



# Mental Health Reform

Promoting Improved Mental Health Services

## Mental Health Reform Pre-Budget Submission 2017

### Protect, Sustain, Invest

#### Introduction

Mental health is a cross cutting issue that is deeply entrenched in every aspect of Irish society. Demand for mental health supports is greater than ever with services becoming increasingly under-resourced and over-stretched.

- According to the World Health Organisation by 2030 depression is expected to be the largest contributor to disease burden
- According to the Healthy Ireland survey, 9% of the Irish population over age 15 has a 'probable mental health problem' (PMHP) at any one time. This equates to approximately 325,000 people based on Census 2011 population data.
- Almost 20% of young people aged 19-24 years have had a mental health disorder and 15% of children aged 11-13 years will also have experienced a mental health disorder<sup>1</sup>

Suicide rates remain significantly high in Ireland, with the total number of suicides in 2013 being 487.<sup>2</sup> The National Office for Suicide Prevention continues to report that Ireland has the fourth highest rate of suicide among young males and females aged 15-19 years across 31 European countries.<sup>3</sup> In 2014, the National Registry on Self-Harm recorded 11,126 presentations to hospital nationally, involving 8,708 individuals.<sup>4</sup> This is 6% higher than the pre-recession rate in 2007.<sup>5</sup> The rate of use of highly lethal methods of self-harm has also increased significantly since 2004.

The high level of demand is also clearly demonstrated in the number of individuals accessing mental health services and supports. Between 2014 and 2015 the number of referrals for the Counselling in Primary Care Service increased by 18% from 14,407 to 17,000.<sup>6</sup> In child and adolescent mental health services the number of referrals has grown from 8,663 in 2011 to 13,062 in 2014, i.e. by more

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<sup>1</sup> Cannon M, Coughlan H, Clarke M, Harley M & Kelleher I (2013) The Mental Health of Young People in Ireland: a report of the Psychiatric Epidemiology Research across the Lifespan (PERL) Group Dublin: Royal College of Surgeons in Ireland.

<sup>2</sup> Information provided by the National Research Foundation.

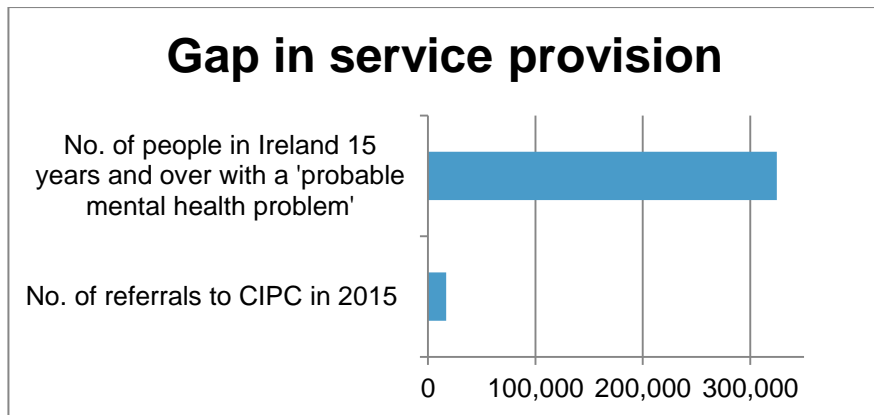
<sup>3</sup> National Office for Suicide Prevention (2015) Annual Report 2014, Dublin: NOSP, p. 2.

<sup>4</sup> Griffin, E, Arensman, E, Dillon, CB, Corcoran, P, Williamson, E and Perry, IJ (2014). National Self-Harm Registry Ireland Annual Report 2014. Cork: National Suicide Research Foundation, p. 29.

<sup>5</sup> Ibid, p. 4.

<sup>6</sup> Information provided by CIPC.

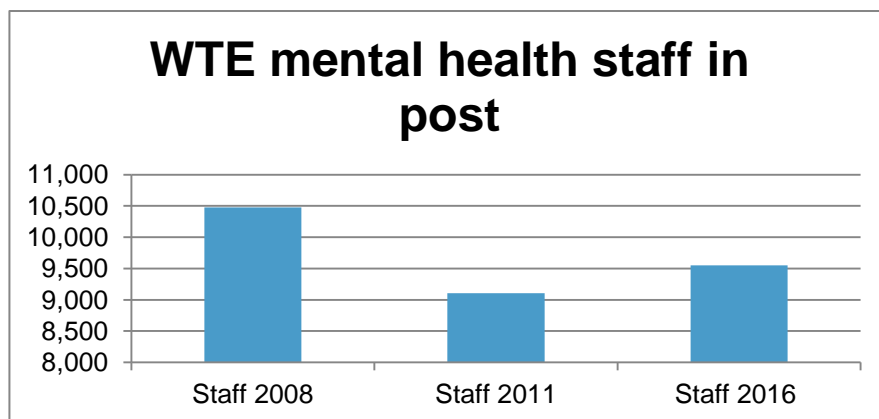
than 50%. In March 2014, the Samaritans Ireland launched its free-to-caller phone number and in its first year there was a 52% increase in calls to the service.<sup>7</sup>



Despite the high need for mental health supports, they continue to be severely under-resourced. Between 2012 and 2016 €160 million has been allocated to the development of community based mental health services and supports through Programme for Government (PfG) funding. As the mental health system is a people provided service a significant proportion of this funding has been allocated to the recruitment and retention of mental health staff.

Despite this investment, the mental health services are under-staffed by approximately 20%, and still almost 1,000 staff below what was in place before the economic crisis. During the last Government the number of staff in post increased by only 7.2% (or 644 staff), from 8,909 at the end of 2012 to 9,553 in April 2016. However, there were almost 10,500 staff in post in 2008.

Mental Health Reform calls on Government to protect and sustain existing funding and invest in the continued realization of *A Vision for Change*. The Government must fully realise its commitments to mental health as set out in its Programme for Government, and adequately invest in mental health in order to improve the mental health outcomes of adults and children living in Ireland.



<sup>7</sup> Samaritans Ireland (2015) Ireland Impact Report 2013-2014, Dublin: Samaritans Ireland.

Specifically, Mental Health Reform recommends:

**Recommendation 1: Ring fenced funding of €37.5M in 2017 for the continued development of mental health care. Specifically, funding should be used in part to**

- Achieve staffing levels of 12,000 WTEs, across the mental health services, as recommended in *A Vision for Change*
- Develop 24/7 crisis intervention mental health services across the country
- Implement a national, electronic mental health information system
- Establish statutory national advocacy services for both children and adults with mental health difficulties in hospitals, day centres, training centres, clinics, and throughout the community, building on existing services

**Recommendation 2: Investment in mental health in primary care to ensure that the mental health needs of the population are addressed at the lowest possible level of the mental health system**

This should be achieved through the following measures:

- Extend the Counselling in Primary Care (CIPC) service to people on low to middle-incomes and increase the ceiling on the number of sessions to 20
- Provide a minimum of one dedicated mental health worker per primary care team
- Extend medical cards to all people who require long-term mental health treatment

**Recommendation 3: Provide a sustainable funding stream for tenancy sustainment support where required for individuals with severe and enduring mental health difficulties in order to prevent homelessness**

**Recommendation 4: Provide funding to deliver evidence-based supported employment to people with mental health difficulties across the country**

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*A Vision for Change* recommended that Government ensure that the proportion of the total health budget allocated to mental health was progressively increased to 8.24%.

However, in Budget 2016, the total allocation for mental health was €826.6M, inclusive of 2015 and 2016 Programme for Government funding (PfG). If fully realised this level of expenditure would equate to only 6.4% of the overall health budget. While this represents a similar pattern on recent years, it also constitutes a reduction from the 13% spent in the 1980s.

Internationally, the percentage of mental health funding as a proportion of the overall health budget is significantly higher at 13% in both Britain and Canada and 11% in New Zealand.<sup>8</sup>

Despite an increase in mental health spending of €88.6 million between 2011 (€686.2 million) and 2015 (€774.8 million) allocated funding for the development of mental health services has remained below recommended levels. In addition to the recommendation set out in *A Vision for Change* the Mental Health Commission in its report on the economics of mental health care in Ireland concluded that 10% of the overall health budget should be allocated to mental health.

Aside from the moral and social implications, there is a strong economic basis for investment in mental health services. It has been estimated that the overall cost of poor mental health in Ireland was just over €3 billion in 2006, or 2 per cent of GNP.<sup>9</sup> This evidence suggests that the individual and social returns from adequate investment in mental health in Ireland are likely to be “high and sustained”. The main economic costs of mental health difficulties are associated with the labour market as a result of lost employment, absenteeism, lost productivity and premature retirement.

Furthermore, enhanced investment will ensure the type of community and recovery based mental health system envisioned in the current mental health policy.

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<sup>8</sup> Evelyn Ring “Low spend on mental health is criticized”. Irish Examiner (Dublin) 10th October 2015, available at <http://www.irishexaminer.com/ireland/low-spend-on-mental-health-is-criticised-358584.html>.

<sup>9</sup> O Shea, E. & Kenelly, B. (2008) p.v.

Specific areas which require investment include the following:

***Staffing levels of 12,000 WTEs across the mental health services as recommended in A Vision for Change should be met.***

While there have been difficulties in the recruitment of professionals to mental health services in recent years, additional investment is required to increase the number of staff in post to staffing levels recommended in *A Vision for Change*. As of April 2016, there were 9,553 WTEs in post in mental health services across the country, representing just 79% of the recommended staffing level in AVFC. There have been significant reductions in the number of staff in post since 2008 (i.e. almost 1,000 or 9%) despite recommendations by the Expert Group for increases in mental health staff.

The situation is more severe in child and adolescent mental health services. As of November 2015, the number of clinical staff in post in CAMHS was 505. This represents only 50% of the staffing level recommended in *A Vision for Change*.

Funding is also required to support mental health staff and teams to implement the recovery ethos across the mental health services. Such organisational change requires resources to support capacity-building of staff, service users and family members/supporters. It is important to sustain the momentum from the Advancing Recovery in Ireland projects by continuing to invest in organisational change in 2017. In this regard, Mental Health Reform welcomes the Service Reform Fund stream for Advancing Recovery in Ireland, which is supporting initiatives in the areas of homelessness, employment and the recovery ethos.

***24/7 crisis intervention mental health services should be made available in every part of the country.***

The new suicide prevention framework Connecting for Life has made a commitment to the provision of a co-ordinated, uniform and quality assured 24/7 service for individuals in need of mental health care.

The requirement for crisis services can be demonstrated by the prevalence of individuals presenting to emergency departments with mental health difficulties. As outlined above, the number of people presenting to emergency departments throughout the country following self-harm was close to 10,000 in 2014 and the number of people who died by suicide in 2013 was almost 500. Ireland continues to have one of the highest rates of suicide among young people in Europe.

Yet, ten years after the publication of *A Vision for Change* mental health services are still not uniformly providing the basic model of care that includes 24/7 crisis intervention, home-based and assertive outreach treatment, with crisis houses, as the norm in all areas. In the absence of community-based supports, EDs are often the only option for individuals in crisis, even those already known to the mental health services. This finding is reflected in a study by Headstrong that identifies the lack of out of hours supports for children and young people.<sup>10</sup>

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<sup>10</sup> Headstrong, The National Centre for Youth Mental Health (2013) Economic Burden and Cost to Government of Youth Mental Ill-Health. Dublin: Headstrong, p. 5.

This lack of crisis supports generated considerable discussion at Mental Health Reform’s public consultation meetings in 2015. The majority of participants felt that accessing supports through hospital EDs was inappropriate and distressing to an individual experiencing a mental health crisis. Furthermore, there was general consensus that medical professionals in EDs do not have the specialist training to appropriately respond to someone in mental and/or emotional distress.

One person said: “A&E was a horrible experience. I’ve had to go to A&E at times and it has taken 8 hours, 10 hours and even 11 hours to be seen.

***A national, electronic mental health information system should be implemented in 2017 that will report on the extent of service resources, provision, quality and outcomes for community-based mental health service delivery according to key performance indicators aligned to mental health policy***

Mental Health Reform has been calling for an ICT-based national mental health information system in budget submissions since 2013. Yet three years later, the specification for a system has yet to be developed. It is not acceptable that more than 10 years after publication of *A Vision for Change*, there is no information system to account for the more than €800M in public expenditure on mental health care.

In 2009, Indecon completed a review of Government’s progress on implementation of *A Vision for Change*.<sup>11</sup> Among the key findings of the report, was that there was a lack of available detailed data and information that would be required to facilitate the ongoing monitoring of funding, expenditure and human resource allocation across the mental health services and the assessment of progress on implementation of AVFC.

The report recommended that new performance indicators and up-to-date data should be “developed and published” to progress implementation and monitoring of the national mental health policy. Indecon reported that effective performance indicators would help prioritise resources and increase value for money, enabling the State to progressively improve services and thereby realise the right to health over time in accordance with its obligations under international human rights law.

While, the governance of mental health systems relies on accurate and timely information for effective service planning, implementation and monitoring, in Ireland, information on community mental health services is not routinely collected at the national level. There is no information on the numbers of people resident, admitted and discharged from HSE community residences, or the number of people using mental health day services such as day hospitals, clinics and day centres. Moreover there is a complete absence of data collection on the number of people accessing particular mental health treatments, for example, psychological therapies, and the numbers of individuals on waiting lists for such supports.

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<sup>11</sup> Indecon (2009) Review of Government Spending on Mental Health and Assessment of Progress on Implementation of *A Vision for Change* available at [https://www.amnesty.ie/sites/default/files/report/2010/04/Indecon\\_Report%20to%20Amnesty1%20Sep%202009.pdf](https://www.amnesty.ie/sites/default/files/report/2010/04/Indecon_Report%20to%20Amnesty1%20Sep%202009.pdf).

The development of an appropriate mental health information system based on key performance indicators will assist in the full transparency and accountability for the evaluation, planning, funding and effective and efficient delivery of mental health services.

***Statutory national advocacy services should be developed so that they are available to both children and adults with mental health difficulties in hospitals, day centres, training centres, clinics, and throughout the community, building on existing services.***

Mental Health Reform has previously highlighted that there are significant gaps in existing advocacy supports for people with mental health difficulties. There is currently no statutory right to advocacy, as recommended in *A Vision for Change* and envisaged in the Citizen's Information Act, 2007. Existing advocacy services are limited in their remit. The National Advocacy Service (NAS) established under the Citizen's Information Board provides a non-statutory advocacy service to people with disabilities, including individuals with mental health disabilities. However, it focuses primarily on those with complex and/or severe mental health difficulties. The Irish Advocacy Network (IAN) offers a peer advocacy service to individuals across the country, prioritising services to individuals in acute inpatient units. Both services are under-resourced.

In particular, it is evident that there is significant unmet need in terms of advocacy supports for people with mental health difficulties living in the community. *A Vision for Change* recommends that "all users of the mental health services – whether in hospitals, day centres, training centres, clinics, or elsewhere – should have the right to use the services of a mental health advocate."<sup>12</sup> This right has yet to be realized.

In a recent small scale study in one urban area in Ireland investigating the views of mental health service users on independent advocacy supports available in the community the following was identified:<sup>13</sup>

- There is a very low level of awareness of existing advocacy services for people with mental health difficulties and very few individuals have accessed such services<sup>14</sup>
- Two thirds of participants (67%) stated that they did not know how to make a complaint about mental health services
- 78% of participants had not heard of the HSE complaints service 'Your Service Your Say'
- 62% of participants indicated that it was difficult or very difficult to make a complaint
- A high percentage of participants had experienced difficulties in accessing supports and/or entitlements<sup>15</sup>

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<sup>12</sup> AVFC (2006) p.25.

<sup>13</sup> Mental Health Reform (2016) Community Advocacy Needs Survey (forthcoming).

<sup>14</sup> Only 13.6% of people had heard of the Irish Advocacy Network and only 10.6% had heard of the National Advocacy Service for People with Disabilities. Only 4% of participants had used the National Advocacy Service for People with Disabilities, and just 2% had used the Irish Advocacy Network.

<sup>15</sup> A quarter of participants (25%) had experienced difficulty getting supports from mental health services, while a quarter (25%) of participants also had difficulty attaining supports from social welfare services. Closely behind this, was difficulty in getting support from local authority housing services (24%); 16% of participants had difficulty accessing supports from

Despite the recognition of the importance of children and adolescents to actively participate in their own mental health care there is currently no national advocacy service for children engaged in mental health services in Ireland. There is a concern that this group of children and young people are not being heard in terms of their experiences of the services, in addition to their will and preferences.

Mental Health Reform has previously recommended the establishment of a dedicated advocacy service to ensure that the advocacy needs of children with mental health difficulties are being met. In a study with young people engaged in mental health services it was identified that “a national advocacy service for young people with mental health difficulties in Ireland should be established as a matter of urgency as it will help young people to express their views about their treatment and help them advocate for better quality services”.<sup>16</sup>

The Expert Group report on review of the Mental Health Act, 2001 made specific recommendations on the availability of advocacy services to children and families engaged in mental health services.

In February 2016, the United Nations Committee on the Rights of the Child published its concluding observations on Ireland’s compliance with the UNCRC. Among its recommendations were for Government to consider the establishment of a mental health advocacy and information service that is specifically for children and accordingly accessible and child-friendly.

## **Recommendation 2: Investment in mental health in primary care to ensure that the mental health needs of the population are addressed at the lowest possible level of the mental health system**

***Extend the Counselling in Primary Care (CIPC) service to meet the counselling needs of low to middle-income people with mild to moderate mental health difficulties and increase the ceiling on the number of sessions to 20.***

The Counselling in Primary Care service is limited in that it only accepts referrals from medical card holders, has a limitation of eight counselling sessions and is currently only available to individuals over the age of 18 years. It is also fundamentally limited by a shortage of resources compared to need.

In 2014 CIPC was allocated a development budget of €3.8 million which represents just one half of one percent of the mental health service budget.<sup>17</sup> This compared to investment of £149 million at that time for the Increasing Access to Psychological Therapies (IAPT) service in the UK.<sup>18</sup>

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employment services, while 16% had difficulty attaining supports from other mental health services. 9% had difficulty accessing supports from An Garda Síochána, as did 9% of participants from education or training providers.

<sup>16</sup> Buckley, S et al (2012). Mental health services: the way forward. The perspectives of young people and parents. St Patrick’s University Hospital, Dublin.

<sup>17</sup> See HSE Mental Health Division Operational Plan 2014, p.21.

<sup>18</sup> Department of Health/IAPT (UK) (2012) IAPT Three-Year Report: The first million patients, available at <http://www.iapt.nhs.uk/about-iapt/>.



The demand for CIPC is steadily growing and between 2014 and 2015 the number of referrals increased from 14,407 to 17,000 i.e. 18%. The waiting lists for access to a first appointment also demonstrate increasing demand on the service. Of the 2,496 clients waiting for counselling nationally at the end of the first quarter in 2016, 45% (1,119) of clients were waiting between one and three months and 21% (520) of clients between three and six months. 5% (139) of clients were waiting over 6 months.<sup>19</sup> Under the UK's IAPT service the target is that 75% of referrals would be seen within six weeks and 95% within 18 weeks.<sup>20</sup>

Mental Health Reform welcomes the commitment in the Programme for Government to “extend counselling services in primary care to people on low income”. It is imperative that adequate resourcing is provided to ensure that this commitment translates into practice and is carefully aligned with the presenting need of each particular CHO. Data from 2015 demonstrates that referral rates and waiting lists for CIPC vary across the country and are significantly higher in some CHOs than in others.

The existing limitations of the Counselling in Primary Care service, in addition to the increasing demand for the service demonstrate the pressing need to adequately resource CIPC so that it can respond in a timely manner to individuals in need of such supports. The CIPC service has the potential to reduce the number of individuals referred on to specialist mental health services as well as to improve the number of individuals returning to work who may be off work due to mental or emotional distress.

The IAPT programme has been proven to be cost-effective and has increased the number of individuals with mental/emotional distress returning to work. Over a three year period it has supported over 45,000 people to move off sick pay and benefits.<sup>21</sup> Economic gains are also expected in terms of people retaining employment and to employers, who benefit from a reduction in sick days. It is expected that full roll-out of the programme will enable savings to the NHS in the areas of:

- reduction in healthcare usage by those who recover, estimated to be around £272 million by 2016
- reduction in long-term repeat prescriptions for antidepressants due to the greater enduring effect of talking therapies compared with medication
- reduction in GP appointments
- reduction in outpatient appointments and procedures
- reduction in inpatient bed days

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<sup>19</sup> Information provided by HSE.

<sup>20</sup> See Department of Health (UK) 'NHS England Investment in Mental Health 2015/2016', NHS England Strategic Finance Team, NHS available at <http://www.england.nhs.uk/resources/pay-syst/>.

<sup>21</sup> Department of Health (2012) IAPT Three Year Report: The First Million Patients. Department of Health: UK.

***Increase the number of mental health workers in primary care services across the country to a minimum of one dedicated mental health post per primary care team in order to build capacity at primary care level.***

The Children’s Mental Health Coalition (CMHC) has previously recommended enhancing the capacity of primary care to provide mental health support.<sup>22</sup> In the view of the CMHC, increasing the availability of mental health expertise within primary care teams would enable early intervention and reduce the number of referrals to specialist child and adolescent mental health services.

The WHO has recognized that mental health in primary care is “fundamental”; it is the first level of care within the formal health system and is the “most viable way of closing the treatment gap and ensuring that people get the mental health care they need.” Services at the primary care level are generally the most accessible, affordable and acceptable for communities. Where mental health is integrated as part of these services, access is improved, mental health difficulties are more likely to be identified and treated, and comorbid physical and mental health difficulties managed in a seamless way.

The WHO further states that, “pre-service and/or in-service training of primary care workers on mental health issues is an essential prerequisite for mental health integration”.<sup>23, 24</sup>

In a paper summarising findings for the European Region of the WPA Task Force on ‘Steps, Obstacles and Mistakes to Avoid in the Implementation of Community Mental Health Care’, Semrau et al (2011) note that insufficient training for primary care staff frequently results in mental health problems either not being recognised or in treatment methods being unknown.

This is further reflected by the American Academy of Pediatrics Task Force on Mental Health in Primary Care that recognises the specific opportunities of the primary care setting in providing mental health care and the need to build on the unique skills of the primary care clinicians.

In Ireland, the guidance document issued by the Vision for Change Working Group on Mental Health in Primary Care notes that there is a need to “ensure that sufficient numbers of professionals within primary care teams have the required skills and knowledge to work effectively with patients with mental health related difficulties of a mild to moderate nature that do not require referral to secondary mental health services.”<sup>25</sup>

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<sup>22</sup> Children’s Mental Health Coalition (2015) Meeting the Mental Health Support Needs of Children and Adolescents: A Children’s Mental Health Coalition View, Dublin: Mental Health Reform.

<sup>23</sup> WHO (2008), p.8.

<sup>24</sup> Professor Chris van Weel, World President of the World Organisation of Family Doctors (WONCA) states: “We need education and training on mental health care for all students and health professionals training to work in family medicine and other areas of primary health care”.<sup>97</sup> (CMHC lit review)

<sup>25</sup> HSE National Vision for Change Working Group (2012). Advancing the Shared Care Approach between Primary Care and Specialist Mental Health Services: A Guidance Paper. Health Services Executive, Dublin.

***Extend medical cards to all people who require long-term mental health treatment.***

Access to free healthcare is an important issue for individuals with long-term mental health difficulties who may require long-term treatment for both their physical and mental health. In the context of Government policy that supports people being de-institutionalised and living in the community, lack of a medical card can undermine an individual's ability to access mainstream primary care and continue their treatment. Furthermore, people who have been receiving mental health treatment free of charge from mental health services may hesitate to be discharged to their GP if they think their costs will increase.

Irish research has found that those with low incomes but without a medical card are less likely to visit a GP.<sup>26</sup> The costs of a GP visit, plus the ongoing costs of multiple prescriptions for psychotropic medication could deter someone from taking medication that helps to maintain their mental health. A sudden stoppage of medication due to financial concerns, without adequate preparation or medical support, could easily result in an individual having a relapse and requiring hospitalisation which is much more expensive than providing ongoing health services.

Lack of security about the medical card is also known to be a deterrent to individuals with mental health disabilities taking up work, and therefore serves to further embed social exclusion for people with mental health disabilities. Mental Health Reform has heard from members of its Grassroots Forum, made up of people with self-experience, family supporters and family members that the possible loss of a medical card is a barrier to people with mental health difficulties taking up employment. One member said that:

“Having a medical card and being able to work are like ‘gold’. If I had to give one up I would give up working to keep my medical card. When you are able to keep up work with a mental health difficulty, ‘you feel part of the real world’. At the same time, you shouldn’t live in fear of losing your medical card.”

Mental Health Reform considers that it will be important to provide people with long-term mental health conditions the security of a medical card, including free prescriptions, in order to help prevent relapse and support their ability to live in the community.

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<sup>26</sup> Nolan, A. & Nolan B. (2004) Ireland's Healthcare System: Some issues and challenges, Dublin: ESRI.

**Recommendation 3: The Department of Housing and the Department of Health should jointly provide a sustainable funding stream for tenancy sustainment supports where required for individuals with severe and enduring mental health difficulties in order to prevent homelessness.**

The need for tenancy sustainment supports has been evidenced in a number of recent reports and studies. In a review of the Galway/Roscommon community mental health services published by the HSE in 2014 the review group found that some people in community residences were being over provided with care and that some could have lived independently. Similar findings were identified in earlier reports including the HSE's own Value for Money Review of the efficiency and effectiveness of long-stay residential care for adults within the mental health services in Ireland and the Mental Health Commission's Happy Living Here Study.

Currently, there are approximately 450 residents in HSE medium and low support accommodation who could probably move to independent living given the right support. There are also other individuals living in the community who could benefit from such a tenancy sustainment programme.

Mental Health Reform has welcomed the commitment within the Programme for Government to "establish dedicated funding supports for tenancy sustainment for people transitioning from HSE supported accommodation and for clients in mental health services living in other types of accommodation in the community".

Similarly, it has welcomed the recommendation by the Oireachtas Committee on Housing and Homelessness to "guarantee funding for visiting tenancy sustainment and support services to help prevent homelessness by working with those with mental health difficulties in their own homes".

Agreement between the Departments of Health and Housing on this funding stream is needed for 2017 in order to deliver on the aforementioned commitments, in addition to those included in existing housing policies and strategies, such as the National Housing Strategy for People with Disabilities.

An on-going difficulty in preventing homelessness and promoting community living is the lack of a dedicated funding stream to provide medium and long-term tenancy sustainment support to individuals with long-term mental health difficulties. Tenancy sustainment supports can assist individuals to embrace all areas of independent living such as:

- Developing a fuller awareness of his/her potential, skills, interests and talents
- Integrating fully in the community in which they live
- Accessing training, employment and availing of educational opportunities identified through the support planning process
- Identifying and reducing issues related to isolation when they arise by increased socialisation within their community
- Linking with the community mental health team to ensure that they are receiving the correct level of care to maintain their recovery

- Developing the required knowledge of social welfare and other entitlements (including the various utility services)
- Meeting responsibilities in regard to payment of bills; such as rent and utility bills etc.
- Maintaining their home to a reasonable standard and that repairs/faults are reported by the tenant as early as possible
- Understanding their new and enhanced rights as tenants, as outlined in their tenancy agreement which is registered with the Residence Tenancy Board (RTB)
- Fulfilling their responsibilities as detailed in the Tenancy Agreement, especially in regard to being a good neighbour and their responsibilities in relation to visitors

It is important that such funding is provided so that the Government's policy of de-institutionalisation is not hindered by a gap in housing support in the community. Fundamentally, it is necessary for promoting the recovery of people with mental health difficulties and in ensuring their social inclusion within the community.

## RECOMMENDATIONS FOR THE DEPARTMENT OF SOCIAL PROTECTION

### **Recommendation 4: Provide funding to deliver evidence-based supported employment to people with mental health difficulties across the country.**

The current system of employment supports for people with mental health disabilities, throughout the country, has not been successful in facilitating access to employment. Despite the low proportion of people with mental health disabilities in employment (only 43.8% of the working age population of people with a mental health disability are in the labour force compared to 61.9% of the overall population over age 15)<sup>27,28</sup> half of adults with a mental health disability who are not at work say they would be interested in starting employment if the circumstances were right.<sup>29</sup>

Yet, people with mental health difficulties continue to experience significant social exclusion through a loss of income, unemployment and a loss of social contacts. Employment has been identified as increasingly important as a route to social inclusion and recovery from a mental health difficulty. In a detailed report on mental health and social inclusion, the National Economic and Social Forum in Ireland concluded that work is the best route to recovery and employment is the best protection against social exclusion. Studies have also indicated that returning to work can lead to clinical improvement and increased social functioning among individuals and improved quality of life.

There is strong evidence that the internationally recognised approach to supported employment (Individual Placement Support) is the most effective method of supporting people with severe

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<sup>27</sup> CSO Census 2011 Profile 8 – Our Bill of Health – Health, Disability and Carers in Ireland.

<sup>28</sup> This is the highest rate of unemployment for any disability group.

<sup>29</sup> CSO National Disability Survey 2006 – Volume 2, Dublin: The Stationery Office, p.86.

mental health difficulties to achieve sustainable, competitive employment.<sup>30</sup> It has also been shown to be both cost effective and less costly than traditional vocational approaches.<sup>31</sup> This approach includes seven key essential principles including integrated mental health and employment supports, intensive, individual support, rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer.<sup>32</sup> The principles of the evidenced based supported employment approach have been strongly endorsed by the UK Government.<sup>3334</sup>

In 2015, the Department of Social Protection invested in evidenced-based supported employment by partnering with the HSE and Mental Health Reform on a pilot of the Individual Placement and Support approach in four sites across the country. Early indications are that the sites are able to provide a more integrated supported employment service than has been the case previously through Employability services.

The commitment by the Department of Social Protection to invest in the pilot of the Individual Placement Support approach to supported employment is very welcome by Mental Health Reform. However, it is important that this commitment continues and the IPS approach is rolled out across the country to ensure that all individuals with mental health disabilities who want to work are provided with effective support into employment.

## About Us

Mental Health Reform is the national coalition working to promote improved mental health services and the implementation of the mental health policy *A Vision for Change*.

Mental Health Reform is available to discuss the above recommendations. Please contact Kate Mitchell, Policy and Research Officer at 01 874 9468 or via email at [kmitchell@mentalhealthreform.ie](mailto:kmitchell@mentalhealthreform.ie) for further information.

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<sup>30</sup> Sixteen randomised controlled trials have demonstrated that Individual Placement and Support achieves far superior outcomes across varying social, political, economic and welfare contexts. These show that 61% of people with serious mental health conditions can gain open competitive employment using Individual Placement and Support as compared with 23% for vocational rehabilitation. Randomised controlled trials in the United States have also shown that IPS participants have much better employment outcomes than people supported by more traditional approaches of providing vocational training and job preparation before undertaking the search for competitive employment.

<sup>31</sup> Researchers conclude that “compared to standard vocational rehabilitation services, IPS is, therefore, probably cost-saving and almost certainly more cost-effective as a way to help people with severe mental health difficulties into competitive employment.” In a report for the UK Department of Work and Pensions, the authors calculated that for every pound invested in the supported employment approach there was an expected saving of £1.51. The OECD has also identified that IPS produced better outcomes than alternative vocational services at a lower cost overall to the health and social care systems.

<sup>32</sup> Perkins, R Farmer, P and Litchfield, P, *Realising ambitions: Better employment support for people with a mental health condition*, 2009, London: The Stationery Office Ltd, p.63-64.

<sup>33</sup> Department of Health (2006a) *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems*. London: Department of Health.

<sup>34</sup> Department of Health (2006b) *Vocational services for people with severe mental health problems: Commissioning guidance*. London: Department of Health / Care Services Improvement Partnership.