



PUBLIC CONSULTATION 2015

Written submissions on the Strategy Statement

The Irish Human Rights and Equality Commission (the Commission) is preparing a Strategy Statement to cover the period 2016-2018. The Commission is committed to preparing this plan in a way that listens to the views of interested organisations and individuals.

As well as holding a number of public meetings in different parts of the country, we are inviting written submissions. The call for written submissions is open **from 1 September to 9 October 2015**.

A key purpose of the public consultation is to consult on activities in order to inform our first Strategy Statement. We have suggested a number of headings to assist you in making your submission.

Please return written submissions:

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Irish Human Rights and Equality Commission

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All submissions received will be acknowledged.

Background

The Commission was established on 1 November 2014, under the Irish Human Rights and Equality Commission Act 2014 (IHREC Act 2014) as an independent national human rights and equality institution. This independence is established by the appointment of all members of the Commission by our Head of State, President Michael D. Higgins. The Commission is accountable to the Oireachtas for its statutory functions. Our purpose is to protect and promote human rights and equality in Ireland. We aim to build a welcoming organisation that nurtures a culture of respect for human rights, equality and intercultural understanding.

Further information about the Commission is available on our website www.ihrec.ie



Coimisiún na hÉireann um Chearta
an Duine agus Comhionannas

Irish Human Rights and Equality Commission

Developing our first Strategy Statement 2016-2018

The Commission has proposed five goals for our first Strategy Statement. These were developed in the context of our mandate and functions as set out in the Irish Human Rights and Equality Act 2014 (2014 Act).

Section 10(1) of the 2014 Act stipulates that the **overall general functions** of the Commission shall be:

- (a) To protect and promote human rights and equality,
- (b) To encourage the development of a culture of respect for human rights, equality, and intercultural understanding in the State,
- (c) To promote understanding and awareness of the importance of human rights and equality in the State,
- (d) To encourage good practice in intercultural relations, to promote tolerance and acceptance of diversity in the State and respect for the freedom and dignity of each person, and
- (e) To work towards the elimination of human rights abuses, discrimination and prohibited conduct.

A full list of our list of our functions under the 2014 Act is available [here](http://www.irishstatutebook.ie/2014/en/act/pub/0025/sec0010.html)
<http://www.irishstatutebook.ie/2014/en/act/pub/0025/sec0010.html>

GOALS

Goal 1: Leadership

IHREC acts as an independent, authoritative and influential institution in the promotion and protection of human rights and equality

Goal 2: Pro-active approach to monitoring and compliance

IHREC uses its full range of powers for monitoring of and compliance with equality and human rights obligations

Goal 3: Interdependence of civil, political, economic, social and cultural rights

IHREC will give equal weight to civil and political rights and economic, social and cultural rights

Goal 4: Making Rights Real

IHREC will give human rights and equality real meaning to people



Goal 5: Intercultural Understanding

Positive intercultural relations are enhanced

CONSULTATION QUESTIONS

In order to help us to refine our strategy we would like to consult with you on activities for its implementation. Please note that when preparing your submission you do not have to comment on every question. If there are particular issues which you would like to focus on please do so.

A: Creating a Culture of Human Rights and Equality

1. What do you think is needed to promote human rights and equality in Ireland?



This submission is made by Mental Health Reform (MHR) in relation to the human rights of people with mental health difficulties.

Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) guarantees “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”.

Article 12 acknowledges that the right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, including for example the need for adequate housing.

People’s right to the highest attainable standard of physical and mental health is further endorsed in General Comment 14 – the UN Committee on Economic, Social and Cultural Rights’ legally binding interpretation of the human right to health.

There are many other legally binding human rights that relate to people with mental health difficulties in Ireland, including a person’s right to housing, the right to work and the right to be free from all forms of discrimination.

An overriding action that must be taken is for the State and its agencies (including IHREC) to ensure a specific focus on people with experience of a mental health difficulty as a marginalised group in Irish society. This is particularly relevant to IHREC. People with experience of a mental health difficulty as a group are one of the least protected in terms of their civil rights under current Irish law. They are also one of the most socially excluded, experiencing prejudice and discrimination in all areas of their life in the community. In keeping with General Comment 14’s articulation of the need for State parties to have particular regard to marginalised groups, IHREC should ensure that it takes specific action to strengthen the respect, protection and fulfilment of the rights of people with experience of a mental health difficulty. Specific ways that this can be done are enumerated below.

In order for people with experience of a mental health difficulty to experience greater respect for, protection and fulfilment of their human rights, the following areas must be addressed:

1. Full implementation of the national mental health policy *A Vision for Change* (AVFC), including but not limited to AVFC recommendations on:



- Ensuring the social inclusion of individuals with mental health difficulties, including in the areas of housing and employment, as well as tackling prejudice and discrimination.¹
- Establishing culturally competent mental health services in order to improve the mental health outcomes for people from ethnic minority groups.²
- The development of mental health services for people who require supports, not typically provided by generic mental health services, including homeless people, people with co-morbid mental health and intellectual disability, people with mental health and addiction problems, as well as members of the deaf community.³
- The involvement of service users and family members/carers, where relevant, in mental health service development and delivery from individual care/recovery planning and extending to the design, development and delivery of local services and national policy.⁴
- The development of a range of treatment options for people with mental health difficulties, including counselling supports, 24/7 crisis supports, supportive outreach and home- treatment.⁵
- The development of recovery supports for individuals with severe and/or enduring mental health difficulties.⁶
- Improved accessibility and the provision of a greater range of services and supports (from primary care level to specialist services) for children and adolescents, requiring mental health supports.
- Providing a statutory right to advocacy support.

2. Ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Irish Government should, as a matter of priority, publish a roadmap of legislative reforms and set a concrete timeline for UNCRPD ratification. People with mental health difficulties will have their human rights further endorsed through the ratification of the UNCRPD.

3. Amend the mental health legislation so that it is in line with the UNCRPD. Mental Health Reform welcomes a number of the recommendations in the Expert Group Report on review of the Mental Health Act. A list of these recommendations can be provided on request. Given the lengthy duration of the review to date and the seriousness of the gaps

¹ Department of Health (2006) *A Vision for Change*.

² Ibid.

³ Ibid

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.



in human rights protections for people receiving inpatient mental health treatment, there is a need for the implementation of the Expert Group's recommendations by the Irish Government as a matter of priority. MHR has called for the urgent removal of 'unwilling' from the current legislation. Until new legislation to amend the Act is drafted, people who have capacity to make decisions about their own care can be given treatment, including ECT against their capable will.

Despite the positive recommendations of the Expert Group Report, Mental Health Reform is concerned that there are a number of gaps in the review that also need to be addressed as a matter of priority. These gaps include that:

- The review does not recommend that the right to advocacy be placed on a statutory footing. There is a need for Irish legislation to ensure that individuals engaged in mental health services have the right to advocacy supports in addition to their current right to legal representation before a tribunal. To complement this right, the Government should ensure the establishment of a range of advocacy services through allocated funding. There is also a requirement for a national advocacy service for children and young people using public mental health services in Ireland; currently there is no such service.
- The Expert Group did not recommend an independent route for individuals engaged in mental health services to make a complaint as has previously been called for by MHR. The need for such a mechanism is outlined in further detail below.

4. Amend the Assisted Decision Making (Capacity) Bill so that it is in line with the UNCRPD with respect to the autonomy rights of people with a mental health difficulty. The ICCL's submission to the UPR states that the introduction of mental capacity requirements in 'assisted decision-making agreements' is likely to focus on mental capacity testing. There is concern that assessing capacity will become the focus in assisted decision making rather than understanding and facilitating individual support needs and supporting the individual to make decisions. There is also concern that advance healthcare directives will not apply to people in receipt of mental health care, on par with those in receipt of physical health care, and in particular, that they will not apply to individuals who are involuntarily detained under mental health legislation.

5. Review of Ireland's equality legislation. Mental Health Reform has called for a review by Government of the Employment Equality Acts 1998-2008 to ensure that they



provide adequate protection against discrimination on the grounds of a mental health disability. Further details on this can be found below.

6. Implementation of existing national policy relating to people with mental health difficulties. In order to progress people's right to the highest attainable standard of mental health, there are other pieces of domestic policy that should be fully implemented. Such policies include:

- The Mental Health Commission's Quality Framework (and relevant codes of practice)
- The Housing Strategy for People with Disabilities (includes a dedicated chapter for people with mental health disabilities)
- The DECLG's 20. Action Plan on Homelessness
- The HSE's Intercultural Health Strategy
- The National Children's Framework, Better Outcomes, Brighter Futures
- The Comprehensive Employment Strategy (including the commitment to supporting people with mental health difficulties into work)
- The Suicide Prevention Framework "Connecting for Life"

1. What do you think are the key barriers / obstacles to achieving progress on human rights and equality?



There are a number of barriers/obstacles to achieving people's human right to the highest attainable standard of mental health in Ireland, including:

1. Failure to adequately protect individuals' human rights in the context of mental health treatment, as discussed above in relation to the Mental Health Act. Equivalent gaps exist in relation to the Criminal Law Insanity Act which also must be brought in line with the UNCRC. Mental Health Reform's submission on this latter legislation is available upon request.
2. Failure to fully implement the national mental health policy *A Vision for Change*, as well as related strategies. Despite recommendations in AVFC, people with mental health difficulties continue to experience significant difficulties in accessing crisis supports; a high proportion of children continue to be admitted to adult inpatient units; and services for specific groups of individuals (including people from ethnic minority groups, people from the deaf community, individuals with co-morbid mental health and intellectual disability and homeless people) remain largely underdeveloped.
3. Despite recommendations in *A Vision for Change* on the need for service users and family members/carers (where relevant and with the permission of the individual) to act as equal partners in their own care/recovery planning, many individuals with self-experience continue to report that they do not feel that they have choice in their own care. More specifically, in Mental Health Reform's public consultation meetings in 2015, people stated that there remains an over-reliance on medication and a lack of therapies such as counselling supports. In the absence of choices between alternative types of treatment, people are essentially denied their right to make decisions over their own mental health care.
4. A lack of information for individuals with mental health difficulties on their diagnosis and/or on available mental health services and supports often acts as a barrier to the person in their recovery. At Mental Health Reform's public consultation this year people with self-experience described how there is often a lack of communication between staff and service users. People discussed how doctors were often not forthcoming with information regarding an individual's diagnosis and that when clinicians did share information it was explained in language that was not easy to understand. It is also important that individuals are aware of existing complaints processes, in addition to the equality legislation and the Workplace Relations Commission.



5. People with mental health difficulties continue to experience significant prejudice and discrimination, including in the areas of employment, access to housing and access to social welfare.

In recent years the See Change stigma reduction partnership has been an important means of stimulating public discussion about mental health in Ireland and has begun to have an impact in reducing negative attitudes towards people with mental health difficulties. While there has been some improvement in attitudes around mental health generally, attitudes towards people with severe mental health difficulties do not appear to have improved, leading to their continued social exclusion and hindering their recovery.⁷⁸⁹

Employment

The Employment Equality Acts 1998-2008 expressly prohibit discrimination on the grounds of a mental health disability. However in a study by DCU 36% of participants reported having experienced unfair treatment in finding a job and 43% in keeping a job. Amnesty International Ireland concluded that it is likely discrimination by employers against people with a mental health disability is occurring in Ireland.^{10 11}

Overall, the current system of supports for people with mental health disabilities has not been successful in facilitating access to employment. Challenges for people with a mental health difficulty in this area include ineffective links between mental health and supported employment services, concerns around the flexibility of welfare benefits, as well as the prejudice and discrimination surrounding mental health difficulties in work environments.

People with a mental health disability are nine times more likely to be out of the labour

⁷ National Disability Authority (2011) Public Attitudes to Disability in 2011 available at https://www.ucd.ie/t4cms/Public_Attitudes_to_Disability_in_Irelandfinal%20Report%202011.pdf.

⁸ See Change (2012) Irish attitudes towards mental health available at http://www.seechange.ie/wpcontent/themes/seechange/images/stories/pdf/See_Change_Research_2012_Irish_attitudes_towards_mentl_health_problems.pdf.

⁹ MacGabhann, L, Lakeman, R, McGowan, P, Parkinson, M., Redmond, M, Sibitz, I, Stevenson, C, Walsh, J, (School of Nursing, Dublin City University) (2010), *Hear my voice: The experience of discrimination by people with mental health problems*, Dublin: Amnesty International Ireland.
[es/seechange/images/stories/pdf/See_Change_Research_2012_Irish_attitudes_towards_mentl_health_problems.pdf](http://www.seechange.ie/wpcontent/themes/seechange/images/stories/pdf/See_Change_Research_2012_Irish_attitudes_towards_mentl_health_problems.pdf).

¹⁰ Amnesty International Ireland (2010) *Hear my voice: challenging mental health prejudice and discrimination*, Dublin:Amnesty International Ireland, p.49.

¹¹ Successive national surveys of public attitudes towards people with a mental health condition undertaken by the National Disability Authority in 2001, 2006 and 2011 have shown that the general public have more negative attitudes towards people with a 'mental health difficulty' than any other disabling condition. In the most recent survey, people were least comfortable working with or living near someone with a 'mental health difficulty' than someone with any other disability.



force than those of working age without a disability, the highest rate for any disability group in Ireland.^{12 13} Yet, half of adults with a mental health disability who are not at work have said that they would be interested in starting employment if the circumstances were right.¹⁴

Housing

Despite the publication of housing policies and strategies little has changed in terms of the actual experience on the ground for people with mental health disabilities who are having increasing difficulties in finding and securing accommodation. In June 2015, Mental Health Reform consulted with a number of mental health social workers operating in mental health services across the country. There was a general consensus among the social workers consulted that people with mental health difficulties are experiencing significant social exclusion in terms of housing due to rent supplement and housing assistance payment caps. Current rent supplement caps are out of line with market rates and rental tenants are competing for limited housing stock.

In addition, there is currently no dedicated funding stream for tenancy sustainment support for individuals with a mental health disability and no national programme to transition people from HSE to local authority-controlled housing. In 2014 there were approximately 625 residents in HSE medium and low supported accommodation who could probably live in local-authority controlled accommodation, given the right support.

The Housing Agency's housing assessment report, 2013 identified that 1,034 households in Ireland has a household member where the main need for social housing support is as a result of having a mental health disability. It is expected that this number is largely under-estimated due to under-reporting of mental health difficulties. Between 2012 and 2013 an audit was carried out in an acute mental health unit in Tallaght Hospital in relation to housing need. The study found that 98% of the long stay/delayed discharge inpatients had accommodation related needs and every 9.4 days there was an individual discharged to homeless services.

6. A significant barrier to realizing people's right to the highest attainable standard of mental health is the absence in Ireland of an independent route for individuals engaged in

¹² Watson, D., Kingston, G. and McGinnity, F. (2012) Disability in the Irish Labour Market: Evidence from the QNHS Equality Module, Dublin: Equality Authority/Economic and Social Research Institute, p.19.

¹³ According to Census 2011 data, 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.

¹⁴ CSO National Disability Survey 2006 – Volume 2, Dublin: The Stationery Office, p.86



mental health services to make a complaint.

A number of service users and family supporters have told MHR that they have difficulty making a complaint about mental health services. Of particular concern, some reported being afraid to make a complaint for fear of consequences to their future use of services. There is currently no statutory independent complaints route for people engaged in mental health services in Ireland who must, in the first instance, complain to the public mental health service provider. Only after having made a complaint to the HSE and received a dissatisfactory response, can an individual then seek redress through the Office of the Ombudsman. This is a highly problematic situation given that mental health service users, unlike other health service users, can be involuntarily detained in health services. There is a need for an independent body to be given a direct role in receiving, investigating and resolving complaints about mental health service delivery.¹⁵

2. How do you think a stronger public awareness of human rights and equality issues could be promoted?

1. Mental Health Reform is the national coalition on mental health in Ireland and is made up of 54 member organisations with a diverse range of expertise and knowledge in the area of mental health. One of the key functions of MHR is to promote awareness among members of the public on the current state of play in mental health service provision and what people should expect from a good quality mental health service.

Mental Health Reform considers that the Commission should work with community and voluntary organisations such as MHR to facilitate greater awareness among marginalised groups of their human rights.

2. There is anecdotal evidence to suggest that there are many individuals with experience of mental health difficulties who are unaware of the equality legislation and of their rights under the Workplace Relations Commission. It is important that there is enhanced public awareness of such rights, particularly among people who have pre-existing mental health difficulties. Information on the processes a person will need to go through if they take a case to the Commission, in addition to information on existing supports should also be made readily available.

¹⁵ MHR's briefing paper on improving the system for making a complaint about mental health services sets out the concerns about the existing system in detail and makes specific recommendations (available at <https://www.mentalhealthreform.ie/mhr-position-paper-on-improving-the-complaints-system-for-the-mental-health-services/>).



3. For individuals engaged in mental health supports there is a requirement for mental health services to make people aware (including family members and carers) of existing complaints mechanisms and advocacy supports.

B: What do you think we should do?

Goal 1: Leadership

IHREC acts as an independent, authoritative and influential institution in the promotion and protection of human rights and equality

1. Have you any feedback on this proposed goal?
2. How do you believe that we can most effectively deliver on this goal?



Mental Health Reform recommends that the Commission consider the following in its delivery of goal 1:

- IHREC should have particular regard and take specific action within the period of this Statement of Strategy, to recognising, promoting and protecting, through its functions, the individual's right to the highest attainable standard of mental health, as guaranteed under international human rights law.
- In accordance with its function under section 10(2) of the Irish Human Rights and Equality Commission Act, IHREC should provide information to the public on human rights and equality as it relates to mental health. IHREC should conduct targeted awareness campaigns and outreach to particularly vulnerable groups, including people with a mental health difficulty. Mental Health Reform can assist with reaching this group through our member organisations and direct contacts.
- IHREC should promote and protect people's rights under the equality legislation, including people with mental health difficulties. IHREC should enhance awareness among members of the public, and people with mental health difficulties in particular, on the types of cases that can be brought before the Workplace Relations Commission, the processes involved in bringing a case and the supports provided throughout this process.
- In accordance with its function under section 10(2) of the Act, IHREC should consult with national, European Union or international bodies or agencies having a knowledge or expertise in the field of human rights or equality as it relates to mental health. This should include consultation with Mental Health Reform, as the national coalition on mental health in Ireland.
- In accordance with its function under section 10(2) of the Act, IHREC should undertake, sponsor, commission or provide financial or other assistance for research and educational activities in the area of human rights and mental health. Such projects should be aimed at progressing the full realisation of people's right to the highest attainable standard of mental health.
- In accordance with its function under section 10(2) of the Act, IHREC should provide or assist in the provision of education and training on human rights and equality issues as it relates to mental health.
- In accordance with its function under section 10(2) to assist public bodies in accordance with Section 42 of the Act which requires such bodies, in the performance of their functions, to have regard to the need to: (a) eliminate discrimination; (b) promote equality of opportunity and treatment of its staff and the persons to whom it provides services; and (c) protect the human rights of its



members, staff and the persons to it provides services, IHREC should promote such rights as they relate to people with mental health difficulties, particularly through information and awareness raising materials focussed on people with a mental health difficulty.

Goal 2: Pro-active approach to monitoring and compliance

Arrangements, opportunities and full range of powers for monitoring of and compliance with equality and human rights obligations are strategically utilised are strengthened

1. Have you any feedback on this proposed goal?
2. How do you believe that we can most effectively deliver on this goal?



Mental Health Reform recommends that the Commission consider the following in its delivery of goal 2:

- In accordance with its function under section 10(2) of the Act, IHREC should keep under review the adequacy and effectiveness of law and practice in the State relating to the protection of human rights/equality for individuals with mental health difficulties. In particular IHREC should review the adequacy of the current equality legislation. As noted above research suggests that the legislation may not be effective in protecting such individual' right to equal opportunities in employment. Given that people with a mental health disability are nine times more likely to be outside the labour force than people without a disability, it is important to provide every support possible to encourage them to gain employment.
- IHREC should monitor Ireland's compliance and progress under human rights as it relates to people with mental health difficulties, having specific regard to Article 12 of the ICESCR on the person's right to the highest attainable standard of mental health.
- IHREC should monitor the State's compliance under domestic legislation, as it relates to the human rights of individuals with mental health difficulties, having particular regard to the mental health legislation and the equality legislation.
- In accordance with its function under section 10(2) of the Act, on examining any legislative proposal and reporting its views on any implications for human rights; IHREC should apply this function to legislation pertaining to the human rights of people with mental health difficulties.
- In accordance with its function under section 10(2) of the Act, IHREC should make recommendations to the Government in relation to measures to strengthen, protect and uphold the human rights and equality of people with mental health difficulties.
- In accordance with its function under section 10(2) of the Act, IHREC should carry out equality reviews and prepare equality action plans or invite others to do so on Ireland's progress under international human rights law, as it relates to mental health.
- In accordance with its function under section 10(2) of the Act, on publishing reports (on any research undertaken, sponsored, commissioned or assisted by it or in relations to inquiries carried out) IHREC should consider publishing reports on the human rights/equality issues relating to people with mental health difficulties.
- In accordance with its function under section 10(2) of the Act on conducting where there is evidence of (i) a serious violation of human rights or equality of treatment obligations in respect of a person or class of persons, or (ii) a systemic failure to comply with human rights or equality of treatment obligations, IHREC should



consider the violation of human rights experienced by people engaged in mental health services.

Goal 3: Interdependence of civil, political, economic, social and cultural rights

The interdependence of civil, political, economic, social and cultural rights is actively promoted and more widely recognised

1. Have you any feedback on this proposed goal?
2. How do you believe we can most effectively deliver on this goal?

Mental Health Reform considers that IHREC recognise the full range of human rights (civil, political, economic, social and cultural rights) that hold particular importance to people with experience of mental health difficulties. The interdependence of such rights are fundamental to this group of individuals. In order for people with mental health difficulties to recover, the full spectrum of their needs, including those relating to health, housing, employment, or social welfare need to be supported. In this regard, IHREC could usefully contribute to the forthcoming review of the Government's mental health policy with regard to the need for a cross-departmental approach that addresses fulfilment of the economic, social and cultural rights of people with a mental health difficulty.

IHREC should promote the importance of such rights at national and governmental level.

Goal 4: Making Rights Real

Greater awareness achieved of human rights and equality obligations and avenues of recourse amongst the public

1. Have you any feedback on this proposed goal?
2. How do you believe that we can most effectively deliver on this goal?



Mental Health Reform recommends that the Commission consider the following in its delivery of goal 4:

1. In accordance with its function under section 10(2) of the Act to apply to the High Court or the Supreme Court for liberty to appear as amicus curiae in proceedings that involve or are concerned with the human rights or equality rights of any person, the Commission should promote this function of IHREC amongst people with mental health difficulties and provide such supports to those individuals who require it.

2. In accordance with its function under section 10(2) of the Act on providing practical assistance, including legal assistance, to persons in vindicating their rights, the Commission should promote this function of IHREC amongst people with mental health difficulties and provide such supports to those individuals who require it.

3. As highlighted above under Goal 1, the Commission should ensure that members of the public, including those with mental health difficulties are aware of their rights under the equality legislation and the processes involved in bringing a case under the Workplace Relations Commission. Similarly, IHREC should be aware and able to advise individuals on existing complaints mechanisms and review board mechanisms (under mental health policy and legislation) as it relates to their human rights.

Goal 5: Intercultural Understanding

Positive intercultural relations are enhanced

1. Have you any feedback on the proposed goal?
2. How do you believe that we can most effectively deliver on this goal?



A significant gap in mental health service provision in Ireland is the lack of culturally competent services and professionals. In its report on ethnic minorities and mental health, Mental Health Reform identifies the barriers that people from ethnic minorities face in accessing and maintaining appropriate mental health care. Some of the biggest barriers include a lack of appropriate communication between mental health professionals and service users and a lack of access to appropriately qualified interpreters. In order for people from ethnic minorities to have their right to the highest attainable standard to mental health realised, services and staff must respect the diverse beliefs and values of people from ethnic minority communities and deliver care and treatment in a manner that takes account of such beliefs. Services must also provide appropriate communication and interpretation services, where necessary and staff must be aware, knowledgeable and skilled in the delivery of culturally competent mental health care.

In the context of goal 4 Mental Health Reform recommends the following:

- The Commission should promote and protect the human rights of individuals from ethnic minority groups as they relate to mental health. The Commission should promote the need for culturally competent mental health service delivery throughout Ireland.
- In accordance with its function under section 10(2) of the Act on “undertaking, sponsoring, commissioning or providing financial or other assistance for programmes of activities and projects for the promotion of integration of migrants and other minorities, equality (including gender equality) and respect for diversity and cultural difference” the Commission should consider projects relating to the promotion of ethnic minority needs in mental health service provision.

C: Supplementary Questions

1. How can we best engage with you or your organisation to promote and protect human rights and equality?



As mentioned above Mental Health Reform is the national coalition on mental health in Ireland. It is made up of 54 member organisations, with a range of expertise and knowledge in the area of mental health. Mental Health Reform also chairs the Children's Mental Health Coalition, made up of over 60 member groups, and advocates for improvements in mental health services and supports for all children and adolescents living in Ireland.

There are a number of ways in which the Commission can engage with Mental Health Reform in order to promote the rights of people with mental health difficulties. These include the following:

- Sharing of information – The provision of information by MHR to the Commission on what is happening in the area of mental health. More specifically, MHR could potentially act in an advisory capacity in providing information on Ireland's compliance with human rights and equality law as it relates to mental health. This may be helpful in providing the Commission with information they can promote through the functions of its work.
- Work collaboratively – There is potential for Mental Health Reform to work in collaboration with the Commission and/or carry out pieces of work/research on its behalf in the area of human rights as it relates to mental health.
- Communications - MHR can facilitate opportunities for IHREC to raise awareness among our member organisations and their constituencies as well as among our 10,000 individual newsletter recipients and social media contacts, about human rights, the human rights legal framework in Ireland and IHREC's role.

2. Are there other areas not covered by the existing goals that you think we should focus on?

NA

3. Imagine yourself five years from now. Thinking about human rights and equality, what changes would need to happen to enable you to judge us as an effective organisation?



- Review of the equality legislation to ensure that it is adequate for people with mental health difficulties.
- A visible, robustly independent contribution by IHREC to achieving mental health legislation that fulfils the UNCRPD.
- Continuous monitoring of Ireland's compliance with human rights as it relates to people with mental health difficulties.
- Enhanced awareness among the public (and in particular people with experience of a mental health difficulty and their family members) and government of human rights as it relates to mental health.
- Acceptance of cases under IHREC's function of amicus curiae relating to issues concerning the mental health of an individual
- The provision of legal assistance to people with mental health difficulties relating to human rights issues
- To engage in a research project (or other educational project) on promoting the human rights of people with mental health difficulties.

For further information on the public consultation process for the Strategy Statement 2016-2018, please contact Laura Brady at lxbrady@ihrec.ie or phone 01 8589601.

