



Mental Health Reform

Promoting Improved Mental Health Services

Programme for Government 2016 Snapshot Analysis on Mental Health

1. Updating *A Vision for Change*

Mental Health Reform had asked for an updated action plan for *A Vision for Change*. We also sought adequate funding and the structures for good governance and oversight of the plan.

The Programme for Government makes a broad commitment to fully implement *A Vision for Change* and to “conducting an evidence-based expert review of the current status of implementation [of *A Vision for Change*] in Ireland and of international best practice in the area of mental health.” The Government states that this review will “inform the next steps in the development of our mental health policy within the frame of human rights generally.”

Assessment: We welcome the commitment to continue to implement *A Vision for Change*, on an interim basis, and the intention to conduct an expert review of *A Vision for Change* and international best practice. It is disappointing that there is no clear commitment to or timeline for developing a follow-on plan. However, we welcome the reference to human rights as a framework for Ireland’s mental health policy.

2. Funding for the mental health system

Mental Health Reform sought mental health funding of €973M in real terms to bring staffing levels of up to the full levels in *A Vision for Change* within 5 years.

There are no specific details in the Programme for Government in relation to the mental health funding however it does note “the mental health budget will be increased annually during the lifetime of this new Government”.

In addition the Programme for Government states: “proceeds from the sale of older assets used for mental health services will be retained for new developments in mental health.” In the past funds raised from sale of lands were used solely to fund capital developments in mental health however the Programme for Government suggests these funds may also be used for new developments/new services in mental health.

Assessment: It is quite disappointing that the Government has not specified an amount of development funding for mental health per year over the lifetime of its term, nor a

commitment to increase the proportion of the health budget as had been promised in both the Fine Gael and Fine Fáil manifestos, nor is there a commitment to increase the proportion of the health budget spent on mental health from its current low proportion of 6.4%.

We welcome the commitment to retaining money from the sale of mental health service lands within the services. The sale of the Central Mental Hospital in Dundrum, Co Dublin which is prime residential area/land, could potentially raise a substantial amount of money for investment in mental health facilities.

3. Ensure availability of 24/7 crisis intervention services

Mental Health Reform had sought 24/7 access to mental health services across the country.

The Programme for Government commits to “ensuring support in crisis.” It states that “since early 2015, Clinical Nurse Specialists (CNS) in psychiatry have started to work in Emergency Departments (EDs) to provide a more rapid response to those who present with episodes of self-harm. We will work to ensure that every Emergency Department has such a team, and that greater linkages to aftercare and primary care are provided for.”

The Programme for Government also states that “for those vulnerable to suicidal behaviour, the HSE Mental Health Directorate should provide a co-ordinated, uniform, quality assured and safe 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services. The independent review [of the implementation of A Vision for Change] will advise on how best to do this. This will be monitored and recommendations will be made by the appropriate Oireachtas Committee.”

Assessment: It is extremely disappointing that the immediate commitment to 24/7 crisis support is limited only to the current, 9-5 ED service provided by Clinical Nurse Specialists.

Much like physical health, mental health emergencies do not only occur from 9- 5, and a busy ED is simply not an appropriate environment for someone in acute mental distress.

The Programme for Government commits to mandating the appropriate Oireachtas Committee in the 32nd Dail to “monitor and oversee the full implementation” of Connecting for Life, Ireland’s National Strategy for Suicide Prevention. This is welcome but considering the high risk of suicide among people who attend an ED with suicidal ideation, Mental Health Reform hopes that this does not further delay the implementation of *Connecting for Life* which was first published almost 12 months ago.

4. Need to extend counselling services

Mental Health Reform sought the extension of the Counselling in Primary Care (CIPC) service to people on low income.

The Programme for Government commits to extending “counselling services in primary care to people on low income”.

It adds “we will also seek to extend this service to organisations that offer free counselling and psychological services for families who need it”.

Assessment:

Mental Health Reform welcomes the commitment to extending the CIPC service to people on low income. However it would be important to ascertain what the Government defines as “low-income” as there are many working people for whom access to counselling is financially prohibitive.

The CIPC service is an early intervention programme that provides medical card holders with mild to moderate mental health difficulties with access to up to 8 sessions of counselling free of charge. From January to the end of August 2014, the CIPC service had received almost 10,000 referrals, and had resources to serve 13,000 people during the year.

There continues to be a huge shortage of access to counselling for people on low incomes. Given the links between poverty and poor mental health, it is particularly important that those on low incomes as well as those with medical cards have access to counselling services. In Ireland over a fifth of workers earn less than two-thirds of the median wage (approximately 364,000 workers).

5. Child and adolescent mental health services

Mental Health Reform sought that the mental health of all children and adolescents is supported, with a commitment to ending the inappropriate admission of children and adolescents to adult wards within the first year of Government.

The Programme for Government states that a planned evidence-based expert review of the current status of implementation of *A Vision for Change* will also advise on “building further capacity in Child and Adolescent Mental Health Services (CAMHS)”.

It also makes a commitment to “bringing youth mental health to the fore through our education system”.

It states that well-being will be introduced as a subject in the new Junior Certificate curriculum in 2017.

The Programme further promises to establish a National Taskforce on Youth Mental Health to consider “how best to introduce and teach resilience, coping mechanisms, greater awareness to children and young people, and how to access support services voluntarily at a young age. For teaching staff also, we will invest in safeTALK and ASSIST courses. “

The Programme also commits to extending services that support young people such as Jigsaw for example.

Analysis: Mental Health Reform welcomes the commitment in the Programme for Government to “bringing youth mental health to the fore through our education system” and the establishment of a National Taskforce on Youth Mental Health.

However it is disappointing that there is no clear commitment to immediately build capacity in CAMHS. As of February 2016, 1,079 children and adolescents were waiting longer than 3 months for a first appointment with the CAMHS, and 177 were waiting more than 12 months.

It is unacceptable that the Programme for Government makes no commitment to ending the inappropriate admission of children to adult awards. According to HSE figures, 95 children were initially admitted to an adult unit in 2015 and of these nine or 9.5 per cent were aged 16 or younger. This represents a violation of these children’s human right to age-appropriate health services.

6. Need to update mental health legislation

Mental Health Reform has been campaigning for Ireland’s Mental Health Act to be updated in line with international human rights standards and the UN Convention on the Rights of People with Disabilities.

While there is no direct mention of the Mental Health Act in the Programme for Government it does state “Whilst recognising the need for balancing intervention and admission, we will reform legal processes to deal with involuntary committals.”

Assessment: Mental Health Reform is concerned at the lack of detail contained in the Programme for Government in relation to updating the Mental Health Act and believes there is a need for clarification of the Government’s intention to legislate for the full range of recommendations made by the Expert Group.

As part of our work highlighting the need to update Ireland’s Mental Health Act, Mental Health Reform has called for a legal right to advocacy support for people with mental health difficulties.

The Programme for Government commits to establishing “an independent patient advocacy service”. However it is unclear if this will encompass both physical and mental health. It is important that there is a community-based advocacy service readily available for people with mental health difficulties and families/carers.

7. Housing for people with mental health difficulties

Mental Health Reform had called on the new government to ensure access to housing and tenancy sustainment support for people with mental health difficulties.

According to the Programme for Government: “We believe in a fair society that looks after its most vulnerable citizens. It is not acceptable in 2016 to have families living in unsuitable emergency accommodation or to have people living rough on our streets. The actions of the new Partnership Government will act to end the housing shortage and homelessness crisis”.

The Programme for Government states that it will “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.”

According to the Programme for Government a new action plan for housing will contain a specific section on preventing homelessness that will consult and target new measures including community mental health services.

The document also states that the Government acknowledges the complex needs of rough sleepers and will “provide healthcare, mental health and other services as required to help the transition to independent living”.

Assessment: Mental Health Reform welcomes the commitment to a dedicated funding stream for tenancy sustainment, as well as the intention to targeted new measures for preventing homelessness. The promise to provide support to those transitioning to independent living is also welcome.

It is also important to ensure that specialist mental health support is provided to those who are currently homeless and living with a mental health difficulty.

In the Tallaght mental health services between October 2012 and September 2013, every nine and a half days someone was discharged into homeless services.

Having a home is essential for maintaining one’s mental health. People using mental health services should have access to appropriate social housing, if required, to support their recovery.

8. Employment

Mental Health Reform had called on the new Government to reduce the proportion of people with a mental health disability outside the labour force.

According to the Programme for Government “throughout their lives people with disabilities should be supported in maximising their potential, by removing barriers which impact on access to services, education , work or healthcare.”

The Programme for Government states that it will “seek to introduce flexibility and support in the social welfare system for people with severe and enduring mental health difficulties to transition into employment by ensuring a seamless return of their entitlements should a particular employment opportunity prove unsuitable.”

It also commits to highlighting incentives for employers to employ a person with a disability, roll out a national awareness campaign and ensure the full implementation of the employment strategy for people with disabilities.

Assessment:

Mental Health Reform welcomes the commitments in the Programme for Government to support people with disabilities in maximising their potential.

We are also pleased to see an intention to introduce more flexibility within the social welfare system for people with severe and enduring mental health difficulties and the full implementation of the employment strategy for people with disabilities. It is vital that people with a mental health disability can easily revert back to benefits if they need to.

People with a mental health disability in Ireland are nine times more likely to be out of the labour force than those of working age without a disability, the highest rate for any disability group. 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.

International evidence shows that upwards of half of people with severe mental health difficulties can obtain employment when provided with integrated mental health and employment support.

Other commitments

The Programme for Government also promises to develop services and specialties to support people at different stages in life. This includes building capacity in the psychiatry of later life, implementing the National Dementia Strategy and supporting rehabilitation centres. These are all welcome initiatives.

About Mental Health Reform

Mental Health Reform is the national mental health coalition in Ireland. It is made up of more than fifty member organisations working to promote improved mental health services and social inclusion of people with mental health conditions. One of MHR's organizational values is best international standards and human rights norms. Further information, including MHR's publications and submissions can be found at www.mentalhealthreform.ie/.

12th May 2016

ENDS