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A message from the Chairman

Over recent years, pressure for reform in mental health services and the law has come from all sides. This has been manifested with the introduction of the Mental Health Act 2001 and more recently by the setting up of an Expert Group to produce a new national mental health service strategy. The new act was long overdue, as Ireland's 1945 Mental Treatment Act does not adequately respect the rights of service users and was in breach of international standards.

The Mental Health Commission, established under the Mental Health Act 2001, is a statutory, independent body with a dual mandate – to protect the rights of detained patients and to promote, encourage and foster high standards in the delivery of mental health care. In short, the Commission will be the central body in facilitating the radical change required in the Irish mental health services.

The Mental Health Commission espouses a number of core principles in relation to service provision. User's civil rights, along with their dignity and right to privacy should be protected. Core values underpinning the work of the Commission include equity, accountability, dignity, respect, and empowerment.

In Ireland today there are fundamental concerns regarding the delivery of mental health services. Compulsory admission rates to mental hospitals are high (with significant regional deviations), indicating that issues of patient rights need to be reviewed more actively. The Mental Health Commission recognises the importance of patient advocacy and is encouraged by the recent development of advocacy services in Ireland. The Commission supports a system where users have legitimate input into care and treatment plans and their views on service provision are encouraged. Services need to be user focused. The participation in service planning and development by users should be facilitated and

promoted. Needs of carers also should be more fully recognised and addressed.

Currently, service provision in Ireland unduly emphasizes the use of hospital beds and traditional outpatient clinics with limited development of the concept of community care. Mental health services need to be community based, providing a range of specialised, though closely integrated, multi-disciplinary community mental health teams. Further development of the scope and autonomy of these services will alleviate the existing situation where teams are restricted in their treatment options. Community based services should be adequately resourced and easily accessible and should provide a wide range of evidence based treatments.

Mental health services today are unsatisfactorily financed, receiving less than 7% of the health care budget. Funding has decreased from 10.6% of the health care budget in 1990 to 6.8% in 2003. This is significantly less than the proportion of mental ill health to total health disability when one considers that it is acknowledged that 20-30% of all health disability is related to mental health problems. Even within the distribution of the current budget, regional variations of financial provision are substantial. These variations are reflective of historical factors and do not take into account dramatic changes in population distribution or indices of catchment morbidity. Clinical governance is also inadequate, with limited accounting for the way in which available resources are being used.

The Mental Health Commission is committed to bringing about the necessary reform in Irish mental health services. It anticipates working in a close and facilitatory fashion with users, carers, health agencies, professionals and all stakeholders. The Commission will be assisted in its task of mental health service reform through an enlarged and more broadly based inspectorate.

An immediate priority for the Commission is the commencement of Part 2 of the Mental Health Act 2001, which deals with involuntary admissions of persons to approved centres. Part 2 will provide the legal framework for the protection of the rights of these individuals. Preparatory work leading to the appointment of Mental Health Tribunals and the drawing up of codes of practice and other necessary protocols in relation to involuntary admissions is underway in anticipation of its commencement later this year.

The availability of resources, financial and personnel, is crucial to the delivery of this Strategic Plan. The Mental Health Commission is a relatively new statutory agency. Adequate levels of funding and staffing will be required to enable the Commission to fulfill its statutory functions.

The active support and endorsement of the stakeholders for this strategy is a critical factor in the successful implementation of the Strategic Plan. We hope that this Strategic Plan will gain the support of all those involved. The Mental Health Commission is committed to a comprehensive process of consultation, which will inform the annual service planning process and the next strategic plan for the Commission.

The Mental Health Commission sees its dual mandate as being best delivered by ensuring the development of high quality mental health services. It recognises the need to advance the priority of the mental health sector in national health service development and accepts fully its core responsibility of being an advocate for all service users. Over the next two years The Mental Health Commission will work strenuously to achieve these objectives.



Dr John Owens
CHAIRMAN

March 2004

Foreword

Chief Executive Officer

I am pleased to introduce the first strategic plan for the Mental Health Commission. This flows from the mandate of the Commission as laid out in the Mental Health Act 2001, international human rights conventions and government policy. It covers the period 2004–2005 and maps out the direction and focus for the Mental Health Commission over this period. The strategic plan sets out the broad objectives for the Commission, the achievement of which will lead to a better quality mental health service.

The publication of this plan will facilitate the creation of a common understanding of the functions and responsibilities of the Mental Health Commission among all the stakeholders. Its publication at this time of change and reform in the health services is opportune. Public expectations in relation to the quality and range of health services are increasing. The plan outlines how the Commission will address these issues in the next two years. The annual service plan will link the overall strategic direction with the operational targets, thereby ensuring that the Mental Health Commission is advancing the achievements of its mission, while remaining flexible and responsive to changing circumstances.

Consultation and feedback during the period of this plan will provide opportunities for our stakeholders to build strategic links with the Mental Health Commission, influence subsequent plans and our strategic development. The commitment and support of all the key stakeholders is a crucial factor in determining the implementation of this strategic plan. It provides an opportunity for all of us to work towards the creation of quality mental health services in Ireland.



Bríd Clarke
CHIEF EXECUTIVE OFFICER

March 2004

Commission Members

as at 16th April 2002

- **DR. JOHN OWENS**
Chairman, Consultant Psychiatrist, North Eastern Health Board
- **DR. ANNE BYRNE-LYNCH**
Senior Clinical Psychologist, South Tipperary Mental Health Services
- **MR. JOE CASEY**
Mental Health Ireland
- **MR. GERRY COONE**
Psychiatric Nurse, East Galway Mental Health Service
- **MR. PADRAIG HEVERIN**
Psychiatric Nurse, Mayo Psychiatric Services, Castlebar
- **MR. DIARMAID MCGUINNESS**
Senior Counsel
- **DR. DEIRDRE MURPHY**
General Practitioner
- **DR. FINBARR O'LEARY**
Consultant Child & Adolescent Psychiatrist, Child and Adolescent Psychiatric Services, Southern Health Board
- **MR. DIARMUID RING**
Lecturer on mental health issues and service user
- **MS. ANNIE RYAN**
Campaigner on mental health issues
- **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

Structure of the Mental Health Commission

THE COMMISSION

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

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 who is suffering from or has suffered from mental illness)
- One shall be representative of the chief executives of the health boards
- Not less than four shall be women and not less than four shall be men

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

Mandate of the Commission

- 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)
- The Commission shall undertake or arrange to have undertaken such activities as it deems appropriate to foster and promote the standards and practices

In particular the Commission shall:

- Appoint persons to be members of tribunals and provide staff and facilities for the tribunals.
 - Establish a panel of consultant psychiatrists to carry out independent medical examinations of those admitted involuntarily under the provision of the Mental Health Act 2001.
 - Make or arrange for the making, with the consent of the Minister and the Minister for Finance, of a scheme or schemes for the granting by the Commission of legal aid to patients.
 - Furnish, whenever it so thinks fit or is so requested by the Minister, advice to the Minister in relation to any matter connected with the functions or activities of the Commission.
 - Prepare after consultation with such bodies as it considers appropriate, a code or codes of practice for the guidance of persons working in the mental health services and ensure implementation and compliance with the codes of practice.
 - Establish the inspectorate for mental health services.
- The Mental Health Commission is required to submit an Annual Report to the Minister for Health and Children and the copies of the Annual Report are laid by the Minister before both Houses of the Oireachtas
 - The remit of the Commission incorporates the broad spectrum of mental health services including general adult mental health services, child and adolescent psychiatry, forensic psychiatry, old age psychiatry and psychiatry of intellectual disability

THE EXECUTIVE

The Mental Health Act 2001 provides for the appointment of a Chief Executive for the Commission and an Inspector of Mental Health Services. The Chief Executive Officer, appointed by the Commission, has responsibility for the overall management and control of the administration and business of the Commission. The Chief Executive Officer is the accountable officer in relation to the accounts of the Commission. The Chief Executive Officer is not a member of the Commission.

The Inspector of Mental Health Services, a consultant psychiatrist, is appointed by the Commission. The responsibilities of the Inspector of the Mental Health Services include:

- The inspection of each approved centre at least once a year
- The inspection as appropriate of any other premises where mental health services are being provided
- The publication of an annual report on the quality of care and treatment received by people availing of mental health services

The Mental Health Act 2001 also provides for the appointment of Assistant Inspectors of Mental Health Services to assist the Inspector.

Mandate of the Commission *continued*

To facilitate the implementation of the mandate of the Commission, the organisational structure, also incorporates the following posts:

DIRECTOR – MENTAL HEALTH TRIBUNALS

The responsibilities of the Director – Mental Health Tribunals include:

- The appointment of the Mental Health Tribunals to carry out independent reviews of all persons admitted involuntarily
- The establishment of a panel of consultant psychiatrists to carry out independent medical examinations of involuntary patients
- The establishment of a scheme for the provision of free legal aid to each involuntary patient who requests legal aid

DIRECTOR – STANDARDS AND QUALITY ASSURANCE

The responsibilities of the Director – Standards and Quality Assurance include:

- Preparing codes of practice for the guidance of persons working in the mental health services
- Providing advice on the preparation of the regulations for approved centres and maintaining the “Register of Approved Centres”
- Developing rules and policies for specific treatment interventions and practices as defined by the Mental Health Act 2001

DIRECTOR OF CORPORATE SERVICES

The responsibilities of the Director of Corporate Services include:

- Coordinating the systems of governance underpinning the management of the Mental Health Commission
- Developing and maintaining financial and human resource systems, policies and procedures.
- Providing secretariat functions to the Commission
- Fulfilling the Commission’s statutory responsibilities in relation to Freedom of Information and Data Protection legislation

Other areas of activity within the Commission are as follows:

- **Research** – establishing regional and national networks and infrastructure for research in the mental health services in Ireland
- **Information Technology** – development of information and communication systems to facilitate the work of the Commission
- **Information and training** – the development and dissemination of information and training materials in relation to the Mental Health Act 2001 to all stakeholders

External Environment

MENTAL HEALTH SERVICES IN IRELAND

Mental health services in Ireland have changed considerably in the last 20 years. In the 1980s the treatment and care of those with mental illness was primarily located in institutions i.e. large psychiatric hospitals usually in outlying locations. *Planning for the Future* (1984) recommended that psychiatric services should be community oriented so that people could avail of services while continuing to live in their own homes and the development of the structure of a community psychiatric service commenced. In 1984, there were 32 day hospitals and day centres offering 800 places. In 2002, there were 68 day hospitals and 112 day centres with a combined total of approximately 3,740 places. In 1984, there were 121 hostels or community residences. In 2002, this had increased to 407 residences with approximately 3,039 places. The pattern of inpatient admissions has also changed as the large old hospitals are closed and replaced with psychiatric units in general hospitals. In 1984, 16% of admissions were to general hospital psychiatric units. Since then an additional 13 units have opened. In 2001, 42% of admissions were to such facilities. The first steps have been taken in providing treatment to persons with acute mental disorder in their own homes through, for example, innovative programmes in West Dublin and Cavan/Monaghan. Similar programmes are starting on a pilot basis in other locations. All of these developments have moved the locus of care from the institution to such an extent that the number of people in mental hospitals in that 20 year period has been reduced by over 50%.

It is not just the location of treatment and care that has changed. The manner and style of delivery has changed with these structural developments. Mental health care is now increasingly being delivered by multidisciplinary teams in mental health centres based in the communities they serve. Service users are becoming more involved in the organisation and delivery of mental health services, most directly in the Clubhouse model where users, with the support of staff, run their own day service. Several Health Boards have consulted with service users when preparing their mental health strategies in recent years. Peer advocacy is also being developed in most Health Boards.

The reports of the Inspector of Mental Hospitals have done much to drive these developments and to improve standards in mental health services, by promoting and encouraging the development of community-based services and placing a greater emphasis on quality and service user views.

CHALLENGES FACING MENTAL HEALTH SERVICES IN IRELAND

The picture of the mental health services in Ireland in 2004 is very different to the services that were in place in 1984. However, there are many challenges facing the mental health services in 2004. Central to these is the availability of funding for the treatment and care of persons with mental illness. Funding for mental health services has decreased from 10.6% of the health budget in 1990 to 6.8% in 2003.

This shortfall in funding has hindered the full development of community services, including community treatment and rehabilitation teams, day hospitals, day centres and hostel places. Services for children and adolescents with mental health problems are underdeveloped, as are services in old age psychiatry. Multidisciplinary teams in these specialties and in general adult psychiatry are generally small and often lack key personnel. This has led to restricted availability of psychological therapies and other interventions, resulting in a limited range of treatment options for service providers and in limited choice for service users. Other challenges include addressing the gaps and deficiencies in services for homeless persons with mental illness, in forensic psychiatry and in mental health services for those with an intellectual disability.

External Environment *continued*

NATIONAL AND INTERNATIONAL POLICY AND LEGISLATION

A number of key policy documents and reports, both national and international, are informing the current development of mental health services in Ireland and have served to highlight mental health as an important health issue. The 2001 Health Strategy *Quality and Fairness* described a framework for the development of all health services, including mental health, which placed an emphasis on quality and equity. Two reports have been published by the Working Group on Child and Adolescent Psychiatric Services: the first in 2001 contained proposals for the development of child and adolescent services and psychiatric inpatient units, and the second in 2003 focused on the development of services for 16-18 year olds.

Internationally, attention was focused on mental health with the publication in 2001 of the WHO Annual Report *Mental Health: New Understanding, New Hope*. WHO uses their Annual Report as an opportunity to highlight a particular health area and the aim of the 2001 report was to “raise public and professional awareness of the real burden of mental disorders and their costs in human, social and economic terms”. The publication of the report of the New Freedom Commission on Mental Health in the US; *Achieving the Promise: Transforming Mental Health Care in America* (July, 2003) continues to focus attention on mental health as an important health issue. The first goal of this report is that in a transformed mental health system “Americans understand that mental health is essential to overall health”.

International bodies have also laid down principles and guidelines underpinning the rights of people with mental illness. The UN Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care (the MI Principles) stipulate that all persons with a mental illness “shall have the right to exercise all civil, political, economic, social and cultural rights.” The Council of Europe has enshrined human rights principles in the European Convention on Human Rights and Fundamental Freedoms (ECHR). Ireland, as a member, is bound by these principles.

These and other international conventions were taken into account in the framing of the *Mental Health Act*, passed in 2001. This Act has been the most significant development in mental health in Ireland in the last 20 years. Part 3 of the Act was commenced in 2002 with the establishment of the Mental Health Commission.

The most recent development has been the formation of an Expert Group on Mental Health Policy by the Department of Health and Children (August, 2003), whose brief is to prepare a new national policy framework for mental health services.

It is within this environment that the Mental Health Commission currently operates. Developments in the external environment which the Commission must take account of include:

- **demographic trends:** The total population has increased and is projected to continue increasing for the foreseeable future. This increase, however, is occurring unevenly, with parts of the Greater Dublin Area showing increases of over 100% while other parts of the country remain static or show decreases. Of particular note is the projected increase in the elderly population. Some estimates predict that people over 65 will comprise over 14% of the population by 2011.
Ireland is now a multi-cultural society and this poses specific challenges to all health services, including mental health services.
- **social trends:** There is evidence of an increase in social factors which have links to increased rates of mental illness, such as a decrease in social/family cohesiveness, an increase in alcohol consumption and an increase in the use of illicit drugs. Social deprivation has been shown to be associated with high levels of mental health service use and there are continuing levels of significant social deprivation in some parts of the country. There has also been an increase in homelessness, and it is estimated that up to three-quarters of homeless people have a mental health problem;
- **economic trends:** Although the overall spend on health services has increased dramatically in the last number of years, the share for mental health services has decreased. Ongoing funding and investment in mental health services is required to ensure the development of comprehensive quality services. Funding for the Commission must also be ensured so that its statutory functions can be fulfilled.
- **public awareness and stigma:** Awareness and the level of knowledge of mental health issues among the general public is low and there is still a considerable lack of informed discussion around mental health issues and the stigma which attaches to those affected.
- **service users:** While there is some evidence of the greater involvement of service users in shaping mental health services, formal structures have not been developed to ensure consistent and long-term involvement in service planning and delivery. Peer advocacy is being developed in some areas and needs to be fully implemented throughout the country.
- **voluntary groups:** A number of well-organised, committed groups exist with a specific mental health interest. These groups play a significant role in increasing awareness of mental health issues, advocating for improved mental health services and developing and managing community residences.
- **organisation of health services:** Following the publication of a number of reports examining current health board structures, changes are expected in the structure and organisation of health services nationally and locally. These changes will present challenges as well as opportunities for mental health services.

Internal Environment

The Mental Health Commission is a new independent statutory organisation, with a mandate from the *Mental Health Act 2001*. This presents an opportunity for the organisation to establish the desired culture and key values by which everyone in the organisation will be expected to operate. The structure of the organisation can also be pre-determined and processes laid down from the outset.

Initiatives and developments within the Public Service that will shape the response of the Commission include the Strategic Management Initiative, Freedom Of Information Acts 1997, and 2003, the Quality Customer Service Initiative, Equality legislation and the Data Protection Acts.

Other factors impacting on the Commission's ability to implement its mandate include:

- **resources:** It is essential that the Commission has access to the required funding to fully implement all parts of its mandate within a specified time frame.
- **staff:** The Members of the Commission and its staff have a broad range of skills and many years of experience in mental health services or related areas. The staff and Commission Members have knowledge and contact with mental health services, which will help in implementing this plan.
- **training:** The Commission is committed to providing appropriate training for Commission staff and tribunal members as necessary and updating this training as required.
- **structures:** The organisational structure of the Commission reflects the statutory functions it must fulfil. The remit of the Commission incorporates the broad spectrum of mental health services including general adult mental health services, child and adolescent psychiatric services, forensic psychiatric services, psychiatry of old age services and mental health services for those with an intellectual disability.

VISION

Working together
for quality mental
health services.

MISSION

The Mental Health Commission is committed to fostering and promoting high standards in the delivery of mental health services, to promoting and enhancing the well-being of all people with a mental illness and ensuring that the interests of those involuntarily admitted under the provisions of the Mental Health Act 2001 are protected.

Guiding Principles and Values

The guiding principles and core values of an organisation define its ethos and culture. The fundamental principles informing the Commission in the implementation of its mandate are:

- Promoting quality in the delivery of mental health services.
- Promoting the interests of all persons availing of mental health services
- Protecting the interests of persons involuntarily admitted under the provisions of the Mental Health Act 2001.

The Commission is guided in particular by the principles enunciated in the Mental Health Act 2001, the UN Universal Declaration of Human Rights, International Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights, Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms and the UN Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care.

VALUES

The core values which define the Commission's ethos and culture and shape how we deliver our services, include:

Equity: This value will be manifest by the prioritisation of activities of greatest need and in accordance with the Commission's mandate.

Accountability and Integrity: These values will be expressed through the work of the Commission by operating at all times in a professional and transparent manner.

Quality: The Commission is committed to striving for continuous improvement of its activities.

Dignity and Respect: It is a core value of the Commission to treat all those in contact with the organisation with dignity and respect. The Commission is committed to providing services that are culturally and linguistically appropriate.

Empowerment and Advocacy: The Commission is committed to facilitating the realisation of the full potential of those availing of mental health services and promoting their best interests.

Confidentiality: This value underpins the work and activity of the Commission. The Commission is committed to handling confidential and personal information with the highest level of professionalism and will take due care not to release or disclose information outside the course of that necessary to fulfil our legal and professional requirements.

Achieving Together: It is our commitment to collaborate for improvement through ongoing partnership, consultation and teamwork.

Evaluation: The Commission is committed to ongoing review and monitoring of its activities and incorporating the required changes.



Strategic Priority No. 1

To establish the management, professional and organisational systems and infrastructure which will enable the Commission to fulfil its statutory responsibilities.

CONTEXT

The Commission is a relatively new organisation. The Commission members were appointed in April 2002, and the recruitment of personnel is ongoing. The Commission will be building on the work of the Inspector of Mental Hospitals and other key stakeholders, and will also be addressing new areas of statutory responsibility.



OBJECTIVES

- Put in place an organisational structure that is flexible and responsive to the needs of the organisation.
- Establish the appropriate staffing levels to enable the Commission to fulfil its statutory functions.
- Establish the physical infrastructure for the Commission.
- Develop and implement appropriate Human Resource and Financial systems within the Commission that promote efficiency, effectiveness and probity.
- Devise and implement an Information Communications Technology (ICT) strategy for the Commission.
- Ensure compliance with the Code of Practice for the Governance of State Bodies and other related governance policies.
- Develop the ethos and culture of the organisation.
- Ensure positive and effective communication networks are in place internally and externally and nurture a sense of identity and unity of purpose within the organisation.

TARGETS

- Complete the recruitment of staff for the Commission in early 2004.
- Establishment of Commission's offices in St. Martin's House in early 2004.
- Ensure that effective and appropriate human resource and financial policies and procedures are in place and monitored by early 2004.
- Ensure that governance policies and systems are in place.
- Implement systems and procedures to address the requirements of other relevant legislation such as the Freedom of Information Acts and Data Protection Acts.
- Commission an overview of the Information Communications Technology (ICT) needs for the Mental Health Commission and publish the ICT strategy in early 2004.
- Publish the Annual Report and financial reports for the Commission, as per the provisions of the Mental Health Act 2001.





Strategic Priority No. 2

To promote and implement best standards of care within the mental health services.

CONTEXT

The UN Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care state, "All persons have the right to the best available mental health care, which shall be part of the health and social care system". (Principle 1.) Principle 8.1 stipulates that, "Every person shall have the right to receive such health and social care as is appropriate to his or her needs, and is entitled to care and treatment in accordance with same standards as other ill persons."

The Health Strategy "Quality and Fairness" identifies four principles, which underpin the health strategy. These are:

Equity People-Centeredness Quality Accountability

The Commission is committed to building on the work of the Inspectorate of Mental Hospitals, which has monitored and reported on the quality of care in mental health services on an annual basis. With the enactment of the Mental Health Act 2001 the Inspectorate of Mental Health Services will be reviewing and inspecting the full range of adult mental health services, e.g., in-patient units, out-patient clinics, day hospitals, day centres, community outreach teams and services. The remit of the Inspectorate of Mental Health Services also includes child and adolescent psychiatry and intellectual disability psychiatry. The Commission is also mandated to prepare and review codes of practice for the guidance of persons working in the mental health services and to establish and maintain a register of "Approved Centres".

OBJECTIVES

- To lead the process in the development of high standards of care and codes of practice which are uniform within the mental health services.
- To consult with the stakeholders in relation to standards of care within the mental health services.
- To support the development and ongoing audit of quality initiatives in the mental health services.

TARGETS

- Appointment of the core team of the Inspectorate of Mental Health Services by early 2004 and commencement of inspections.
- Publication of Annual Report by the Inspector, within the legally prescribed period.
- Preparation and publication of the standards of care which will underpin the inspection process.
- Establishment of a consultative process with all the stakeholders with a view to preparing codes of practice within a specified time scale.
- Advice on the preparation of regulations including the specification of the proper standards for accommodation and care within approved centres.
- Establish and maintain the register of approved centres.



Strategic Priority No. 3

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

CONTEXT

The Mental Health Act 2001, with the emphasis on standards of care and new procedures in relation to involuntary admissions, and consent to treatment, aims to protect the rights and welfare of users of mental health services. The Mental Health Commission is specifically mandated to take all reasonable steps to protect the interests of persons admitted involuntarily to approved centres under the Act.

The establishment of mental health tribunals, which are appointed by the Commission, is an essential component in ensuring the interests of those admitted involuntarily are protected.

These provisions of the Mental Health Act 2001 are in line with Principles 15, 16 and 17 of the UN Principles for the Protection of Persons with Mental illness and the Improvement of Mental Health Care.



OBJECTIVES

- Promoting the availability of comprehensive community mental health services.
- Ensuring that only those who require treatment on an involuntary basis are admitted involuntarily and for the minimum period necessary.
- Ensuring that the rights of those who are unable to give informed consent are promoted and protected.
- Reviewing and monitoring involuntary admissions.
- Providing information on the mental health services to the public in an accessible format.
- Providing information for those caring for persons availing of our mental health services.
- Supporting the development of advocacy services.

TARGETS

- Preparation of practice guidelines in relation to involuntary admissions within the mental health services in 2004.
- Establishment of the independent review system (mental health tribunals) for those admitted involuntarily in 2004.
- Introduction of an evaluation system for the mental health tribunals in 2005.
- Conduct an annual audit of involuntary admissions to approved centres.
- Preparation of rules for specific treatments as defined in the Mental Health Act 2001.
- Development, production and dissemination of materials such as leaflets, videos and a website for the public and for users of mental health services.
- Publication of data in relation to the mental health services in general and the mental health tribunals.





Strategic Priority No. 4

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

CONTEXT

“Although knowledge of mental and behavioural disorders has increased over the years, there still remain many unknown variables which contribute to the development of mental disorders, their course and their effective treatment. Alliances between public health agencies and research institutions in different countries will facilitate the generation of knowledge to help in understanding better the epidemiology of mental disorders, and the efficacy, effectiveness and cost-effectiveness of treatments, services and policies”.

WHO Report 2001 *Mental Health: New Understanding, New Hope*

The Health Strategy ‘Quality and Fairness’ acknowledges that quality service provision requires information which is appropriate, comprehensive, high-quality, accessible and timely. Information and research play a key role in ensuring quality, evidence-based policies and interventions.

The Health Research Board’s Mental Health Research Division holds two key databases, the National Psychiatric In-Patient Reporting System (NPIRS) and the Two County Psychiatric Case Register.

The Health Research Board has also published a number of specific research projects in the mental health area. Mental health agencies and personnel working in the mental health services have also undertaken research projects. However it is acknowledged that the research base is small and underdeveloped in Ireland. The Commission accepts that systematic evaluation of innovations and service models is required, along with a mechanism to disseminate the findings, so that evidence-based, high quality mental health services can be provided in Ireland.

Dr. Fiona Keogh, Mental Health Commission Annual Report 2002

OBJECTIVES

- To promote high-quality epidemiological and service research in relation to the mental health services in Ireland.
- To establish systems for recording and disseminating knowledge on best practice in the mental health services.
- To establish an ongoing research programme based on identified priorities.
- To support national and international research links and networks.

TARGETS

- To publish the research strategy for the Mental Health Commission.
- To review current research projects within the mental health area.
- To identify priority areas for research for the next two years.
- To finalize research with service users on the provision of mental health services.
- To initiate research on community residences.



Strategic Priority No. 5

To increase public awareness and interest in mental health services.

CONTEXT

Addressing stigma and discrimination experienced by users of mental health services is a complex issue requiring a multi-faceted response. The Commission in the Annual Report 2002 acknowledged this important issue and gave a commitment to prioritise action in this area.

“Stigma remains an enduring problem, with widespread negative consequences. It has a negative impact on the willingness of people to acknowledge mental health problems with subsequent difficulties for early diagnosis and treatment. It also reduces the necessary priority given to mental health in relation to other health problems”.

Chairman’s statement, Mental Health Commission Annual Report 2002



OBJECTIVES

- To support the ongoing education and training programmes of front-line personnel such as gardaí, general practitioners and community care personnel in relation to the nature of mental illness and the needs of those involved.
- To promote and sponsor public information and awareness campaigns which will inform the wider community about the nature, extent and impact of mental illness and mental disorders.
- To monitor media presentation on mental illness and to encourage media presentation that promotes informed positive attitudes to those with mental illness.

TARGETS

- To initiate public awareness campaigns, solely and in liaison with other groups, which will help to dispel the stigma associated with mental illness.
- To engage with the media in relation to the nature and extent of mental illness and the appropriate presentation of such issues.
- To initiate an evaluation study on how mental illness issues are portrayed in the media.
- To prepare a communications strategy for the Commission.





Strategic Priority No. 6

To provide an efficient, responsive, quality service to our customers.

CONTEXT

Delivering Better Government (1996) acknowledged the importance of delivering a quality service to the customer. Consultation with customers on a structured basis and the provision of quality information in an accessible format were identified as key factors in promoting the quality agenda. In 2000, revised Principles (building on 1997 Principles) of Quality Customer Service were issued.

These are:

Quality Service Standards, Equality/Diversity, Physical Access

Information, Timeliness and Courtesy, Complaints (System)

Appeals (System), Consultation and Evaluation, Choice

Official Languages Equality, Better Coordination, Internal Customer

The Commission interacts with a wide range of customers ranging from service providers, users, carers and families, public, government and other state agencies, international agencies.

OBJECTIVES

- To provide high quality professional service response to our customers in line with the principles of Quality Customer Service Initiative.

TARGETS

- To prepare and publish a Customer Action Plan for the period 2004-2005.
- To provide training and information for the Commission's staff in the area of customer service.
- To establish a mechanism for obtaining feedback from our customers.
- To provide information in an accessible format.
- To endeavour to respond to queries within a designated pre-agreed time period.

Key Challenges

A number of key challenges face the Mental Health Commission in the implementation of the Strategic Plan 2004-2005.

1. Resources.

The availability of resources is crucial to the delivery of the Strategic Plan. The Mental Health Commission is a relatively new statutory agency. Adequate levels of funding will be required to enable the Commission to fulfil its statutory functions. The Commission will not be able to fulfil its statutory functions unless personnel are in place. Delays or barriers to the recruitment of the required levels of staffing will seriously impede the implementation of the strategic plan.

Attracting people to work and remain within the mental health services is a critical success factor. The current shortage of health professionals has delayed the development of multi-disciplinary teams. New service models will require training, support and ongoing evaluation.

2. Functions of the Commission.

The establishment of the Mental Health Commission under the provisions of the Mental Health Act 2001 was a significant development in the evolution of the mental health services in Ireland. The Commission is the independent statutory body responsible for promoting and setting standards of care and ensuring a quality mental health service. The recognition and acknowledgement of the Commission as the key professional mental health statutory body is essential.

3. Commitment and Involvement.

The active support and endorsement of the stakeholders and all those who are interested in the development of quality mental health services is critical to the successful implementation of the Commission's 2004-2005 Strategic Plan. The Mental Health Commission is committed to a comprehensive process of consultation during the period of this plan, which will inform the annual service planning process and the next strategic plan for the Commission.

4. Monitoring and Review.

Monitoring and evaluation are key elements of strategic planning. The annual service plan provides the opportunity to monitor and review the overall strategic plan. This will link operational objectives to strategic aims and facilitate adaptation to changing circumstances as they impact on mental health services. The Commission's annual reports and other publications will provide a public forum for reviewing progress on the strategic plan.