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

Submission to the independent review group examining the role of voluntary organisations in the operation of health and personal social services in Ireland

May 2018

Introduction

Mental Health Reform (MHR) welcomes this opportunity to make a submission to the independent review group examining the role of voluntary organisations in the operation of health and personal social services in Ireland. As the national coalition promoting improved mental health services and the social inclusion of people with mental health difficulties, MHR makes this submission based on policy positions developed in consultation with its 64 member organisations.

Community and voluntary (C&V) organisations provide wide-ranging support for individuals experiencing mental health difficulties, including capacity-building and training programmes, information and sign-posting, resource centres, peer support groups, counselling and other talking therapies, and crisis supports such as helplines and 'out of hours' services. C&V organisations also engage in prevention of mental health difficulties including awareness raising, mental health promotion and stigma reduction programmes in communities around the country.

Recommendation 1: Government and its agencies, including the HSE must sufficiently recognise and support the valuable, essential and complementary role of the community and voluntary sector in supporting the mental health needs of the population.

Recommendation 2: Voluntary groups should be supported to build their capacity to promote mental health among their client groups.

Recommendation 2a: The Department of Health should develop a dedicated action plan to adequately resource the sector to meet its role.

Recommendation 2b: In the context of mental health, HSE mental health management and the National Office for Suicide Prevention (NOSP) should allocate ring-fenced funding for the development of new and existing community and voluntary mental health supports.

In recent years and with the rise in awareness of mental health issues, demand on community and voluntary organisations' services has grown considerably. For example, in its 2015/2016 Impact Report, the Samaritans Ireland documented that calls to their helpline increased by 60% since it launched its free-to-caller phone number in 2014.

C&V organisations provide high quality supports that have been shown to positively impact on mental health. For example, in a study of the Life Skills Group programme, facilitated by Aware, it was found that there were statistically significant reductions in terms of scores of depression and anxiety seen in participants on completion of the programme and these differences were maintained at 12-month follow-up.[1] The programme had an uptake of 2,174 individuals across the country in 2014.[2] Similarly, the positive outcomes of Jigsaw's early intervention services, Suicide or Survive's suicide prevention programmes, and Gateway's community development centre have all been demonstrated through evaluation.[3] Many of Mental Health Reform member organisations deliver mental health and/or crisis supports, a full description of which can be found in our Nine Years On report. "

The valuable role community and voluntary organisations have to play in supporting the mental health of individuals and communities is evident. However, adequate resourcing of the sector should be ensured to support new and existing mental health initiatives across the country. Evidence and experience from around the world clearly shows that to create measurable improvements in positive mental health outcomes it takes the involvement of the whole community, the whole-of-government, and all of society working in unison".[4]

During the economic crisis many of our member organisations received substantial cuts to their public funding. In the context of mental health NGOs, many of whom are relatively small, these cuts hit disproportionately badly as there was little scope for efficiencies. The Government should ensure that funding for mental health NGOs that have demonstrated promising innovations and/or provide valuable, community supports is protected from cuts that would reduce their services in future.

In the context of mental health care, community supports can often provide value for money by reducing relapse and preventing individuals from requiring costly specialist mental health services and hospitalisation. For example, with regard to peer support, a study by the Centre for Mental Health showed that "the financial benefits of employing peer support workers do indeed exceed the costs, in some cases by a substantial margin."[5] An evaluation of the

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[1] Aware (2015) 2014 Annual Report and Accounts, Dublin: Aware, p. 8.
[2] Ibid.
[3] Murphy, R., Lindenau, A., Corrigan, C., Downes, C., and Higgins, A. (2016). Development and impact of peer-led mental health support in the community: A review of Áras Folláin and Gateway. Dublin: Mental Health Ireland.
[4] National Office for Suicide Prevention (2015) Connecting for Life: report of the research advisory group for the national framework for suicide prevention strategy, Dublin: HSE, p. 60.
[5] Trachtenburg, M., Parsonage, M., Shepherd, G. & Boardman, J. (2013) Peer Support in Mental Healthcare: Is it good value for money? Centre for Mental Health, UK.

FRIENDS PROJECT in Ireland has "highlighted the benefits of peer support as a method of service provision for the family members of those with mental health difficulties. Not only does peer support empower family members with crucial life experience, it also represents value for money".[6]

A Vision for Change very clearly acknowledged the role of the C&V sector – the policy states that a "comprehensive mental health system exists when mental health activities – from community support groups, to voluntary groups, to primary care, to specialist mental health services – work in an integrated, coordinated fashion for the benefit of all people with mental health difficulties".[7]

Connecting for Life recognises the role of the community and voluntary sector in supporting people with mental health difficulties and includes a commitment to support local communities' capacity to prevent and respond to suicidal behaviour.[8] Goal 2 of the strategy states that "well-structured and coordinated community-based initiatives can translate into protective benefits for families and individuals, which contribute to reduced risk of suicidal behaviour. An empowered community can respond to the [mental health] needs of its members and protect them in difficult times and can sustain these positive effects over time".[9] Specifically, the Strategy commits to improving the continuation of community level responses to suicide through planned, multiagency approaches.

In 2007, the National Economic and Social Forum (NESF) published a report on mental health and social inclusion. The report identifies that there is a strong association between mental health and the provision of social supports in the community[10] and highlights a number of ways in which communities should be strengthened in order to promote positive mental health. In order to ensure a continuum of care from early intervention to recovery, community supports need to be included. Strategic areas identified by the NESF for improving the mental health of local communities include formal recognition and support for the role of the community and voluntary sector, including appropriate resourcing of C&V groups in the provision of mental health supports.[11]

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[6] Brennan, A. (2016) FRIENDS PROJECT EVALUATION, Dublin: FRIENDS project.
[7] A Vision for Change (2006).
[8] Ibid. p. 31.
[9] Ibid.
[10] National Economic and Social Forum (2007) Mental Health and Social Inclusion, Dublin: National Economic and Social Forum.
[11] Ibid.

Recommendation 3: A national framework should be developed by Government to ensure effective communication and collaboration (including referral mechanisms) between statutory mental health services, primary care services and the community and voluntary sector.

Recommendation 4: Statutory services, including public mental health services should develop clear protocols and guidance for staff on informing individuals about community and voluntary supports, and referring to such services, where appropriate.

Mental Health Reform's member groups have consistently raised concerns about the lack of collaborative working between specialist services and the community and voluntary sector. Currently, there is no formal process of collaboration between the two sectors and where good practice does exist, it is in certain geographical areas and is often based on established rapport between particular staff. In order to support the integration and recovery of individuals with mental health difficulties in their own communities, it is important that enhanced working between the C&V sector and primary and secondary mental health services is achieved. This will require clear direction at national level. It may include measures such as regular meetings between staff of different services, a shared understanding and learning of the respective roles and skills of the different services, and shared care planning.

The significant gaps in collaborative working between the different sectors is particularly evident for certain groups of individuals seeking access to supports. For example, Mental Health Reform continues to hear reports of voluntary service providers having difficulty getting access to mental health services for individuals (adults and children) who have a dual diagnosis of addiction and mental health difficulties. It is clear that there are structural gaps that militate against good quality, integrated support for individuals with a dual diagnosis, which must be addressed as a matter of priority.

In addition, the National Suicide Research Foundation has previously recommended that mental health services "connect" with the relevant community and voluntary agencies in order to appropriately support the mental health needs of members of the homeless community".[12]

In the UK, a report by the Department of Health on improving the mental health outcomes of children and young people recognised the importance of the 'shared care approach'. Specifically, it recommends that "there is a dedicated named contact point in targeted or specialist mental health services for every primary care provider. Their role would be to discuss and provide timely advice on the management and/or referral of cases, including

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[12] Griffin, E., Arensman, E., Dillon, C.B., Corcoran, P., Williamson, E. and Perry, I.J. (2016) National Self-Harm Registry Ireland Annual Report 2015. Cork: National Suicide Research Foundation.

consultation, co-working or liaison. This may include targeted or specialist mental health staff who work directly in schools, GP practices and voluntary sector services".[13]

Measures previously identified by Mental Health Reform to enhance implementation of a framework on collaborative working, include:

- Dissemination of information on such a framework to all relevant staff

- Ensuring such information is readily available to all staff

- Ensuring that appropriate supervision and support is provided to staff to achieve effective implementation of a framework. Compliance among services with this framework should be monitored by the HSE at a national level

- Appointing team managers to take responsibility for developing and sustaining effective working relationships between statutory services and voluntary agencies

The Connecting for Life strategy has recommended that [mental health] initiatives for members of the LGBTI community should be realised through a partnership approach between the statutory and voluntary sectors via local and regional structures.

Finally, the provision of information on local community resources such as support groups, family resource centres and other local services can form a vital part of a person's (mental health) recovery network. However, research suggests that health professionals, may lack basic information about local supports, including those provided by community and voluntary organisations (e.g. peer support groups).[14] The lack of information provided to families/carers during the waiting period has also been identified as one of the key barriers in accessing appropriate mental health care for children and adolescents in Ireland.[15] Mental Health Reform has previously recommended that people are appropriately informed of the range of mental health supports, including those provided by the community and voluntary sector in their local area.

Overall, it is fundamental that collaborative relationships are cultivated in a manner which values and respects the benefits of partnership working, and that all stakeholders involved are invested in this process.

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[13] Department of Health (2016) Future in Mind: Promoting, protecting and improving our children and young people's mental health and well-being. DoH: UK
[14] Whitford, D.L. and Copty, M. (2005) "General practice in Ireland: are we equipped to manage mental health?'" Irish Journal of Psychological Medicine 22:2:40-41.
[15] Kerin, L. (2015) National and International Literature Review of Good Practice in Child and Adolescent Mental Health Services, p. 8.

Recommendation 5: An evaluation of the role of the community and voluntary sector in providing mental health services and related social supports, should be completed.

Recommendation 6: The delivery of mental health services by the community and voluntary sector should be quality assured on an ongoing basis by an approved body.

Mental Health Reform has previously identified particular actions for Government and its agencies in ensuring quality assurance and support for the community and voluntary organisation in terms of mental health service delivery. Such actions include:

- HSE mental health management and NOSP should provide standard guidelines to community and voluntary groups on providing mental health/crisis supports that are in line with evidence-based practice
- HSE mental health management and NOSP should monitor the practices of community and voluntary groups in the delivery of mental health/crisis supports and assess such performance against standard guidelines

Connecting for Life, the national suicide prevention strategy commits to:

- ensuring that accurate information and guidance on effective suicide prevention are provided for community-based organisations and
- delivering training and education programmes on suicide prevention to community-based organisations

In order to sustain the role of the C&V sector public agencies must evaluate programmes and provide ongoing quality assurance to ensure the best possible outcomes for individuals accessing such services and supports.

It is imperative, however, that community and voluntary organisations are not overburdened with respect to compliance and governance obligations. One member of MHR has expressed that the [sector] "is leading from fear rather than compassion [for their communities] and possibility". There are concerns that if the C&V sector continues to operate from a basis of "fear" service delivery will be reactive and not responsive to the needs of local communities.

Recommendation 7: Government should invest in expanding valuable peer-led community-based supports.

A Vision for Change includes a recommendation that "innovative methods of involving service users and carers should be developed by local services, including the mainstream

funding and integration of services organised and run by service users and carers of service users" (Recommendation 3.3).

Furthermore, the NESF report, cited above, acknowledges the role that community development can play as a "key strategy in building social capital, particularly in facilitating communities in a self-help approach to providing solutions to collective problems such as ill-health". The NESF recommended that community development and local support networks be further developed and resourced and that innovative approaches to community development be fostered.

During the past decade a handful of local community projects have been developed by people who use mental health services and family members. The two most well-established are the Aras Follain centre in Nenagh and the Gateway project in Rathmines, Dublin. These projects provide a vital space for individuals to support each other to recover from mental distress. They also provide training and self-development programmes and work to engage people who use mental health services in local community activities. These types of programmes have the potential to reduce hospitalisation and improve social inclusion for people with severe mental health difficulties. However, these types of initiatives have been particularly vulnerable to funding cuts during the economic crisis and have failed to achieve a secure funding base.

Government should prioritise the resourcing of peer-led and peer-run community development projects for people with mental health difficulties as a way of fostering recovery from mental health difficulties and promoting social inclusion of people with a mental health disability.

Recommendation 8: Government should ensure that in the commissioning of community and voluntary services resource allocation is linked effectively with current and future needs to best meet the needs of the community.

"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).[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 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]

In the commissioning of services for people with a mental health difficulty (including community supports), 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

There is no doubt that 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.[16] It also includes helping those at risk of homelessness to secure housing and building relationships with other local community services such as training and education, employment support and housing providers.

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.

Conclusion

Mental Health Reform is available to discuss the above content and recommendations. Please contact Kate Mitchell, Senior Policy and Research Officer at 01 874 9468 or via email at kmitchell@mentalhealthreform.ie for further information.

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[16] Repper, J. and Perkins, R. (2003) Social Inclusion and Recovery, London: Ballière Tindall.