



Mental Health Commission

Strategic Plan 2006 – 2008

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Commission Members (At time of appointment)



Dr. John Owens
Chairman, Consultant
Psychiatrist, North
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Dr. Anne Byrne-Lynch,
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Mr. Joe Casey
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Mr. Gerry Coone
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Mr. Pdraig Heverin
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Dr. Finbarr O'Leary
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Mr. Diarmuid Ring
Lecturer on mental
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Ms. Annie Ryan
Campaigner on
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Ms. Vicki Somers
Principal Social
Worker,
Dublin West/South
West Mental Health
Services



Mr. Mike Watts,
National Co-
ordinator,
GROW and former
service user



Ms. Maureen Windle,
CEO, Northern Area
Health Board

Mental Health Commission : Structure and Mandate

The Mental Health Commission, an independent statutory body, was established in April 2002 under the provisions of the Mental Health Act, 2001.

The principal functions of the Commission, as specified in the Mental Health Act, 2001 are to promote, encourage, and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres (Section 33 (1)).

The remit of the Commission incorporates the broad spectrum of mental health services including general adult mental health services, mental health services for children and adolescents, older people, people with intellectual disability and forensic mental health services.

The Commission consists of 13 people, including the Chairman, who are appointed by the Minister for Health and Children. The composition of the Commission is as follows:

- ◆ A person who has had not less than 10 years experience as a practising barrister or solicitor in the State ending immediately before his or her appointment to the Commission.
- ◆ Three shall be representative of registered medical practitioners (of which two shall be consultant psychiatrists) with a special interest in or expertise in relation to the provision of mental health services.
- ◆ Two shall be representative of registered nurses whose names are entered in the division applicable to psychiatric nurses in the register of nurses maintained by An Bord Altranais under section 27 of the Nurses Act, 1985.
- ◆ One shall be representative of social workers with a special interest in or expertise in relation to the provision of mental health services.
- ◆ One shall be representative of psychologists with a special interest in or expertise in relation to the provision of mental health services.
- ◆ One shall be representative of the interest of the general public.

- ◆ Three shall be representative of voluntary bodies promoting the interest of persons suffering from mental illness (at least two of whom shall be a person suffering from or who has suffered from mental illness).
- ◆ One shall be representative of the chief executives of the health boards.
- ◆ Not less than four shall be woman and not less than four shall be men.

Members of the Commission shall hold office for a period not exceeding 5 years.

Environmental Analysis

External Environment

Mental Health Services in Ireland

In line with the statutory mandate of the Mental Health Commission “to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services”, the Mental Health Commission engaged in extensive consultation with all the stakeholders involved in mental health services to ascertain their views on what constitutes a quality mental health services in Ireland. This culminated in the publication of “Quality in Mental Health – Your Views” in early 2005.

There was a high degree of consensus among the stakeholders on what are the determinants of a quality mental health service. Thirteen themes were identified which were as follows:-

Theme 1:

The provision of a holistic seamless service and the full continuum of care, provided by a multidisciplinary team are essential features of a quality mental health service.

Theme 2:

Respectful empathetic relationships are required between people using the mental health services and those providing them.

Theme 3:

An empowering approach to service delivery is beneficial to both people using the services and those providing it.

Theme 4:

A quality environment, respecting the dignity of the individual and the family, will result in a more positive experience.

Theme 5:

Easy access to services is key to a quality service.

Theme 6:

Receiving a skilful service and high standards of care are extremely important to people using mental health services.

Theme 7:

Families, parents and carers need to be empowered as team members, receiving information and advice as appropriate.

Theme 8:

Effective family support services need to be in place to reflect the important role families, parents and carers play in a person's healing.

Theme 9:

As with people who use mental health services, families, parents and carers need to experience understanding, empathy and respect.

Theme 10:

Staff skills, expertise and morale are key influencers in the delivery of a quality mental health service.

Theme 11:

Systematic evaluation and review of mental health services, underpinned by best practice, will enable providers to delivery quality services.

Theme 12:

The right management systems and structures should be put in place to facilitate the development of a quality mental health service.

Theme 13:

The external environment in which the mental health services operate has an important role to play in developing a quality mental health services.

The outcome of this consultative exercise will form the foundation for the development of the Quality Framework for Mental Health Services in Ireland. The Quality Framework will have a significant impact on how mental health services are delivered in Ireland in future.

‘A Vision for Change’, the national government policy on mental health service provision was published in January 2006. This policy will shape and inform mental health service provision during the next 7 – 10 years. Government policy in mental health proposes an integrated multidisciplinary approach to address the biological, psychological and social factors that contribute to mental health problems. Treatment interventions are based on a person-centred model provided predominantly by community based multidisciplinary teams. The policy also addresses the model of service provision for specialist mental health services. A Vision for Change also makes specific recommendations in relation to the organisation and management of publicly funded mental health services. The government has committed to additional funding for the roll-out of this policy framework for mental health services.

Two key themes which permeate thinking on the future of mental health services in Ireland are the development of multidisciplinary team working and the adoption of the recovery approach at all levels of service delivery. A mental health service delivered by fully staffed, effective functioning multidisciplinary teams and which uses the recovery approach would change the current model of service provision in Ireland. New approaches to training, both at undergraduate and inservice level, and comprehensive manpower planning strategies will be required to bring about these essential developments within the mental health services.

There is a growing recognition of the importance of high quality mental health services research in Ireland. The Mental Health Commission, with the publication of its research strategy in early 2005, highlighted this issue as central to effective strategic planning and service delivery. A body of knowledge on mental health services in Ireland is gradually being developed. The integration of this research into further models of service provision is a key challenge for the services.

The population in Ireland continues to increase and this impacts on the health system including the mental health services. It is now estimated that foreign nationals comprise about 10% of the population. A challenge for mental health services is to ensure that services respect and respond to the multi-cultural nature of our society. Another demographic feature which needs to be acknowledged in service planning is the increasing proportion of the population aged 65 and over. With the increase in life expectancy, it is predicted that the number of people aged over 65 years will double in the next 20 years. An expanded mental health service for older people will be required to respond to this growing need for specialist care among older adults.

National and International Legislation and Policy

In Ireland the Mental Health Act 2001 has introduced significant new legislative provisions applicable to the mental health services. Part 3 of the Act was commenced in April 2002. This provided for the establishment of the Mental Health Commission and the appointment of the Inspector of Mental Health Services. It is anticipated that the remaining provisions of the Mental Health Act will be commenced in 2006.

The Commencement of the Health Act 2004 in January 2005 introduced major changes to the management and organisation of the publicly funded health services, including mental health services. There is now one single organisational structure for health services - Health Service Executive (HSE) and services are delivered locally through the local health office (32).

The Commencement of the Criminal Law Insanity Act 2006 and the Disability Act 2005 will also impact on mental health services in Ireland.

Internationally, in line with the World Health Organisation (WHO) 2001 report on “Mental Health : New Understanding, New Hope”, the WHO European Ministerial Conference on mental health met in Helsinki in January 2005 and agreed a Mental Health Action Plan for Europe. The five priorities adopted by the Ministerial Conference for the next decade (2005 – 2015) are to:

- Foster awareness of the importance of mental well-being
- Collectively tackle stigma, discrimination and inequality, and empower and support people with mental health problems and their families to be actively engaged in this process;
- Design and implement comprehensive, integrated and efficient mental health systems that cover promotion, prevention, treatment and rehabilitation, care and recovery;
- Address the need for a competent workforce, effective in all these areas;
- Recognise the experience and knowledge of service users and carers as an important basis for planning and developing services.

The European Union subsequently published a green paper – “Improving the mental health of the population : towards a strategy on mental health for the European Union” building on the Helsinki Acton Plan. This discussion paper will lead to the formulation of an EU wide mental health strategy thereby acknowledging the importance of the mental health services.

Internal Environment

The mandate of the Mental Health Commission is 'to promote encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres under this Act' (Section 33.1).

The Commission, established in April 2002, is a relatively new statutory agency. The Strategic Plan 2004 – 2005 identified two strategic priorities relating to the development of the agency:

- Strategic Priority Number 1: To establish the management, professional and organisational systems and infrastructure which will enable the Commission to fulfil its statutory responsibilities.
- Strategic Priority Number 6: To provide an efficient, responsive, quality service to our customers.

The organisational structures and systems have continuously evolved and remain flexible and creative to emerging needs and legislative and policy developments.

Key functions which influence the Commission's capacity to implement its mandate are:

- Funding – The levels of funding received are adequate to meet the requirements of the Mental Health Commission's mandate
- Personnel – This encompasses the staffing levels within the organisation and whether these are adequate to fulfil the Commission's mandate; the creation of an organisational ethos that promotes staff development and retention, the deployment of personnel in response to service requirements
- Information Communication Technology (ICT) – The Mental Health Commission has completed an overview of the ICT needs of the organisation. The development of additional internal information systems is a key priority for the Mental Health Commission.
- Corporate Governance – The Mental Health Commission's framework for accountability within which decisions are taken and which underpin the delivery of the statutory functions is key to achieving the Commission's objectives.

Vision

Working together for
quality mental health
services.

Mission

The Mental Health Commission is committed to ensuring the interests of those involuntarily admitted pursuant to the provisions of the Mental Health Act 2001 are protected and to fostering and promoting high standards in the delivery of mental health services

Guiding Principles and Values

The guiding principles and core values of an organisation define its ethos and culture. The Commission is guided in particular by the principles enunciated in the:

- ◆ Mental Health Act 2001
- ◆ European Convention for the Protection of Human Rights and Fundamental Freedoms
- ◆ European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
- ◆ United Nations Universal Declaration of Human Rights
- ◆ United Nations Convention on the Rights of the Child
- ◆ United Nations Convention against Torture and other Cruel and Inhuman or Degrading Treatment or Punishment
- ◆ International Covenant on Civil and Political Rights
- ◆ International Covenant on Economic, Social and Cultural Rights.
- ◆ United Nations Principles for the Protection of Persons with a Mental Illness and for the Improvement of Mental Health Care
- ◆ European Convention on Human Rights Act 2003
- ◆ Disability Act 2005
- ◆ Equal Status Acts 2000 – 2004
- ◆ Child Care Act 1991
- ◆ Children's Act 2001

Values:

The core values which define the Commission's ethos and culture and underpin the delivery of services by the Commission are:

Accountability and Integrity: The Commission is committed to expressing these values by operating at all times with probity and in a transparent manner.

Dignity and Respect: The Commission respects the dignity of those in contact with us and responds with courtesy and consideration.

Confidentiality: The Commission pledges to handle confidential and personal information with the highest level of professionalism and to take due care not to release

or disclose information outside the course of that necessary to fulfill our legal and professional requirements:

Empowerment: The Commission recognises that empowerment lies through the provision of information, training and education in an accessible manner.

Quality: The Commission is committed to striving for continuous quality improvement in all its activities.

Achieving Together: The Commission is committed to collaborating for improving through ongoing partnership, consultation and teamwork.

Strategic Priorities 2006 – 2008

Strategic Priority Number One

To promote, develop and evaluate the implementation of high standards of care and treatment within the mental health services

Strategic Priority Number Two

To promote and protect the rights and best interests of persons availing of mental health services as defined in the Mental Health Act 2001.

Strategic Priority Number Three

To promote and enhance information, knowledge and research on mental health services and treatment interventions.

Strategic Priority Number Four

To advocate for the integration and participation in society of people who experience or have experienced mental illness.

Strategic Priority Number Five

To maintain and enhance the organisation's systems and capacity to ensure the provision of a quality service by the Mental Health Commission

Strategic Priority Number One

To promote, develop and evaluate the implementation of high standards of care and treatment within the mental health services

Context:

The Mental Health Act 2001 mandates the Mental Health Commission to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services (Section 33(1)). This statutory responsibility will be fulfilled by the development of a quality framework for mental health services in Ireland. The Quality Framework will be the foundation to support continuous improvement in the quality of mental health services. This Quality Framework will cover the broad spectrum of mental health services from childhood to adulthood to later life and various other specialisms within mental health including mental health services for people with an intellectual disability, and the forensic mental health services.

Objectives

Targets

1.1 To continue to lead the process in the development of high standards of care within the mental health services in Ireland.	1.1.1 Develop and enact the Quality Framework for mental health services.
1.2 To comply with our statutory obligations under the Mental Health Act 2001	1.2.1 Prepare and publish rules pursuant to Sections 59 and 69, Mental Health Act 2001.
	1.2.2 Prepare and publish codes of practice in consultation with the stakeholders as per Section 33(3)(e) Mental Health Act 2001.
	1.2.3 Establish and maintain the register of approved centres, in compliance with regulations issued as per Section 66 Mental Health Act 2001.
	1.2.4 Continue and develop the programme of inspection and review of mental health services by the Inspectorate of Mental Health Services and publish the report of

<p>1.3 To continue to consult and work collaboratively with the stakeholders in the development of a quality mental health service.</p> <p>1.4 To continue to support the development and ongoing sustainability and audit of quality initiatives in mental health services.</p> <p>1.5 To foster an environment that respects and recognises the role of current and former service users and their families in their own care, in service planning and service delivery.</p>	<p>inspections and review annually.</p> <p>1.2.5 To monitor the implementation by stakeholders of the recommendations of the Inspector of Mental Health Services and any Inquiry established as per Section 55 Mental Health Act 2001.</p> <p>1.3.1 Work collaboratively with all stakeholders to facilitate the implementation, monitoring and evaluation of the Quality Framework.</p> <p>1.3.2 Provide appropriate training to assist in establishing and maintaining high standards of care within mental health services.</p> <p>1.3.3 Continue to build on the current programme of information on the provisions of the Mental Health Act 2001.</p> <p>1.3.4 Publish position papers on multidisciplinary team working, recovery approach in mental health services and forensic mental health services.</p> <p>1.3.5 Publish discussion and position papers on child and adolescents mental health services and mental health services for people with an intellectual disability.</p> <p>1.4.1 Develop a uniform learning system on the reporting of adverse events in the mental health services.</p> <p>1.5.1. Establish systems within the Mental Health Commission that ensure service user Involvement.</p>
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Strategic Priority Number Two

To promote and protect the rights and best interests of persons availing of mental health services as defined in the Mental Health Act 2001.

Context:

The Mental Health Commission is mandated to take all reasonable steps to protect the interests of persons detained in approved centres under the Act (Section 33(3)(1)). The Mental Health Act 2001 introduces an automatic independent review system for all people admitted involuntarily to approved centres, thereby bringing Irish mental health legislation into conformity with the European Convention on Human Rights and Fundamental Freedoms.

The Mental Health Act 2001 states that in making decisions under the Act, the best interests of persons shall be the principal consideration (Section 4). This includes having due regard to the need to respect the right of the person to dignity, bodily integrity, privacy and autonomy.

Objectives

Targets

Objectives	Targets
1.1 To ensure that only those who require treatment on a compulsory basis are admitted involuntarily and such admissions are for the minimum period necessary.	1.1.1 Support the development of mental health services that promote care and treatment on a voluntary basis.
1.2 To ensure that involuntary admissions are in compliance with the provisions of the Mental Health Act 2001.	1.2.1 Establish the independent review system for involuntary admission as per the Mental Health Act 2001. 1.2.2 Prepare a code of practice on the involuntary admission of children pursuant to the Mental Health Act 2001 1.2.3 Prepare a report for submission to the Minister for Health and Children within 18 months of the commencement of Part 2 Mental Health Act 2001 (Section 42 (4))

<p>1.3 To review and monitor involuntary admissions.</p>	<p>1.3.1 Conduct and publish an annual audit of involuntary admissions to approved centres.</p>
<p>1.4 To provide information to the public, service users and their carers on the Mental Health Act 2001 in an accessible format.</p>	<p>1.4.1 Develop and provide a programme of training and information for all those involved in the independent review system.</p>
<p>1.5 To foster the promotion and protection of the rights of persons who are unable to give informed consent.</p>	<p>1.5.1 Support the introduction of appropriate legislative provisions and advocacy for people who require support in making decisions.</p>

Strategic Priority Number Three

To promote and enhance information, knowledge and research on mental health services and treatment interventions.

Context:

Information, knowledge and research on mental health services are essential for effective strategic planning and service delivery. The lack of reliable robust management information systems within the mental health services and how this impacts on service delivery has been highlighted by the Inspector of Mental Health Services and in the report “A Vision for Change”. Information systems within the Irish health services in general are poorly developed, but this absence is even more acute within the mental health services. The Mental Health Commission, in recognising the importance of high quality mental health research, published its research strategy in 2005. This report provides the strategic direction for the Mental Health Commission in relation to mental health research.

Objectives

Targets

<p>1.1 To continue to promote high quality epidemiological and service research in relation to mental health services in Ireland.</p>	<p>1.1.1 Continue to implement the Research Strategy.</p>
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<p>1.2 To support national and international cross agency research links and networks.</p> <p>1.3. To promote and support the development of a national mental health information system.</p>	<p>1.1.2 Review the effectiveness of the Research Strategy</p> <p>1.2.1 Publicise and expand the Irish Mental Health Research Network and Database</p> <p>1.3.1 Engage with stakeholders on the development of a national mental health information system.</p> <p>1.3.2 Ensure the accessibility and relevance of mental health information data collected by the Mental Health Commission and continue the active engagement with people involved in data collection within the mental health services.</p>
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Strategic Priority Number Four

To advocate for the integration and participation in society of people who experience or have experienced mental illness

Context:

Respecting and promoting the human rights of people with a mental illness and ensuring the removal of barriers to full participation in society are key challenges. Consultations with stakeholders conducted by the Mental Health Commission have highlighted the ongoing prevalence of stigma and discrimination of people with a mental illness and for their families/carers.

Objectives

Targets

<p>1.1 To promote and support the empowerment of service users within the mental health system and wider society.</p>	<p>1.1.1 Continue to develop and integrate the input of service users in the work of the Mental Health Commission</p>
<p>1.2 To promote a recovery orientated approach in mental health services.</p>	<p>1.2.1 Publish position paper on recovery approach in mental health services and foster initiatives in this area</p>

<p>1.3 To work collaboratively with stakeholders in promoting citizenship and social inclusion for all people with mental health problems, and highlighting mental health in the public health agenda.</p> <p>1.4 To facilitate the development of a mental health service that is responsive to our multi-cultural society.</p>	<p>1.3.1 Form strategic alliances with relevant agencies committed to researching, and promoting citizenship and social inclusion</p> <p>1.3.2 Engage with the media on issues of integration and inclusion and on the appropriate presentation of mental health issues.</p> <p>1.3.3 Promote World Mental Health Day held annually on 10th October.</p> <p>1.4.1 Continue to provide information from the Mental Health Commission in an accessible and understandable format.</p>
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Strategic Priority Number Five

To maintain and enhance the organisation’s systems and capacity to ensure the provision of a quality service by the Mental Health Commission

Objectives

Targets

<p>1.1 To provide a high quality service response to our customers in line with the customer Charter.</p>	<p>1.1.1 Publish the Mental Health Commission’s Customer Charter</p> <p>1.1.2 Develop and publish the Mental Health Commission’s Customer Action Plan for the period 2006 – 2008.</p> <p>1.1.3 Continue to promote and develop a learning culture within the organisation</p>
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<p>1.2 To further develop the communication, information and technology (ICT) systems within the organisation.</p> <p>1.3 To continue to ensure compliance with corporate governance requirements and relevant legislation.</p>	<p>1.2.1 Implement report on the internal information systems required within the Mental Health Commission.</p> <p>1.3.1 Publication of Annual Reports and other Reports as required by the Mental Health Act 2001.</p> <p>1.3.2 Review and monitor compliance with the corporate governance requirements.</p>
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Critical Success Factors

Critical success factors that will impact on the implementation of the Strategic Plan 2006 – 2008 internally and externally are:

1. Resources: Adequate levels of funding are imperative to ensure that the Mental Health Commission meets all its statutory requirements. The financial costs associated with the independent review system for people admitted involuntarily cannot be pre-determined as the levels of activity are determined by external factors. Appropriate staffing levels and structures are also critical success factors for the organisation. The development of comprehensive internal information systems is essential to the effective operation of the Commission.
2. Consultation & Commitment: The Mental Health Commission, in line with its mandate and vision, is committed to ongoing consultation with the stakeholders in mental health services. The active support and endorsement of the stakeholders is critical to the successful implementation of the Commission's Strategic Plan 2006 – 2008.
3. Legislation: Responding to any legislative changes required as a result of case law - this factor will be particularly pertinent following full commencement of the Mental Health Act 2001.
4. Monitoring & Review: Monitoring and review are key elements of strategic planning. The annual business plan, which links operational objectives to strategic priorities, provides an opportunity to monitor and review the overall strategic plan. The Commission's annual report, other publications and the website provide a platform for reviewing progress on the Strategic Plan.