Public Sector Equality and Human Rights Duty

Implementation Plan

Our Vision Equity of access to person-centred mental health services and decision support services that deliver high-quality care and support.

Our Mission Promotion and vindication of human rights in relation to mental health services and decision support services.

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1. Introduction

The Mental Health Commission ("the MHC") is an independent statutory body established under the provisions of the Mental Health Acts 2001-2018 ("the Act"). Section 33(1) of the Act sets out the principal functions of the Commission, which 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 under the Act.

The Assisted Decision-Making (Capacity) Act 2015 as amended ("the 2015 Act") expanded this role by providing for the establishment of the Director of the Decision Support Service ("the Director") within the MHC to support decision-making by and for adults with capacity difficulties and to regulate individuals who are providing support to people with capacity difficulties.

All public bodies in Ireland have a responsibility to have regard to the need to promote equality of opportunity and treatment of its staff and service users, eliminate discrimination and protect the human rights of their members, staff, and service users. This is a legal obligation, called the Public Sector Equality and Human Rights Duty ("Duty"), and it originated in Section 42 of the Irish Human Rights and Equality Commission Act 2014.

A Public Sector Duty Working Group within the MHC ensures that the Duty is implemented in line with the Commission's statutory obligations. One of the functions of the working group is to ensure an implementation report is published each February. The working group reports to the Board of the Commission biannually and to the Commission's Human Rights Committee on a quarterly basis. The working group is made up of representatives from each division of the MHC (see section 3 below).

2. Implementing the Duty

The Mental Health Commission shall:

2.1 Carry out an assessment of the human rights and equality issues relevant to the functions of the Mental Health Commission ("assessment").

2.2. Agree actions to address these issues, publish these in an Implementation Plan and put in place policies, plans and actions, as required.

2.3 Bring to the attention of staff, the actions required to address the issues set out in the assessment.

2.4 Arrange for the setting out in each strategic plan, the issues arising from the human rights and equality assessment, and develop and implement policies, plans and actions to address the issues

identified in the assessment. The Commission's current Strategic Plan 2023-2027 is published on the MHC website.

2.5 Arrange for the provision of relevant information on developments and achievements in its 2025 annual report.

2.6 Deal with matters as they arise in order to meet the objectives in the Commission's Strategic Plan and enhance existing work in human rights.

2.7 Consult with service users and staff where appropriate with regard to the carrying out by the MHC of the Duty such as collecting equality data i.e. disability (staff) and gender balance (board)/gender and age of involuntary admissions (service users).

2.8 Raise awareness for example by making available to all staff the IHREC E-Learning module https://www.ihrec.ie/elearning/ and completion of IHREC workshops for management.

2.9 Audit the inclusion of the Duty in policies and governance frameworks as set out in the Policy on Policies.

2.10 Maintain records of consideration of the Duty in policy and decision making.

2.11 Appoint an equality officer.

3. Divisions of the Mental Health Commission

The MHC is made up of the following Divisions:

3.1 Mental Health Tribunals.
3.2 Standards and Quality Assurance.
3.3 Inspectorate.
3.4 Decision Support Service.
3.5 Corporate Operations.

3.1 Mental Health Tribunals.

The Mental Health Tribunals Division is responsible for the administration of Mental Health Tribunals within the statutory deadlines set out in the Act. Under the Act, every adult who is involuntarily detained in an approved centre shall have their detention order referred to an independent tribunal to be reviewed. This is a core requirement in vindicating and upholding a detained person's human rights.

3.2 Standards and Quality Assurance ("S&QA").

This division consists of a regulatory and a standards team. The team works closely with the Inspectorate.

The S&QA team is responsible for registration of approved centres, monitoring notifications daily and addressing non-compliance to ensure that all residents of approved centres are provided with safe care and treatment. The S&QA team produces reports based on data and information from mental health services and on occasion produces or commissions other pieces of research. Examples include the annual Restrictive Practices Activity Report and the Use of Electroconvulsive Therapy in approved centres.

The Standards team produces and updates rules and codes of practice, national standards, and guidance documents for staff working in mental health services. They carry out public consultations to inform these documents, such as the recent public consultation on the development of national standards for child and adolescent mental health services and engage with a wide range of organisations.

3.3 Inspectorate.

The Inspectorate Division consists of the Inspector of Mental Health Services and a multi-disciplinary team of Assistant Inspectors. As required by the Act, the Inspector is a Consultant Psychiatrist. The role of Assistant Inspectors is to assist the Inspector of Mental Health Services in the discharge of their duties. Section 51(1)(a) of the Act states that the principal function of the Inspector shall be to "visit and inspect every approved centre at least once a year in which the commencement of this section falls and to visit and inspect any other premises where mental health services are being provided as he or she thinks appropriate." Each approved centre is assessed against all regulations, rules, codes of practice, and Part 4 of the Act as applicable, at least once on an annual basis. The Inspectorate publishes reports on each approved centre visited.

3.4 Decision Support Service.

The Decision Support Service ("DSS") is a public-facing service established under the 2015 Act. The Director of the DSS and the Director's staff are staff of the MHC, with separate functions conferred by the 2015 Act. The 2015 Act repeals the wards of court system, replacing it with a graduated framework of decision supports. All adult wards are to be reviewed by the wardship court and discharged from wardship. The 2015 Act also provides tools for all persons who wish to plan ahead for a time when they might not be able to make their own decisions.

The principal functions of the DSS are to:

a. promote public awareness and confidence in relation to the 2015 Act and related matters.
b. provide information and guidance to individuals, organisations, and bodies.
c. maintain a searchable register of statutory decision support arrangements.
d. supervise the performance of decision support arrangements.
e. receive and investigate complaints about decision support arrangements.
f. establish and maintain panels of suitable persons to assist with certain functions.
g. to act as Central Authority for the purposes of the Hague Convention for the International Protection of Adults.

3.5 Corporate Operations.
The Corporate Operations Division provides support to enable the MHC to carry out its statutory responsibilities under legislation. The main components are:

a. Finance
b. HR
c. ICT
d. Procurement
e. Information Governance (including GDPR) and
f. Facilities.

Other initiatives and activities include Climate Action Plan, Health and Safety, Complaints and Protected Disclosures.

4 Issues assessed and plans to address these issues, relevant to the functions of the Mental Health Commission per Division

4.1 Mental Health Tribunals.

No.	Issues assessed relevant to the functions and purpose of MHC	Short- & Medium-Term plan to address the issues
1	Administration of Mental Health Tribunals to ensure compliance with the statutory deadlines under the Mental Health Acts 2001-2018 and Team Targets.	Policies and Standard Operating Procedures have been developed to ensure that all Mental Health Tribunals are organised within statutory deadlines.
2	Literature/documentation relating to Mental Health Tribunal functions/activities is available and accessible.	Raise awareness of available literature in English and other languages to relevant external stakeholders. Plain English correspondence developed for detained persons with appropriate useful information included and further information accessible by QR Codes and weblinks.

3	Requirement for Mental Health Tribunal Panel Members to be up to date and trained on all relevant legislative, statutory and procedural matters. In addition, the provision of information that enhances their understanding of mental illness, psychiatry, treatments and other related matters.	Legal Representatives, Tribunal Chairpersons, Tribunal Lay Members, Independent Consultant Psychiatrists/Tribunal Consultant Psychiatrists were provided with individual panel training to discuss issues, to share knowledge, understanding and address issues in a collaborative setting with the MHC providing information and guidance. Recruitment of additional panel members commenced in 2025 and is due for completion in February 2026.
4	Key external stakeholders are provided with information and updates on legislative, statutory and procedural matters.	The MHC participated in information sessions for Responsible Consultant Psychiatrists and Mental Health Act Administrators ("MHAAs") in the HSE and Independent approved centres. Quarterly reporting provided to An Garda Síochána.
5	People using services, including involuntarily detained patients, have the means to express their views and to provide the MHC with valuable input and feedback, enabling the MHC to consider appropriate actions to improve MHC processes and procedures as well as informing improvements to mental health services.	Participation in the National Patient Experience Survey of Mental Health Services.
6	Persons who are involuntarily detained are provided with information regarding their rights as inpatient in hospital, with the most up to date information.	A review of the provision of information for involuntarily detained patients in other languages took place. This information is already available in 14 languages and and translations were provided for an additional 4 languages. Audio recordings of literature for detained persons is available on the MHC website in six languages alongside the translated documents.
7	Persons who are involuntarily detained, and other residents in mental health facilities, are provided with information regarding their right to vote and how to access that right.	A communication plan was prepared for 2025 Presidential Election to raise awareness of the right to vote for those involuntarily detained and all other residents in mental health facilities.

8	Persons who are involuntarily detained are provided with information, in an accessible format, regarding their rights as an inpatient in hospital, with the most up to date information.	A series of information videos was produced for service-users and other relevant stakeholders on involuntary admission and Mental Health Tribunals.
9	Persons who are involuntarily detained are provided with a typed, digitally signed decision of the Mental Health Tribunal immediately after the conclusion of the Tribunal hearing.	Ongoing review of digitisation project to include reviewing hardware, training materials and support mechanisms to ensure significant uptake.
10	Ensure a high standard of legal representation is provided to involuntarily detained persons.	The MHC continues to review panel legal representatives' patient files to ensure high standards are maintained.

4.2 Standards and Quality Assurance.

No.	Issues assessed relevant to the functions and purpose of MHC	Short- & Medium-Term plan to address the issues
1	A need to increase the awareness of MHC staff and the Irish mental health service providers on LGBTQIA+ matters.	The MHC has prepared a guidance document to provide practical guidance to staff working with LGBTQIA+ service users across all types of mental health services (including inpatient services, community residences, and community mental health services). The purpose of the guidance is to raise awareness in relation to the rights of LGBTQIA+ people and promote positive and equitable experiences for people identifying as LGBTQIA+ who access mental health services. The MHC hopes that this guidance will support mental health services to provide high-quality care to LGBTQIA+ service users and create a positive change in the way LGBTQIA+ people are cared for within mental health services in Ireland. The MHC Regulatory Team received two training session from LGBT Ireland.
2	A need for guidance for Irish Mental Health Services on the Adoption and Implementation of a Human Rights-	Guidance for Irish Mental Health Services on the Adoption and Implementation of a Human

	Based Approach to Care and Treatment	Rights-Based Approach to Care and Treatment was developed and published. This guidance aims to support mental health service providers in embedding human rights-based principles into everyday practice by providing clear and practical actions. This guidance aligns with Ireland's commitments under key international and national human rights frameworks. It reinforces key principles such as equality, non-discrimination, accessibility, and autonomy. It also emphasises supported decision-making, community inclusion, and the recognition of individuals' will and preferences.
3	A need to develop the National Standards for Child and Adolescent Mental Health Services.	Standards are being developed in consultation with an expert advisory group and a broad range of stakeholders, including children and young persons, individuals who have used CAMHS services, families, advocates, and staff working in mental health services. The standards will emphasise the importance of accessibility and availability of services to all children regardless of their background and abilities. The project commenced and is progressing in line with the project plan
4	A need for National Standards for Community Mental Health Centres.	Standards were developed in consultation with an expert advisory group and a broad range of stakeholders, including individuals who have used CAMHS services, families, advocates, and staff working in mental health services. The development and publication of the standards will support mental health service providers in preparing for the commencement of regulations for mental health residences. The standards will emphasise a human-based, person-centred, and recovery-oriented approach to the services, highlighting the importance of accommodating all service users regardless of their background and abilities. The development of the standards is progressing in line with the project plan and draft standards have been developed.

5	A need for guidance for staff providing mental health services to persons with co-occurring mental health diagnoses and intellectual disabilities (“MHID”) across all types of mental health services.	The guidance is at the final stage of development, with implementation resources being designed. The guidance replaces the MHC Code of Practice from 2009. This guidance is based on the most recent evidence review, current best practice, and consultation with experts by experience, and professionals. This guidance provides practical strategies that service providers and practitioners can implement to improve outcomes for persons with MHID. The purpose of the guidance is to support staff in delivering care and treatment. The development of the guidance is progressing in line with the project plan.
6	A need to develop and publish a peer-reviewed paper on the use of restrictive practices in the approved centres.	The paper titled: "Declining restrictive practice in approved centres in Ireland: improving quality of care through the adoption of a human rights-based approach" highlights positive changes in the Irish mental health services in reducing applications of restrictive practices, including physical restraints, mechanical restraints, and use of solitary confinement. The paper was published in the Irish Journal of Psychological Medicine.
7	A need to update the MHC policy on standards development.	The policy will include specific provisions related to MHC public sector duties. It will emphasise the meaningful involvement of groups protected under public sector duty legislation, in line with best practice. The policy will foster a collaborative approach to developing standards, regulations, rules, and codes of practice. It will also require certain activities to be undertaken in relation to public consultations and the composition of expert advisory bodies. The development of the policy progresses in line with the project plan and is envisaged to be concluded in 2026.

8	Participation in National Patient Experience Survey of Mental Health Services.	The MHC is participating in the survey, with the aims of capturing the voices of service users, enabling the MHC to consider actions based on their feedback, which might bolster the delivery of services in Irish mental health services in line with public sector duties and obligations. Conducted by the National Care Experience Programme in partnership with HIQA, the HSE, the Department of Health and the Mental Health Commission, the survey collects feedback to enhance the quality and safety of mental health services in Ireland.

4.3 Inspectorate.

No.	Issues assessed relevant to the functions and purpose of MHC	Short- & Medium-Term plan to address the issues
1	Ensure the right to a system of health protection that provides equality of opportunity for people to enjoy the highest attainable standard of health through inspection and reporting.	The MHC visited and inspected all approved centres in 2025 and reported on findings against compliance of Regulations under the Mental Health Act 2001-2018, rules governing the use of Seclusion, Mechanical Restraint, ECT and the Code of Practice on Physical Restraint, Admission, Transfer and Discharge, ECT and Child Admissions to Adult units. Annual inspection reports of Approved Centres are developed and published to inform the public on practices within the approved centres underpinned by the rights prescribed to individuals who are admitted to approved centres under the Mental Health Acts 2001-2018 and Regulations 2006.
2	Resident interviews are conducted, and the Peer Advocacy in Mental Health network, among other advocacy networks, are contacted during an inspection. Feedback received is included in the approved centre inspection report.	The MHC included feedback received regarding residents' experience whilst admitted to an approved centre in the approved centre annual inspection reports.

3	Information received by the MHC is considered within the remit of the regulatory practices such as standards, code of practice or rules if attached to an approved centre, or other mental health service. This is to ensure the promotion, encouragement and fostering of the establishment and maintenance of high standards and good practices in the delivery of mental health services across the state.	The MHC reviews information received via the Submitted Issues of Concern committee at least once every two weeks on an ongoing basis. If information received is not within our remit, service users and others are signposted to other agencies which may support them.

4.4 Decision Support Service.

No.	Issues assessed relevant to the functions and purpose of MHC	Short- & Medium-Term plan to address the issues
1	Accessibility of the DSS service to persons with a disability, other condition or where additional supports needed.	(1) EPA helpdesk service continues to manage an ever-increasing volume of queries with nearly 50,000 service interactions through phone, email, post or ID verification throughout 2025. EPAs account for 80% of the demand. (2) Accessibility policy continues to manage access to manual applications and ensure access to those who genuinely need it thus bringing processing times for manual and digital applications in line with one another. (3) Where needed the helpdesk team have engaged with the access officer to support people to access our services. (4) EPA roadshow held in south Dublin in October with over 150 attending the information evening and 60 attending dedicated appointments the following day to get support in setting up their EPA and their MyDSS account login. A schedule of similar regional events is planned for 2026.

2	Provision of suitable and accessible information to persons with a range of needs and capacity challenges.	Dedicated Information Services Team received sanction for 10 staff members, allowing us to have a permanent helpdesk in place to support the public in making EPAs. Easy read information and accessible website developed, My Choices booklet printed in hard copy for distribution to service users, videos, step-by-step guides FAQs. In November 2025, the DSS delivered a Webinar to provide information and updates for frontline staff and others working in the financial sector to promote understanding of the 2015 Act and its application in banking.
3	Costs as a barrier to DSS supports and services, people should have an equal opportunity to access DSS services.	Fee waiver process in place based on Regulations. Free Phoneline in place for all callers since 27 August 2024. Accessibility policy has ensured that manual applications are provided to those that require them and ensures that they receive processing times equal to digital applications.
4	Upholding the rights of persons to decision-making autonomy.	Member of the public can have a legally recognised agreement for joint decision-making, upholding their right to decision-making autonomy. Arrangements can be verified through a public register to ensure decision-making autonomy is recognised by third parties.
5	Complaints Procedures revised to ensure that fair procedures are applied at every stage, and individual complaint forms published covering each tier of decision supporter.	Revised Complaints and Investigation Procedures were published on the DSS Website on 24 November 2025. In addition, individual complaint forms have also been published for each type of decision supporter to make it easier for people to make a complaint.

6	Persons do not have a suitable decision supporter.	Onboarding of new panel members complete end of July 25. Training for new and existing panel members on the Decision-Making Representative panel complete April 25. Online training for general visitors took place 25 September 25. Attendance for this training was at 70%. Ongoing support provided to panel members via DSS training platform, Moodle, which is updated regularly with training resources. Monthly newsletter issued to panel members.
7	Requirement for Complaints & Investigations Team to give adequate reasons for their decisions.	The Complaints & Investigations Team is very conscious of the need to give reasons for the views that are issued in relation to investigations. This requirement has been incorporated into our standard operating procedures.
8	The Complaints and Investigations Team has the power to informally resolve a well-founded complaint if this is considered feasible and for the relevant person's benefit.	Where the DSS considers it possible to resolve a complaint informally, the Complaints and Investigations Team will work with the relevant parties to get the arrangement back on track, if this is for the benefit of the relevant person, and in line with their will and preference. Informal resolution helps to maintain family relationships and avoids the need to refer the matter to court.

4.5 Corporate Operations.

No.	Issues assessed relevant to the functions and purpose of MHC	Short- & Medium-Term plan to address the issues
1	Dignity at work. Employees have the right to work in a safe environment, free from bullying, harassment and sexual harassment.	A Dignity at Work policy has been developed, Contact and Designated Persons identified, and training has been delivered.
2	The MHC should promote a working and learning environment that values diversity and equality.	The Diversity, Equality and Inclusion Policy was approved by the MHC in February 2025 and an Equality Officer appointed.

		Equality Diversity and Inclusion training is being sought.
3	Equality and human rights matters receive library support.	The librarian updates the library with relevant resources and provides updates to internal stakeholders across a range of equality and human rights issues. In conjunction with the Standards team, a rapid review on mental health services was conducted utilising the resources available in the library.
4	The MHC has responsibilities to cut emissions and meet our climate targets.	a) The MHC has developed a Climate Action Roadmap, which the Board have approved. A summary of this roadmap can be read on the website. b) A green team and Energy Performance Officer have been identified. c) Senior leaders and Board have undertaken climate training.
5	Employment of Disabled People.	A survey of all staff was conducted (NDA recommended approach) and the figure is 9.82% for 2024. This is more than double the 4.5% target for 2024. The MHC participated in the Willing Able Mentoring programme (WAM) in 2025.
6	The health and safety of our employees is protected.	The MHC has a Health and Safety Committee and meetings were held in all four quarters in 2025 and health and safety matters addressed through this forum.
7	Promote the Irish Language.	Irish language initiatives being promoted in the MHC internally. Customer engagement in Irish is ongoing e.g. complaints, freedom of information.
8	Protect the privacy and data rights of individuals.	The Information Governance Group (with representatives of all Divisions) ("IGG") met quarterly throughout the year and reviewed any data incidents and breaches. The IGG identified measures to be taken in response to specific data incidents or trends e.g. training.
9	Ensure that the right to appeal a Mental Health Tribunal is facilitated through the effective administration of the legal aid scheme.	The scheme was administered in an efficient and equitable manner, using the legal aid procedures.

5 Reporting

The Mental Health Commission reports as follows:

1. In its Strategic Plan (Supporting Change Strategic Plan 2023-2027), the MHC addresses its Section 42 obligations and sets out its vision, mission, and values, including the value of human rights, its strategic priorities as they relate to equality and human rights and its oversight, governance, and internal practices.
2. In its annual report the MHC reports on the developments and achievements relating to the issues which are assessed making reference to the Implementation Plan.
3. The Board of the Commission monitor business plan compliance which is informed by the requirement to consider the Duty in setting out objectives.
4. The Commission's Public Sector Duty Working Group reports to the Irish Human Rights and Equality Commission through a monitoring portal for public bodies setting out how the Duty is implemented.
5. The Commission publishes an Implementation Plan annually on the assessment of issues and how these are addressed.

6 Revision History

Date	Description	Approved by
2021	Duty Plan	SLT
15 March 2022	Duty Plan	SLT
1 November 2024	Implementation Plan for Public Sector Equality and Human Rights Duty	SLT
26 January 2026	Implementation Plan for Public Sector Equality and Human Rights Duty	SLT