be given careful consideration. While it would be important to have a presence in both Northern Ireland and the Republic of Ireland, the need to keep overhead costs to a minimum is an important factor;
- the terms of reference for this study do not include health promotion within the brief of the proposed Institute. The findings from this consultation suggest that within the context of a primary focus on service delivery and policy analysis, it would not be helpful to explicitly exclude health promotion from the brief of the Institute; and
- the question as to whether ‘Institute’ is the best term for the proposed organisation should be considered. There is potential for confusion with the Institute for Public Health and some consultees felt the term Institute does not encompass the range of roles the organisation might embrace.