



Mental Health Reform
Promoting Improved Mental Health Services

ANNUAL REPORT 2013



Mental Health Reform's Vision:

An Ireland where people experiencing mental health difficulties can recover their well-being and live a full life in their community.

Mission statement

Mental Health Reform works with people who experience mental health difficulties, their families and friends in promoting a fundamental improvement in mental health services, social inclusion and vindication of rights.



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*An extract from the audited financial statements of
Mental Health Reform for the year ended 31st December 2013

Foreword

2013 – a growing coalition for reform

I am proud to welcome you to Mental Health Reform's annual report for 2013. In the last year, Mental Health Reform has grown, both as a coalition and as a movement for reform. Our membership has increased from 31 to 40 organisations, uniting the mental health sector and harnessing a wealth of expertise in the areas of mental health, homelessness and housing, disability, ethnic minorities, advocacy and social inclusion.

Our public support base has more than doubled - 22,000 people signed our pre-budget petition last year. Thank you to our member organisations and to the community groups, campaigners and volunteers who joined us in standing up for investment in mental health. We have continued to reach out to people concerned about mental health through consultation meetings, visits to services and events like the First Fortnight arts and mental health festival.

More than 7,000 Recovery leaflets have been given to people who use mental health services, their families/carers and mental health professionals, raising awareness about good quality, recovery-orientated services. We delivered training on recovery-orientated mental health support to a number of groups, including to farmers involved in the

Social Farming Across Borders initiative. We also contributed to debates about the future of mental health support through original research and briefing papers, including documents on Recovery and on Mental Health in Primary Care.

Mental Health Reform's role in representing the mental health NGO sector to Government and the HSE continued through individual meetings and participation in the Disability Stakeholders Group. During the year we made submissions on capacity legislation, crisis intervention and employment supports.

In 2013, we undertook a strategic planning process to identify Mental Health Reform's outcomes targets for 2014-16 (see www.mentalhealthreform.ie/transparency). This was important work that will focus our efforts during the remaining timeframe for the Government's mental health policy A Vision for Change. Key to our being able to continue informing, uniting and advocating for change is the commitment we received in 2013 from The Community Foundation for Ireland to multiannual funding for Mental Health Reform for 2014-16.

My sincere thanks go to our Board of Directors, former Director, Orla Barry and to each of the staff and interns whose dedication and hard work have enabled a small team to achieve so much. And finally, a word of thanks must go to all of Mental Health



Reform's member organisations for their continued support which has made us a strong and effective voice for change.

—
Shari McDaid, Director,
Mental Health Reform

Introduction

Chairman's message

A campaigning priority for Mental Health Reform since our establishment has been that a National Director for Mental Health Services be appointed. Without a voice at the top table of the HSE the mental health services were fated to be treated as 'second class citizens', which is precisely what happened during the first few years of the economic downturn, with disproportionate losses of staff and budget cuts.

Since the appointment of Stephen Mulvany in 2013 there has been a discernible increase in the impetus for implementation of *A Vision for Change* as he began to tackle in a planned way the many systemic deficits in the mental health services, such as the wide variations in service quality, the still patchy uptake of the Recovery model of care and support, the lack of electronic records and other modern applications of ICT, the difficulties of accessing acute services after hours and other long-standing shortcomings.

Apart from this pivotal positive development, there have been other encouraging breakthroughs, for example the establishment of the Counselling in Primary Care service, which in its first 6 months received over 5,000 referrals.

The National Director of Mental Health's early engagement with voluntary service providers, a growing number of whom are members of MHR, has also been encouraging. Recovery is only possible with the kind of community-based social supports, housing, employment opportunities, counselling and other services that voluntary organisations excel in providing.

While these developments enable a degree of optimism that the aspirations of *A Vision for Change* will be met within a reasonable period, the Government's failure to keep its promise of €35 million per annum for three years to support implementation is deeply disappointing. In spite of our best efforts, month by month, to hold the Government to account on this issue, each year the device of hiring staff late in the year in order to achieve "time-related savings" has been adopted to cover wider HSE budget over-runs. In the latest budget the Government cut €15 million from the promised €35 million. This is unacceptable, given the disproportionate cuts in mental health services relative to cuts in the wider HSE. With the HSE's budget reportedly in danger of further over-runs we must continue to be vigilant and vocal in campaigning for fairness in the allocation of resources.

During the year we lost our Director, Orla Barry who had done such a wonderful job in building up MHR. Happily she is not lost to the 'sector'



as she has taken up the role of CEO of Mental Health Ireland, with whom we see great possibilities for collaboration. I would also like to thank Dr. John Owens and Michele Kerrigan, both of whom stepped down from the Board in 2013 and whose expertise and grassroots knowledge were invaluable in shaping MHR's vision and policy positions. On Orla's departure, Shari McDaid has seamlessly slotted into the Director's role and, together with our talented and dedicated staff team, our Board and the members, MHR has had another hugely productive year, as you will see in this Annual Report. Congratulations and thanks to all.

Edmond Molloy, Chairman,
Mental Health Reform

In 2013, we promoted improved mental health services by ... **informing the discussion**

People's experiences inform our work

Keeping in touch with what is happening on the ground for people with mental health difficulties is vital to our advocacy work. Last year, we held public consultation meetings in Mayo, Wexford, Balbriggan and Dublin city, covering each of the four HSE regions. These meetings are a good way for Mental Health Reform to hear local experiences of mental health services and identify specific issues on which we will advocate. The meetings were attended by a total of 300 people, among them service users, family members/carers and professionals. At the meetings, we shared the coalition's picture of recovery-orientated mental health services, led discussions on what helps people's recovery from mental health difficulties and informed people of ways to advocate locally for better mental health services.

Two common themes emerged from the meetings: concerns about the lack of out-of-hours access to mental health supports for people in a crisis and about the over-use of medication.

Following the meetings, Mental Health Reform prepared a briefing note for Minister for Mental Health Kathleen Lynch, TD, raising both of these issues and quoting comments by individuals who shared their stories with us.

Another issue raised in 2013 was the need for an independent complaints mechanism for mental health services, something we followed up on with a position paper, submissions to the HSE and the Expert Group reviewing the Mental Health Act, 2001, and a series of case studies on our website.

Our research

We completed four pieces of research in 2013:

- A briefing paper on Recovery - what you should expect from a good quality mental health service
- A briefing paper Mental Health in Primary Care
- Original research for the National Learning Network on the value of rehabilitative and vocational training
- Commissioned research on the implementation of *A Vision for Change* by TCD's Centre of Health Policy and Management, published in 2013.
- In 2013 we also engaged in consultation and research on ethnic minorities and mental health, with a briefing paper due to be published in 2014.

Recovery...
what you should expect from a good quality mental health service



Informing decision-makers

We continue to inform decision-makers about the issues people raise with us, as well as our evidence-based policy positions. In 2013, we held meetings with:

- Minister of State for Disability, Equality and Mental Health, Kathleen Lynch
- The Inspector of Mental Health Services, Dr Pat Devitt
- The HSE National Director of Mental Health, Stephen Mulvany
- The Mental Health Commission
- The Department of Social Protection

The impact of our contact with the HSE Director of Mental Health towards the end of 2013 was evident in the HSE's Operational Plan for 2014 which showed MHR's influence on key issues such as the recovery ethos, the interface between primary care and mental health services, the importance of service user and family/carer involvement, the need to ensure that high quality services are available everywhere and the need for clear financial and performance accountability. The commitment to "listening" and "acting on what we hear" also reflected MHR's vision of a recovery-orientated mental health service.

Educating the public

Educating service users, family members/carers and the general public about recovery orientated mental health support empowers them to demand better services and can stimulate grassroots action for local change. Over the last year, we got our message out to the public in a number of ways:

- Through the media: we have written articles, opinion pieces and letters to national and local newspapers, and taken part in TV and radio interviews, including appearances on *Drivetime*, *Morning Ireland*, *Tonight with Vincent Browne*, *Morning Edition* and *Ireland AM*.
- Through the First Fortnight arts and mental health festival: we sponsored a run of the play *Silent*, and held a public talk on mental health and homelessness.
- Through our training: We held training sessions on Recovery with farmers in border counties who are participating in social farming that provides support and work for people with mental health difficulties.
- Through dissemination of 7,000 leaflets on *Recovery – what you should expect from a good quality mental health service*, to people using mental health services, family members, professionals and the general public.

- Through our fundraising activities, including a team of MHR runners in the Women's Mini Marathon and college fundraising activities, which generate awareness as well as much-needed funds.

Informing politicians

We have contributed to Dáil and Seanad debates on mental health services, providing briefing notes and case studies arising from our research and public consultation. Our work has been quoted in the Dáil and Seanad as a valued source, including in Dáil debates on mental health funding (February, March), HSE Governance (March) and the Assisted Decision-Making (Capacity) Bill (December), and in a Seanad debate on mental health (December). Our post-Budget Snapshot Analysis was also widely circulated to Oireachtas members in October.

We continued to support the Oireachtas Cross Party Group on mental health, assisting in the publication and launch of a cross party pre-budget submission on mental health. We also helped to organise a briefing for Oireachtas members on the Irish Men's Sheds movement and how to build resilience locally.

We promoted improved mental health services by ... **uniting**

Uniting the mental health sector

As the national coalition promoting improved mental health services, we continued to welcome new members in 2013:

- Association of Occupational Therapists of Ireland
- Cairde
- Children's Rights Alliance
- DeafHear.ie
- Disability Federation of Ireland
- Mental Health Ireland
- National Association of Pastoral Counsellors & Psychotherapists
- Respond! Housing Association
- St. John of God Hospital

You can hear from our new members on page 10.

Our diverse and growing membership gives us a strong representative voice with which to call for modern, community-based, recovery-orientated mental health services. We are particularly well-positioned to articulate cross-sectoral issues due to our member organisations who work in housing, homelessness, disability, children's rights and ethnic minorities' rights.

Representing the sector

We continue to represent the sector on a number of platforms:

- The Disability Stakeholders Group, which plays a key role in driving forward and monitoring the progress of the National Disability Strategy
- The Housing Sub Group for the National Housing Strategy for People with a Disability
- The Expert Group on the Review of the Mental Health Act 2001, to which Mental Health Reform nominated UCC Senior Law Lecturer Dr Mary Donnelly

Uniting around children's mental health:

In July 2013, Mental Health Reform took on coordination of the Children's Mental Health Coalition, which consists of more than 50 organisations, with Shari McDaid taking up chairmanship.

The Children's Mental Health Coalition's vision is that Ireland should be one of the best places in the world to be a child, where every child's right to mental health is realised.

During the second half of 2013, Mental Health Reform facilitated 5 meetings of the Children's Mental Health Coalition and supported its research and advocacy work through two sub groups:



- A sub group on mental health services for children and adolescents
- A sub group on the care and youth justice systems

The commitment of the Children's Mental Health Coalition's members both in terms of time and financial support has been much appreciated in helping to maintain this important advocacy work.

Building a community of support for mental health

With an increased openness to discussing mental health comes an opportunity to build the support base for improving mental health services and related social inclusion supports. Mental Health Reform has tried to involve people in our work by reaching out to people with experience of mental health difficulties, to community groups, to family members/carers, to professionals, to students and to the general public.

The number of people supporting our work and interacting with us has more than doubled, reaching 22,000 in 2013. This support, along with the hundreds of people who attended our public meetings in 2013, helps Mental Health Reform to speak with legitimacy and demonstrates to Government the breadth of support for a better response to mental and emotional distress.



SOCIAL MEDIA, THE NUMBERS:

4,300

followers on
Facebook & Twitter

7,500

Newsletter subscribers

In 2013, we promoted improved mental health services by ... **advocating**

Advocating on A Vision for Change.

We marked the seventh anniversary of *A Vision for Change* in January 2013 by urging the Government to prioritise community mental health services.

We pointed out that the drop by 12% in mental health staffing levels between 2009 and 2012 is hampering efforts to achieve *A Vision for Change* and denies people the range of supports they need.

Later in the year, we encouraged people to email their local TDs, as politicians respond best to local pressure. TDs were asked to act to ensure that the staffing delays seen in 2012 would not be repeated in 2013. Over 500 emails were sent and the action sparked local media attention, with coverage in *Waterford Today* newspaper, and on local radio (Near FM, Castlebar Community Radio).



MHR volunteers marking the 7th anniversary of A Vision for Change

Advocating for children's mental health

As part of the Children's Mental Health Coalition, we have been advocating for implementation of the recommendations of the *Someone to Care* report on children in the care and youth justice systems.

We organised a meeting of the Children's Mental Health Coalition with Minister for Children & Youth Affairs, Frances Fitzgerald, TD, to discuss the report's recommendations, and drafted a supplementary submission for the Children and Young People's Policy Framework.

Calling on Government to "Do What Works"

Our pre-budget campaign, "Do What Works", was launched in August 2013, due to the earlier than usual Budget Day.

In our pre-budget submission, we called on the Government to do what works for mental health by investing in measures that are known to be both effective and cost-effective for improving mental health. Mental health difficulties cost the Irish economy around 2% of GNP annually, approximately €2.5 billion.

Our recommendations included:

- Allocation of the €35 million committed in the Programme for Government for community mental health services
- Funding for supported employment and tenancy sustainment support for people with mental health difficulties



Shari McDaid and MHR volunteer Hannah Ryan launching the Do What Works campaign

- Funding to invest in implementing the recovery ethos across the mental health services

As well as sending our submission to key Ministers and Government departments, we also addressed the Oireachtas Finance Committee and the Oireachtas Joint Committee on Health and Children.

In our presentations, we included direct quotes on experiences of mental health services, gathered from individuals at our public meetings in 2013.

During the 8 week “Do What Works” campaign, we held 44 petition days around Ireland, including on Dublin’s Henry Street and at Croke Park during the All Ireland Football Final. A number of youth and community groups also held their own petition days.

The “Do What Works” campaign led to an allocation in the budget for 2014 of

€20 million to continue the development of community-based mental health services and suicide prevention programmes. While this allocation amounted to less than had been promised in the Programme for Government, it was a significant achievement in the context of a Government requirement to cut the overall health budget by €666 million.

Advocating for legislative and policy change

In 2013, we made a number of submissions on mental health:

- Submission on the Assisted Decision-Making (Capacity) Bill
- Submission on the Comprehensive Employment Strategy for people with disabilities
- Submission on improving the system for making complaints about mental health services

- Submission on the Framework Statutory Homeless Action Plan for the Dublin Region

As ever, our submissions were informed by our member organisations and by our interaction with people with experience of mental health difficulties and their families/carers.

The impact of MHR’s advice on the Comprehensive Employment Strategy was evident in the draft strategy’s commitment to promote a ‘recovery’ model of rehabilitation that includes coordinating the support of job coaches and community mental health teams.

“I wanted to raise awareness of this progressive organisation. Working in the mental health sector, I see the difficulties people face daily. Good services are key to enabling people to live to their potential. I enjoyed getting the word out and representing MHR on the day.”
– Sarah Barry, Mini Marathon runner for MHR in 2013.

“We wanted to let the community know about the Do What Works campaign and get them involved. It was a very positive experience and the general public were very responsive and open about their own experiences.” – Catherine Lane, Ballyfermot/Chapelizod Partnership, supporters of MHR’s pre-budget campaign 2013.

In the words of our members

What our nine new members have to say ...

The Association of Occupational Therapists of Ireland (AOTI)

"The AOTI decided that it was important to become a member of Mental Health Reform because we share its vision and values. Also, we believe the collective impact of many voices with a common agenda of improving mental health services is much greater than the sum of their parts. Mental Health Reform have shown themselves to be highly competent in gathering information, setting an agenda and continuously communicating the need to improve mental health services in Ireland."

Cairde

"Cairde's on-going work in the area of ethnic minorities' health indicated that many issues leading to the exclusion of people living with mental health issues require leadership to emerge from within their communities, in order for these issues to be addressed. We hope that Cairde's participation in Mental Health Reform will assist in creating dialogue between disadvantaged ethnic minority communities and mental health service providers and work towards the elimination of barriers to accessing mental health services."

National Association for Pastoral Counselling and Psychotherapy (NAPCP)

"The NAPCP joined Mental Health Reform in order to contribute to the national debate on how best to provide appropriate services for those in need and also to learn of developments in this important area."

The Children's Rights Alliance

"Mental Health is an issue that affects all people, including children. It was important for the Children's Rights Alliance to become a member of Mental Health Reform so that we could work as part of a strong, independent membership to promote a fundamental improvement in mental health services, social inclusion and vindication of rights. By working as part of a coalition, we can realise these goals for all persons in society."

DeafHear.ie

"There are approximately 5,000 Irish Sign Language users in Ireland. Mental health services for Deaf People are significantly under resourced, with access to local services restricted by lack of interpreting. Deaf children and young people have a 40% risk of mental health problems, so it is crucial that appropriate support is provided to them. As part of Mental Health Reform, we can have a stronger voice when calling for services to be improved."

Respond! Housing Association

"As one of Ireland's leading housing associations, Respond! recognises the value of community organisations coming together to advance the cause of improving mental health services. We feel that being part of Mental Health Reform allows us to contribute and learn from each organisation involved."

Disability Federation of Ireland (DFI)

"DFI shares Mental Health Reform's goal of an Ireland where people with mental health difficulties can recover their good health and live their life to the fullest in their own community. Mental health difficulties are a concern for both people with disabilities and the people who care for them, and DFI has been striving to highlight this through our Social Partnership work. By supporting and listening to people with mental health difficulties, their carers and their advocates, we can work together to make this goal a reality."

Governance

Mental Health Ireland

"Mental Health Ireland became a member in 2013 and we hope that our network of 104 local Mental Health Associations will enhance Mental Health Reform's important consultations with people across the country. Mental Health Reform's advocacy for improved mental health services is needed to ensure the experience of service users and family members is as positive as possible."

St John of God Hospital

"Saint John of God Hospital is committed to bringing healing, care and wholeness to people who experience mental illness in accordance with the highest professional standards in keeping with the ethos and caring traditions as modelled for us by our founder, Saint John of God. Membership of Mental Health Reform allows us to harness that synergy and work to improve mental health services."



MHR's first AGM, June 2013

During 2013 Mental Health Reform took a number of steps to improve organisational governance. Mental Health Reform signed the Governance Code and the Board approved new policies on Data Protection and on Equality. The Board developed and approved a Board of Directors Corporate Governance Handbook.

The Board also undertook a review of its own operation with the support of Chris White at Boardmatch Ireland. The Board reviewed the organisation's Vision, Mission and Values. The organisation undertook a strategic planning process during 2013 to develop strategic goals for the period 2014-2016. Mental Health Reform's first Annual General Meeting was held on 25th April, 2013, with 19 representatives and Board members attending.

Accounts

INCOME AND EXPENDITURE ACCOUNT YEAR ENDED 31ST DECEMBER 2013

	2013 €	2012 €
INCOME	301,289	307,609
Administrative expenses	309,148	309,562
	<hr/>	<hr/>
OPERATING DEFICIT	(7,859)	(1,953)
Interest receivable	7,859	1,953
	<hr/>	<hr/>
SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION	-	-
Tax on surplus on ordinary activities	-	-
	<hr/>	<hr/>
	<hr/>	<hr/>
SURPLUS FOR THE FINANCIAL YEAR	-	-

All of the activities of the company are classed as continuing. The company has no recognised gains or losses other than the results for the year as set out above. These financial statements were approved by the directors on the 19th May 2014 and are signed on their behalf by: Edmond Molloy and Caroline McGrath, Directors.

Basis of accounting

The financial statements are prepared in accordance with generally accepted accounting principles under the historical cost convention and comply with financial reporting standards of the Accounting Standards Board, as promulgated by the Chartered Accountants Ireland, and Irish statute comprising the Companies Acts, 1963 to 2013.

Income

The income shown in the income and expenditure account represents grants from funders, donations, payment for research services, deposit interest, training and membership income invoiced during the period.

Accounts

BALANCE SHEET 31ST DECEMBER 2013

	2013 €	2012 €
CURRENT ASSETS		
Debtors	26,087	192
Cash at bank	328,876	209,051
	<u>354,963</u>	<u>209,243</u>
CREDITORS: Amounts falling due within one year	<u>354,963</u>	<u>209,243</u>
NET CURRENT ASSETS	-	-
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>-</u>	<u>-</u>
RESERVES	<u>-</u>	<u>-</u>
MEMBERS' FUNDS	<u>-</u>	<u>-</u>

These accounts were approved by the directors and authorised for issue on 19th May 2014, and are signed on their behalf by: Edmond Molloy and Caroline McGrath, Directors.

CASH FLOW STATEMENT YEAR ENDED 31ST DECEMBER 2013

NET CASH INFLOW FROM OPERATING ACTIVITIES	111,966	207,098
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE	7,859	1,953
INCREASE IN CASH	<u>119,825</u>	<u>209,051</u>

Accounts

We have audited the financial statements of Mental Health Reform for the year ended 31st December 2013 which comprise the Income and Expenditure Account, Balance Sheet, Cash Flow Statement, Accounting Policies and the related notes. The financial reporting framework that has been applied in their preparation is Irish law and accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland).

RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITOR

As explained more fully in the Directors' Responsibilities Statement set out in the full accounts, available from Mental Health Reform, the directors are responsible for the preparation of the financial statements giving a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with Irish law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's [APB's] Ethical Standards for Auditors.

This report is made solely to the company's shareholders, as a body, in accordance with Section 193 of the Companies Act, 1990. Our audit work has been undertaken so that we might state to the company's shareholders those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's shareholders as a body, for our audit work, for this report, or for the opinions we have formed.

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Directors' report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

OPINION ON FINANCIAL STATEMENTS

In our opinion the financial statements:
give a true and fair view in accordance with Generally Accepted Accounting Practice in Ireland of the state of the company's affairs as at 31st December 2013 and of its result for the year then ended; and

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY THE COMPANIES ACTS 1963 TO 2013

We have obtained all the information and explanations which we consider necessary for the purposes of our audit. In our opinion proper books of account have been kept by the company. The financial statements are in agreement with the books of account. In our opinion the information given in the directors' report is consistent with the financial statements and has been properly prepared in accordance with the requirements of the Companies Acts 1963 to 2013.

Accounts

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the provisions in the Companies Acts 1963 to 2013 which require us to report to you if, in our opinion the disclosures of directors' remuneration and transactions specified by law are not made.

TURLOUGH MULLEN FCA

For and on behalf of

GRANT THORNTON

Chartered Accountants & Registered Auditor

24 - 26 City Quay, Dublin 2, Ireland

Board of Directors

Edmond Molloy

Colette Nolan

Sam McGuinness

Paul Flynn

Jacinta Hastings

Caroline McGrath

Carol Moore

Paul Kelly

Michele Kerrigan

Resigned 25/04/2013

John Matthew Owens

Resigned 28/05/2013

Noeleen Hartigan

Resigned 24/03/2014

John Saunders

Resigned 24/03/2014

Company secretary

Caroline McGrath

Registered office

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& Registered Auditor

24 - 26 City Quay

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Bankers

Bank of Ireland

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Ulster Bank

P.O. Box 145

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Dublin 2

Solicitors

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Baltinglass

Co. Wicklow



Our Members – 2013

Amnesty International Ireland	Irish Refugee Council
Association of Occupational Therapists of Ireland	Mental Health Ireland
Bodywhys	MyMind – Centre for Mental Wellbeing
Cairde	National Association for Pastoral Counselling and Psychotherapy
Children's Rights Alliance	Peter McVerry Trust
Console	The Rehab Group
Cork Mental Health Foundation	Respond! Housing Association
The College of Psychiatrists of Ireland	Samaritans
DeafHear.ie	Shine
Disability Federation of Ireland	Simon Communities of Ireland
Dual Diagnosis Ireland	Slí Eile Housing Association
Focus Ireland	SpunOut
Gateway Mental Health Project	St John of God Hospital
GROW	St Patrick's University Hospital
Hail – Housing Association for Integrated Living	STEER
Headstrong – National Centre for Youth Mental Health	Suicide or Survive
Inclusion Ireland	The Alzheimer Society of Ireland
Irish Advocacy Network	Threshold Training Tallaght
Irish Association for Counselling & Psychotherapy	
Irish Association of Social Workers	
Irish Council for Psychotherapy	
Irish Penal Reform Trust	

The year in numbers

84

Number of media appearances MHR had in 2013

Number of new members for MHR

Number of signatures for Do What Works

22,000

44

petition days nationwide

Recovery leaflets disseminated

7,000

40

Total number of MHR members

7
Clocks

30,000

The number of adults referred to community mental health services in the first nine months of 2013

Children on waiting list more than 1 year in September 2013

413



Mental Health Reform

Promoting Improved Mental Health Services

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