

VISION FOR CHANGE – REPORT OBJECTIVES & RECOMMENDATIONS

IMPLEMENTATION PROGRESS REPORT

PERIOD ENDING: DECEMBER 2009

Department of Health and Children

Objective:

Fostering Well-being: Mental Health Promotion

5.3 *A framework for inter-departmental cooperation in the development of crosscutting health and social policy should be put in place. The NAPs framework is a useful example of such an initiative (see chapter four).*

Level at which implementation is taking place - tick box(s)

National: **Regional:** **Local Health Office:**

The Office for Disability and Mental Health, which was established in January 2008, has a remit across four Government Departments (Health and Children, Enterprise, Trade and Employment, Education and Science and Justice, Equality and Law Reform), to bring a new impetus to the implementation of ‘*A Vision for Change*’ and to work in partnership with the Health Service Executive and other stakeholders, including other Government Departments, to drive its implementation. The Office provides for greater cohesion across the public service and brings together responsibility for a range of different policy areas and State services.

A senior management team comprising Ms Bairbre NicAongusa, Director, Office for Disability and Mental Health and the relevant Principal Officers from other Government Departments meet on a monthly basis. The Director of the Office is also a member of the Senior Officials Group on Social Inclusion, which monitors progress on the Government’s commitments in relation to social policy. Meetings are held on a quarterly basis between the Minister for Equality, Disability and Mental Health, the four Secretaries General of the relevant Departments and the Director of the Office to review progress in the priority areas. Bilateral meetings with officials from other Government Departments regarding ‘*A Vision for Change*’ take place.

A Cross-Sectoral Team for the Health and Justice sector was established in 2009. Its overall objective is to bring about improvements in services for people with mental health difficulties who come into contact with the criminal justice system. The Cross Sectoral team will, inter alia, enhance communication and co-operation between the health and justice sectors in relation to services for people with mental health difficulties. It will also progress implementation of the recommendations of ‘*A Vision for Change*’ that relate to the Justice System.

Second Independent Monitoring Group for *A Vision for Change*

The Office for Disability and Mental Health is also participating in the development by the Department of the Environment, Heritage & Local Government of a Housing Strategy for People with Disabilities which will have a particular emphasis on the housing needs of people with mental health difficulties.

A Cross Sectoral Team comprising the Department of Enterprise, Trade and Employment, Health and Children, Social and Family Affairs, FAS and the HSE has been established to develop a cross sectoral approach between Departments and agencies with responsibility for the delivery of the mainstreaming agenda in respect of the employment of people with disabilities including people with mental health difficulties.

The Departments of Health and Agriculture and the HSE are working together to develop a protocol for addressing mental health issues that arise among the farming community.

A Report on the outcome of consultation with Teenagers on mental health “*What helps and what Hurts*” conducted by the Office of the Minister for Children and Youth Affairs was published in June 2009.

Tick box; progress to date; provide supporting factual information; reasons for partial completion / not yet commenced

Fully implemented: Partially implemented: Not yet commenced:

Completion Date: _____

Revised Timescale (commencement and completion dates): _____

Share the key learning points which have evolved in the implementation of this recommendation:

Recommend key issues for consideration by the IMG:

Objective:
Appropriate Investment in Mental Health Services

17.1	<i>Substantial extra funding is required to finance this policy. A programme of capital and non-capital investment in mental health services as recommended, adjusted in line with inflation should be implemented in a phased way over the next seven to ten years, in parallel with the reorganisation of mental health services.</i>
17.4	<i>Approximately 1800 additional posts are required to implement this policy. This significant non-capital investment will result in mental health receiving approximately 8.24% of current, non capital health funding, based on 2005 figures.</i>
17.9	<i>The comprehensive and extensive nature of the reorganisation and financing of mental health services recommended in this policy can only be implemented in a complete and phased way over</i>

a period of seven to ten years.

Level at which implementation is taking place - tick box(s)

National: **Regional:** **Local Health Office:**

The estimated additional cost of the implementation of *A Vision for Change* is €150m over 7 – 10 years. Development funding totalling €1.2m was allocated to the HSE in 2006 and 2007.

Funding of €2.8million was provided in 2009 for 35 additional therapy posts for child and adolescent mental health services.

The Employment Control Framework for the HSE exempts certain front line grades in the health sector from the moratorium including Consultants, Speech and Language Therapists, Occupational Therapists, Clinical Psychologists, Behaviour Therapists, Counsellors, and Social Workers. Posts in these key grades which become vacant may be filled and a limited number of new posts created within the overall numbers ceiling and moratorium policy.

Capital Programme

The mental health infrastructure as set out in *A Vision for Change* envisages a range of facilities across the entire spectrum of mental healthcare facilities including acute psychiatric units, child and adolescent units, day hospitals, community nursing units and high support hostels, will enable the modernisation of the service into a patient-centred, flexible and community based mental health service, where the need for hospital admission is greatly reduced, whilst still providing in-patient care when appropriate.

€25m was provided to the HSE through the Supplementary Estimate for 2009 from the proceeds of the sales of mental health assets lodged to the Exchequer in previous years. Projects funded included, a day centre in Clonmel and two twenty-bed child and adolescent in-patient units in Cork and Galway, which are currently under construction. The provision of community mental health facilities in a number of Primary Care Centres is being advanced.

Budget 2010 provided for a multi-annual programme of capital investment in high priority mental health projects consistent with '*A Vision for Change*' to be funded from future disposals. In 2010, the HSE may proceed to dispose of surplus assets and reinvest an initial sum of €50m in the mental health capital programme. Provision for continued funding of the programme will be made in the 2011 Estimates and subsequent years, in the light of the previous year's programme of asset sales.

Tick box; progress to date; provide supporting factual information; reasons for partial completion / not yet commenced

Fully implemented: **Partially implemented:** **Not yet commenced:**

Completion Date: _____

Revised Timescale (commencement and completion dates): _____

Share the key learning points which have evolved in the implementation of this recommendation:	
Recommend key issues for consideration by the IMG:	
Objective:	
Supporting Mental Health Information & Research	
19.2	<i>The HIQA should put mechanisms in place to carry out systematic evaluations on all forms of interventions in mental health and this information should be widely disseminated.</i>
Level at which implementation is taking place - tick box(s)	
National: <input type="checkbox"/> Regional: <input type="checkbox"/> Local Health Office: <input type="checkbox"/>	
19.7 <i>A national morbidity survey should be carried out to determine the prevalence of mental health problems in the population</i>	
Level at which implementation is taking place - tick box(s)	
National: <input checked="" type="checkbox"/> Regional: <input type="checkbox"/> Local Health Office: <input type="checkbox"/>	
<p>The second HRB National Psychological Wellbeing and Distress Survey (NPWDS) was completed (Tedstone Doherty & Moran, 2009). This survey provides information on mental health problems in the population, on associated health service use and associated social and physical limitations. In the absence of a national morbidity study, the HRB NPWDS provides important information at the population level. It also provides basic information on the use of general practitioners for mental health problems. Findings show that the general practitioner followed by family and friends are the most likely source of support for psychological distress.</p>	
Tick box; progress to date; provide supporting factual information; reasons for partial completion / not yet commenced	
Fully implemented: <input type="checkbox"/> Partially implemented: <input type="checkbox"/> Not yet commenced: <input type="checkbox"/>	
Completion Date: _____	
Revised Timescale (commencement and completion dates): _____	
Share the key learning points which have evolved in the implementation of this recommendation:	
Recommend key issues for consideration by the IMG:	
19.9 <i>The recommendations of the Health Research Strategy should be fully implemented as the first step in creating a health research infrastructure in mental health services</i>	
Level at which implementation is taking place - tick box(s)	
National: <input checked="" type="checkbox"/> Regional: <input type="checkbox"/> Local Health Office: <input type="checkbox"/>	

19.10 | *A national mental health services research strategy should be prepared.*

Level at which implementation is taking place - tick box(s)

National: Regional: Local Health Office:

19.11 | *Dedicated funding should be provided by the Government for mental health service research.*

Level at which implementation is taking place - tick box(s)

National: Regional: Local Health Office:

The Department of Health and Children provides funding to the Mental Health Research Unit (MHRU) to carry out research and information activities in the mental health area, as part of the HRB's overall allocation. The Unit manages and reports on national information systems in the mental health area e.g. the National Psychiatric In-Patient Reporting System (NPIRS). It provides quarterly Performance Indicator reports on activities in the services and regular Census of Psychiatric Inpatients and Community Residences reports.

'*A Vision for Change*' drew attention to the lack of timely, high quality data on community based activity, on outcomes for services users and on the prevalence and incidence of mental health problems. Financial support was provided to the Health Research Board to develop (in conjunction with the HSE) WISDOM - a system to capture information on inpatient and community care service activity. *Wisdom*, an information system, will create a comprehensive, detailed record of service users within the mental health services structure. This will improve efficiency and will facilitate access to real-time service user information. The information collected will ultimately be used for national reporting on mental health services in Ireland and for research to inform mental health policy, planning and practice. *Wisdom* is currently being rolled out on an 18 month pilot phase in Donegal. This phase is due to be completed in June 2010, following which the system will be independently evaluated.

The HRB Mental Health Research Programme 2007-2011, developed with stakeholder input, provides for a range of research which will inform policy and planning. The research programme covers 3 main areas – mental health services research, mental health epidemiology, psychosocial and environmental aspects of mental health and illness. Research published in 2009 included 20 journal articles and reports and 5 journal articles submitted to peer-reviewed journals. These papers and reports provide valuable information for health services policy and planning.

Tick box; progress to date; provide supporting factual information; reasons for partial completion / not yet commenced

Fully implemented: Partially implemented: Not yet commenced:

Completion Date: _____

Revised Timescale (commencement and completion dates): _____	
Share the key learning points which have evolved in the implementation of this recommendation:	
Recommend key issues for consideration by the IMG:	
19.12	<i>People with experience of mental health difficulties should be involved at every stage of the research process including the development of research agendas, commissioning, overseeing, conducting and evaluating research as well as supporting the use of the emerging evidence base in policy and practice.</i>
<p>Level at which implementation is taking place - tick box(s)</p> <p>National: <input checked="" type="checkbox"/> Regional: <input type="checkbox"/> Local Health Office: <input type="checkbox"/></p> <p>The HRB Mental Health Research Programme, funded by the DoHC, was developed with stakeholder input which included input from a number of user groups. The research carried out by the MHRU is informed by user group input in different ways depending on the nature of the study. Examples of Service User involvement include.</p> <ul style="list-style-type: none"> • Service user participation in the development and governance structures for the WISDOM information system; • the appointment of an Expert by Experience to a research and lecturer position in Dublin City University; • involving people with experience of mental health difficulties in its <i>Family Support Study, Happy Living Here</i>. <p>The outputs from MHRU research are published in the MHRU Newsletter <i>LINK</i>, available on the HRB website and posted to relevant stakeholders, academia, national and international journals. Researchers from MHRU have provided input to relevant conferences, national working groups etc.</p>	
<p>Tick box; progress to date; provide supporting factual information; reasons for partial completion / not yet commenced</p> <p>Fully implemented: <input type="checkbox"/> Partially implemented: <input type="checkbox"/> Not yet commenced: <input type="checkbox"/></p> <p>Completion Date: _____</p> <p>Revised Timescale (commencement and completion dates): _____</p>	
Share the key learning points which have evolved in the implementation of this recommendation:	
Recommend key issues for consideration by the IMG:	

Objective: Transition & Transformation: Making it Happen

20.5 *An independent monitoring group should be appointed by the Minister for Health and Children to oversee the implementation of this mental health policy.*

Level at which implementation is taking place - tick box(s)

National: **Regional:** **Local Health Office:**

The independent monitoring group was established in March 2006. Members were appointed for a period of three years. On 11th June 2009, Minister for Equality, Disability and Mental Health, Mr John Moloney, T.D. appointed the Second Independent Monitoring Group to monitor progress on implementation.

Tick box; progress to date; provide supporting factual information; reasons for partial completion / not yet commenced

Fully implemented: **Partially implemented:** **Not yet commenced:**

Completion Date: _____

Revised Timescale (commencement and completion dates): _____

Share the key learning points which have evolved in the implementation of this recommendation:

Recommend key issues for consideration by the IMG: