



# Submission from Mental Health Reform on Department of Social Protection Strategy Statement 2023-2026

10<sup>th</sup> February 2023

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## List of Abbreviations

CESPD	Comprehensive Employment Strategy for People with Disabilities
DA	Disability Allowance
DASS	Disability Awareness Support Scheme
DEASP	Department of Employment Affairs and Social Protection
DPCN	Disability Participation and Consultation Network
ESRI	Economic and Social Research
IPS	Individual Placement and Support
MHR	Mental Health Reform
RAF	Reasonable Accommodation Fund
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WSS	Wage Subsidy Scheme

### Some of the Key Recommendations

- **Progressing Government Policy:** Carry forward the commitment in Strategy 2023 - 2026 to *Programme for Government*, the *Roadmap for Social Inclusion*, and the *Pathways to Work (including Comprehensive Employment Strategy for People with Disabilities)*, while also adding a commitment to *The Healthy Ireland at Work 2021–2025* policy – these policies contain commitments to;
  - Prioritise mental health
  - Support the expansion of the individual placement and support (IPS) employment model
  - Provide fiscal incentives to support employers to adapt work environments
  - Implement a flexible welfare benefits system
- **Employment:** Prioritise increasing rates of employment for those with mental health difficulties in the Strategy for 2023 – 2026.
- **Reasonable Accommodations:** Prioritise the expansion of the reasonable accommodation fund to incorporate the needs of employees and job seekers with mental health difficulties.
- **Flexibility:** Implement a flexible benefits system to facilitate opportunities for people with a mental health difficulty to access work, step out of work



and re-enter the work force numerous times, without fear of losing income support.

- **Awareness Raising:** Make awareness raising about low cost reasonable accommodations for employees with mental health difficulties, as well as governmental supports, such as the Reasonable Accommodation Fund (RAF), Disability Awareness Support Service (DASS) and the Wage Subsidy Scheme (WSS) a priority in the Strategy for 2023 – 2026.
- **IPS:** Incentivise engagement with supported employment programmes (e.g. Individual Placement and Support, IPS).
- **Signposting to Services:** Providing a directory of services that employers could access should an employee experience a mental health difficulty should be incorporated into the Strategy for 2023 – 2026.
- **Accessibility:** Prioritise accessibility in the Department’s Strategy 2023 – 2026. For example, ensure that application processes are user-friendly and accessible for both employees and employers.
- **Considerations Around Disclosure:** Allow people to control the amount of information they want to share about their mental health when accessing supports through the Department of Social Protection.
- **Additional Considerations:**
  - Implement a human rights based approach in the upcoming strategy, including training for all staff in human rights, particularly the UNCRPD.
  - Be cognisant of intersectionality in the upcoming strategy and how stigma may be compounded for those in the priority groups of *Sharing the Vision*.

## A Note on Language

While our national mental health policy, [Sharing the Vision](#), uses the terminology ‘mental health difficulties’, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which Ireland ratified in 2018, refers to ‘psychosocial disabilities’ when referring to people with mental health difficulties or people who self-identify with this term. The UNCRPD clearly states that the protections and rights set out extend to those with psychosocial disabilities. Mental Health Reform (MHR) advocates for the choice of the individual in how they prefer to describe their experience and acknowledge that *“it is an individual choice to self-identify with certain expressions or concepts, but human rights still apply to everyone, everywhere”*.<sup>1</sup>

Unfortunately, there can still be a lack of awareness that people with enduring mental health difficulties have rights under equality legislation. Being discriminated against because of your

<sup>1</sup> <https://www.mentalhealthreform.ie/wp-content/uploads/2021/11/Legal-analysis-MH-Act-28-October-1.pdf>, p. 9



mental health difficulty falls under the disability grounds of this legislation. This must be clearly communicated to services, employees and people accessing services.

## Introduction

Mental Health Reform (MHR) is Ireland's leading national coalition on mental health. Our vision is of an Ireland where everyone can access the support they need in their community, to achieve their best possible mental health. We drive the progressive reform of mental health services and supports, through coordination and policy development, research and innovation, accountability and collective advocacy. Together with our 81 member organisations and thousands of individual supporters, MHR provides a unified voice to the Government, its agencies, the Oireachtas and the general public on mental health issues.

MHR is delighted to submit to this public consultation on behalf of our 81 members. MHR would like to thank our members for their continued insight, input and work.<sup>2</sup> Further information on our members can be found on the MHR website.

MHR is a funded member of the [Disability Participation and Consultation Network](#) (DPCN). The role of DPCN members is to *“provide the views and opinions of people with disabilities living in Ireland on law, policy and other important issues. Working on specific issues, this could mean, for example, attending workshops and meetings (online, or in person, having discussions with other members, or completing questionnaires).”*<sup>3</sup>

Mental Health Reform requests that the pre-budget submission to Budget 2023 [‘The Cost of Waiting’](#), MHR's [submission on the Reasonable Accommodation Fund](#) and our [submission on the Roadmap for Social Inclusion](#) be consulted alongside this submission.

People with psychosocial disabilities face high levels of stigma and discrimination<sup>4</sup>, have higher costs of living and are at risk of living in consistent poverty. In fact, the Cost of Disability Report 2021<sup>5</sup> shows that the average cost of having a mental health difficulty amounts to €13,251 per year which is a significant financial burden to bear.

A nationally representative [Irish study](#), published in May 2022, highlighted that over 40% of the population experience mental health difficulties (based on a screening for 12 of the most common conditions), that around one in ten people reported a history of attempted suicide and that Ireland's prevalence rates of mental health difficulties are relatively high in comparison to international estimates. According to the World Health Organisation, mental health conditions are *“...the leading cause of years lived with disability (YLDs), accounting for one in every six YLDs globally”* (p. xv). Thus, mental health should be a vitally important area of focus for the Department of Social Protection going forward in the Strategy for 2023 - 2026.

## Progressing Government Policy

Mental Health Reform welcomes the inclusion of a commitment to the progression of the [Programme for Government](#), the [Roadmap for Social Inclusion](#), and the *Pathways to Work*

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<sup>2</sup> <https://www.mentalhealthreform.ie/membership/>

<sup>3</sup> <https://www.gov.ie/en/consultation/a3ef2-launch-of-disability-participation-and-consultation-network/>

<sup>4</sup> Millward Brown Lansdowne, Public Attitudes towards Mental Illness: A Benchmark Study for See Change (unpublished).

<sup>5</sup> Indeon (2021). Department of Social Protection report on Cost of Disability. Dublin: Department of Social Protection



(including [Comprehensive Employment Strategy for People with Disabilities](#)) in the Department's previous strategy<sup>6</sup> and would advise carrying this commitment through to the Strategy for 2023-2026. MHR would also advise adding a commitment to the *Healthy Ireland at Work 2021–2025* policy.

The areas of particular importance include the following;

### *Programme for Government*

- "...we should aim to become an international leader in supporting and caring for people with mental health needs." – p. 48
- "Cost of Disability - We will use the recent research into the cost of disability to individuals and families to properly inform the direction of future policy" – p. 79

### *Roadmap for Social Inclusion*

Many aspects of the Roadmap for Social Inclusion relate to people's wellbeing and good mental health. There is no health without mental health and long-standing mental health difficulties are also known as psychosocial disabilities. Therefore, MHR requests that social inclusion be viewed through a lens that impacts on mental health, wellbeing and disabilities. All chapters in the roadmap will directly or indirectly impact on people's mental health and wellbeing. For example, 'Flexible Welfare Benefits' in Chapter 2; 'Ensuring Work Pays' in Chapter 3; supporting children, families and people with disabilities; health, housing and poverty.

The UNCRPD was ratified by Ireland in 2018 and yet there is no mention of psychosocial disabilities in the Roadmap. As members of many of the disability group fora, we request an acknowledgement that disability includes those with psychosocial disabilities.

### *Pathways to Work - Comprehensive Employment Strategy for People with Disabilities (CESPD)*

- The fourth strand of the Department of Social Protection *Pathways to Work Strategy 2021-2025* is entitled 'Working for All - Leaving No One Behind'. It focuses on extending employment supports to those facing extra challenges, including those with disabilities. The aim is to increase employment rates among people with disabilities from 22% to 33% by 2026.<sup>7</sup>
- The Department of Justice and Equality's (2015) *Comprehensive Employment Strategy for People with Disabilities (2015-2024)* notes the particularly low employment rates for people with mental health difficulties. It advocates for early intervention, prior to any work absences where possible, and that support should be given to facilitate reducing the length of an absence if it does occur. This is because the longer the absence, the less likely someone is to return to employment.<sup>8</sup>

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<sup>6</sup> <https://www.gov.ie/en/collection/05b877-strategy-statements/#statement-of-strategy-2017-to-2020>

<sup>7</sup> Department of Social Protection (2021) *Pathways to Work Strategy 2021-2025*, Dublin: Government of Ireland

<sup>8</sup> Department of Justice and Equality (2015) *Comprehensive Employment Strategy for People with Disabilities (2015-2024)*. Dublin: Government of Ireland



- While the *CESPD* refers to *A Vision for Change*, since publication of that employment strategy we have a new mental health policy, *Sharing the Vision*.<sup>9</sup> *Sharing the Vision* recognises the importance of a whole government approach to mental health, with Tier 1 of the policy focused on interventions such as housing and employment supports. It carries forward the recommendation around employment and mental health from *A Vision for Change*. Specifically, Outcome 3(c) relates to improved outcomes in employment and the policy outlines the importance of securing or returning to employment as a pivotal factor in recovery.

*“The individual placement and support (IPS) employment model helps people with a complex mental health condition to remain in or have access to work in mainstream settings while also supporting employers to address related recruitment and retention issues.”*

*Sharing the Vision, p. 68.*

*“In line with the strategic priorities of the Comprehensive Employment Strategy for People with Disabilities, the way people come on/off income supports should be streamlined to maximise entry or re-entry to the workforce with confidence and security. This should happen without threat of loss of benefit and with immediate restoration of benefits where they have an episodic condition or must leave a job because of their mental health difficulty.”*

*Sharing the Vision, Recommendation 73, p. 69*

## *Healthy Ireland at Work 2021–2025*

The *Healthy Ireland at Work 2021–2025* policy also acknowledges the importance of addressing mental health difficulties in the workplace. Objective 5 relates to providing supports, including fiscal incentives to support employers to adapt work environments.<sup>10</sup>

### **Recommendation:**

Carry forward the commitment in Strategy 2023 - 2026 to *Programme for Government*, the *Roadmap for Social Inclusion*, and the *Pathways to Work (including Comprehensive Employment Strategy for People with Disabilities)*, while also adding a commitment to *The Healthy Ireland at Work 2021–2025* policy – these policies contain commitments to;

- Prioritise mental health
- Support the expansion of the individual placement and support (IPS) employment model
- Provide fiscal incentives to support employers to adapt work environments
- Implement a flexible welfare benefits system

<sup>9</sup> Department of Health (2020) *Sharing the Vision; A Mental Health Policy for Everyone*. Dublin: Government of Ireland

<sup>10</sup> Department of Health (2021) *Healthy Ireland at Work; A National Framework for Healthy Workplaces in Ireland 2021–2025*





# Employment and Mental Health

## *International Legal and Policy Framework*

### *Legal*

The right of people with (mental health) disabilities to work, on an equal basis with others, is fully enshrined in the UN Convention on the Rights of Persons with Disabilities (UNCRPD). As specified in Article 27 of the Convention:

*“States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities”<sup>11</sup>*

### *Policy*

In addition to the UNCRPD, the World Health Organisation’s World Report on Disability, the EU Disability Strategy and the Organisation for Economic Co-operation and Development (OECD) all emphasise the importance of raising employment rates for people with disabilities. In particular, the OECD has identified the high costs of mental health difficulties, not only to the individual, but also to the employer and the economy.<sup>15</sup>

## *Unemployment and Mental Health*

Employment can have a significant impact on an individual’s mental wellbeing as outlined in *Sharing the Vision*;

*“Meaningful employment fosters hope, participation and a sense of a better and brighter future. In addition, employment can reduce and/or stabilise symptoms, increase self-worth and provide greater disposable income.”<sup>12</sup>*

The Irish Health Survey (2019) reported that 21% of participants who were unemployed experienced some form of depression, compared to 9% of those in employment.<sup>13</sup> This shows the possible impact that unemployment can have on an individual’s mental wellbeing. Employment can also be an important part of someone’s recovery when they are experiencing mental health difficulties.<sup>14</sup> In fact, supporting people to gain or retain employment has a significant impact on more life domains than nearly any other type of medical or social intervention.<sup>15</sup>

People with a mental health difficulty 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

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<sup>11</sup> UN General Assembly, Convention on the Rights of Persons with Disabilities: resolution/adopted by the General Assembly, 24 January 2007, A/RES/61/106, available at <http://www.refworld.org/docid/45f973632.html> [accessed 27 April 2022].

<sup>12</sup> Department of Health (2020) *Sharing the Vision*, p. 68

<sup>13</sup> <https://www.cso.ie/en/releasesandpublications/ep/p-ihsmr/irishhealthsurvey2019-mainresults/healthstatus/>

<sup>14</sup> Department of Social Protection (2017) *Make Work Pay Action Plan*, Dublin: Government of Ireland

<sup>15</sup> OECD (2011) *Sick on the job? Myths and realities about Mental Health and Work*



Ireland.<sup>16</sup> Furthermore, the COVID-19 pandemic has led to a significant worsening of population mental health<sup>17</sup>. Findings of a survey carried out on the impact of COVID-19 on mental health has revealed that, at a minimum, one-third of people in the Irish population reported experiencing serious mental health difficulties during the pandemic.<sup>18</sup> Thus, mental health and employment should be an even higher priority in this context, especially given the benefits of employment for someone's mental health, as outlined above.

Due to delays relating to COVID-19, the most recent Census data available is from Census 2016. At that time, the Central Statistics Office (CSO) reported that 13.5% of the population had a disability (a total of 643,131 people). A 2019 European Commission country Report for Ireland showed that Ireland has one of the lowest employment rates for people with disabilities in the EU at just 26.2 %, in comparison to 48.1 % in the EU.<sup>19</sup> In 2017, [an Economic and Social Research Institute \(ESRI\) report](#) found that around 35,600 people with a disability would join the active workforce if Government policy facilitated their access to employment<sup>20</sup>. The Department of Employment Affairs and Social Protection's (DEASP) 2015 survey of Disability Allowance (DA) recipients, found that 50% of participants reported mental health difficulties as the primary reason for being on DA.<sup>21</sup> However, it further identified significant levels of interest among individuals on DA in taking up employment (including both part-time and full-time work). Among those who were not currently working, 35% expressed an interest in working part-time, while a further 8% expressed an interest in full-time employment, given the right supports<sup>22</sup>. This was also echoed in the Cost of Disability report produced by the Department of Social Protection in 2021<sup>23</sup>. Participants with experience of mental health difficulties stated that there were insufficient employment supports and that if these were improved they would likely be able to work.

**Recommendation:**

Prioritise increasing rates of employment for those with mental health difficulties in the Strategy for 2023 – 2026.

## Reasonable Accommodations in Employment

### *Reasonable Accommodation Fund*

<sup>16</sup> 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.

<sup>17</sup> <https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0cca0b/>

<sup>18</sup> Mental Health Reform (2020). Responding to the Mental Health Impact of COVID-19. Mental Health Reform. Retrieved from <https://www.mentalhealthreform.ie/wp-content/uploads/2020/06/Responding-to-the-MentalHealth-Impact-of-COVID-19-Report-July-2020.pdf>

<sup>19</sup> [2019-european-semester-country-report-ireland\\_en.pdf \(europa.eu\)](#)

<sup>20</sup> <https://www.esri.ie/system/files?file=media/file-uploads/2017-03/RS58.pdf>

<sup>21</sup> Judge, C., Rossi, E., Hardiman, S. and Oman, C. (2016). Department of Social Protection Report on Disability Allowance Survey 2015, Dublin: Department of Social Protection

<sup>22</sup> Judge, C., Rossi, E., Hardiman, S. and Oman, C. (2016). Department of Social Protection report on Disability Allowance Survey 2015. Dublin: Department of Social Protection

<sup>23</sup> Indeon (2021). Department of Social Protection report on Cost of Disability. Dublin: Department of Social Protection





In May 2022, Mental Health Reform highlighted the absence of provisions for mental health in the reasonable accommodation fund. Please see our full submission [here](#).

Some of the key recommendations included the following;

**Social Welfare:** Implement a flexible benefits system to facilitate opportunities for people with a mental health difficulty to access work, step out of work and re-enter the workforce numerous times, without fear of losing income support

**Reasonable Accommodation Awareness:** Make information about low cost reasonable accommodations available on the RAF website

**Supported Employment:** Incentivise engagement with supported employment programmes (e.g. IPS) through the RAF

**Awareness Raising:** Increase funding for awareness raising campaigns about the supports available to employers (e.g. RAF, DASS and WSS). Ensure that any awareness raising campaigns make it clear that mental health is included in these supports

**Signposting to Services:** Provide a directory of services that employers could access should an employee experience a mental health difficulty

**Accessibility:** Ensure that application processes are user-friendly and accessible for both employees and employers

**Definition Awareness:** Include definition of disability on RAF information website to ensure that it is clear that mental health is included for this fund

**Disclosure Considerations:** Allow employees to control the amount of information they want to share about their mental health when accessing the RAF

**Universal Design:** Workplaces should implement a universal design approach and should be designed to be inclusive and supportive of mental health difficulties from the outset

Mental Health Reform would ask that the Department prioritise the expansion of the reasonable accommodation fund to incorporate the needs of employees and job seekers with mental health difficulties.

**Recommendation:**

Prioritise the expansion of the reasonable accommodation fund to incorporate the needs of employees and job seekers with mental health difficulties.

## *Flexibility in the Social Welfare System*



There is a lack of flexibility in the current social welfare system in Ireland. Mental health difficulties are often episodic<sup>24</sup> and it can take time for some individuals to settle into how to manage their condition and maintain stability. Fear of losing social welfare benefits and the medical card are the most highly reported barriers to taking up work and achieving individual employment goals within the Irish context<sup>8</sup>.

Mental Health Reform is of the view that there is a fundamental need to implement a flexible benefits system to facilitate opportunities for people with a mental health difficulty to access work, step out of work and re-enter the work force numerous times, without fear of losing income support.

#### **Recommendation:**

Implement a flexible benefits system to facilitate opportunities for people with a mental health difficulty to access work, step out of work and re-enter the work force numerous times, without fear of losing income support

### *Low Cost/Free Reasonable Accommodations*

The majority of reasonable accommodations that can be made in the workplace for people experiencing mental health difficulties (and in fact for the wellbeing of all employees) are actually low in cost. However, many employers have a lack of knowledge about the supports that can be implemented and the legislation that is in place around employing someone with a disability.<sup>25</sup> Furthermore, there is unfortunately a lack of awareness around reasonable accommodations that can be implemented for someone with a mental health difficulty, as sometimes their needs can be less obvious and more complex in comparison to physical disability.<sup>26</sup> Supports needed are often less about physical adaptations, as is provided in the current RAF, and more about human resources management.

For this reason, MHR would like to outline a number of reasonable accommodations that can be put in place by employers in order to support an employee with a mental health difficulty. These include:

- Adjusting working hours<sup>27</sup>
- Adjusting tasks<sup>27</sup>
- Providing time off to attend counselling/medical appointments<sup>27</sup>
- Phased return to work after someone has been on sick leave<sup>27</sup>
- Mentoring and peer support within the workplace<sup>28</sup>
- Consulting with an employee in order to accommodate their return to work (in instances of absence)<sup>28</sup>
- Allowing employees to work from home<sup>28</sup>

<sup>24</sup> <https://www.heretohelp.bc.ca/q-and-a/whats-the-difference-between-mental-health-and-mental-illness>

<sup>25</sup> Tighe, Margaret. and Murphy, Caroline, (2021). "Facilitating the Employment of People with Mental Health Difficulties in Ireland", *Irish Journal of Management* 40, no. 1 (2021): 13-26.

<sup>26</sup> Villotti, P., Corbière, M., Fossey, E., Fraccaroli, F., Lecomte, T. and Harvey, C., (2017). 'Workplace accommodations and natural supports for employees with severe mental illness in social businesses: An international comparison'. *Community Mental Health Journal*, 53, 864–870.

<sup>27</sup> <https://seechange.ie/information-for-employees/>

<sup>28</sup> The Equality Authority (2011) *Equality and Mental Health: What the Law Means for your Workplace* (Dublin: Equality Authority, 2011), 8.



- Provision of relevant training to support the employee to carry out their duties<sup>28</sup>
- Organisation wide awareness training on mental health<sup>29</sup>

MHR would also advocate for awareness raising campaigns around support services like the Reasonable Accommodation Fund, as well as other governmental supports, such as the Disability Awareness Support Service (DASS) and the Wage Subsidy Scheme (WSS) to be a priority in the Strategy for 2023 – 2026.

#### **Recommendation:**

Make awareness raising about low cost reasonable accommodations for employees with mental health difficulties, as well as governmental supports, such as the Reasonable Accommodation Fund (RAF), Disability Awareness Support Service (DASS) and the Wage Subsidy Scheme (WSS) a priority in the Strategy for 2023 – 2026.

### *Incentivise Engagement with Supported Employment Schemes*

Research on various supported employment programmes have identified the need to incentivise the participation in these programmes for employers. For example, in the evaluation of the Ability Programme employers were concerned around the costs that can be associated with reasonable accommodations, for example additional staff time.<sup>30</sup> This report recommends providing tax incentives for employers who employ people with disabilities. A review of the Individual Placement and Support (IPS) model, that supports people with mental health difficulties, found that employers were also concerned around additional costs (relating to extra training, supervision, peer to peer support etc.) as a result of engaging with the programme.<sup>31</sup> MHR would like to advocate for funding to be available for employers who engage in supported employment programmes.

#### Individual Placement and Support (IPS)

Individual Placement and Support (IPS), also known as ‘evidence-based supported employment’, is a model that facilitates people with mental health difficulties to move into mainstream competitive employment. Under the IPS model, anyone is viewed as capable of undertaking competitive paid work in the community, if the right kind of job and work environment can be found and the right support is provided. MHR were involved in the Integrating Employment and Mental Health Support (IEMHS) project, which piloted the IPS in four sites across Ireland between 2015 and 2017.<sup>32</sup>

IPS is a variant of the Supported Employment approach, although it differs from other forms of Supported Employment in a number of key ways:

- IPS is focused more towards people with long-standing mental health difficulties

<sup>29</sup> Paluch, T., Fossey, E., & Harvey, C. (2012). “Social firms: building cross-sectoral partnerships to create employment opportunity and supportive workplaces for people with mental illness”. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 43, no. 1: 63–75.

<sup>30</sup> National Disability Authority of Ireland (2009). *Disclosing Disability in the Workplace a Review of Literature and Practice in the Irish Public Sector*. Dublin

<sup>31</sup> Villotti, P., Corbière, M., Fossey, E., Fraccaroli, F., Lecomte, T. and Harvey, C., (2017). ‘Workplace accommodations and natural supports for employees with severe mental illness in social businesses: An international comparison’. *Community Mental Health Journal*, 53, 864–870.

<sup>32</sup> <https://www.mentalhealthreform.ie/wp-content/uploads/2018/02/Steps-into-Work.pdf>



- IPS offers long term support for as long as an individual may need it
- The Employment Specialists who are central to this programme are integrated into mental health teams to support service users to return to work. These employment specialists may be employed by the State or a third party specialist provider

The IPS model involves eight key principles:

1. Competitive employment is the primary goal
2. Everyone who wants to work is eligible for employment support
3. Participants are helped to look for work which suits their preferences and strengths
4. Job search and contact with employers begins quickly - within four weeks
5. Employment specialists are based within clinical teams, and work with the team to support people to find paid employment
6. Support is ongoing and arranged to suit both the employee and employer
7. Benefits advice is given as part of the return to work
8. Strong relationships are built with employers<sup>33</sup>

While IPS has demonstrated success in many areas, recent research that included Irish employers engaging with the programme, has raised concerns about the costs incurred by employers.<sup>25</sup> MHR would like to highlight the recommendation that employers should be incentivised to engage with the IPS model by providing funding for the costs of training, supporting the employee and the extra supervision that may need to be provided. These costs are currently being borne by the employers.

#### **Recommendation:**

Incentivise engagement with supported employment programmes (e.g. IPS)

## Signposting to Services

Recommendation 13 of *Sharing the Vision* advises that;

*“Directories of information on VCS [Voluntary Community Sector] supports should be provided to staff working in primary care and CMHTs [Community Mental Health Teams] to ensure they are aware of and inform service users and FCS [Family, Carers and Supporters] about all supports available including those from Voluntary and Community Sector organisations in the local area”<sup>34</sup>*

In line with this recommendation, MHR would like to advocate for the expansion of this recommendation to include a directory for employers about the services available in their locality, should an employee experience a mental health difficulty. This directory could include supports from state funded services, as well as community and voluntary organisations available in the locality (while also taking quality control of these services into consideration). MHR (2022)<sup>35</sup> carried out an analysis of community and voluntary sector organisations in the second wave of its *Brave New Connections* report. Of the 53 participating organisations, 34%

<sup>33</sup> ibid

<sup>34</sup> Department of Health (2020) *Sharing the Vision*, p. 98

<sup>35</sup> Mental Health Reform (2022). *Brave New Connections, Report 2: Resetting the Non-Profit Voluntary & Community (VCS) Mental Health Sector After the Pandemic; A Strategic Perspective*



provided some form of therapy/counselling and 23% provided helpline/crisis services. Please see full report<sup>36</sup> for further details of mental health supports available in the VCS. There are also advocacy services available through organisations such as the [National Advocacy Service](#) that may be useful to signpost people towards should they wish to engage with an advocate.

**Recommendation:**

Providing a directory of services that employers could access should an employee experience a mental health difficulty should be incorporated into the Strategy for 2023 - 2026

## Accessibility

Article 4(3) of the UNCRPD states that:

*“In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.”*

During our consultation with members, the bureaucracy and inaccessibility of applying for the RAF (and other employment supports) was highlighted. MHR calls for all application processes to be simplified, accessible and easy to navigate for all applicants, employees and employers. There should be no barriers to accessing employment supports that will assist people with mental health difficulties in employment.

The National Disability Authority, in collaboration with Disabled Persons’ Organisations in Ireland have created a guide on meaningful engagement with disabled people in public decision making. One of the principles of meaningful engagement with people with disabilities on matters that impact them is that *“There is adequate time for stakeholders to prepare and time to respond with their input”*. Mental Health Reform would ask that the department consider these guidelines for all future consultations and consider facilitating an extension for any individuals who require more time to engage.

Mental Health Reform also recommends that as part of this consultative process, new and accessible forms of submissions, e.g. videos, oral submissions, focus groups, and roundtables should be included.

**Recommendation:**

Prioritise accessibility in the Department’s Strategy 2023 – 2026. For example, ensure that application processes are user-friendly and accessible for both employees and employers.

## Considerations around Disclosure

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<sup>36</sup> ibid



People living with psychosocial disabilities experience lower levels of workforce participation compared with the overall population (22% compared with 53%). Those who do report workforce participation are more likely to experience either discrimination or harmful effects from discrimination in occupational settings.<sup>37</sup> In a public attitudes survey carried out by See Change (2018), 70% of respondents felt that a diagnosis of mental health difficulties would have a negative effect on their job and career prospects. 60% said that they were not aware that mental health difficulties were covered under the nine grounds of discrimination.<sup>38</sup> The See Change findings relating to stigma are consistent with research conducted by the National Disability Authority into the disclosure of disabilities in workplace settings<sup>39</sup>, which found, inter alia, that the experience of those with ‘invisible disabilities’ was complex regarding whether to disclose a disability or not. The review of the Ability Programme 2018-2021, which aimed to support people with disabilities across Ireland with employment, also echoed this finding, stating that those with mental health difficulties were hesitant to identify with having a disability due to fears of stigma or discrimination.<sup>40</sup>

The consequences of this reluctance can be harmful in a range of ways, including that such persons cannot avail of supports and reasonable accommodations that may be due to them under Irish employment and equality law.<sup>41</sup>

Given the fears around disclosure of mental health difficulties in the workplace, consideration should be given as to how much information is required to be disclosed by the employee for employment supports to be provided. MHR would advocate that the individual is allowed to control the amount of information they share about their mental health difficulties. For example, an individual can disclose that certain supports are needed without outlining the details of their specific difficulties or diagnosis.

#### **Recommendation:**

Allow employees to control the amount of information they want to share about their mental health when accessing supports through the Department of Social Protection.

## **Additional Considerations**

Mental Health Reform would urge the Department to prioritise a human rights based approach in the upcoming strategy and ensure that all staff have training in human rights, particularly in the UNCRPD.

People with psychosocial disabilities are not a homogenous group of people and we must always keep individuality and intersectionality in mind. It is important to note that a person with psychosocial disabilities may for example also be a Traveller, a person with Intellectual Disability or a person who identifies as LGBTQI+. These groups of people may already experience marginalisation and stigma so the stigma of having a mental health difficulty can

<sup>37</sup> Banks, J., Grotti, R., Fahey, E. and Watson, D., (2018). Disability and Discrimination in Ireland, pp. 5

<sup>38</sup> <https://seechange.ie/wp-content/uploads/2018/02/Mental-Health-Matters-web.pdf>

<sup>39</sup> Millward Brown Lansdowne, Public Attitudes towards Mental Illness: A Benchmark Study for See Change (unpublished).

<sup>40</sup> Quality Matters (2021) Ability Programme Evaluation 2018-2021, available at <https://www.gov.ie/pdf/?file=https://assets.gov.ie/221963/bf76dc5f-e11e-4585-983d-6883c0fa5364.pdf#page=null> [accessed 4<sup>th</sup> May 2022].

<sup>41</sup> National Disability Authority of Ireland (2009). Disclosing Disability in the Workplace a Review of Literature and Practice in the Irish Public Sector. Dublin





be compounded in those instances. That is why these groups are listed as priority groups in *Sharing the Vision*. Priority groups also include people experiencing homelessness, people in prison, ethnic minorities and others.

#### **Recommendation:**

- Implement a human rights based approach in the upcoming strategy, including training for all staff in human rights, particularly the UNCRPD.
- Be cognisant of intersectionality in the upcoming strategy and how stigma may be compounded for those in the priority groups of *Sharing the Vision*.

## **Conclusion**

MHR welcomes the opportunity to reflect on the Department of Social Protection's Strategy for 2023 – 2026. Overall, we would ask that mental health is centred in the Strategy to ensure the State is undertaking positive action to eliminate discrimination and inequality for those with mental health difficulties in line with our national and international commitments.

*For more information on any of the above content please contact Suzanna Weedle, Policy and Advocacy Coordinator at [sweedle@mentalhealthreform.ie](mailto:sweedle@mentalhealthreform.ie) or at 0860245409.*

***The Scheme to Support National Organisations (SSNO) is funded by the Government of Ireland through the Department of Rural and Community Development***



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*Registered Charity Number: 20078737. CHY Number: 19958. Company Registration Number: 506850.*

