



Mental Health Reform

Promoting Improved Mental Health Services

Submission on the public consultation on commissioning human, social and community services

12th February 2016

Mental Health Reform (MHR) welcomes this opportunity to contribute to the public consultation of the Departments of Children and Youth Affairs, Environment, Community and Local Government, Health and Public Expenditure and Reform on the commissioning of human, social and community services. As the national coalition promoting improved mental health services and implementation of the mental health policy *A Vision for Change*, Mental Health Reform makes this submission with particular reference to the provision of mental health services and related social supports. Specifically, this submission is focussed on the definition of ‘commissioning’ and the principles to be applied in implementing a commissioning approach.

Definition of the term commissioning (question 1)

Mental Health Reform recommends that Government adopt the following definition in the commissioning of human, social and community services:

“Commissioning is a strategic planning process linking resource allocation with assessed current and future needs, in order to achieve best outcomes for citizens and service users in line with policy objectives”.

In its report on commissioning human, social and community services the Centre for Effective Services identified that there is wide consensus that the term ‘commissioning’ should be understood in the above context. The literature points to a multiplicity of policy objectives for commissioning, including resource allocation (e.g. linking resources to assessed need and priority, equality of access to services); efficiency (e.g. value for money, transparency and accountability); service quality (e.g. continuous improvement, improved service user outcomes, individualised services); and strengthened management processes (e.g. service integration, partnership working). “A coherent policy rationale is seen as important because the policy objectives can strongly influence and shape the way in which key commissioning processes are carried out in practice”.¹

The report also identifies that it is necessary to link the concept of resource allocation to assessed current and future need of people. Commissioning should “take account of new

¹ Colgan,A., Sheehan,A., K.Burke.(2015) *Commissioning in Human, Social and Community Services - A rapid evidence review*, Dublin: Centre for Effective Services, p. 44.

and changing needs, to discontinue ineffective services, and develop new models of service, rather than continuing to fund on the basis of historical spending and funding patterns”.²

Principles underpinning the concept of ‘commissioning’ (question 3)

For commissioning of services for people with a mental health difficulty (both within mental health services and in other parts of the support system such as employment, housing, training, education or community support), Mental Health Reform recommends that the following principles be recognised and embedded in the commissioning process:

- Recovery
- Person-centredness
- Human rights
- Autonomy
- A service user-led approach

Recovery orientated services

In her Foreword to *A Vision for Change*, Joyce O’Connor encapsulates the meaning of recovery for the purposes of the policy:

“A ‘recovery’ approach should inform every level of service provision so service users learn to understand and cope with their mental health difficulties, build on their inherent strengths and resourcefulness, establish supportive networks, and pursue dreams and goals that are important to them and to which they are entitled as citizens”.³ Ultimately recovery is a personal process and is unique to each individual.

This principle of recovery 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 recovery ethos is further endorsed by the Mental Health Commission in its Quality Framework for mental health services and in its report on a recovery approach within Irish mental health services. Mental Health Reform’s full briefing paper on recovery can be found at this link <https://www.mentalhealthreform.ie/resources/>

Recent efforts have been made to instil the recovery ethos in a number of mental health services across the country. However, such organizational change requires continued action and commitment, including the provision of adequate resources, education and training. It is important that the principles of recovery are included in the commissioning of any mental health service, including those provided through the community and voluntary sector.

² Ibid, p. 49.

³ *A Vision for Change: Report of the Expert Group on Mental Health Policy (2006)*, Dublin: The Stationery Office, p.5.

Person -centred service delivery

Key to achieving the principles of recovery is to provide services that are person-centred in their approach. *A Vision for Change* sets out a series of actions for developing a comprehensive person-centred model of mental health service provision.

The Mental Health Commission has developed guidance on delivering person-centred care, including the need for compliance with individual care and recovery planning; to respect the voice of the individual; to offer choice and control to the individual in their own care; for the individual's right to information to be respected; to link individuals with peer, advocacy and other community supports and that services are respectful of ethnicity, sexual orientation and gender.⁴

Mental Health Reform has previously advocated that people with mental health difficulties should be provided with opportunities to build positive and sustained relationships with mental health professionals providing their care. There is no doubt that this would contribute to the provision of more person-centred care.⁵

A human rights approach

There is significant interplay between the principles of recovery and human rights. Mental health services and related social supports must recognise their role in protecting the human rights of the individual, support individuals to enjoy such rights and to participate fully in society.⁶ There is a range of human rights which have particular relevance to people with mental health difficulties, including the right to the highest attainable standard to mental health. Other legally binding human rights that extend to the underlying determinants of health include the right to adequate housing, the right to work and the right to be free from all forms of discrimination.

The human rights based approach reflected in the Convention on the Rights of Persons with Disabilities (CRPD) views people with disabilities, including mental health disabilities, as the subjects of rights or rights holders rather than as the passive recipients of benefits, while at the same time placing an obligation on the State to respect, protect and fulfil the human

⁴ Higgins, A. (2008) *A Recovery Approach within the Irish Mental Health Services: A Framework for Development*, Dublin: Mental Health Commission.

⁵ MHR's Grassroots Forum has reported that there is a lack of consistency with respect to staff working with individuals with mental health difficulties. Many individuals feel that they see numerous professionals in very short timeframes. This has an adverse impact on the individual in that they have to continually repeat sensitive information to a number of different professionals, many of whom they have no relationship with, or have not seen before. This is a problem particularly in relation to psychiatrists, wherein under the current system a long-term mental health service user is usually required to see a different psychiatrist every six months, constantly disrupting the continuity of their care relationship. It is also fundamentally disrespectful of long-term mental health service users to have a system that operates on the basis that they must see a different psychiatric clinician every six months.

⁶ The recovery ethos as defined by users/survivors of mental health services has always included a strong citizenship agenda and emphasis on human rights. This link between the recovery ethos and human rights has also been recognised in Irish policy. 'Citizenship' is one of the core principles of *A Vision for Change*, encompassing respect for human rights. The Mental Health Commission's Framework document on recovery asserted that the recovery ethos "puts the spotlight on issues of human rights, citizenship, advocacy and service user partnerships with professionals ..."

rights of people with disabilities. It places an emphasis on the positive values of the individual as full citizens within society.⁷

The Expert Group on review of the Mental Health Act⁸ has clearly recommended that revised mental health legislation should be guided by human rights principles, including the right to autonomy; the right to make one's own choices; the elimination of 'best interests', to be replaced by 'dignity' and the interpretation of 'dignity' in line with the CRPD principle of will and preferences and of supported decision-making.

Despite provisions under human rights treaties, people with experience of a mental health difficulty as a group are one of the least protected in terms of their rights. They are also one of the most socially excluded, experiencing prejudice and discrimination in all areas of their life in the community. Difficulties in the fulfilment of their rights can be attributed to the absence of full implementation of the national mental health policy *A Vision for Change*, continued breaches of human rights due to shortfalls in current mental health legislation and a lack of implementation in other areas of Irish policy, relating to the needs of people with mental health difficulties, including the Housing Strategy for People with Disabilities.

A service user led approach

A key recommendation of *A Vision for Change* which has implications for all services and supports for people with a mental health difficulty is the involvement of service users, family members and carers in every aspect of service development and delivery.⁹ Family members and carers can play a valuable role in their loved one's care and recovery and can provide useful information to mental health workers about what triggers the individual's mental distress, what the usual signs are when the individual is starting to deteriorate and what has helped the individual's recovery in the past. Listening to the individual's own knowledge about what helps them to recover and stay well is also of fundamental importance. People living with a mental health difficulty develop an understanding of their condition over time. They often know from their own experience what works best for them in maintaining their mental health and what is ineffective.

In July 2015, the Reference Group on Structures and Mechanisms for Service User, Family Member and Carer Engagement published key recommendations for improved service user and family involvement.¹⁰ Despite developments in service user and family member engagement in recent years, it is clear that there is wide variation in levels of support for service user engagement in mental health services across the country.

⁷ One over-arching parallel between human rights and the recovery ethos is a shift away from focussing on the individual's deficits. The core philosophy underpinning the CRPD is a 'social model of disability' that moves away from focussing on an individual's impairment towards paying attention to the way that society disables people who have impairments by creating structural and cultural barriers.

⁸ Department of Health (2015) Report of the Expert Group on the review of the Mental Health Act, 2001, Dublin: Department of Health.

⁹ *A Vision for Change*, p.9.

¹⁰ HSE (2015) Recommendations of the Reference Group on Structures and Mechanisms for Service User, Family Member and Carer Engagement, Dublin: HSE.

Advocacy services are available for adults accessing inpatient mental health services across the country, however these services are unable to provide a comprehensive service throughout the community and there is no national advocacy service for children under the age of 18 years. Furthermore, there is no independent complaints route for people engaged in mental health services and levels of supports for consumer panels, peer led supports and involvement of service users and family members on national management teams remains patchy.

A principle of a service user led approach to all service delivery should be included in the commissioning of social, community and human services.

Outcomes for service users

It is imperative that the aforementioned principles are embedded in the commissioning of mental health services and supports, in order to achieve outcomes which reflect the fulfilment of people's human rights and their full participation in Irish society. *A Vision for Change* recognises that

“while recovery does not necessarily imply a cure, it does suggest that the individual can live a productive and meaningful life despite vulnerabilities that may persist, equipped with the necessary self-understanding and resources to minimise relapse.”¹¹

The Mental Health Commission also acknowledges the social inclusion aspect of recovery and the person's rights to meaningful participation in community life and moves beyond the individual and organisation level to address the wider social, attitudinal and economic barriers to citizenship. Consequently, emphasis is placed on removing barriers to social integration and inclusion, such as stigma and lack of access to suitable housing, education, work and friendships.¹²

It is important that when any Government agency commissions support which may be used by people with a mental health difficulty, they ensure that the above-cited principles are incorporated into their commissioning framework.

People with mental health difficulties continue to experience significant social exclusion through a loss of income, unemployment and a loss of social contacts. For example, 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 disability¹³, the highest rate for any disability group. Yet 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.¹⁴

¹¹ *A Vision for Change*, p. 13.

¹² Higgins, A. (2008), p.10.

¹³ 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.

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

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 Social Forum in Ireland concluded that work is the best route to recovery and employment is the best protection against social exclusion.¹⁵ Studies have also indicated that returning to work can lead to clinical improvement and increased social functioning among individuals¹⁶ and quality of life.¹⁷

Ultimately recovery is a personal process and each individual will define what recovery means to them. It goes beyond quality of life indicators, such as access to employment, education and housing and will often involve subjective experiences.¹⁸ ¹⁹ The first study conducted in Ireland to gather perspectives of people with a mental health condition described recovery as a process of 'reconnecting with life' consisting of 'reconnecting with self', 'reconnecting self with others' and 'reconnecting with self, others and time'.²⁰

The Mental Health Commission's framework on recovery states that:

"...what recovery means for a person is best defined by the individual within the context of their personal wishes, dreams, and capabilities."²¹

Mental health services and related supports, including those provided by non-governmental bodies, have an important role to play in supporting people with a mental health difficulty to achieve their personal goals and aspirations, to participate in their local community, have social relationships and engage in meaningful activities including education and employment.²² This includes helping those at risk of homelessness to secure housing. It also means developing relationships with other local community services such as training and education, employment support and housing providers.

¹⁵ National Economic and Social Forum (2007) *Mental Health and Social Inclusion*. Dublin: NESF.

¹⁶ Burns, T., Catty, J., White, S. et al. (2008) The impact of supported employment and working on clinical and social functioning: results of an international study of Individual Placement and Support. *Schizophrenia Bulletin*, Advance Access, 21 April 2008.

¹⁷ Becker, D., Whitley, R., Bailey, E. & Drake, R. (2007) Long-term employment trajectories among participants with severe mental illness in supported employment. *Psychiatric Services*, 58 (7) 922-928.

¹⁸ The Recovery Star covers progress in self-management of mental and physical well-being, personal attitudes, skills, work and social relationships. It is entirely personalised and, as much as possible, the individual assesses for themselves where they are in each of these life areas and determines which areas they want to work on.

¹⁹ In Ireland the Recovery Context Inventory is a tool that allows people to assess the presence of contextual factors in their lives that they believe are important to their wellbeing and recovery under the main headings of 'personal supports' and 'service supports'.

²⁰ Kartalova-O'Doherty, Y. and Tedstone Doherty, D. (2010) *Reconnecting with Life: personal experiences of recovering from mental health problems in Ireland*. HRB Research Series 8. Dublin: Health Research Board.

²¹ Higgins, A. (2008), p.8

²² Repper, J. and Perkins, R. (2003) *Social Inclusion and Recovery*, London: Ballière Tindall.

About Mental Health Reform

Mental Health Reform is the national coalition of more than fifty organisations 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 this submission in further detail. Please contact Kate Mitchell, Policy and Research Officer at 01 874 9468 or via email at kmitchell@mentalhealthreform.ie for further information.