

Mental Health Commission

Submission to the Independent Monitoring Group

Annual Report 2009

It is the view of the Mental Health Commission that progress on the implementation of A Vision for Change has been limited and that there are few indicators of an integrated, planned, cohesive approach. The Mental Health Commission has published a paper “From Vision to Action?” which is an analysis of the implementation of A Vision for Change (copy attached). This paper acknowledges that implementation of a complex policy with many recommendations in a system that is undergoing significant change is a challenging process. The paper also acknowledges that some progress has been made which will be discussed later in this report.

The paper outlines the evidence based factors supporting successful implementation. These are:-

Evidence-based factors supporting successful implementation

Pre-implementation: policy design	Consider implementation during policy design
	Involve stakeholders in policy design
	Disseminate the policy
	Generate political support and funding
Implementation	Appoint a leader and implementation team
	Establish an implementation structure
	Provide the necessary resources
	Prepare an implementation plan
	Communicate
	Include stakeholders and promote interaction
Monitoring	Support interdepartmental coordination
	Put in place a monitoring structure

The paper discusses these factors in detail and also identifies leadership, governance and management structures as being of critical importance in implementation.

Obviously a detailed implementation plan is required. The Health Service Executive's implementation plan does not meet the criteria for an effective implementation plan. It is the view of the Mental Health Commission that the current Health Service Executive Implementation Plan does not meet the criteria for an effective Implementation Plan.

An effective implementation plan from the Health Service Executive should have:-

1. An overall sense of the **HSE vision** for mental health services – what is the Implementation Plan aiming to achieve and why is this important;
2. A statement of specific outcomes;
3. A map of the steps needed to achieve these outcomes with relevant targets, timelines, resources and responsible agents all clearly described;
4. An outline of the measurable benefits arising from the implementation. This should enable the necessary monitoring to demonstrate that outcomes are being achieved and answer the question 'how will we know if the policy objectives have been achieved?'

The central theme of *A Vision for Change* is the need for a new paradigm in the delivery of mental health services; *Service providers should work in partnership with service users and their families and facilitate recovery and reintegration through the provision of accessible, comprehensive and community-based mental health services.* The recovery ethos and associated principles, underpin the recommendations in *A Vision for Change*. The implementation process needs to bring about a profound change in how mental health services are delivered. Many of the actions in the HSE Implementation Plan will simply result in a replication, on a larger scale, of what is already in place. There is no

sense in the Implementation Plan of the transformation that needs to take place in **how** mental health services are delivered.

In summary the Mental Health Commission’s paper Vision into Action states that the evidence-based requirements for successful implementation are largely missing in the Health Service Executive Implementation Plan. There can be little progress in the provision of high quality recovery focused mental health services without the following:

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| 1. A leader with sole responsibility for implementation | The assistant National Director for Mental health services will have many other responsibilities |
| 2. A full-time implementation team with necessary skills and expertise | Not in place |
| 3. An implementation structure | Not clearly defined |
| 4. Necessary resources | Not identified |
| 5. Plans for reallocation of financial and human resources within the system | Not included in the Implementation Plan |
| 6. An outcomes-focused implementation plan with clear links between outcome-timeframe-resources-responsible officer-monitoring | Not evident in current Implementation Plan |
| 7. Effective communication policy | |
| 8. Inclusion of stakeholders in the implementation process | Little evidence
Recently in place |
| 9. Interdepartmental coordination | |
| 10. Monitoring system to track achievement in reaching outcomes | Mechanism for this in place
Not identified in Implementation Plan |

The evidence can point to specific actions that have been shown to facilitate successful implementation. Fundamentally however, a change is required in how mental health services are delivered and in how we think about mental health itself. The recovery approach provides a framework to do this and the HSE could use this framework to create its own vision of how the mental health of the population should be supported. Service users have made it clear that they want mental health services that focus on the possibility of recovery, rather than long-term dependency; services that focus on them as ordinary citizens using ordinary, integrated, community-based services where possible, not separate, isolated, special services; services that treat every individual with respect. Plans and leadership are needed, but a true commitment to better services for those who use them is also required.

As mentioned earlier some progress has been made in progressing mental health policy as outlined in A Vision for Change. These include:-

- Appointment of Executive Clinical Directors
- Appointment of Assistant National Director, Mental Health Services
- Development of Child & Adolescent Mental Health Services
- Examples of good practice in the development of community mental health services and adoption of recovery approach.

But these positive developments are not generalised and do not represent the fundamental change that is required.

Specific actions undertaken by the Mental Health Commission which have advanced the implementation of the recommendations of A Vision for Change include:-

- Code of Practice - Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities.
- Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre.

- Code of Practice on the Use of Physical Restraint in Approved Centres.
- Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients.
- Code of Practice Relating to Admission of Children under the Mental Health Act 2001
- Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting

Introduction of addendum to Code of Practice Relating to the Admission of Children to Approved Centres effective from 1st July, 2009.

In respect of the admission of a child to an approved centre for adults, the following applies:

a) No child under 16 years is to be admitted to an adult unit in an approved centre from 1st July 2009;

b) No child under 17 years is to be admitted to an adult unit in an approved centre from 1st December 2010; and

c) No child under 18 years is to be admitted to an adult unit in an approved centre from 1st December 2011.

If, in exceptional circumstances, the admission of a child to an adult unit in an approved centre occurs in contravention of the above, the approved centre is obliged to submit a detailed report to the Mental Health Commission outlining why the admission has taken place. This report should be in the form specified by the Mental Health Commission as per Section B of the *Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre.*

- Rules Governing the Use of Electro-Convulsive Therapy
- Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint
- Ongoing inspection of approved centres and inspection of day hospitals, day centres and community mental health services.
- Registration of Approved Centres and attachment of conditions pursuant to Section 64 Mental Health Act 2001.
- Publication of Quality Framework in June 2007 - there is a very high level of concordance between the attainment of standards in the Quality Framework for Mental Health Services and the recommendations of A Vision for Change.
- The National Mental Health Services Collaborative with its focus on the development and implementation of individual care and treatment plans to support recovery, is a key initiative to advance the implementation of the Quality Framework and A Vision for Change.
- Promotion of recovery approach:-
 - Publication of Resource Pack in April 2008 which incorporates:-
 - Position Paper - The Recovery Journey – A Recovery Approach within the Irish Mental Health Services
 - A Framework for Development – A Recovery Approach within the Irish Mental Health Services
 - A Qualitative Analysis of Submissions – A Vision for a Recovery Model within the Irish Mental Health Services.

Recovery conference in April 2008 attended by over 200 people.

MHC active involvement in Irish Mental Health & Recovery Education Consortium's Recovery Education Programme (IMHREC).

- Report on current education/training available for professionals working in mental health services in the Republic of Ireland.

The key priorities for 2010, in the view of the Mental Health Commission are:-

- The publication of an implementation plan by the Health Service Executive which meets the criteria for successful policy implementation as outlined in the Mental Health Commission paper 'Vision into Action'. This implementation plan should give full expression to the recovery ethos and principles.
- Appointment of a multidisciplinary and multirepresentational (service users and families) national mental health service directorate in which is vested the authority and responsibility to deliver the specific targets and revised implementation plan.
- A quarterly report issued by the Health Service Executive which reports on progress made on advancing the revised implementation plan, including the identification of barriers to implementation.
- Implementation of the national mental health services collaborative which focuses on individual care and treatment planning.

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