



Mental Health Reform

Promoting Improved Mental Health Services

Submission on developing the next National Disability Strategy Implementation Plan - Consultation Document

3rd July 2015

Introduction

Mental Health Reform (MHR) welcomes this opportunity to contribute to the Department of Justice and Equality's consultation on the themes that will underpin the next National Disability Strategy Implementation Plan (NDSIP). As the national coalition promoting improved mental health services and implementation of the national mental health policy *A Vision for Change*, Mental Health Reform, makes this submission with particular reference to people with mental health disabilities.

Mental Health Reform's principal recommendation is that the distinctive issues for people with mental health disabilities are clearly recognised within the next NDSIP. Specific actions should be included under each of the proposed themes to address the specific needs of people with mental health disabilities.

People with mental health disabilities continue to experience significant social exclusion in Ireland, facing prejudice, unemployment and difficulties in accessing housing. Mental Health Reform recommends the Department develop specific commitments within the next Strategy to ensure the social inclusion of people with mental health disabilities is supported. Such commitments must be targeted across the life span and consider children with mental health difficulties, adults with mental health difficulties that are disabling or are at risk of becoming so, as well as meeting the needs of people with mental health disabilities who are growing progressively older and/ or older people who acquire mental health disabilities.

Cross-cutting recommendations for the NDSIP

Principles:

The NDSIP should take account of the principles in the national mental health policy *A Vision for Change*. In particular, it is vital that the 'recovery' principle that underpins *A Vision for Change* is incorporated into the NDSIP. This principle recognises that services should:

- operate from a hopeful orientation that supports recovery
- listen to and work in partnership with people who use services
- offer choice and the opportunity for individuals to exercise their autonomy, and
- support the social inclusion of people with a disability

The principles of the NDSIP should also be cross-referenced with all of the principles in *A Vision for Change*.

United Nations Convention on the Rights of Persons with Disabilities

The NDSIP should include a clear statement that the United Nations Convention on the Rights of Persons with Disabilities is the overarching framework for the plan.

High-level goals

Mental Health Reform recommends that the high-level goals of the current NDSIP are appropriate and should be re-stated and reaffirmed in the new NDSIP.

However, the goals should be labelled in more straightforward terms. The identification of key themes such as housing, employment, social welfare, education, attitudes/esteem (including freedom from discrimination) are more easily understandable than the language in some of the current goals. For example 'able to live in the community' does not make clear that individuals should have access to secure, affordable housing.

The themes should relate to people's basic needs and human rights, including the right to housing and the right to work.

Consultation on the new NDSIP

Mental Health Reform welcomes the commitment by the Department to a broad consultation process to inform the development of the new National Disability Strategy Implementation Plan.

With respect to the consultation, Mental Health Reform recommends that:

The stakeholders identified in the consultation document as being important to the consultation process should be extended to include family members, supporters (carers) and advocates of people with mental health disabilities.

The Department should make every effort to ensure the full engagement of people with mental health disabilities who may experience barriers or difficulties in participating in the consultation, including people with literacy problems and people who do not have access to the internet.

By the nature of their living arrangements some people with mental health disabilities, including those who reside in HSE supported accommodation or in congregated settings will find it very hard to engage with the consultation process unless the Department actively seeks to capture their views. Given the potential vulnerability of some people living in such settings, in addition to their particular experience, Mental Health Reform recommends that every effort is made to include such individuals in the consultation process.

Themes for the new NDSIP

The themes identified in the consultation document are all relevant to people with mental health disabilities. It is important that specific actions are set out under each of the proposed themes to address the particular needs of this cohort of individuals. The support system for people with disabilities has developed largely with people with physical, sensory and intellectual disabilities in mind. Supports such as disability benefits, for example, have been designed for people with permanent disabilities and do not cater well for people with mental health difficulties who have fluctuating work capacity, and for whom early intervention can minimise or eliminate disablement. In the housing sphere, the system for identifying individuals with a disability-related housing need has depended on self-disclosure which has been a particular barrier for people with more severe mental health difficulties about whom there is a high degree of social stigma. The nature of mental health difficulties is also different from many other types of disability: mental health difficulties are at the same time invisible, intermittent and severely stigmatised. For these reasons, it is of fundamental importance that the Government takes this opportunity to include specific actions for people with mental health disabilities in the development of the next National Disability Strategy Implementation Plan.

With regard to the relative priority for each of the themes, Mental Health Reform's opinion is that the proposed themes in the consultation document are all equally important to people with mental health disabilities, though the theme of 'ageing society' has a different relevance than the others.

The international community recognises that all human rights are indivisible, interdependent and interrelated. According to the Vienna Declaration and Platform of Action of 1993:

"All human rights are universal, indivisible and interdependent and interrelated. The international community must treat human rights globally in a fair and equal manner, on the same footing, and with the same emphasis."

All rights, whether the right to the highest attainable standard of health, including mental health, the right to work or the right to housing are equal in importance and none can be fully enjoyed without the others. All have equal status, and cannot be positioned in a hierarchical order. The fulfilment of one right often depends, wholly or in part, upon the fulfilment of others. For example, enjoyment of the right to health may depend on enjoyment of adequate housing or employment. For this reason, Mental Health Reform recommends that each of the themes (apart from 'ageing society') be given equal weight.

The theme of 'ageing society' is slightly different as it does not reflect a right in itself, but a quality of the society of Ireland. For this reason, it should be considered as a cross-cutting theme to be considered under each of the other rights-based themes.

Mental Health Reform makes the following recommendations on actions which would support the social inclusion of people with mental health disabilities under each of the proposed themes.

Employment

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 15.¹ Furthermore, people with a mental health disability 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 in Ireland.²

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.

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.

Mental Health Reform has previously advocated that the Department of Social Protection, the Department of Health and their agencies should work together to put in place an evidence-based approach to supported employment that meets the needs of people with mental health disabilities.

This approach to supported employment should be extended to any person with a mental health disability who wants to get back into work regardless of 'job readiness' (i.e. removing the current 'job ready' eligibility criterion). The approach should ensure that the supported employment programme is closely integrated with the individual's community mental health team (with the individual's permission), engage in job search rapidly, ensure that support is time-unlimited and have a benefits system that supports the individual to transition from benefits into work. It should also ensure that the benefits system is flexible enough so that individuals can transfer to and from benefits and work at different stages of their life so as to meet their mental health needs and ultimately support their recovery.

¹ CSO Census Profile 8 – Our Bill of Health – Health, Disability and Carers in Ireland.

² 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.

Recommendation: The NDSIP should reflect the difficulties people with mental health disabilities face in accessing employment opportunities. It should include specific actions for developing and implementing evidence-based supported employment programmes across the country to increase the number of people with mental health disabilities moving into the labour market and sustaining employment.

Recommendation: The NDSIP should reflect the need to ensure a collaborative, cross-Government approach to the implementation of the Comprehensive Employment Strategy having particular regard to supporting people with mental health disabilities into employment.

Housing

The Housing Agency's Assessment report, 2013 identified that 1,034 households in Ireland has a household member where the main need for social housing is as a result of having a mental health disability.³ It is recognised that this figure is most likely underestimated and there is a much higher number of people with mental health disabilities who require social housing supports. In addition, there were approximately 625 residents in HSE medium and low supported accommodation in 2014⁴ who could probably live in local-authority controlled accommodation, given the right support.

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

- On average, 38% of patients had accommodation related needs at any one time
- 98% of long stay patients/delayed discharge inpatients had accommodation related needs and
- There was an individual discharged into homeless services every 9.4 days

In a study carried out in 2013 among 599 people experiencing homelessness in Dublin and Limerick, 58% said they had been diagnosed by a doctor with at least one mental health condition, including anxiety, depression, schizophrenia or psychosis.⁵ Dublin Simon Community published a health snapshot in 2014 and found that 11% of a sample of Dublin Simon clients surveyed reported a diagnosis of schizophrenia and a further 11% reported a diagnosis of psychosis, underscoring how people with severe mental health difficulties are ending up in homeless services.⁶

The above figures illustrate the high prevalence of housing need among people with mental health disabilities as well as the increased risk of homelessness among this group of individuals. They also

³ Housing Agency (2013) Summary of Social Housing Assessments 2013: Key Findings, p. 10.

⁴ Information received from the HSE.

⁵ O'Reilly, F., Barror, S., Hannigan, A., Scriver, S., Ruane, L., MacFarlane, A. and O'Carroll, A. (2015) Homelessness: An Unhealthy State. Health status, risk behaviours and service utilisation among homeless people in two Irish cities. Dublin: The Partnership for Health Equity.

⁶ Dublin Simon Community (2014) Homelessness makes you sick available at http://www.dubsimon.ie/LinkClick.aspx?fileticket=IE_AiH4JDI8%3d&tabid=292

strongly suggest that the lack of suitable accommodation is resulting in individuals being in high-cost hospital accommodation for longer than necessary.

There have been recent initiatives to address the housing needs of people with mental health disabilities, including the Housing Strategy for People with Disabilities 2011 – 2016 (which includes a dedicated chapter on people with mental health disabilities), the Department of Environment's 20 Point Action Plan on Homelessness (which includes commitments to people with mental health difficulties) as well as commitments by the HSE to ensure that people engaged in mental health services are adequately supported in accessing housing accommodation. These policy statements have been welcomed by Mental Health Reform.

Despite the publication of the aforementioned policies, 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 housing 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. Rent allowance tenants are at a greater disadvantage in competing for remaining properties due to such caps. The housing crisis is a major negative factor in individuals' ability to recover from mental or emotional distress, since secure housing is a vital basis for mental health.

Focus Ireland have reported that "the disparity between rent supplement and the market rates is resulting in families losing their tenancies and becoming seriously at risk of homelessness". An inability to meet rental payments constitutes the largest factor in the increase in families accessing Focus Ireland services.

However, the difficulties in securing rental accommodation go beyond the rent supplement caps. In situations where rent supplements are increased to market value, landlords appear unwilling to accept rent allowance. This ultimately is having a detrimental effect on people's mental health, including individuals with pre-existing mental health difficulties/ disabilities. Mental Health Reform's Homeless Sector Advisory Group has recommended that in order to address this issue housing stock must be increased, including dedicated housing stock for people with mental health disabilities.

Recommendation: The NDSIP should reflect the need to ensure that rent supplement and HAP are in line with private rental market rates to ensure that people with mental health disabilities (and on rent allowance) have a fair chance of securing housing accommodation. Rent supplement levels should also be reviewed on a six monthly basis.

Recommendation: The NDSIP should reflect the need to ensure that dedicated local authority housing is provided for people with mental health disabilities who are transitioning from HSE supported accommodation or acute mental health services.

Recommendation: The NDSIP should reflect the need to ensure a dedicated funding stream for tenancy sustainment support for people with long-term mental health disabilities.

Recommendation: The NDSIP should reflect the need to ensure the full implementation of the Housing Strategy for People with Disabilities – having particular regard to the chapter on people with mental health disabilities.

Health

Nine years on from the publication of the national mental health policy *A Vision for Change*, there remain significant gaps in the mental health system in Ireland. Between 2008 and 2015, there was a loss of over 1,000 mental health staff and staffing levels were only 77% of the recommended level in *A Vision for Change* as of January 2015. In child and adolescent mental health services, the situation is more severe with just over half of the staff required in post.

People with mental health disabilities continue to experience difficulties in accessing appropriate crisis supports. Despite a commitment by the HSE to extend weekend cover to identified patients within the mental health service (from 11am to 7pm, Saturday and Sunday) across the country, mental health services are still not uniformly providing the basic model of care that includes 24/7 crisis intervention, home-based and assertive outreach treatments with crisis houses, as the norm in all areas.

The Counselling in Primary Care service, though a positive initiative, is limited in that it only accepts referrals from medical card holders, while primary care psychology remains under-resourced and under-developed.

Special categories of mental health service provision, not typically provided by generic mental health teams, including services for people who are homeless, people who are deaf, people with a dual diagnosis and people with co-morbid mental health and intellectual disabilities has received the least amount of development since 2006, compared to other areas of the mental health service.

Long-term recovery and social inclusion supports remain relatively under-developed, with mixed performance against *A Vision for Change* recommendations. There is a need for dedicated supports to meet the needs of individuals requiring long-term recovery and social inclusion supports, not provided for by generic community mental health teams.

In a review of the Galway/ Roscommon community mental health services published by the HSE in 2014, the review group commented that, “..... progress has been slow in many parts of the country, with many mental health services having either no community rehabilitation

and recovery teams or only token services.”⁷

Furthermore, the innovative, peer-run services recommended in AVFC remain sparse and lacking in secure funding. On an individual level, Mental Health Reform hears mixed reports about service user and family supporter involvement in recovery planning and many people engaged in the mental health services do not feel that they have a voice or that they are listened to.

Recommendation: The NDSIP should reflect that the HSE provides the full range of mental health services for people with mental health difficulties.

Recommendation: The NDSIP should reflect the gaps in mental health services and the need to address such shortfalls as a matter of priority to ensure that the mental health needs of people with mental health/disabilities are met.

Recommendation: The NDSIP should reflect the need to ensure that gaps in child and adolescent mental health services are addressed and to enhance accessibility and timely provision of services for children with mental health/disabilities.

Recommendation: The NDSIP should reflect the HSE’s role in providing and funding programmes on health promotion and prevention of mental health disabilities.

Recommendation: The NDSIP should reflect the need to ensure choice and autonomy within health services for people with mental health disabilities.

Social Protection

It is evident that people residing in Ireland with long-term mental health difficulties, who are on disability or illness benefits are under severe economic strain due to social welfare and related cuts.

This is further compounded by the inadequacy of rent supplement compared to escalating rents (as discussed in the housing section). The additional stress put on people with mental health disabilities due to the lack of recognition of the impact of the economic crisis on those on disability benefits is likely to continue to negatively impact on their mental health.

Generally, people with a mental health disability tend to be concerned about the ability to return to benefits when they need to after becoming unwell. It is important that guidance is developed on how social welfare benefits can be made more flexible to fit in line with the recovery principle in *A Vision for Change* so that they foster individuals’ recovery and enable people to return to benefits when their mental health is deteriorating.

⁷ HSE (2014) Final Report of the Expert Review Group on Community Mental Health Services in Galway/Roscommon, Appendix P.

Recommendation: The NDSIP action on the costs of disability should incorporate recognition of the associated costs for some people with long term mental health disabilities in terms of psychotropic medication and ongoing mental and physical health needs.

Recommendation: The NDSIP should include a greater focus on supported activation of people with mental health disabilities and more flexible access to welfare benefits.

Recommendation: The NDSIP should reflect the need to restore the Back to Work Allowance Scheme for people with mental health disabilities.

Recommendation: The NDSIP should contain a specific action to ensure better co-ordination between health and social welfare supports, in order to facilitate individuals' recovery from mental health difficulties.

Recommendation: The NDSIP should reflect the need for social welfare officers to be adequately knowledgeable and skilled in supporting individuals with mental health disabilities into meaningful occupation.

Education

In January 2013, the National Guidelines on Promoting Positive Mental Health and Suicide Prevention in Post-Primary Schools were published.⁸ These were followed by the publication of the National Guidelines on Promoting Positive Mental Health and Suicide Prevention in Primary Schools in January 2015.⁹

While the new suicide prevention strategy "Connecting for Life" includes a commitment to support the implementation of the national guidelines on mental health promotion and well-being for both primary and post primary schools, there is a need for a clear implementation plan to ensure the guidelines translate into action.

The Children's Mental Health Coalition (CMHC) has previously advocated that training and support for schools is needed in order to implement such guidelines, in addition to the 'whole school approach' to mental health promotion.

The cuts announced by Government in relation to guidance counsellors has led to less one-to-one time for students with guidance counsellors, resulting in reduced support for students experiencing

⁸ Department of Education and Skills (2013) Well- being in Post Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention, Dublin: Department of Education and Skills

⁹ Department of Education and Skills (2015) Well- being in Primary Schools: Guidelines for Mental Health Promotion, Dublin: Department of Education and Skills.

mental health difficulties. A survey of 83 principals in 2015 showed 57% of secondary schools had reduced one-to-one supports offered by guidance counsellors since 2012.¹⁰

It is also important that adults with mental health disabilities have access to appropriate education and training supports, where necessary. According to international evidence, approximately half of participants in supported employment programmes with mental health disabilities do not find competitive employment. This leaves a significant group who require other rehabilitative and vocational support in order to ensure that they do not become socially excluded.

The National Learning Network (NLN) has expressed concerns to MHR that in many communities NLN services are the only supports available to people with mental health disabilities.

Recommendation: The NDSIP should reflect the role of the education system in preventing mental health difficulties through, for example, promoting the health and wellbeing of students and implementation of the national guidelines on mental health promotion and the ‘whole school approach’.

Recommendation: The NDSIP should reflect that there needs to be adequate supports for children whose education is interrupted due to a mental health disability to re-enter the school system.

Recommendation: The NDSIP should include specific action to evaluate the effectiveness and availability of existing vocational education and training supports to meet the needs and interests of some people with mental health disabilities.

Status, Social Attitudes and Self- Esteem

In 2006, the National Disability Authority’s public attitudes survey found that “by far the lowest level of willingness to employ people was for those that had mental health difficulties, with only 7% of respondents thinking employers would be willing to hire people with this disability”. The survey also found that the general public was least comfortable working with or living near someone with a mental health disability compared to other disabilities.¹¹

In the National Disability Authority’s Attitudes Survey 2011, respondents still reported relatively higher comfort levels with having a work colleague with a physical, hearing or vision disability compared with a colleague with a mental health disability. Similarly, respondents reported low levels

¹⁰ See ‘One-to-one school counselling cut’ in The Irish Examiner, Monday, 6 April, 2015 available at <http://www.irishexaminer.com/ireland/one-to-one-school-counselling-cut-322367.html>

¹¹ National Disability Authority (2006) Public Attitudes to Disability in 2006 available at <http://nda.ie/Publications/Attitudes/Public-Attitudes-to-Disability-Surveys/Public-Attitudes-to-Disability-in-Ireland-2006/Executive-Summary/Executive-Summary.html>.

of comfort with people with mental health difficulties living in their community, in comparison to other types of disabilities.¹²

The See Change Attitudes Survey 2012 showed some improvement in attitudes towards people with mental health difficulties generally since 2010, though “attitudes towards people with a diagnosis of schizophrenia still lag behind”.¹³

One of the strongest concerns voiced by service users to the Expert Group (in developing AVFC) in 2006 was the issue of stigma and discrimination faced by people with mental health difficulties. In recent years the See Change stigma reduction partnership has been an important means of stimulating public discussion about mental health 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, attitudes towards people with severe mental health difficulties do not appear to have improved, leading to their continued social exclusion and hindering their recovery.

Attitudinal and behavioural change is a slow, long-term process that requires sustained support by Government. It is important that the next NDSIP also acknowledges the important role the community has to play in supporting people’s recovery from mental health difficulties.

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.¹⁴ Amnesty International Ireland concluded that it is likely discrimination by employers against people with a mental health disability is occurring in Ireland.¹⁵

- **Recommendation: The NDSIP should include a commitment to continued investment in a national anti-stigma/discrimination campaign around mental health.**
- **Recommendation: The NDSIP should acknowledge the role and capacity of communities / society to support the social inclusion of people with mental health disabilities, for example in securing employment and appropriate housing.**

¹² 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.

¹³ 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

¹⁴ 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.

¹⁵ Amnesty International Ireland (2010) *Hear my voice: challenging mental health prejudice and discrimination*, Dublin: Amnesty International Ireland, p.49.

- **Recommendation: The NDSIP should include a a commitment to review the effectiveness of the Employment Equality Acts 1998-2008 to ensure that they provide adequate protection against discrimination on the grounds of a mental health disability.**

About us

Mental Health Reform is the national coalition working to promote improved mental health services and the implementation of the national 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 for further information.