



**A Vision for Change**  
Monitoring Group

# **Independent Monitoring Group**

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

**Second Report on implementation  
1<sup>st</sup> February 2007 to 31<sup>st</sup> January 2008**

**June 2008**

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## Executive Summary

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

In its First Annual Report, which covered the period to end January 2007, the Monitoring Group found that *A Vision for Change* had been embraced by all parties as the framework for developing services for people with mental health problems and that important first steps had been taken to implement the recommendations in the Report. However, the Monitoring Group also found issues of concern principally the lack of a systematic approach to implementation and the lack of clarity in responsibility for implementation in the Health Service Executive (HSE).

In this Second Report, the Monitoring Group has found that by and large the recommendations in its first report were not addressed in 2007, although some have been prioritised for implementation in 2008. The Monitoring Group continues to be concerned about the absence of clear, identifiable leadership within the HSE to implement *A Vision for Change*. The Monitoring Group believes that the model followed by the HSE in implementing the National Cancer Strategy should also be followed to implement *A Vision for Change*.

While the Implementation Plan agreed by the HSE earlier this year is an encouraging step forward in implementing *A Vision for Change*, the Monitoring Group is of the view that the Plan has too little detail and too many timelines that lack ambition. In addition the Plan is selective and vague and is mainly limited to the years 2008 and 2009, although many of the recommendations require a longer time span for implementation. It does not address the impact of the employment control measures within the HSE on the recruitment of key staff necessary to implement the recommendations of *A Vision for Change*.

The Monitoring Group has concerns that the recommendations of *A Vision for Change* are not being addressed as a comprehensive package and is concerned that the HSE's 'transformation process' is taking precedence over the implementation of some recommendations of *A Vision for Change*.

The Monitoring Group is concerned that €24 million of the €51.2 million development funding allocated to the HSE for the implementation of *A Vision for Change* was not used as planned.

The Monitoring Group welcomes the appointment of a Minister of State with responsibility for Disability and Mental Health in four Government Departments: Health and Children, Education and Science, Enterprise, Trade and Employment and Justice, Equality and Law Reform. The Group also welcomes the establishment of the Office for Disability and Mental Health and this integrated approach to the activities of these Government Departments. However, it is concerned that there are no formal arrangements yet in place across Government Departments to coordinate the implementation of relevant recommendations of *A Vision for Change*.

The Monitoring Group calls on the HSE to give much greater priority to the implementation of the recommendations of *A Vision for Change* and on the Minister of State for Disability and Mental Health to ensure a coordinated approach to implementation across Government Departments.

# Chapter 1

## The work of the Monitoring Group

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

The members of the Monitoring Group are:

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

Dr. Tony Bates, Founder Director, Headstrong

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

Dr. Susan Finnerty, Acting Inspector of Mental Health Services

Mr. Paul Flynn, Service User

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

Dr. Terry Lynch, General Practitioner and Psychotherapist

Mr Tim O'Malley, Pharmacist, (appointed to the Group by Minister Devins in December 2007)

Ms Máire Redmond, Department of Health, Social Services and Public Safety, Northern Ireland (appointed in October 2007 to replace Mr Stephen Jackson)

### The Group's Terms of Reference are:

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

### First Annual Report

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

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

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

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

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

- the HSE's decision not to put in place a National Mental Health Service Directorate as recommended in *A Vision for Change*
- the lack of emphasis on recovery as a guiding value of mental health service delivery in implementation to date
- the unacceptable delays between the allocation of resources and the recruitment of staff
- the inadequacies in the provision of information and communication technology to underpin the implementation of the Report's recommendations
- the overemphasis on the appointment of consultant psychiatrists rather than on the recruitment and consolidation of the multidisciplinary teams
- the slow rate of progress in closing large psychiatric hospitals and the redeployment of resources to the provision of suitable alternative community services and the retraining of existing staff
- the lack of progress in the provision of child and adolescent services including appropriate inpatient facilities

- the delay in finalising the mental health catchment areas and in establishing the mental health catchment area management teams
- the absence of a framework for interdepartmental cooperation.

### **Progress Report**

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

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

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

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

### **Meetings of Independent Monitoring Group**

In the year to end January 2008, the Monitoring Group met on eight occasions.

The Group also met with

- Mr Seamus McNulty, Assistant National Director, HSE, with national responsibility for mental health on 10<sup>th</sup> December 2007;
- Mr Brian Gilroy, HSE Head of Estates on 12<sup>th</sup> March 2008;
- Ms Laverne McGuinness, HSE National Director, Primary, Community and Continuing Care Directorate and Mr Seamus McNulty on 2<sup>nd</sup> April 2008,

- Mr Brian Murphy, HSE National Programme Office, Primary Care Transformation Programme on 23<sup>rd</sup> April 2008;
- Dr Edmond O’Dea, Chair and Ms Bríd Clarke, Chief Executive, Mental Health Commission on 23<sup>rd</sup> April 2008.
- The Board for Mental Health and Learning Disability Northern Ireland on 6<sup>th</sup> May 2008 to exchange views and experiences north and south. The Board’s role includes advising and challenging the approach and pace of the implementation of the recommendations arising from the Bamford Review of Mental Health and Learning Disability.
- Ms Bairbre NicAongusa, Director, Office for Disability and Mental Health on 26<sup>th</sup> May, 2008.

For its second report, the Monitoring Group developed a Template for reporting progress on the implementation of all of the recommendation in *A Vision for Change*. This Template was forwarded to the HSE and to the Department of Health and Children - for transmission to the relevant Government Departments - in September 2007. The response from the HSE and Government Departments is described later in this report.

In addition to its assessment of the responses from the HSE and governing departments, the Monitoring Group was made aware from a number of sources of problems with the slow pace of implementation of the recommendations of *A Vision for Change*.

### **Minister for Health and Children**

In a letter to the Chairman of the Health Service Executive in relation to its 2008 Service Plan, the Minister for Health and Children indicated that the development of mental health services fell short of what could reasonably be expected and the Plan contained serious gaps in relation to service delivery for this vulnerable cohort in the light of *A Vision for Change*.

### **Ombudsman for Children**

The Chair of the Monitoring Group received a copy of a letter sent by the Ombudsman for Children, Ms Emily Logan, to the Minister for Health and Children, Mary Harney, T.D. in relation to the lack of inpatient facilities for children and appropriate out-of-hours services for vulnerable children presenting to accident and emergency departments of major paediatric hospitals. These concerns were also expressed in the Ombudsman’s report to the UN Committee on the Rights of the Child of April 2006. In her most recent report to the Committee in October 2007, the Ombudsman again expressed concern at the continued lack of a nationwide twenty-four hour social work service.

### **Irish Mental Health Coalition**

The Irish Mental Health Coalition's Report – '*The Emperor's New Clothes*', which was published on the second anniversary of the launch of *A Vision for Change*, highlighted their concerns in relation to implementation. Their concerns included: -

- Framework for implementing *A Vision for Change* not in place.
- Almost half of the €51.2 million additional funding allocated for the implementation of *A Vision for Change* in 2006 and 2007 spent on deficits in other areas.
- No additional funding provided in 2008 Budget to implement *A Vision for Change*.
- Lack of progress on closing large psychiatric hospitals to allow for the redeployment of resources for the provision of alternative community services.
- Unacceptable delay in finalising the mental health catchment areas and in establishing the mental health area catchment teams.
- Implementation plan not in place.

In May 2008, the Irish Mental Health Coalition made a submission to the Monitoring Group in relation to the HSE's Implementation Plan. The Coalition highlighted their concerns that many of the recommendations in *A Vision for Change* were not addressed in the Plan and where they were there was a lack of detail and timelines for establishing services. No information was included on: - the major activities necessary towards implementation, annualised performance targets and indicators, timelines and budget projections. In addition, they commented that there was no built-in monitoring and evaluation mechanism.

The full submission provided by the Coalition is provided at Appendix 3.

### **Irish Psychiatric Association**

The Irish Psychiatric Association published the Report '*The Lie of the Land; Psychiatric Service Land Disposal & Failures and Delays in Capital Development of Community Based Mental Health Services*' on the second anniversary of the launch of *A Vision for Change*. The Report examined the current use and the development and disposal of property assets associated with psychiatric hospitals to determine progress on implementing *A Vision for Change*. The Report gave examples of proceeds of assets purportedly lost to psychiatric services over a 20-25 year period.

### **Mental Health Commission**

The Annual Report of the Mental Health Commission for 2007, including the Report of the Inspector of Mental Health Services, was launched on 29<sup>th</sup> May 2008. The Report indicates that most services had considerable difficulty complying with the regulations for approved centres. However, at the end of 2007 there were indications that most services were actively planning and moving towards full compliance which should be realised in 2008. The inclusion of more disciplines in the management of most mental health services was welcomed, as was the provision of consumer panels,



real links with service users and the development of a multidisciplinary management structures in most catchment areas. The Inspector reported that staffing of mental health teams continued to be painstakingly slow with the HSE embargo further delaying the appointment of key mental health staff. There was no significant increase in the provision of inpatient child and adolescent services and staffing of child and adolescent multidisciplinary teams continued to be poor. The lack of progress in providing mental health services for people with an intellectual disability was also highlighted.

### **Individual correspondents**

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

- lack of progress in implementing *A Vision for Change*
- no additional funding allocated for mental health in 2008
- additional funding provided in 2006 and 2007 not spent on mental health service development
- lack of detail in the HSE's implementation plan e.g. where additional funding is required, funding for voluntary services, actual service expansion, the issue of human rights of the people with mental health problems – such as recovery, empowerment, peer support and advocacy.

The Monitoring Group is aware that the Minister for Health and Children and the Minister of State at the Department of Health and Children with responsibility for Disability and Mental Health also received numerous letters in relation to the lack of progress in implementing *A Vision for Change*.

## Chapter 2

### Progress on Implementation

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

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

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

#### Progress reported by the Health Service Executive

Key steps reported by the HSE to the Monitoring Group include:

- An Implementation plan for 2008 and 2009 was finalised and approved by the HSE Management Team and Board in February 2008. (Recommendation 20.1) The plan outlines the key priorities to be implemented in 2008 and 2009, which include: Catchment Area Definition and Clarification, Modernisation of Mental Health Infrastructure, Community Based Mental Health Teams, Child and Adolescent Mental Health Services, Mental Health Services for People with Intellectual Disability and Mental Health Information Systems.
- A local health manager assigned, on a full time basis, to project manage the implementation of *A Vision for Change* (Recommendation 20.1).
- The planning and implementation of *A Vision for Change* is managed through a National Steering Group, chaired by the lead Assistant National Director. The Steering Group includes the Lead Local Health Managers, the Project Manager for *A Vision for Change* and a Clinical Director and Consultant Psychiatrist. The role of the Steering Group is to:
  - Identify the key initial issues that need to be addressed
  - Prepare a national template for how these issues are to be addressed at area administrative level and local area level

- Set a timescale for delivery of agreed targets
- Create a monitoring process to ensure that progress is measured against objectives
- Manage risks to implementation.

In addition, a multidisciplinary implementation group has been appointed in each area (Recommendation 20.1).

- The Strategic Plan of the interim National Service Users Executive was launched in October 2007 (Recommendation 3.1).
- The HSE, in partnership with the Irish Advocacy Network, developed a Service User Pack and a complementary Carers Pack which will be rolled out in 2008 (Recommendation 3.2).
- The experiences and needs of children of service users are being progressed through initiatives such as Jigsaw which is being piloted in a number of sites (Recommendation 3.7).
- A Mental Health Awareness Campaign '*Mind Your Mental Health*' was launched in October to improve awareness and understanding of mental health and well-being (Recommendation 4.2).
- A pilot of a mental health promotion programme called Ziggy's Friends for 6 – 7 year olds is underway in selected primary schools in HSE west (Recommendation 10.5).
- A research project on Adult Community Mental Health Teams has commenced. This project, sponsored by the Mental Health Commission, is being undertaken by the University of Limerick in partnership with the HSE (Recommendation 7.2 and 9.6).
- Fifty training places for Clinical Psychology trainees were provided in 2007 (Recommendation 9.2).
- A report on waiting lists for Child and Adolescent Psychiatry was completed in 2007. This Report will be utilised to develop a number of initiatives to reduce waiting lists (Recommendation 10.1).
- An all island action plan on suicide prevention was agreed and is being implemented (Recommendation 15.7.4).

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

## **Progress by Government Departments**

Key implementation steps reported by Government Departments include: -

### **Department of Health and Children**

- The Office for Disability and Mental Health was established to support the Minister for Disability and Mental Health, in exercising his responsibilities across four Government Departments: Health and Children, Education and Science, Enterprise, Trade and Employment and Justice, Equality and Law

Reform. The Office will bring a new impetus to driving the implementation of *A Vision for Change* (Recommendation 5.3).

- The estimated additional cost of the implementation of *A Vision for Change* is €150m over 7 – 10 years. A total of €51.2 million has been allocated since 2006 which represents over a third of the overall requirement. In the Department's view, implementation of *A Vision for Change* is dependent to a much greater extent on the remodelling of existing resources than on new funding and considers that both the additional investment and the reorganisation of existing mental health resources must be managed in parallel. The Health Service Executive has indicated to the Department that €24m of the additional €51.2m mental health resources provided in 2006 and 2007 was used to meet the overriding obligation to live within its approved allocation. However, some developments funded in 2006 and 2007 will be developed in 2008. The Minister for Health and Children, Mary Harney, T.D. made it clear to the HSE in the context of their Service Plan for 2008 that there can be no question of diverting capital or development funds to meet expenditure pressures in relation to other services and expressed her concerns about the development of mental health services in line with *A Vision for Change* (Recommendation 17.1, 17.4, 17.9).
- The Department of Health and Children provides funding to the Mental Health Research Unit (MHRU) as part of the Health Research Board's (HRB) overall allocation. The Unit manages and reports on national information systems in the mental health area e.g. the National Psychiatric In-Patient Reporting System (NPIRS). Support has been provided to develop WISDOM - a system which will capture information on inpatient and community care service activity. WISDOM will be implemented in Donegal in Autumn 2008. The system will be evaluated and if appropriate rolled-out nationally.  
  
Research published by the HRB in 2007 included reports on the extent and determinants of readmissions to psychiatric hospitals and units, willingness to disclose distressing information to others, psychological distress and wellbeing of the Irish adult population and a High Support Community Residence Census (Recommendation 19.11).
- The HRB, in collaboration with the Mental Health Commission, carried out a survey and evaluation of community residential mental health services in Ireland – "*Happy Living Here*". One of the main aims of the survey was to obtain the residents views of their lives and the degree of satisfaction with services (Recommendation 19.12).

### **Department of Education and Science**

- The Adult Education Guidance Initiative was expanded significantly in 2007 (Recommendation 3.4).
- Adults participating in further education have the opportunity to gain accreditation on the National Framework Qualifications (Recommendation 3.4).

- €900,000 was provided through the Strategic Innovation Fund for a three year funded project for a Regional Assessment Centre in Athlone Institute of Technology (Recommendation 4.1).
- In November 2007, a report entitled '*Looking Forward: Investigating the Counselling and Support Needs of 'Non-traditional Students' in Irish Third Level Education*' was launched by the Irish Association of University and College Counsellors (IAUCC) (Recommendation 4.1).
- In the 2006-2007 academic year some €9.9m was approved for institutions for over 2,400 students through the ESF aided Fund for Students with Disabilities (Recommendation 4.1).
- In September 2007, the Junior Certificate School Programme was extended on a phased basis to schools participating in Delivering Equality of Opportunity in Schools (DEIS). This Programme is specifically aimed at students who are potentially early school leavers (Recommendation 4.3).
- The National Youth Health Programme trained 100 workers /volunteers in the area of anti-bullying during 2006 and 2007 (Recommendation 4.9).
- The National Youth Health Programme worked with the Mater Hospital in training youth work organisations in using the "Working Things Out" resource (Recommendation 4.9).

#### **Department of Environment, Heritage and Local Government**

- The Housing Policy – '*Delivering Homes, Sustaining Communities*' - was published in February 2007 (Recommendation 4.1 and 15.2.4).
- The Department commenced work on the development of a national housing strategy for people with a disability which will inform the development of Housing Action Plans (Recommendation 4.7).
- A new Sustainable Communities Fund was established in 2007. Allocations of €8 million were made to City and County Councils for multi-annual projects encompassing areas such as Equality, Diversity and Special Needs Initiatives, as well as initiatives in the areas of supported housing, tenancy sustainment and case management projects for people who face multiple challenges (Recommendation 4.9).
- A sub-group of the National Homeless Consultative Committee has been established to address the area of data collection on homelessness (Recommendation 15.2.2).

#### **Department of Justice, Equality and Law Reform**

- Training in relation to mental health awareness and the Mental Health Act 2001 is provided to Student/Probationer Gardaí (Recommendation 15.1.8).
- A module on mental health awareness was included in 2007 in the Core Programme of continuous professional training of Gardaí and Sergeants (Recommendation 15.1.8).

- A module on mental health is included in both the Garda Negotiator and On Scene Command Course (Recommendation 15.1.8).

#### **Department of Social and Family Affairs**

- The Citizens Information Act, 2007 provides for the establishment of a Personal Advocate Service (Recommendation 3.2).
- The Citizens Information Board funds 45 projects to deliver representative advocacy services to people with disabilities (Recommendation 3.2).
- Once-off funding of €15,000 was provided to Mental Health Ireland in December 2007 under the scheme ‘Grants for the Development and Promotion of Information and Welfare Rights’, for the production of Information Leaflets on social welfare entitlements (Recommendation 4.4).
- The target set in the National Anti-Poverty inclusion programme “*to maintain the relative value of the lowest social welfare rate at least at €185 .80, in 2007 terms, over the course of this Plan, subject to available resources*” was exceeded in Budget 2008 when the lowest social welfare rates were increased to €197.80 (Recommendation 4.4).

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

## Chapter 3

### Conclusions and Recommendations

*A Vision for Change* highlights how the quality of life of individuals with mental health problems and their families could be improved if services were properly staffed and organised and focused on recovery. Since its publication, the recommendations of *A Vision for Change* have been increasingly recognised as the way forward for mental health policy and services in Ireland. During 2007, the National Economic and Social Forum in its report '*Mental Health and Social Inclusion*' strongly endorsed *A Vision for Change* and pointed to the benefits to the country of reducing the negative impact of mental illness and promoting mental health. In its report, the Forum supported

*"...the full and timely implementation of the recommendations in A Vision for Change and seeks to complement and deepen the focus on social inclusion through the recommendations set out in this report. In addition, bodies with responsibility for vulnerable groups should prioritise policy and action to address their numerous and complex mental health needs"*.

The Mental Health Commission's *Report on a Quality Framework for Mental Health Services*, published in 2007, builds and elaborates on recommendations of *A Vision for Change* and provides a means of assessing progress towards the kind of recovery oriented services recommended.

Despite this acknowledgement of the relevance and importance of the recommendations of *A Vision for Change*, the Monitoring Group is disappointed at the slow rate of progress in the implementation of its recommendations, given that over two years have elapsed since the Report was launched and its recommendations accepted as Government policy.

### Conclusions

#### Health Service Executive

In its first report the Independent Monitoring Group recognised that 2006 was a year of significant challenge and change for mental health services and expressed the view that it expected to see accelerated action in the second and subsequent years. It is disappointing to report that by and large, the recommendations in the First Report have not been addressed in 2007, although some have been prioritised for implementation during 2008.

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

- The absence of clear identifiable leadership within the HSE to implement *A Vision for Change*. The Monitoring Group considers that the Health Service Executive was mistaken in their decision not to implement the recommendation to establish a National Mental Health Service Directorate to

drive the changes recommended in the Report. The Monitoring Group does not believe that the administrative arrangements that the HSE has put in place are appropriate to the scale of the changes required. The Monitoring Group notes that the HSE appointed a Director of Cancer Services in 2007 to lead the implementation of the National Cancer Strategy. The reform of the mental health services requires a similar approach.

- The National Steering Group, appointed to manage the planning and implementation of *A Vision for Change*, is not multidisciplinary and has no service user or carer representative. In addition, the role and relationship of the Steering Group to the HSE's Expert Advisory Group on Mental Health and the Implementation Group is unclear.
- The HSE's Implementation Plan relates to the years 2008 and 2009 and spans eleven chapters of *A Vision for Change*. It identifies six key priorities for implementation in 2008-2009 as follows: - the delivery of catchment area definition and clarification, modernisation of mental health infrastructure, community based mental health teams, child and adolescent mental health services, mental health services for people with intellectual disability and mental health information systems. This is an encouraging step forward in implementing *A Vision for Change*. However, the Plan has too little detail and too many timelines that lack ambition. The Plan is selective and vague and is mainly limited to the years 2008 and 2009, although many of the recommendations require a longer time span for implementation. It does not address the impact of the employment control measures within the HSE on the recruitment of key staff necessary to implement the recommendations of *A Vision for Change*. The Monitoring Group has been informed that a comprehensive plan will be provided by the HSE before the end of 2008. The Group regrets that a comprehensive plan has not been published heretofore.
- *A Vision for Change* recognises mental health catchment areas as the basis for the planning of specialist mental health services. The Monitoring Group is concerned that these catchment areas have not yet been put in place.
- The recommendations of *A Vision for Change* are not being addressed as a comprehensive package. The Monitoring Group is concerned that the HSE's 'transformation process' is taking precedence over the implementation of some recommendations of *A Vision for Change*.
- The resourcing of multidisciplinary community mental health teams (CMHTs) is not being adequately prioritised. There appears to be a lack of clarity regarding the key central role of multidisciplinary CMHTs as envisioned in *A Vision for Change*. Primary Care and significant aspects of Specialist Mental Health Care (including the multidisciplinary community mental health care teams) are services that are provided within the community. The Monitoring Group is concerned about the potential for a blurring of boundaries between Primary Care and Secondary Care that would not be in the interests of the care of people with a mental health problem.
- The Monitoring Group welcomes the involvement of service users and carers in mental health service planning but regrets that this involvement is not uniform across all areas.



- €24 million of the €51.2 million development funding allocated to the HSE for the implementation of *A Vision for Change* was not used as planned. It is not apparent to the Monitoring Group who in the HSE has budgetary responsibility for mental health services or how budgetary decisions affecting mental health services are made.
- The slow rate of progress in providing alternative community accommodation, the closure of psychiatric properties and the redeployment of resources and the retraining of existing staff.
- Although the HSE has prioritised the development of child and adolescent services in 2008 with plans to recruit eight additional child and adolescent mental health teams, provide additional beds and progress the development of two purpose built child and adolescent units, the Monitoring Group is concerned with the slow rate of progress, which is not consistent with the resources allocated.
- The absence of a regional forensic mental health service and the rate of progress in providing forensic mental services to people with an intellectual disability.
- The rate of progress in providing mental health services to people with an intellectual disability.
- The rate of progress in the provision of information and communication technology to underpin the implementation of the Report's recommendations.

## **Government Departments**

The Monitoring Group welcomes the appointment of a Minister of State with responsibility for Disability and Mental Health in four Government Departments: Health & Children, Education and Science, Enterprise, Trade and Employment and Justice, Equality and Law Reform. It also welcomes the establishment of the Office for Disability and Mental Health. This Office will provide a basis for the development of cross-departmental co-operation in relation to disability and mental health.

The Monitoring Group welcomes this integrated approach but is concerned that there are no formal arrangements yet in place across Government Departments to coordinate the implementation of relevant recommendations of *A Vision for Change*. The Office of the Minister for Disability and Mental Health is only beginning to make an impact. More than two years after the launch of *A Vision for Change*, there is no consistency across Government Departments in the implementation of the recommendations. Reports received from the relevant Government Departments contain considerable variations in emphasis, lack specific information on mental health and lack clarity regarding the degree to which Departmental policies have been informed by *A Vision for Change*.

## Recommendations

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

### Health Service Executive

- The HSE should appoint a Director of Mental Health Services reporting to the Chief Executive for a three year period with specific responsibility for implementing *A Vision for Change*.
- The role of the various HSE groups – National Steering Group, Expert Advisory Group on Mental Health, Implementation Group - should be clarified. The primary objective of all HSE groups should be to ensure the implementation of *A Vision for Change* and they should be multidisciplinary and involve service users and carers.
- The comprehensive implementation plan to be completed by the end of 2008 should cover all recommendations of *A Vision for Change* that are the responsibility of the HSE and it should provide timeframes for implementation and set out how progress will be reported.
- The HSE should finalise the mental health catchment areas and establish the mental health catchment area management teams as a matter of urgency.
- The HSE should ensure that *A Vision for Change* is implemented as a complete plan and that there are no variations from that policy.
- The HSE should develop multidisciplinary community mental health teams as a priority and ensure that the respective responsibilities of Primary Care and Secondary Care are clarified.
- The HSE should ensure that service users are active participants in mental health service planning and the design of mental health services.
- The HSE should use the balance of additional funding, which was not spent on mental health services in 2006 and 2007, on improving mental health services in line with the recommendations in *A Vision for Change*.
- The HSE should expedite the provision of alternative community accommodation and the sale of psychiatric properties as a matter of urgency. There should be a direct link between the sale of psychiatric properties and the reallocation and remodelling of existing resources within mental health services.
- The HSE should address as a matter of urgency
  - The development of Child and Adolescent mental health services
  - The development of a regional forensic mental health service
  - The provision of forensic services to people with an intellectual disability
  - Mental health services to people with an intellectual disability
- A comprehensive information and communication technology system for mental health services should be developed as a priority.

## **Government Departments**

The Office of the Minister for Disability and Mental Health should make the necessary arrangements to ensure a co-ordinated and regular response from Government Departments on the implementation of those recommendations which are the responsibility of Departments to implement.

## Chapter 4

### 2008 -2009 Work programme for the Monitoring Group

The Monitoring Group is preparing to monitor the third year of implementation of the recommendations of *'A Vision for Change'*. In particular, it is looking forward to receiving the comprehensive Implementation Plan from the HSE.

During the year to come, the Monitoring Group will expect to receive progress reports on a quarterly basis from the HSE and from the Office for Disability and Mental Health.

In addition to reviewing the reports from the HSE and the proposed inter-departmental group, the Monitoring Group proposes to meet again with the HSE's National Director of Primary, Community and Continuing Care and maintain regular contact with the Assistant National Director with national responsibility for mental health and the Director of the Office for Disability and Mental Health.

The Monitoring Group plans to consult with stakeholders such as voluntary organisations, service users, service providers and primary care providers on their experience of implementation of *A Vision for Change*.

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

The Monitoring Group will provide the third Annual Report to the Minister before the end of March 2009.

### Summary of Report from the Health Service Executive

The HSE reported on implementation of *A Vision for Change* on 25<sup>th</sup> March 2008, which is summarised as follows:

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

##### Chapter 3: Partnership in Care: Service users and carers

- The interim National Service User Executive (iNSUE) was established by the HSE on 31<sup>st</sup> January 2007 in collaboration with voluntary partners. Much of the work of the iNSUE in its first year involved planning for the establishment of the full National Service User Executive. Their Strategic Plan was launched on 10<sup>th</sup> October 2007. iNSUE participates on the Interim National Project Board and the Donegal Project Board for the Mental Health Information System – WISDOM.
- The HSE developed a Co-operative Learning Leadership Programme in Mental Health in partnership with Dublin City University. The Programme, which is a triplicate partnership of service user, service provider and carer from five mental health services nationally, commenced in October 2007. There are fifteen participants on the course, including five service users. iNSUE participate on the Steering Group for the Programme.
- On an ongoing basis service users are invited to become active members of the HSE Steering Groups and local management teams.
- The HSE in partnership with the Irish Advocacy Network developed a Service User Pack which will be made available to all service users, providing them with information on their diagnosis, medication, care plan and service. A complementary pack for Carers has also been developed to provide carers with practical advice on the implications of caring for particular mental health needs, the services available in their local area, links to support groups of carers and useful information about maintaining their own mental health wellbeing. Full roll out of both resources is expected in 2008.
- The experiences and needs of children of service users are being progressed through initiatives such as Jigsaw which is being piloted in a number of sites. Jigsaw is a community-based system of care that supports young people, aged 12-25, to achieve better mental health and wellbeing.
- The HSE has developed a national Complaints Framework and all agencies providing services are covered by the Framework. An awareness programme is being carried out.

##### Chapter 4 – Belonging and Participating in Social Inclusion

- In 2007, the HSE carried out an information campaign '*Mind your Mental Health*'.

- *Mental Health First Aid* training programme was piloted in the Cooperation and Working Together (CAWT) region (cross border partnership arrangement) and delivered to key HSE and service user representatives, to assess whether the programme should be implemented and rolled out nationally.
- Health Promotion Services, HSE West, Youthreach and National University of Ireland Galway are involved in an initiative to build capacity of staff within Youthreach Centres to promote mental health.
- In 2007, the Expert Advisory Group on Mental Health, building on the 2006 initiative to target resources to populations with high deprivation levels, prepared a report with a series of recommendations supporting the allocation of all resources in this way. This Report has been considered by the HSE's Strategic Planning Reform and Implementation (SPRI) unit and recommended to the HSE Leadership Team/Management Team for adoption. This work has also formed the basis of work being undertaken by the Finance Directorate.
- The HSE liaises at national, regional and local level with local authorities and other voluntary agencies in relation to social housing and community and personal development initiatives.
- The HSE is represented on the Economic and Social Forum Working Group.

#### **Chapter 5 – Fostering well-being: Mental Health Promotion**

- Health Promotion Services are represented on the National Advisory Group and on the newly established Area Steering Group.
- A number of voluntary organisations were provided with additional funding to assist in their work on mental health promotion, self help, advocacy and recovery.
- The National Office for Suicide Prevention organised an initial 2-day professional development course in mental health promotion for HSE staff working in suicide prevention and mental health promotion. This will result in the development of a standardised training course for delivery at local level.
- Dedicated Health Promotion Officers work closely with the Department of Education and Science's Regional Development Officers to train teachers in the implementation of the Social Personal and Health Education (SPHE) programme within the school setting.

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

#### **Chapter 7 – Mental Health in Primary Care**

- The Mental Health in Primary Care project continues to work with the Irish College of General Practitioners (ICGP) to develop resources for General Practitioners to train and up skill them to deliver care to those who present to them with mental health needs. In addition to the Mental Health in Primary

Care resource pack launched in January 2007, an online training programme on mental health has been developed for GPs.

- A research project on Adult Community Mental Health Teams has commenced. This project, sponsored by the Mental Health Commission, is being undertaken by the University of Limerick in partnership with the HSE. The project will carry out a national survey to profile the functioning of Community Mental Health Teams and will explore the determinants of and barriers to team effectiveness (Recommendation 7.2).

### **Chapter 9 – The Community Mental Health Team (CMHT)**

- New resources made available in 2006 and 2007 has allowed for the further enhancement of community mental health teams with an additional 136 team members in place.
- 50 Training places for Clinical Psychology trainees were provided in 2007, in partnership with 3<sup>rd</sup> level institutions. This will provide 150 graduates every year from 2009.
- A new post-graduate training programme for registered Psychiatric Nurses has been established. Further work to ensure the availability of appropriately trained and qualified staff is being undertaken.
- A working group comprising representatives from Department of Health and Children, Mental Health Commission, Health Research Board and the HSE has been established to develop an integrated suite of performance indicators.
- A research project on Adult Community Mental Health Teams has commenced. This project, sponsored by the Mental Health Commission, is being undertaken by the University of Limerick in partnership with the HSE. The project will carry out a national survey to profile the functioning of Community Mental Health Teams and will explore the determinants of and barriers to team effectiveness.

### **Chapter 10 - Child and adolescent mental health services**

- A report on waiting lists for Child and Adolescent Psychiatry was completed in 2007. The Report will be utilised to develop a number of incentives aimed at a reducing waiting lists.
- Preliminary discussions have taken place with the Irish Advocacy Network, the Office of the Minister for Children and the Ombudsman for Children on how best to engage the views and allow feedback from service users under 18 years of age. The HSE is looking at a range of models including the Jigsaw project (Jigsaw is a community-based system of care that supports young people, aged 12-25, to achieve better mental health and wellbeing).
- Transitional arrangements have been put in place to expand child and adolescent mental health services to all under 18 years of age.
- A national pilot of a mental health promotion programme called Zippy's Friends for 6-7 year olds is underway in selected primary schools in HSE

West. A National Advisory Group has been established and includes representatives from the Department of Education and Science.

- *'Working Things Out'*, an emotional literacy programme for junior cycle students is currently being rolled out nationally by the Department of Education and Science in partnership with the local Social, Personal and Health Education (SPHE) support service.
- A number of mental health promotion programmes targeting senior cycle are currently offered to post primary schools e.g. *Mind Out, Mental Health Matters, Mind Yourself and Getting it Together*.
- Pre-construction phase for the provision of a 20-bed child and adolescent unit in Cork commenced in January 2008.

### **Chapter 11- General adult mental health services**

- Information on the range of services available to service users and carers in their community has been collected and localised to each service in the Service Users and Carers Packs which will be rolled out in 2008.
- Home based treatment teams have commenced in some areas and will be developed in other areas through reconfiguration and as new resources become available.
- The Expert Advisory Group on Mental Health has made a series of recommendations in relation to the provision of crises houses. The EAG Report has been considered by the HSE's Strategic Planning Reform and Implementation (SPRI) unit and will be considered by the HSE's Management Team in 2008.

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

- The Expert Advisory Group (EAG) on Mental Health has identified as an objective the embedding of a Recovery ethos within mental health services. The HSE is continuing its support for the 'Expert by Experience' initiative in partnership with Dublin City University and supports voluntary partners in their work on recovery.
- The HSE works in partnership with local authorities and voluntary partners in relation to independent housing. A report, which maps the existing hostel infrastructure, has been completed and recommendations from EAG on Mental Health in relation to the provision of crisis houses will be considered in this context. The EAG Report has been considered by the HSE's Strategic Planning Reform and Implementation (SPRI) unit and will be considered by the HSE's Management Team in 2008.

### **Chapter 14 – Mental health services for people with intellectual disability**

- Considerable work in planning the reconfiguration of mental health services for people with an intellectual disability was undertaken in 2007 following the Report of the Forum on Mental Health and Intellectual Disability.



- Each HSE area will be required in 2008 to agree the reconfiguration necessary to meet the recommendations in relation to the provision of services for people with Intellectual Disability. As the majority of services for people with intellectual disability is provided by voluntary partners these arrangements will require joint agreement and development with the voluntary partners.

## **Chapter 15 – Special categories of service provision**

### **Forensic mental health services**

- Design brief is being prepared for new Central Mental Hospital (CMH). The Design envisages 120 beds in the new facility.
- The establishment of the CMH Advisory Group improved liaison between Community and Forensic Mental Health Services.
- Training in Critical Incident Management has fostered good working relations between the Gardaí and Forensic Mental Health Services.

### **Mental health services for people with eating disorders**

- Additional funding provided to Bodywhys in 2007

### **Suicide Prevention**

- The HSE's National Office for Suicide Prevention (NOSP) continued the co-ordinated delivery of the ASIST (Applied Suicide Intervention Skills Training) programme.
- There is reciprocal north-south membership on the respective implementation groups for the strategies '*Protect Life - A Shared Vision*' (2006) and '*Reach Out*' (2005) the National Strategy for Action on Suicide Prevention.
- An All Island Action Plan has been agreed and is being implemented.
- A Mental Health Awareness Campaign was launched in 2007 to improve awareness and understanding of mental health and mental well-being. This campaign – '*Your Mental Health*', is a joint initiative between the NOSP and the Department of Health, Social Services and Public Safety in Northern Ireland and is a key component of an All-Island Action Plan for Suicide Prevention.
- Following an extensive review of services, NOSP launched two 'You Are Not Alone' publications - a '*Directory of Bereavement Support Services*' and '*Help and Advice on Coping with the Death of Someone Close*'. The Directory provides contact details on a regional basis for people within the HSE and voluntary organisations that support people suffering from depression and people who have been bereaved.
- NOSP supported the World Congress on Suicide Prevention which was held in Killarney in 2007 under the auspices of the International Association for Suicide Prevention.

## **IMPLEMENTATION**

### **Chapter 16 – Management and organisation of mental health services**

- The realignment of the catchment area boundaries is being progressed as part of the Transformation process.
- Considerable work to identify the service and planning needs of HSE provided services has been completed in 2007 through the advancement of the ICT WISDOM system funded by the Health Research Board. The National WISDOM Steering Group and the local Implementation Group continue to make progress with a pilot project expected to commence in Donegal during the 3<sup>rd</sup> quarter of 2008.
- A working group comprising representatives from Department of Health and Children, Mental Health Commission, Health Research Board and the HSE has been established to agree a minimum dataset to meet the requirements of each of the four agencies.
- Line management, governance and accountability rests with the HSE local health manager, the Assistant National Director (Operational) and the National Director for Primary, Community and Continuing Care. The Mental Health Expert Advisory Group guides the Chief Executive Officer and HSE on policy issues.
- Area Management Groups will be responsible for ensuring the co-ordination of the implementation of the recommendations across catchment areas, where necessary.

### **Chapter 18 Manpower, Education and Training**

- The HSE provided funding for training and continued professional development.
- Postgraduate training for 50 clinical psychologists is being funded.
- Advocacy training programmes are being funded.

### **Chapter 19 Mental Health information and research**

- A workshop on the development of a national performance indicator suite was held in 2007.
- A working group comprising representatives from Department of Health and Children, Mental Health Commission, Health Research Board and the HSE has been established to agree a minimum dataset to meet the requirements of each of the four agencies.

### **Chapter 20 Transition and transformation: Making it Happen**

- The planning and implementation of *A Vision for Change* is managed through a National Steering Group, chaired by the lead Assistant National Director and includes the Lead Local Health Managers together with the Project Manager for *A Vision for Change* and a Clinical Director and Consultant Psychiatrist.

The Steering Group will:

- Identify the key initial issues that need to be addressed
  - Prepare a national template for how these issues are to be addressed at area administrative and local area level
  - Set a timescale for the delivery of agreed targets
  - Create monitoring process to ensure that progress is measured against agreed objectives.
  - Manage risks.
- Each Administrative Area will establish an Area Steering Group for *A Vision for Change* in the first quarter of 2008 which will drive implementation at area level and support local mental health services to deliver changes. This approach on an administrative area basis is to ensure deployment and participation with the Lead Local Health Manager having an overseeing role and will chair the Area Steering Group. This group will include clinicians, managers, service users and carers. Staff will be assigned on a part time basis to participate on the Area Steering Group, to support the national implementation of *A Vision for Change*.
- An Implementation Plan for 2008 and 2009 has been finalised and approved by the HSE Management Team and Board in February 2008. The plan outlines the key priorities being implemented in 2008 and 2009, which include: Catchment Area Definition and Clarification, Modernisation of Mental Health Infrastructure, Community Based Mental Health Teams, Child and Adolescent Mental Health Services, Mental Health Services for People with Intellectual Disability and Mental Health Information Systems
- A local health manager has been assigned on a full time basis to project manage the implementation of *A Vision for Change*.

### **HSE priorities identified for 2008 and 2009**

The HSE identified the following key priorities for implementation in 2008 and 2009:

#### **1. Child and adolescent mental health services**

Child and Adolescent Mental Health Services will be prioritised in 2008. This will include the provision of eight additional consultant child and adolescent psychiatric teams, the provision of eighteen additional inpatient acute beds and the commencement of construction of two twenty-bed units in Galway and Cork.

#### **2. Modernisation of Mental Health Infrastructure**

Closure plans for existing psychiatric hospitals will require to be put in place by the end of 2008 by the Local Health Managers and the Mental Health Management teams for the area. These closure plans will identify the resources required to relocate patients from existing psychiatric hospitals to appropriate community facilities.

**3. Community Based Mental Health Teams**

Within available resources, it is a priority to expand the development of multidisciplinary community based mental health teams and to complete existing teams. In addition, it is intended to support new and existing teams to develop the multidisciplinary nature of their services and provide a more comprehensive range of medical, psychological and social therapies to service users and families. The expansion of these teams is ongoing through reconfiguration in line with the implementation of the Transformation Programme and the development of social care networks.

**4. Mental Health Services for People with an Intellectual Disability**

Considerable work in planning the reconfiguration of mental health services for people with an intellectual disability was undertaken in 2007 following the Report of the Forum on Mental Health and Intellectual Disability.

Each HSE area will be required in 2008 to agree the reconfiguration necessary to meet the recommendations in relation to the provision of services for people with an Intellectual Disability. As the majority of services for people with intellectual disability are provided by voluntary partners, these arrangements will require agreement and development with the voluntary partners. In 2008, the implementation of the agreed arrangements in the Dublin Mid-Leinster area will be progressed.

**5. Mental Health Information Systems**

The Health Research Board is working in collaboration with the HSE to develop and roll-out an information system to record data on mental health activity in both in-patient and community care settings. Considerable work to identify the service and planning needs of HSE provided services was completed in 2007 through the advancement of the ICT WISDOM system. The National WISDOM Steering Group and the local Implementation Group continue to make extensive progress with a projected time of commencement of a pilot project in Donegal during the 3<sup>rd</sup> Quarter of 2008.

A working group has been established representative of the HSE, the Department of Health and Children and the Mental Health Commission to agree a Minimum Data set to meet the requirements of each of the four agencies. This work is progressing and will be completed in 2008.

**6. General Governance**

Each HSE Administrative Area will establish an Area Steering Group for *A Vision for Change* in the first quarter of 2008 which will drive implementation at area level and support local mental health services to deliver changes. This approach on an administrative area basis is to ensure deployment and participation with the Lead Local Health Manager having an overseeing role who will chair the Area Steering

Group. This group will include clinicians, managers, service users and carers. Staff will be assigned on a part time basis to participate on the Area Steering Group, to support the national implementation of *A Vision for Change*.

**7. Value for Money Review on Long Stay Residential Care**

A Review of the efficiency and effectiveness of long stay services is currently underway and a report is due for completion in September 2008 and will provide significant information to assist *A Vision for Change* implementation.

**8. Catchment Area Definition and Clarification**

The social care networks have been identified as part of the Transformation Programme and mental health catchment areas will be required to become co-terminus with these networks. Each Mental Health Catchment area will be required to re align their catchment areas with health and social care networks and agree population basis for specialist services.

A Working Group is being established with the immediate terms of reference to complete the mapping exercise and to determine how to make the sectors co terminus with the Primary Care networks. It has been decided that an agreed set of Principles would be developed to assist Local Health Manager in aligning Primary Care Teams, Health and Social Care Networks and Mental Health Sectors.

### Summary report from Government Departments

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

### Progress by Government Departments and other Agencies

#### Department of Health and Children

- In January 2008, the Government announced the establishment of the Office for Disability and Mental Health to support the Minister for Disability & Mental Health, in exercising his responsibilities across four Government Departments: Health and Children, Education and Science, Enterprise, Trade and Employment and Justice, Equality and Law Reform. The Office provides for greater cohesion across the public service and brings together responsibility for a range of different policy areas and State services. The Office will aim to bring about improvements in the manner in which services respond to the needs of people with disabilities and mental health issues, by working to develop person-centred services, focusing on the holistic needs of clients and service users and actively involving them in their own care. It will bring a new impetus to the implementation of *A Vision for Change* working in partnership with the HSE and other stakeholders to achieve implementation of agreed targets (Recommendation 5.3).
- The estimated additional cost of the implementation of *A Vision for Change* is €150m over 7 – 10 years. A total of €51.2 million has been allocated since 2006 which represents over a third of the overall requirement. Implementation of *A Vision for Change* is dependent to a much greater extent on the remodelling of existing resources than on new funding. Both aspects of the additional investment and the reorganisation of existing mental health services and resources must be managed in parallel.

The Health Service Executive has indicated that €24m of the additional €51.2m mental health resources provided in 2006 and 2007 was used to meet the overriding obligation of the HSE to live within its approved allocation. Some developments funded in 2006 and 2007 will be developed in 2008. Priority is being given to the development of Child and Adolescent Services.

The Minister for Health and Children, Mary Harney, T.D. made it clear to the HSE in the context of their Service Plan for 2008 that there can be no question of diverting capital or development funds to meet expenditure pressures in relation to other services and expressed her concerns about the development of mental health services in line with '*A Vision for Change*'

A study entitled *Economics of Mental Health Care in Ireland* is currently being conducted by University College Galway and funded by the Mental Health Commission. The report, which will be published in late 2008, will provide economic analysis and reflection on mental health care provision in Ireland, with particular emphasis on three themes: cost of illness, economic evaluation and willingness to pay (Recommendations 17.1, 17.4 and 17.9).



- The Department of Health and Children provides funding to the Mental Health Research Unit (MHRU) as part of the Health Research Board's (HRB) overall allocation. The Unit manages and reports on national information systems in the mental health area e.g. the National Psychiatric In-Patient Reporting System (NPIRS). Support has been provided to develop WISDOM - a system which will capture information on inpatient and community care service activity. WISDOM will be implemented in Donegal in Autumn 2008. The system will be evaluated and if appropriate rolled-out nationally.

The HRB Mental Health Research Programme 2007-2011, developed with stakeholder input, provides for a range of research which will inform policy and planning. The research programme covers 3 main areas – mental health services research, mental health epidemiology, psychosocial and environmental aspects of mental health and illness. Research published in 2007 included reports on the extent and determinants of readmissions to psychiatric hospitals and units, willingness to disclose distressing information to others, psychological distress and wellbeing of the Irish adult population and a *High Support Community Residence Census*.

The HRB also provides research experience and training opportunities in the areas of mental health research for students.

In addition, research is an integral part of the work of the Health Service Executive and the Mental Health Commission (Recommendations 19.9. 19.10 and 19.11).

- The Health Research Board carried out a survey and evaluation of community residential mental health services in Ireland – *Happy Living Here*. This survey was carried out in collaboration with the Mental Health Commission. The design of the study was informed by an Advisory Group which included health services users. One of the main aims of the survey was to obtain the residents views of their lives and the degree of satisfaction with services (Recommendation 19.12).

### **Department of Community, Rural and Gaeltacht Affairs**

The Department fund a number of programmes, although not directly dealing with the issue of mental health, which have an impact on local infrastructure and the provision of local community facilities, as follows: -

- Clár Programme is a targeted capital investment programme for rural areas that have suffered more than a 35% drop in population between 1926 and 2002. The Programme covers parts of 22 counties and all of County Leitrim. Funding is provided to the community and voluntary sector and covers developments such as housing and school enhancement, electricity conversion, health, sports and community projects. CLÁR provides funding to the Health Service Executive on a maximum CLÁR €1: HSE €2 basis to support health projects recommended by the Health Service Executive.
- The RAPID programme aims to ensure that priority attention is given to tackling the spatial concentration of poverty and social exclusion within 46 designated RAPID areas. An Area Implementation Team (AIT) was established in each of the 45 areas to develop a plan for their area. The AIT

brings local State Agency personnel (HSE, Local Authority, VEC, Dept of Social and Family Affairs, FÁS, etc) the local Partnership Company, residents of the local community and, where they exist, Local Drugs Task Forces, together to prepare a plan identifying the needs of each area. The projects, which are being worked on in the current cycle, range from small scale capital works such as traffic calming measures in housing estates or playground provision to larger scale projects such as whole area infrastructural regeneration, sports and health facilities. The value of projects range from small scale projects of a few thousand euro to those of €1m and upwards.

- Community Development Programme provides funding to designated community development resource centres/resource projects in communities experiencing social and economic disadvantage. Projects seek to challenge the underlying causes of disadvantage resulting from the affect of poverty and exclusion. The projects provide a range of supports, development opportunities and services to groups of people and individuals within their areas of operation.
- The Local Development Social Inclusion Programme (LDSIP) aims to counter disadvantage and to promote equality and social and economic inclusion. It provides funding and support to thirty-eight local Area-based Partnerships, thirty-one Community Partnerships and two Employment Pacts. These Partnerships work in the areas of greatest need in the country. They bring together local communities, Government bodies, the Social Partners and elected representatives in partnership at local level. They develop actions to counter social exclusion on the basis of comprehensive, integrated local development plans. LDSIP specifically targets the long-term unemployed, socially and economically disadvantaged women, young people at risk, Travellers, people with disabilities, homeless people, ethnic minorities, lone parents, ex-prisoners and low income households.
- Dormant Accounts Fund supports programmes or projects targeting economic and social disadvantage, educational disadvantage and persons with a disability. Disbursements from the Fund prioritise those areas designated as most disadvantaged

(Recommendation 4.9)

### **Department of Education and Science**

- The Adult Education Guidance Initiative was expanded significantly during 2007. This initiative provides advice and guidance to potential and existing learners in adult and community education, in Vocational Training Opportunities Scheme and in the Back to Education Initiative (Recommendation 3.4).
- Adults who participate in further education have the opportunity to gain accreditation on the National Framework of Qualifications (Recommendation 3.4)
- Supports for disability services are provided through the Strategic Innovation Fund. This includes €900,000 for a three year funded project for a Regional Assessment Centre in Athlone Institute of Technology (IT). Athlone IT, in



conjunction with National University of Ireland, Galway, Letterkenny IT, Sligo IT and Galway-Mayo IT, hopes to develop a regionally based service so that all students entering further and higher education have timely access to needs assessment services. It will establish a leading assessment centre in the region to enable access and progression of students with disabilities (Recommendation 4.1).

- In November 2007, a report entitled *Looking Forward: Investigating the Counselling and Support Needs of 'Non-traditional Students' in Irish Third Level Education* was launched by the Irish Association of University and College Counsellors (IAUCC). The National Office (NAO) will continue to liaise with the IAUCC in relation to students with disabilities in higher education (Recommendation 4.1).
- The Department of Education and Science secured funding of €3 million from Dormant Accounts funding for access based initiatives in the Institutes of Technology, which will include supports for students with disabilities (Recommendation 4.1).
- In January 2008, the Higher Education Authority launched [www.studentfinance.ie](http://www.studentfinance.ie), a comprehensive, user friendly guide to student grants and supports in further and higher education. The website provides information on the full range of student supports, including the Fund for Students with Disabilities (Recommendation 4.1).
- In the 2006-2007 academic year, some €9.9m was approved for institutions for over 2,400 students through the ESF aided Fund for Students with Disabilities. The Fund is administered by the National Office for Equity of Access to Higher Education on behalf of the Department. With regard to students with a mental health illness, 55 have been granted funding to date in 2007-8 academic year (44 overall in 2006-7) on the basis of individual applications, while 74 have been granted funding to date on the basis of shared group applications (57 overall in 2006-7). The types of mental health illnesses that have been supported under the fund include Anxiety Disorder, Depression, Bi Polar Affective Disorder and Schizophrenia (Recommendation 4.1).
- Learning support services provided to students with mental health difficulties include one-to-one specialist tuition and subject specific tuition. One-to-one specialist tuition provides students with organisation, communication and learning skills to cope with the demands of social, personal and academic integration into Higher Education. Additional subject specific tuition may be provided to compensate for lectures missed due to absences, hospital appointments, effects of medication etc. (Recommendation 4.1).
- The Department of Education and Science extended on a phased basis the Junior Certificate School Programme (JCSP), an intervention within the Junior Certificate specifically aimed at students who are potentially early school leavers, to schools which are participating in Delivering Equality of Opportunity in Schools (DEIS). DEIS Action Plan for Educational Inclusion provides for extended access to the JCSP for second level schools with the highest concentrations of disadvantage. The first phase commenced in September 2007 with the Programme offered to an additional 28 schools (Recommendation 4.3).

- The Department of Education and Science provides grant-in-aid funding to the Youth Work Sector which actively works with young people outside, yet alongside, the formal education sector. The programmes operated by the voluntary youth work organisations vary widely. Qualities and skills such as leadership, co-operation, decision-making, motivation, and self-responsibility are acquired by young people through voluntary participation in this non-formal learning process. In addition, Youth Work often acts as the point of contact and referral in the interface with other youth-related services spanning the realms of care, health, and welfare (Recommendation 4.9).
- In 2006, a new resource “Let’s Beat Bullying” was developed by the National Youth Health Programme (NYHP) and the Child Protection Unit of the National Youth Council of Ireland for use by the Youth Work sector. 1,000 copies were printed and disseminated in late 2006. Due to the huge demand for the resource from youth organisations, a further 1,000 copies were reprinted in early 2007. In addition, during 2006 and 2007, the NYHP trained 100 workers/volunteers in the area of anti-bullying (Recommendation 4.9).
- In 2007 the NYHP worked with the Mater Hospital, Dublin in training youth work organisations in using the “Working Things Out” resource. This is a mental health resource written for young people by young people which youth organisations use in their youth work programmes (Recommendation 4.9).
- The National Educational Psychological Service (NEPS) provides assistance, upon request, to all schools and school communities that experience critical incidents. NEPS also provides a service to the State Examinations Commission in connection with the assessment of applications for Reasonable Accommodations in the Certificate Examinations (Recommendation 10.4).
- Since the establishment of the NEPS in 1999, the number of NEPS psychologists has increased from 43 to 139. Under the Towards 2016 Agreement, the Department of Education & Science is committed to increasing psychological service staffing further, so that by 2009 there will be 200 NEPS psychologists (Recommendation 10.4).
- A programme in Social Personal and Health Education (SPHE) for senior cycle is currently being developed by the National Council for Curriculum and Assessment. The Council has consulted widely on a draft curriculum framework and there has been general acceptance that it should cover such areas as mental health, gender studies, substance use, relationships and sexuality education, and physical activity and nutrition (Recommendation 10.5).
- A Special Education Needs Initiative is being piloted in 20 centres in the Youthreach Programme to determine the merits of a general allocation/team based model to address the special educational needs of students in Youthreach. An evaluation has been carried out and is being examined to determine best practice before a decision is taken on extending the initiative (Recommendation 10.6).
- A follow-up survey to the 2005 College Lifestyle and Attitudinal National Survey is currently being launched in order to maintain student awareness of health issues (Recommendation 11.2).

- The Health Promotion College Network (previously called the National Working Group on Alcohol in Higher Education) had its first meeting in April 2007 (Recommendation 11.2).
- All of the Institutes of Technology provide medical staff on campus (nurses and doctors) that frequently holds events promoting healthy lifestyles. Institutes have policies on the use and abuse of alcohol - particularly in relation to events organised by the Students' Union. In the University sector, a number of College Health Services have part-time Health Promotion Officers who run health promotion weeks and workshops, develop educational material, both paper and online, focusing on mental health, sexual health, nutrition, exercise and on alcohol and drugs issues. Many University counselling services also run workshops focused on mental health issues such as stress management, resilience and coping skills (Recommendation 11.2).
- Trinity College Dublin has an online mental health portal which provides educational information on mental health and online counselling (Recommendation 11.2).
- University College Cork is preparing to launch CALM, also known as the Relief Series, an online self-help programme designed to help people who suffer from mild depression and anxiety as well as promoting a healthy lifestyle (Recommendation 11.2).
- The Student Health Services in TCD, UCC and NUIG and the HSE have jointly initiated a feasibility study on the development of a coordinated strategy to form a National Health Promotion campaign for students focusing on mental health, sexual health, nutrition, exercise and on issues re alcohol and drugs aimed at third level students in Ireland. The HSE have funded a part-time Health Promotion Coordinator for this feasibility study (Recommendation 11.2).

### **Department of Environment, Heritage and Local Government**

- The Housing Policy – *‘Delivering Homes, Sustaining Communities’* - was published in February 2007. This Policy outlines an overarching vision to guide the development of the housing sector in Ireland over the next 10 years. It provides the framework for actions to address the wide range of special needs housing. It emphasizes that those providing support (local authorities, voluntary and co-operative housing bodies) must take a service-based approach that is client centred (Recommendation 4.1 and 15.2.4).
- A new means of assessment of housing need is being developed to provide an improved basis for policy development and service delivery to ensure that all people can live with maximum independence within their community. A key component of this approach will include the identification of special needs. It is envisaged that this approach will involve two stages: - a preliminary assessment to identify those with a short-term need and those for whom income support of short-term duration is the most appropriate response. The second stage of the process will examine longer term need. The new means of assessment will be supported by legislation which is currently being drafted (Recommendation 4.1).

- Broad proposals in relation to the intention to reform the housing allocation policy have been agreed with the City and County Manager's Association and discussed by the Housing Forum and with local elected representatives (Recommendation 4.1).
- The Department commenced work in October 2007 on the development of a national housing strategy for people with a disability which will inform the development of Housing Action Plans. The strategy will support the provision tailored housing and housing supports for people with a disability and will have particular regard to adults with significant disabilities and people who experience mental health issues (Recommendation 4.7).
- Protocols are being developed between the HSE and housing authorities to provide a strategic framework for inter agency cooperation at local level (Recommendation 4.7 and 15.2.4).
- A new Sustainable Communities Fund was established in 2007 to provide revenue funding to local authorities on a project-by-project basis, for a defined period to support sustainable communities through initiatives that provide for housing renewal and improvement of the housing stock and living environments. Allocations of €8 million were made to City and County Councils in 2007 for multi-annual projects encompassing areas such as Equality, Diversity and Special Needs Initiatives, as well as initiatives in the areas of supported housing, tenancy sustainment and case management projects for people who face multiple challenges (Recommendation 4.9).
- The data available on homelessness has serious limitations. There is a dearth of information in relation to the extent of homelessness, about pathways into homelessness and the category of people most affected. A sub-group of the National Homeless Consultative Committee has been established to address the area of data collection (Recommendation 15.2.2).
- The Homeless Agency is the partnership body responsible for the management and coordination of services to people who are homeless in the Dublin area and for the implementation of agreed action plans which aim to eliminate homelessness in Dublin by 2010. Its most recent action plan, *A Key to the Door – the Homeless Agency Partnership Action Plan on Homelessness in Dublin 2007 – 2010*, describes its vision as the elimination of long-term homelessness and the need for anyone to sleep rough by 2010 (Recommendation 15.2.3).
- The commitment by Government in *Towards 2016* is to the elimination of the long term occupancy of emergency homeless accommodation by 2010 (Recommendation 15.2.3).

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

- For student / Probationer Gardaí, training in relation to mental health awareness and the Mental Health Act 2001 is provided under Social and Psychological Studies. This training includes:
  - Lectures on mental health awareness, Section 12 and 13 of Mental Health Act 2001, Depression, Suicide, Schizophrenia and appropriate communication for intervention.



- Training through developmental work and role-play scenarios which depict practical incidents that may be encountered.
  - Schizophrenia Ireland provide five hours training in relation to self experience and communication techniques for dealing with people with a mental illness,
- As part of the continuous professional training for Gardaí and Sergeants, a module on mental health awareness was delivered in the Core Programme 2007. This module includes information from the Mental Health Commission on the provisions of the Mental Health Act 2001.
  - A module on mental health is included in both the Garda Negotiator and On Scene Command Course.
- (Recommendation 15.1.8)

### **Department of Social and Family Affairs**

- The Citizens Information Act, 2007 provides for the establishment of a Personal Advocacy Service. All Sections of the Act, with the exception of part of Section 4 and all of Section 5, came into force on 30 March 2007, when the Citizens Information Act 2007 (Commencement) Order 2007 was signed. The remaining parts of Section 4 and all of Section 5 are subject to a commencement order in 2008. The post of Director of the Personal Advocacy Service was advertised on 7<sup>th</sup> December 2007 and discussions are ongoing in relation to the additional staffing resources required for the Service. Temporary accommodation has been identified to facilitate the immediate needs of the service and it is envisaged that the service will be up and running in 2008 (Recommendation 3.2).
- In 2004 the Citizens Information Board (CIB) began the process of engaging the community and voluntary sector in the provision of advocacy services to people with disabilities. A total of 45 projects are currently funded to deliver representative advocacy services to people with disabilities. Of these 45 projects, 15 were approved for funding in 2007 (Recommendation 3.2).
- In December 2007, once off funding of €15,000 was provided to Mental Health Ireland, under the scheme ‘Grants for the Development and Promotion of Information and Welfare Rights’, for the production of Information Leaflets on social welfare entitlements (Recommendation 4.4).
- Government policy as regards social welfare rates is guided by the commitments in the *National Action Plan for Social Inclusion 2007-2016: Building an Inclusive Society* (NAPinclusion), which was launched in February 2007, and the *Social Partnership Agreement Towards 2016*. The target set in the NAPinclusion “*to maintain the relative value of the lowest social welfare rate at least at €185 .80, in 2007 terms, over the course of this Plan, subject to available resources*” was exceeded in Budget 2008 when the lowest social welfare rates were increased to €197.80 (Recommendation 4.4).



**Irish Mental Health Coalition**  
Campaigning for improved mental health services

### Submission to the Independent Monitoring Group on the HSE Implementation Plan for *A Vision for Change*

#### **Introduction**

*A Vision for Change* was approved by cabinet as Government policy for the development of mental health services at the end of 2005 and was launched in January 2006. In May 2007 the Independent Monitoring Group for *A Vision for Change* published its first report on implementation, in which it was recommended: “**The HSE should finalise and adopt an implementation plan for *A Vision for Change* as a matter of urgency**”. The preparation of an Implementation Plan by the Health Service Executive (HSE) has taken almost two years, and this plan was finally published in January 2008. The plan was completed and approved by the HSE without the active involvement of the Implementation Group established in 2006.

The Irish Mental Health Coalition would like to bring to the attention of the Independent Monitoring Group its serious concern that the published Implementation Plan is inadequate in both its scope and content. As set out below, many recommendations in *A Vision for Change* are simply not addressed in this plan. In the majority of areas where *A Vision for Change* recommendations are addressed, the plan lacks detail.

For example, the section on forensic services for children – in-patient beds and community teams – contains no detail at all, other than setting up a working group to look at this area and assess need, and where the finish date is set for July 2008, i.e. there is no detail or timeline for actually establishing the services. In other areas of the plan, similar working group findings are proposed, with no detail of actual service expansion. The plan lacks detail of the major activities necessary towards implementation, annualised performance targets and indicators, timelines, and budget projections. It has built in no visible monitoring and evaluation mechanism.

#### **Summary analysis of the HSE Implementation Plan**

##### **List of recommendations that have not been included in the HSE Implementation Plan**

- The Implementation Plan does not provide detail on the key areas of management and organisation. The information that is given is unclear.

- There is no heading in the Implementation Plan for adult mental health services. This is a key omission considering that the adult population is the single largest population requiring tertiary mental health service
- A substantial re-organisation of current adult acute inpatient facilities (excluding old psychiatric hospitals) and supported residences is required to put in place the inpatient and residential services described in *A Vision for Change*. No provision is made for this in the Implementation Plan.
- The 28 detailed recommendations under manpower, training and education have been reduced to one deliverable in the plan.
- Significant progress (e.g. the INSUE) has been made on the recommendations relating to service users, but issues that would be of direct benefit to individuals, such as involvement in care plans, are neglected.
- Only one mental health promotion recommendation has been included. Recommendations relating to evaluating outcome, linking in with other bodies etc. have not been considered.
- There is no explicit inclusion of the 11 recommendations in the primary care chapter. There is significant blurring of recommendations from *A Vision for Change* and the HSE Primary Care strategy and there is confusion about the function of primary care in relation to the provision of specialist mental health services.
- No mention is made of the 13 adult teams for people with co-morbid mental illness and substance abuse, and no mention is made of the 4 child and adolescent teams for substance misuse and dependency.
- No provision is made for 'difficult to manage patients' – a small number of teams, units and high support places were detailed in *A Vision for Change*.
- The 6 recommendations on mental health research have not been included in the plan.
- There is no detail at all regarding the role of and development funding for voluntary services.

### **Priority Areas of Concern**

#### **Modernisation of infrastructure:**

Other relevant actions in this priority area that are not mentioned in the Implementation Plan include:

- No details are given regarding plans for upgrading and modernising existing facilities. The 2006 Annual Report from the Inspector of Mental Health Services found some mental health facilities unacceptable for care and treatment of patients, and expressed particular concern at the number of vulnerable patients remaining in ‘long-stay’ wards, living in unacceptable conditions in bleak institutional environments.

**Community based mental health teams:**

There is no discussion on the development of new management structures for CMHTs and the wider management structures in which CMHTs would be based. This is key to the new mental health services proposed in *A Vision for Change*.

**Catchment area definition and clarification:**

- It is difficult to see why action on this area could not have proceeded in the last two years. This is the first step in reorganising mental health services and many other actions are dependent on this.

**Mental health services for people with eating disorders:**

The recommendations on services for people with eating disorders are weak and vague, and do not fulfil the recommendations of *A Vision for Change*.

**Rehabilitation and recovery mental health services for people with severe and enduring mental illness:**

A number of recommendations connected with the establishment of these teams have not been acknowledged – particularly those around staff training (especially in recovery orientation), coordination with other services especially housing and the provision of physical infrastructure.

**Mental health services for homeless people:**

As many as one-third of all homeless people have a mental illness yet the published plan contains no information on when or how the two multidisciplinary, community based teams allocated to Dublin to provide a mental health service for homeless people will be provided. Completely unaddressed is whether or not the HSE plans to act on the recommendation in *A Vision for Change* that HSE funding and staffing of over 3,000 places in over 400 residences for persons whose housing needs should more properly be the responsibility of the housing authorities.

**Forensic mental health services:**

- Legislation is required to enact a full court diversion scheme and no mention is made of this.
- Several recommendations around the operation of forensic mental health services have not been considered in the Implementation Plan, specifically, the need for education and training in the principles and practice of forensic mental health services for mental health staff, the need for greater integration



and liaison between prison health and mental health services and forensic mental health services, and with mental health services in the community, the need for commitment to a model of treatment for persons with mental health problems who come into contact with the forensic mental health services.

**Manpower, training and education:**

- The remaining wide-ranging recommendations of this section have not been included in the plan.

**Partnership in care - service users and carers:**

- All of the recommendations relating to service users and carers are not addressed and there is no mention of how the excluded recommendations will be addressed, e.g. service user empowerment, peer support. Most of the resources for the actions for this priority have not “been determined”.

**Suicide Prevention:**

Many of the actions outlined are policy actions from *Reach Out the National Policy on Suicide Prevention*. The *A Vision for Change* recommendations on suicide are not referred to.

**Advocacy:**

The plan purports to deliver the right to advocacy services to all service users through funding one advocacy group, with no attention whatsoever to the distinct advocacy needs of groups such as children and the elderly

**Funding:**

Nowhere across its limited breadth does the HSE Implementation Plan indicate what additional funding will be required. This critical deficiency must be addressed, and annualised budget projections are essential if there is to be any predictability, transparency and accountability in how funding is to be allocated/reallocated and expended. In its *Mental Health Policy and Service Guidance Package*, the World Health Organization advises, “planning should drive the budgetary process. Too often, however, plans and budgets are developed independently, with the result that objectives are not explicitly reflected in the budgets.”<sup>1</sup> *A Vision for Change* notes that the “provision of adequate resources for mental health is a prerequisite for the implementation of this policy”.

In addition, where *A Vision for Change* points out where services are inappropriately funded through the HSE, or where the cooperation of other Government Departments is required, this should be referenced in the Implementation Plan, but is not. For instance, as mentioned above, *A Vision for Change* notes that mental health services fund and staff over 3,000 places in over 400 residences for persons whose housing needs should more properly be the responsibility of the housing authorities, yet this important budgetary matter is not addressed in the plan. Furthermore, the plan does not clarify in any detail precisely how the enormous variations in funding between different mental health services, with some of the most socio-economically deprived urban areas among the least well resourced, will be resolved.

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<sup>1</sup> *Mental Health Financing* module (WHO, 2003). It cautions, “[w]ithout adequate financing, mental health policies and plans remain in the realm of rhetoric and good intentions”.

The ongoing lack of accountability in the HSE's planning and expending its mental health budget was illustrated in December 2007 with the non-emergence of the expected €25m development funding for 2008. *A Vision for Change* is explicit that a minimum of "an additional €21.6m each year for the next seven years" to fund the mental health service expansion as outlined. In announcing the publication of *A Vision for Change*, the Minister for Health, Mary Harney TD, said: "I am pleased to confirm that in the estimates for 2006 an additional €25m has been allocated to the HSE for mental health services and I am confident that this level of investment will continue in the coming years" Yet, the Department decided not to allocate any development money for mental health services in Budget 2008. It declared that, instead, 2008 should be a time to "pause and review the situation to ensure consolidation of the investment to date".

Behind this decision lies the fate of development funding provided in 2006 and 2007 of €51.2m. In January, the HSE responded to Freedom of Information requests lodged by the Irish Mental Health Coalition finally admitting that just "57% of the developments funded in 2006 have been put in place at an annual cost of €17m and 40% or €10m of the funding provided in 2007 has also been put in place". It conceded: "The balance of the funding from 2006 and 2007 was time delayed to address core deficits in existing Mental Health services thus ensuring that the HSE met its obligations to deliver services within the vote." In other words not only has the money for extra services from 2006 and 2007 not been spent, but has been diverted to address existing deficits in mental health services.

The funding issue is not a pedantic matter of numbers. In announcing these additional funding allocations, the Department of Health stated that they would be used to improve and expand services, including specialist services for children and adolescents, older people, the homeless and people with an intellectual disability. That this is what was proposed, but did not happen, is a serious concern. Also a concern is the lack of clarity about the reasons behind this non-expenditure, i.e. whether the money was not spent on these expansions by the HSE because there were obstacles to their delivery or because of the overriding demands of existing services. This episode underlines the need for clear articulation in the HSE's Implementation Plan of projected expenditure over the timeframe of *A Vision for Change*, across every line item.

Regarding the Department's decision not to allocate additional development funding in 2008, the then Minister for Mental Health and Disability, Dr Jimmy Devins TD, in his response to the Coalition on 9 January 2007, stated: "Before any additional funding is provided it is essential that the HSE are in a position to demonstrate that money allocated for mental health services is efficiently used and that the substantial changes in the organisation and delivery of mental health services envisaged in *A Vision for Change* are progressed." He also stated that the Minister for Health and Children has pointed out to the HSE that there can be no question of diverting service development funds to meet expenditure pressures arising in relation to core services.

While the Coalition welcomes the Ministers' intervention with the HSE, this should not have been necessary. The Department's concern that the HSE must be more accountable for how it expends its resources must, of course, be resolved, but it is

hard to see how this justifies suspending the 2008 service expansion funding to allow the HSE to catch up. While money must be invested wisely and services and interventions must demonstrate efficiency and effectiveness, the pace of change cannot be dictated by accountability deficits, but by *A Vision for Change* itself. If *A Vision for Change* were being implemented on schedule, the 2006 and 2007 allocations would have been spent in full on service expansion, and the 2008 allocation made. That sorely needed service expansion and improvement funding can be “time delayed” and used to shore up core services, is itself a matter of serious concern, but also illustrates the wider issue of the lack of predictability, transparency and accountability in how mental services are planned and funded more generally.

### **Conclusion**

Regrettably, the HSE Implementation Plan is not actually an implementation plan spanning the scope and timeline of *A Vision for Change*, rather a two-year plan setting out some initial first steps for the next year or two. If the service developments outlined in *A Vision for Change* are to become a reality, and the HSE’s implementation is to proceed with transparency, predictability and fairness, this plan cannot be simply revised and refined as things progress. If *A Vision for Change* is not to remain an aspirational document, a further detailed and comprehensive implementation plan must be produced by the HSE at the earliest opportunity, setting out the major activities to implement the full breadth of recommendations set out in *A Vision for Change*, with explicit annualised performance targets and indicators, and timelines. Budgets cannot be set separately from this plan on an ad hoc basis - the revised Implementation Plan should outline specific funding projections for each year leading up to 2013, even if projections for the later years can only be indicative.

#### About the Irish Mental Health Coalition:

The Irish Mental Health Coalition (IMHC) comprises a Core Group of five organisations that have combined forces and energies to advocate for people’s rights to the highest attainable standard of mental health and mental healthcare.

#### IMHC Core Group Member organisations:

- Amnesty International (Irish Section)
- Bodywhys – The Eating Disorders Association of Ireland
- GROW in Ireland
- Irish Advocacy Network
- Schizophrenia Ireland

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