Mental Health **Reform**
Promoting Improved Mental Health Services

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Executive summary

Mental Health Reform (MHR) welcomes this opportunity to participate in the Oireachtas Committee on Future Healthcare' consultation on future models of health care in Ireland. As the national coalition promoting improved mental health services and implementation of the mental health policy *A Vision for Change*, MHR makes this submission with particular reference to the need to prioritise mental health in any future health care vision. Specifically Mental Health Reform recommends the following:

1. **Mental health should be prioritised in any future health care vision and integrated with physical health care throughout the health system**
2. **The principles of human rights, autonomy and recovery should underpin all service delivery, including in mental health, the wider health services and other social and community services**
3. **A Mental Health in All Policies (MHiAP) approach should be adopted to take account of the broad impact of mental health on a range of social and economic policy areas**
4. **Government should invest in mental health in primary care to ensure that the mental health needs of the population are addressed at the lowest possible level of the mental health system. This should be supported through investment in mental health resources in primary care and implementation of the shared approach between primary and secondary mental health services. Furthermore, individuals with long term mental health needs should be afforded access to free primary health care.**
5. **Evidenced based supported employment services should be provided to all individuals with mental health difficulties who want to work across the country to support their recovery. Interventions to promote mental health and well-being in the workplace should also be delivered to improve the mental health outcomes of the wider population.**
6. **Government should provide tenancy sustainment supports for individuals with severe mental health difficulties, where necessary, to prevent homelessness and promote recovery.**
7. **Government should implement a nationwide schools programme on mental health and well-being in order to build resilience among the younger population and improve mental health outcomes.**
8. **A national electronic mental health information system should be implemented in 2017 that will report on the extent of service resources, provision, quality and outcomes for community based mental health service delivery according to key performance indicators aligned to mental health policy**

Background

Mental health is a cross cutting issue that is deeply entrenched in every aspect of Irish society. In 2015 the European Joint Action on Mental Health and Wellbeing stated that "mental health is more crucial today than it has ever been… " due in part to its impact on every domain of life.[1] This is compounded by the growing prevalence of mental health difficulties and, as a consequence, an increasing demand on a service that is already under-resourced and overstretched.

- Currently, mental health difficulties constitute one third of the disease burden in Europe and according to the World Health Organisation (WHO), by 2030 depression is expected to be the largest contributor to disease burden
- The Healthy Ireland survey reports that 9% of the Irish population over age 15 has a 'probable mental health problem' (PMHP) at any one time.[2] This equates to approximately 325,000 people based on Census 2011 population data
- Almost 20% of young people aged 19-24 years and 15% of children aged 11-13 years have had a mental health disorder[3]

The high level of demand for mental health supports is clearly demonstrated in the number of individuals accessing existing services. Between 2014 and 2015 the number of referrals for the Counselling in Primary Care Service increased by 18% from 14,407 to 17,000.[4] In child and adolescent mental health services the number of referrals has grown from 8,663 in 2011 to 13,062 in 2014, i.e. by more than 50%.

In addition, a significant proportion of need that could be met within primary care is not being addressed at this level, further increasing pressure on the system. This is due to a lack of integration of mental health in primary care and the absence of a national approach to shared care between primary and secondary mental health services.

Many individuals experience difficulties in accessing timely and appropriate mental health supports. By the end of 2015 almost 3,000 children and adolescents were waiting to be seen by Child and Adolescent Mental Health Services (CAMHS), of which almost 200 were waiting over 12 months.[5] Particular groups of individuals, including people who are homeless, those with a co-morbid diagnosis of mental health in intellectual disability (MHID) and people with a dual diagnosis of mental health and substance misuse experience

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[1] Joint Action on Mental Health and Well-being (2015) Mental Health In All Policies: Situation analysis and recommendations for action. Available at http://www.mentalhealthandwellbeing.eu/publications

[2] Department of Health (2015) Healthy Ireland survey 2015: summary of findings. Dublin: Department of Health.

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

[4] Information provided by HSE.

[5] HSE Performance Assurance Report December 2015.

significant challenges in accessing appropriate care. Recovery and social inclusion supports for people with long-term, severe mental health difficulties also remain largely under-developed, while the new forensic mental health services envisaged in *A Vision for Change* have not yet been delivered.

Inequity remains throughout the mental health system with wide variation in the resources available in different services across the country. Despite developments in the number of multi-disciplinary staff there are still mental health teams that do not have the full complement of MDT staff. This situation is exacerbated by continued difficulties in the recruitment of staff to services across the country. The mental health services are under-staffed by approximately 20% and during the last Government the number of staff in post increased by only 7.2% (or 644 staff), from 8,909 at the end of 2012[6] to 9,553 in April 2016.[7] In 2008, there were almost 10,500 staff in post.[8]

Of particular concern is that mental health services are still not uniformly providing the basic model of care that includes 24/7 crisis intervention with crisis houses, as the norm in all areas of the country. The requirement for crisis services can be demonstrated by the prevalence of individuals engaging in suicidal behaviours. The number of people who presented to emergency departments nationally following self-harm was close to 10,000 in 2014[9] and the number of people who died by suicide in 2013 was almost 500.[10] Ireland continues to have one of the highest rates of suicide among young people in Europe.

People with mental health difficulties continue to experience significant social exclusion in Ireland, facing prejudice and discrimination, high levels of unemployment, low levels in income, and a growing risk of homelessness. The absence of a dedicated mental health information system has contributed to the absence of any real data on the outcomes for people engaged in the mental health services. Overall, the absence of an information system based on key performance indicators has led to a lack of full transparency and accountability in the evaluation, planning, funding and delivery of mental health services.

In this context Mental Health Reform calls on Government to make mental health a priority within its vision on the future of Irish healthcare. More specifically, mental health should be considered in the context of a range of social and economic policy areas. The WHO recognises that mental health influences a wide range of outcomes for individuals and communities. It is both a cause and a consequence of social and economic status.

The WHO further identifies that in order to improve the mental health outcomes of the population, Government must focus on facilitating a Mental Health in All Policies approach in

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[6] HSE Performance Assurance Report December 2014.
[7] HSE Performance Assurance Report April 2016.
[8] HSE, Vision for Change Implementation Plan, 2009-2013.
[9] Griffin, E, Arensman, E, Dillon, CB, Corcoran, P, Williamson, E and Perry, IJ (2014). National Self-Harm Registry Ireland Annual Report 2014. Cork: National Suicide Research Foundation, p. 29.
[10] Information provided by the National Research Foundation.

which “policy makers across all sectors think in terms of mental health impact”.[11] The social, cultural and economic determinants of mental health must be addressed through a whole of Government approach in which mental health is considered in areas such as the wider health environment, primary care, housing, employment, education, justice and social protection.

Mental Health in All Policies (MHiAP)

The EU Joint Action for Mental Health and Wellbeing has recently identified the MHiPA approach as one of its key priorities.

It defines MHiAP as follows:

“Mental health in all policies (MHiAP) is an approach to promote population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas. MHiAP emphasises the impacts of public policies on mental health determinants, strives to reduce mental health inequalities, aims to highlight the opportunities offered by mental health to different policy areas, and reinforces the accountability of policy-makers for mental health impact”.[12]

Of fundamental importance is that the MHiAP approach promotes:

- positive mental health and wellbeing
- the prevention of mental health difficulties
- early intervention and
- supports the recovery of individuals with existing mental health difficulties

This approach is further endorsed in the European Framework for Action on Mental Health and Well-being 2016. A key objective of the framework is to:

“Develop mental health promotion and prevention and early intervention programmes, through integration of mental health in all policies and multi-sectoral cooperation”.

In line with the WHO, the Joint Action Group has concluded that in order to improve the mental health outcomes of the population “mental health needs to be incorporated in all [Government] policies and at all levels”.[13] This is clearly reflected in the Together for Mental Health - A Strategy for Mental Health and Well-being in Wales. This strategy identifies a range of protective factors for mental health and well-being, in addition to a number of risk

[11] Friedli,L. (2009), p. iv.
[12] Joint Action on Mental Health and Well-being (2015).
[13] Ibid.

factors for mental health difficulties. In the UK, work is being developed on the MHiAP approach following on from the Government's report *No Health Without Mental Health*.

A number of measures have been recommended at European level to support the implementation of the MHiAP approach. These include the development of tools for implementation of MHiAP, such as mental health impact assessments. For the purposes of this submission Mental Health Reform will reflect on specific areas and identify how mental health should be considered in the context of each. These areas are: the wider health environment, primary care, employment, housing and education.

Specifically Mental Health Reform recommends:

1. **Mental health should be prioritised in any future health care vision and integrated with physical health care throughout the health system**
2. **A Mental Health in All Policies approach should be adopted to take account of the broad impact of mental health on a range of social and economic policy areas**
3. **Mental Health Reform's specific recommendations on addressing mental health in the context of the wider health environment, primary care, employment, housing, and education, as set out below, should be considered in any future healthcare vision**
4. **The principles of human rights, autonomy and recovery should underpin all service delivery, including in mental health, the wider health services and other social and community services**

Guiding principles

Mental Health Reform strongly recommends that the principles of recovery and autonomy, in addition to a human rights based approach should be recognised and embedded in the delivery of all public services (including mental health and the wider health and social system).

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 [mental] 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 as the subjects of rights or rights holders rather than as the passive recipients of benefits, and places an obligation on the State to respect, protect and fulfil the human rights of people with disabilities. This shift towards a more human rights based approach is reflected in the Expert

Group Review of the Mental Health Act, 2001, which recognises the need for service delivery that is underpinned by rights to autonomy and choice.

To date, 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.

With respect to the principles of recovery, *A Vision for Change* encapsulates the meaning of recovery stating that [it] ... "should inform every level of service provision".[14] Mental Health Reform is of the view that a cross Departmental approach is required to ensure the recovery of people with mental health difficulties. The associated principles of recovery recognise 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 mental health difficulties. 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 through a wider health agenda.

Health

Recommendation: Mental health is afforded priority within the wider health agenda and is integrated with physical health care throughout the health system

MHR strongly recommends that mental health is recognised and afforded appropriate priority within the wider health agenda to reflect its significance in contributing to the burden of disease in Ireland. It is evident that mental health is both a cause and consequence of physical health problems. A recently published report by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the US found that adults aged 18 or older with any "mental disorder" or major depressive episode in the past year, were more likely than adults without these conditions, to have high blood pressure, asthma, diabetes, heart disease, and stroke. In terms of health service utilisation, adults with any "mental disorder" used both emergency departments and hospitals more than those without a mental disorder, leading to higher health care costs.[15]

[14] AVFC (2006) p. 5.
[15] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (April 5, 2012) The NSDUH Report: Physical Health Conditions among Adults with Mental Illnesses., Rockville, MD: SAMHSA.

The ongoing gaps in achieving integrated access to mental health care within the health system fall short of international human rights which recognise the rights of people with mental health difficulties to the highest attainable standard of health, on par with those of people with physical health difficulties.

A measure of the lack of priority of mental health within the health system currently is the significant underfunding of mental health relative to its scale and impact. The national mental health policy recommended that the proportion of the total health budget allocated to mental health should be progressively realised to 8.24%. However in 2016 this reached only 6.4%. While this represents a similar pattern on recent years, it also constitutes a reduction from the 13% spent in the 1980s.[16] Internationally, the percentage of mental health funding as a proportion of the overall health budget is significantly higher at 13% in both Britain and Canada and 11% in New Zealand.[17]

International evidence suggests that investing in mental health services will reduce the healthcare costs in other areas of the health sector. Mental health difficulties can result in physical health problems and can also exacerbate existing issues. Altogether, the extra physical healthcare caused by mental health difficulties was estimated in 2012 to cost the NHS at least £10 billion.[18] However, when people with physical symptoms receive mental health care, the average improvement in physical symptoms is so great that the resulting savings on NHS physical care outweigh the cost of mental health care. By investing in mental health services, the Government will ensure savings in a number of areas of expenditure, including physical healthcare. Savings will also be gained in the areas of social protection, education, employment and the criminal justice system.

Primary care/ integrated care

Recommendation: Government should invest in mental health in primary care to ensure that the mental health needs of the population are addressed at the lowest possible level of the mental health system. This should be supported through investment in mental health resources in primary care and implementation of the shared approach between primary and secondary mental health services. Furthermore, individuals with long term mental health needs should be afforded access to free primary health care.

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[16] College of Psychiatrists Ireland (2015) Press Statement: 9th October 2015:Budget Submission 2016, available at http://www.irishpsychiatry.ie/Libraries/External_Affairs/Budget_Submission_2016.sflb.ashx

[17] Evelyn Ring. Low spend on mental health is criticized. Irish Examiner (Dublin) 10th October 2015,available at http://www.irishexaminer.com/ireland/low-spend-on-mental health-is-criticised-358584.html.

[18] Centre for Economic Performance (2012) How Mental Illness Loses Out in the NHS, p. 1.

The WHO has recognised that mental health in primary care is "fundamental".[19] Primary care services are the first level of care within the formal health system and are generally the most accessible, affordable and acceptable for communities. Where mental health is integrated as part of these services, access is improved, mental health difficulties are more likely to be identified and treated, and co-morbid physical and mental health difficulties managed in a seamless way.

Internationally, there is consensus that primary care workers should be appropriately trained to ensure mental health integration at primary care level.[20],[21] In Ireland, the guidance document issued by the Vision for Change Working Group on Mental Health in Primary Care notes that there is a need to "ensure that sufficient numbers of professionals within primary care teams have the required skills and knowledge to work effectively with patients with mental health related difficulties of a mild to moderate nature that do not require referral to secondary mental health services."[22]

Despite the development of a range of materials and training programmes to support GPs and General Practice in mental health care, there is a lack of evidence as to how such training is implemented in practice. There are concerns that individuals are often not getting appropriate support, whether it be assessment, treatment and/or referral from their GPs, where they present with a mental health difficulty. This issue has consistently been raised to Mental Health Reform by service users, family members and carers.

The development of a shared care approach is fundamental to improving mental health in primary care and integration between primary and secondary mental health services. This is recognised in national policy, including in *A Vision for Change*[23] and is further endorsed by the Mental Health Commission[24] and the World Health Organisation.[25]

The benefits to 'shared care' have been clearly identified and include:

1. Enabling GPs to learn about mental health from specialists
2. Creating a clear pathway between primary and secondary care
3. Reducing referrals to secondary care for mild mental health difficulties

[19] Mental health is central to the values and principles of the Alma Ata Declaration; holistic care will never be achieved until mental health is integrated into primary care.
[20] WHO (2008), p.8.
[21] Professor Chris van Weel, World President of the World Organisation of Family Doctors (WONCA) states: "We need education and training on mental health care for all students and health professionals training to work in family medicine and other areas of primary health care".
[22] HSE National Vision for Change Working Group (2012). Advancing the Shared Care Approach between Primary Care and Specialist Mental Health Services: A Guidance Paper. Health Services Executive, Dublin.
[23] AVFC (2006), p.6.
[24] Byrne, M. & Onyett, S. (2010), Teamwork within Mental Health Services in Ireland: Resource paper, Dublin: Mental Health Commission, p.15.
[25] WHO (2005) Mental Health Policy, Plans and Programmes (updated version 2), Geneva: WHO.

Despite this common understanding, and the fact that in a study of Irish psychiatrists, 35% ranked shared care as the primary area for improvement in delivering mental health services in primary care,[26] there continues to be a fundamental gap in care between the two divisions of primary care and mental health.

While the HSE's Guidance Paper on a 'shared care approach to primary care and mental health services' falls short of being a national, binding policy, it provides valuable support for a shared care approach. There is a need to build on and drive national implementation of this guidance through a specific action plan.

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

Irish research has found that those with low incomes but without a medical card are less likely to visit a GP.[27] The costs of a GP visit, plus the ongoing costs of multiple prescriptions for psychotropic medication, could deter someone from taking medication that helps to maintain their mental health. A sudden stoppage of medication due to financial concerns, without adequate preparation or medical support, could easily result in an individual having a relapse and requiring hospitalisation which is much more expensive than providing ongoing health services.

Employment

Recommendation: Evidenced based supported employment services should be provided to all individuals with mental health difficulties who want to work across the country to support their recovery. Interventions to promote mental health and well-being in the workplace should also be delivered to improve the mental health outcomes of the wider population.

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[26] Copty, M. (2004) Mental Health in Primary Care, Dublin: Health Service Executive/Irish College of General Practitioners, p.22.
[27] Nolan, A. & Nolan B. (2004) Ireland's Healthcare System: Some issues and challenges, Dublin: ESRI.

In an analysis of the costs of mental health care in Ireland it was identified that the main economic costs of mental health difficulties are associated with the labour market as a result of lost employment, absenteeism, lost productivity and premature retirement.[28]

There is an opportunity to promote positive mental health and wellbeing among the working age population through targeted interventions in the workplace. In accordance with the WHO, such interventions must, however, be complemented by improved working conditions across the work force, in addition to work place based supports.[29]

Of fundamental importance is the provision of supported employment services for individuals with severe and enduring mental health difficulties who experience challenges in accessing and sustaining employment.

Employment has been identified as increasingly important as a route to social inclusion and recovery from a mental health difficulty. However, 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.[30] Furthermore, 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.[31] It is clear that the current system of employment supports for people with mental health disabilities, throughout the country, has not been successful in facilitating access to employment.
There is strong evidence that the internationally evidence based approach to supported employment (Individual Placement Support) is the most effective method of supporting people with severe mental health difficulties to achieve sustainable, competitive employment.[32] It has also been shown to be both cost effective and less costly than traditional vocational approaches.[33] This approach includes seven key essential principles including integrated mental health and employment supports, intensive, individual support,

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[28] O Shea, E. & Kenelly, B.(2008).
[29] Friedli,L. (2009).
[30] Watson, D., Kingston, G. and McGinnity, F. (2012) Disability in the Irish Labour Market: Evidence from the QNHS Equal- ity Module, Dublin: Equality Authority/Economic and Social Research Institute, p.19.
[31] CSO National Disability Survey 2006 Volume 2,Dublin: The Stationery Office, p.86.
[32] Sixteen randomised controlled trials have demonstrated that Individual Placement and Support achieves far superior outcomes across varying social, political, economic and welfare contexts. These show that 61% of people with serious mental health conditions can gain open competitive employment using Individual Placement and Support as compared with 23% for vocational rehabilitation. Randomised controlled trials in the United States have also shown that IPS participants have much better employment outcomes than people supported by more traditional approaches of providing vocational training and job preparation before undertaking the search for competitive employment.
[33] Researchers conclude that “compared to standard vocational rehabilitation services, IPS is, therefore, probably cost-saving and almost certainly more cost-effective as a way to help people with severe mental health difficulties into competitive employment.”In a report for the UK Department of Work and Pensions, the authors calculated that for every pound invested in the supported employment approach there was an expected saving of £1.51.The OECD has also identified that IPS produced better outcomes than alternative vocational services at a lower cost overall to the health and social care systems.

rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer.[34]

In 2015, the Department of Social Protection invested in a pilot of evidenced-based supported employment by partnering with the HSE and Mental Health Reform on this approach in four sites across the country. Early indications are that the sites are able to provide a more integrated supported employment service than has been the case previously through Employability services. There is the potential for improved employment outcomes for people with mental health difficulties through this approach and in effect improved mental health outcomes.

Housing

Recommendation: Government should provide tenancy sustainment supports for individuals with severe mental health difficulties, where necessary, to prevent homelessness and promote recovery.

In 2006, *A Vision for Change* identified that homelessness is both a cause and a consequence of mental health difficulties. A study published by Dublin Simon Community in 2014, found that 71% of a representative sample of individuals accessing their services reported having mental health difficulties. Furthermore, a study carried out in an acute unit in Tallaght Hospital between 2012 and 2013 found that 98% of the long stay/delayed discharge inpatients had accommodation related need and there was a discharge to homeless services every 9.4 days.[35]

Housing need has also been identified among people with mental health difficulties residing in HSE supported accommodation. A number of recent reports have shown that some people living in community residences are being over provided for in terms of care and could live independently with the appropriate supports.[36]

The identified housing need among people with mental health difficulties, including those in homelessness, illustrates the pressing need for the development of long-term dedicated housing supports for this group of individuals.

More specially, Mental Health Reform has consistently advocated that:

[34] Perkins, R Farmer, P and Litchfield, P, Realising ambitions: Better employment support for people with a mental health condition, 2009, London: The Stationery Office Ltd, p.63-64.
[35] John Cowman (2013) Prevalence of housing needs among inpatients: An audit of housing needs, over one year, in the acute mental health unit in Tallaght Hospital, unpublished report, p.1.
[36] Such findings were found in a review of the Galway/Roscommon community mental health services published by the HSE in 2014. Similar findings were identified in earlier reports including the HSE's own Value for Money Review of the efficiency and effectiveness of long-stay residential care for adults within the mental health services in Ireland and the Mental Health Commission's Happy Living Here Study.

1. The Department of Housing and the Department of Health should jointly provide a sustainable funding stream for tenancy sustainment supports where required for individuals with severe and enduring mental health difficulties in order to prevent homelessness. Mental Health Reform welcomes the commitments in the Programme for Government and Rebuilding Ireland on tenancy sustainment supports and urges the relevant Departments to reach agreement on this issue as a matter of priority

2. Government should allocate dedicated funding for the capital costs of providing social housing for people with a mental health difficulty transitioning from HSE supported accommodation and/or acute care

It is important that the issue of housing is addressed in any future vision of health care so that the Government's policy of de-institutionalisation is not hindered by a gap in housing support in the community. Fundamentally, it is necessary for promoting the recovery of people with mental health difficulties and in ensuring their social inclusion within the community. The Australian Human Rights and Equal Opportunities Commission found that one of the biggest obstacles in the lives of people with mental health difficulties is the absence of adequate, affordable and secure accommodation.

Education

Recommendation: Government should implement a nationwide schools programme on mental health and well-being in order to build resilience among the younger population and improve mental health outcomes

In its report on effective interventions for the prevention of mental health difficulties, the WHO identified ample evidence that the education system can influence positive mental health and reduce risk factors for mental health difficulties.[37] International evidence demonstrates that school-based mental health promotion programmes, when implemented effectively, can lead to long term benefits for young people by improving social and emotional functioning, reduce the risk of anxiety and depression and improve academic performance.[38]

Furthermore, there is compelling evidence on the value of a 'whole school' approach to social and emotional learning, which every level of education would benefit from.[39] In the context of mental health, the whole school approach builds the capacity of the school

[37] WHO (2004) Prevention of mental disorders : effective interventions and policy options, Geneva: WHO.
[38] Clarke, A., O'Sullivan, M. & Barry, M., (2010). Context matters in programme implementation Health Education, Vol 110 (4), pp.273-293.
[39]Elias, M.J., Zins, J.E., Weissberg, R.P., & Greenberg, M.T., (2003) Promoting social and emotional learning: Guidelines for educators. Alexandria, VA: AFSP.

community to promote a sense of wellbeing, address the common emotional needs of young people and prevent the development of mental health difficulties. It seeks to make changes to the schools' social and learning environments, strengthen the structures within each school for addressing mental health promotion and promote links between the school and its community.[40]

Schools can also act as an early identification and referral point for students experiencing mental health difficulties. Where timely and appropriate supports are provided for young people with mental health difficulties, there is clear evidence that many will recover, or at least develop coping strategies to manage their difficulties more effectively.[41] There are also obvious economic benefits to addressing the issue of mental health in education.[42] Mental health difficulties in childhood not only negatively affect a child's ability to learn, but can lead to more serious mental health difficulties in adulthood, particularly if the child is not supported to recover.

Mental Health Reform has consistently advocated for the implementation of a nationwide schools programme to build good mental health at both primary and post primary level. As most mental health difficulties begin in childhood, it is of fundamental importance to promote mental health and well-being at this early stage and equip children and young people with the resilience and skills to reduce the likelihood of mental health difficulties in later life.

Mental health information system

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

A national mental health information system is essential to ensuring the effective planning, delivery, monitoring and evaluation of the mental health services. Mental Health Reform has consistently called for such a system, however, its specification is yet to be developed.

In 2009, Indecon completed a review of Government's progress on implementation of *A Vision for Change.* Among the key findings of the report, was that there was a lack of available detailed data and information that would be required to facilitate the ongoing

[40] The implementation of the Incredible Years Programme in Ballymun has shown the benefits of implementing a whole school approach to social and emotional learning. Pre and post test monitoring data demonstrates significant improvements in children's social and emotional well-being (as measured by the Strengths and Difficulties Questionnaire) associated with participation in the programme. Such outcomes were also reflected in the parenting programme. Parents who participated in the programme reported significantly reduced levels of stress (measured by Parental Stress Index) and depression (measured by the Beck Depression Index).
[41] D. Evans, E. Foa, R. Gur (Eds.) et al., (2005) Treating and preventing adolescent mental health disorders: what we know and what we don't know, Oxford University Press, New York.
[42] Ibid.

monitoring of funding, expenditure and human resource allocation across the mental health services and the assessment of progress on implementation of AVFC.

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

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

The development of an appropriate mental health information system based on key performance indicators will assist in the full transparency and accountability for the evaluation, planning, funding and effective and efficient delivery of mental health services. It also has the potential to provide real data on the outcomes for people engaged in mental health services, including in areas such as housing, employment and education.

ENDS.