The Emperor's New Clothes

– The "Time Delayed" Implementation of *A Vision for Change*

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Irish Mental Health Coalition

Campaigning for improved mental health services

Everyone has the right to the enjoyment of the highest attainable standard of mental health.
Article 12(1), International Covenant on Economic, Social and Cultural Rights

The Vision
On 24 January 2006, the Expert Group on Mental Health Policy established by the Department of Health and Children published a new national mental health policy framework, *A Vision for Change,* subsequently adopted by Government and the Health Services Executive (HSE). It proposed significant changes and improvements in mental health services, and a true movement of services into the community. It made important recommendation for empowerment, advocacy, peer support, offering a range of therapies, supporting carers, and, perhaps most importantly, recovery. It also recognises the crucial importance of having service users centrally involved in all planning and decision-making, from official processes to their individual cases. It is not just a mental health services policy – it addresses a wide range of Government Departments and agencies, which must take responsibility for their role.

For a variety of reasons the 1984 national mental health policy, *Planning for the Future*, was never fully implemented; concerned that history might be repeated, the Irish Mental Health Coalition was formed, to track and lobby for the implementation of *A Vision for Change.* In a statement issued on 24 January 2006, the Irish Mental Health Coalition welcomed *A Vision for Change*. However, we cautioned: "While we welcome the report, the steps taken by Government from today to ensure its implementation will be the litmus test of its true commitment to reform." We said: "While this new framework is welcome, detailed implementation plans and programmers must follow, with clear timeframes and dedicated resources. Otherwise, the fate of *Planning for the Future* looms."

The Reality
Regrettably, since the launch of *A Vision for Change*, there has been little action in its implementation. Two years later, mental health service users and providers are still struggling with an outdated, fragmented, and severely under-resourced system. Mental health and related services remain amongst the most neglected areas of Government policy and provision, leading to multiple infringements of the human rights of people with or at risk of mental health problems. There remains a widespread unavailability of psychological and social interventions as complements to medication, denying the right to the most appropriate and least restrictive or intrusive treatment. Ireland still has a high rate of hospitalisation for mental health problems, due to limited community-based services, conflicting with the right to treatment in the least restrictive environment. Specialist mental health services, such as services for people with eating disorders or brain injuries, remain generally unavailable outside of Dublin, while access within Dublin remains limited.

In her annual report for 2006, the Inspector of Mental Health Services found mental health provision to be ad hoc in nature, with serious deficiencies in community mental health teams around the country, and no teams in mental health services for people with intellectual disability.[1] Basic staffing is unavailable in children's mental health services throughout the country, and waiting lists for children's services continue to be long, sometimes over a year, it found. The Inspector concluded that in-patient units will continue to be the first-line treatment locations, long-stay wards will not close, and there will be little or no access to alternatives to medication if community mental health and other multidisciplinary teams are not resourced. The Inspector reported an almost complete absence of in-patient facilities for people with intellectual disability with a mental disorder who require in-patient treatment, and concluded that these patients are receiving treatment in units that are not approved under, and that they are not protected by, the Mental Health Act, 2001. The Inspector highlighted the lack of therapeutic activities for people residing in inpatient units, especially for those within 'long-stay wards'. The Inspector expressed particular concern at the number of vulnerable patients remaining in 'long-stay' wards, living in

[1] Mental Health Commission, *Annual Report 2006, including the Report of the Inspector of Mental Health Services 2006*.

unacceptable conditions in institutional environments that are drab, bare and in some cases, dirty, with no way of developing their interests or leisure pursuits, and sometimes locked into the wards.

The Inspector expressed concern at the "lack of coherent overall plans for services over the next five years" and reflected on the fact that the "ad-hoc nature of mental health provision has been noted in the past and there is no sign currently that this situation will change".

Completed suicides in Ireland remain at an alarming level, especially among young males, and suicide prevention strategies are under-resourced.[2] People with little support structures are still at risk of becoming homeless, or their behaviour bringing them into contact with the criminal justice system and being misdirected towards prison rather than appropriate mental healthcare or support services. Ireland still does not have a formal system to divert people with mental health problems from the criminal justice system to mental health services, or adequate forensic mental health services to treat these people; and consequently, many people (including children) with mental health difficulties needlessly end up in criminal detention.

This is the reality within mental health today. *A Vision for Change* has not marked a turning point in government's attention to this neglect.

Progress to date

There have been some welcome developments on the policy front, including the formation of the Independent Monitoring Group by the Minister for Health & Children; formation of the Implementation Group by the HSE; and the announcement of a new Office of the Minister for Mental Health and Disability. For a breakdown of the implementation status of the key recommendations from *A Vision for Change*, please refer to the Annex of this document. Significantly, we note the establishment of the interim National Service User Executive and await the development of a regional consultative structure, which will allow for meaningful consultation with service users and their families. We welcome the closure of Ballinasloe Hospital.

A Vision for Change was very clear that the first steps that should have been taken to implement the mental health services component of this policy include the management and organisational changes recommended in Chapter Sixteen and the provision of training and resources for change (page 218), including:

- **The establishment of the National Mental Health Service Directorate within the HSE.**

The HSE decided not to establish a National Mental Health Service Directorate, but to instead establish a National Office for Mental Health. In its first progress report published in May 2007, the Independent Monitoring Group concluded that "it is not clear about the roles and authority in relation to implementation of [*A Vision for Change*] of those staff linked to the Office".

- **The formation of the mental health catchment areas as outlined in a 'Vision for Change', and establishment of mental health catchment management teams.**

There has been an unacceptable delay in finalising the mental health catchment areas and in establishing the mental health catchment area management teams.

- **Concrete moves towards the recruitment of sufficient numbers of qualified healthcare personnel.**

In the absence of systematic mapping of the number of mental health teams throughout the country, comparing the recommended staff allocation for each team with the actual staff in post, it is difficult to pronounce on how far services have expanded and improved since the publication of *A Vision for Change*. The Inspector of Mental Health Services noted "difficulties in obtaining information on sector size and staffing of community mental health teams, with information still

[2] See www.actiononsuicide.ie.

incomplete at the time of the report". The May 2007 report of the Independent Monitoring Group found "an unacceptable delay between the allocation of resources and the recruitment of staff" and "an overemphasis on the appointment of consultant psychiatrists rather than on the recruitment and consolidation of the multidisciplinary teams". The recruitment embargo by the HSE means the delay in filling posts has further exacerbated the situation. Additionally, the policy of reconfiguration in the HSE means the filling of new posts, or existing vacant posts, has been compensated by the freezing of other posts.

Implementation Plan

The Implementation Group established by the HSE has met 12 times since it was established in July 2006. While it was expected that the Group would set out a detailed plan for the implementation of *A Vision for Change*, that no such plan has yet emerged two years into the lifetime of a seven year policy is a serious concern. While we understand that relevant Government Departments have been alerted to recommendations made in *A Vision for Change* that pertain to their areas of responsibility, a detailed implementation plan should be produced at the earliest opportunity. This plan should set out the major activities to implement *A Vision for Change*, with explicit performance targets and indicators, timelines, and specific resource commitments.

The HSE National Service Plan 2008 sets out very limited deliverables and targets for mental health. The Mental Health section (pages 38 to 40) of the Service Plan lacks detail, and what detail is provided largely relates to the implementation of the Mental Health Act 2001. For instance, under the "focus" of "Eating Disorder Services", the deliverable is stated in non-specific terms, i.e. "Service will be progressed as part of development of Child and Adolescent Psychiatry Teams in Dublin Mid-Leinster and the South". Considerable detail is provided regarding the development of urgently needed children's in-patient units, but 2008 deliverables reveal how minimalist and slow an approach is being taken in this important area. Under the "focus" of "Implementation of Vision for Change", the only stated deliverable is "Progress implementation plan for *'A Vision for Change'*". The performance targets in mental health services are limited to just admission/readmission rates to in-patient units (where the 2008 target is unchanged from 2007 outturn) and an additional eight Child and Adolescent Mental Health Teams. Given the breadth of developments in mental health services demanded by *A Vision for Change*, and that the Service Plan reports that an implementation plan for *A Vision for Change* has been "finalised", that so few targets and deliverables under *A Vision for Change* have been set out in the Service Plan is a real concern.

Mental Health Service Funding

While it is the stated aim of the HSE to move to a coherent, transparent and equitable resource allocation model, current funding for mental health services remains inadequate and inequitable. *A Vision for Change* is explicit that a minimum of an additional €25m is required annually for a six-year period to allow implementation of the mental health service expansion and improvement objectives outlined in the policy. The Government allocation of this additional €25m in 2006 and again in 2007 was welcome. The Irish Mental Health Coalition is dismayed that no additional funding was allocated in Budget 2008 for this purpose. Furthermore, there is no clear evidence that the full amount of the €25m allocations in 2006 and 2007 has actually been spent on the expansion and improvement of mental health services set out in *A Vision for Change*. Alarmed at the fate of the 2006 and 2007 allocations, and the non-delivery of the 2008 allocation, the Coalition wrote to the Minister for Mental Health and Disability and HSE in December, and also submitted Freedom of Information requests to the Department and HSE, seeking urgent clarification. On 9 January 2008, the HSE responded to the FOI request stating inter alia that "57% of the developments funded in 2006 have been put in place at an annual cost of €17m and 40% or €10m of the funding provided in 2007 has also been put in place". It states: "The balance of the funding from 2006 and 2007 was time delayed to address core deficits in existing Mental Health services thus ensuring that the HSE met its obligations to deliver services within the vote." This response makes it abundantly clear that that almost half (€23m) of the €50m allocated for the implementation of *A Vision for Change* in 2006 and 2007 has been spent in other areas. By the end of 2008, the HSE response outlines, "72% of the resources provided in 2007 for Mental Health Services will be committed and in place". An article published in the *Sunday Times* on 23

December 2007 reported that, when asked whether 2006 and 2007 additional allocations have been spent, a HSE spokesman referred to spending it on "existing services" and "traditional deficits". When asked if this service expansion money could be allocated to meet HSE deficits however, the spokesman reportedly said no, which appears to be a strange contradiction.

Regarding the Department's decision not to allocate an additional €25m in 2008, the Minister, in his response to the Coalition on 9 January 2007, stated: "In view of the significant additional investment in 2006 and 2007, it is appropriate, in 2008, to pause and review the situation to ensure consolidation of the investment to date. […] Before any additional funding is provided it is essential that the HSE are in a position to demonstrate that money allocated for mental health services is efficiently used and that the substantial changes in the organisation and delivery of mental health services envisaged in '*A Vision for Change*' are progressed. " The Minister also stated:

> "In the context of their Service Plan for 2008, the Minister for Health and Children has pointed out to the HSE that there can be no question of diverting service development funds to meet expenditure pressures arising in relation to core services and expressed her concerns about the development of mental health services in line with 'A Vision for Change'. The HSE has been requested to provide their proposal for the development of services funded in 2006 and 2007 and which have not yet been put in place."

While the Coalition welcomes the Minister's intervention with the HSE, this should not have been necessary. The Department's concern that the HSE must be more accountable for how it expends its resources must, of course, be resolved, but this does not justify suspending the 2008 service expansion funding to allow the HSE to catch up. The pace of change cannot be dictated by accountability deficits, but by *A Vision for Change* itself. If *A Vision for Change* were being implemented on schedule, the 2006 and 2007 allocations would have been spent in full on service expansion, and the 2008 allocation made. One of only two conclusions can be drawn from the current scenario– either the HSE is well off schedule in implementing *A Vision for Change* or it deliberately diverted the €23m in 2006 and 2007 to offsetting deficits in core mental health services. The Coalition is concerned at the lack of openness and frankness in this matter.

Mental health services have suffered from decades of under investment, and that sorely needed service expansion and improvement funding can be "time delayed" and used to shore up core services, is itself a matter of serious concern, and illustrates the wider issue of the lack of predictability, transparency and accountability in how mental services are planned and funded more generally.

In addition, there has been minimal progress in closing large psychiatric hospitals to allow the redeployment of resources to the provision of suitable alternative community services and the retraining of existing staff, a core recommendation in *A Vision for Change*. The Coalition welcomes the closure of Ballinasloe Hospital, but there is still no published plan or timeline for the closure of the remaining hospitals.

Relocation of the Central Mental Hospital

The Government's decision to move the Central Mental Hospital to a new site adjacent to the new prison site at Thornton Hall, North Dublin is particularly regrettable. To locate a therapeutic facility for people with mental illness - many of whom who have not committed a crime - beside a prison is stigmatising and discriminatory. Not alone has this proposal been roundly rejected – by the families and carers of current CMH residents, voluntary organisations, the Mental Health Commission, the CMH management, and the Human Rights Commission – but it also flies in the face of the core values and principles enshrined in *A Vision for Change.* This decision must be reversed in favour of one that respects the human rights of people with mental illness.

Conclusion

In summary, the IMHC is concerned that the essential framework for implementing *A Vision for Change* is still not yet in place and that so little has improved in concrete terms in the past two years. Especially given the wide engagement by voluntary organisations and civil society in the

consultation undertaken in the development of *A Vision for Change*, it is disappointing that so little information on its implementation is available in the public domain. While the IMHC is aware that the timetable for the rollout of *A Vision for Change* is seven years, it is vital that the relevant authorities publicly demonstrate the progress made on an ongoing basis, and reveal the plans in place for the full implementation of *A Vision for Change*. The Coalition recommends:

- **The HSE should finalise, adopt and publish an implementation plan for *A Vision for Change* as a matter of urgency. The plan should include explicit performance targets and indicators, timelines, and specific resource commitments across all recommendations in *A Vision for Change'***

- **The HSE should publish quarterly reports on progress on implementation of *A Vision for Change*.**

- **The HSE should finalise the mental health catchment areas, and establish the mental health catchment area management teams.**

- **The Department of Health and Children and the HSE should publish an annual breakdown of capital and revenue spend (rather then allocation) in mental health, with spends on service expansions and improvements recommended in *A Vision for Change* clearly flagged.**

- **The provision of additional Child and Adolescent services and inpatient facilities must be implemented by the HSE in 2008.**

Annex

KEY RECOMMENDATIONS OF A VISION FOR CHANGE[3]
Implementation Status as of January 2008

Recommendation	Status	Comment
Involvement of service users and their carers should be a feature of every aspect of service development and delivery.	**Limited Progress**	**Establishment of INSUE**
Mental health promotion should be available for all age groups, to enhance protective factors and decrease risk factors for developing mental health problems.	**Limited Progress**	**'Your mental health' campaign (NOSP)**
Well-trained, fully staffed, community-based, multidisciplinary CMHTs (Community Mental Health Teams) should be put in place for all mental health services. These teams should provide mental health services across the individual's lifespan.	**Not achieved**	**How many in place?**
To provide an effective community-based service, CMHTs should offer multidisciplinary home-based and assertive outreach care, and a comprehensive range of medical, psychological and social therapies relevant to the needs of services users and their families.	**Not achieved**	**How many in place?**
A recovery orientation should inform every aspect of service delivery and service users should be partners in their own care. Care plans should reflect the service user's particular needs, goals and potential and should address community factors that may impede or support recovery.	**Not achieved**	
Links between specialist mental health services, primary care services and voluntary groups that are supportive of mental health should be enhanced and formalised.	**Not achieved**	
The mental health services should be organised nationally in catchment areas for populations of between 250,000 and 400,000. In realigning catchment boundaries, consideration should be made of the current social and demographic composition of the population, and to geographical and other administrative boundaries.	**Not achieved**	**Urgent action needed**
Organisation and management of local catchment mental health services should be co-ordinated locally through Mental Health Catchment Area Management teams, and nationally by a Mental Health Service Directorate working directly within the Health Service Executive.	**Not achieved**	**Urgent action needed to clarify roles vis a vis National Office for Mental Health**
Service provision should be prioritised and developed where there is greatest need. This should be done equitably and across all service user groups.	**Not achieved**	
Services should be evaluated with meaningful performance indicators annually to assess the added value the service is contributing to the mental health of the local catchment area population.	**Not achieved**	
A plan to bring about the closure of all mental hospitals should be drawn up and implemented. The resources released by these closures should be protected for reinvestment in the mental health service.	**Not achieved**	**One closure to date (Ballinasloe); No reinvestment in the mental health services; No clear indication of the €**
Mental health information systems should be developed locally. These systems should provide the national minimum mental health data set to a central mental health information system. Broadly-based mental health service research should be undertaken and funded.	**Limited Progress**	**Mental Health Commission minimum data set recommendations produced**
Planning and funding of education and training for mental health professionals should be centralised in the new structures to be established by the Health Services Executive.	**Not achieved**	
A multi-professional manpower plan should be put in place, linked to projected service plans. This plan should look at the skill mix of teams and the way staff are deployed between teams and geographically, taking into account the service models recommended in this policy. This plan should be prepared by the National Mental Health Service Directorate working closely with the HSE, DOHC and service providers.	**Not achieved**	**Hindered by HSE recruitment embargo**
An implementation review committee should be established to oversee the implementation of this policy.	**Achieved**	**Formation of the Independent Monitoring Group and the Implementation Group**
Substantial extra funding is required to finance this new Mental Health Policy. A programme of capital and non-capital investment in mental health services as recommended in this policy and 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.	**-Not achieved for 2008 -Achieved 2006; 2007**	
A Vision for Change should be accepted and implemented as a complete plan.	**Not achieved**	

[3] Report of the Expert Group on Mental Health Policy, *A Vision for Change*, 2006, pg. 9.

About the Irish Mental Health Coalition:

The Irish Mental Health Coalition comprises a Core Group of five organisations that have combined forces and energies to advocate for people's rights to the highest attainable standard of mental health and mental healthcare.

IMHC Core Group Member organisations:

- Amnesty International (Irish Section)
- Bodywhys – The Eating Disorders Association of Ireland
- GROW in Ireland
- Irish Advocacy Network
- Schizophrenia Ireland

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