

MENTAL HEALTH COMMISSION *Coimisiún Meabhair-Shláinte*

*Working Together for Quality
Mental Health Services*

STRATEGIC PLAN
2009 - 2012



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A MESSAGE FROM THE CHAIRMAN

This is the third Strategic Plan published by the Mental Health Commission since its establishment 7 years ago in 2002. The plan for the period 2009 - 2012 sets out the strategic priorities for the Mental Health Commission within the context of an overall vision for the mental health services in 2020 - a recovery oriented mental health service based on a partnership model of care and treatment. Developing a recovery oriented mental health service is a significant challenge. It implies a fundamental change in how mental health services are organised and delivered, focusing on models of partnership, inclusion and self-management.

Integral to a recovery oriented mental health service is the involvement of service users. Since its establishment the Mental Health Commission has emphasised and promoted the participation of service users in all aspects of the mental health system from service planning to service provision. The Mental Health Commission will continue to advocate for the full engagement of service users especially in regard to individual care plans. This commitment to service user empowerment is a key element of government policy on public service reform. People with a mental illness continue to experience stigma and discrimination. Engaging with service users helps to address the sense of isolation and exclusion which can be experienced by someone with a mental illness.

Working to achieve good outcomes for people who use mental health services has been identified as a key strategic priority for the Mental Health Commission. Delivering quality mental health services requires an integrated cohesive response from all the stakeholders in the mental health system. The Strategic Plan outlines the role of the Commission and the actions it will take to advance this.

The Commission will continue to fulfil its role of protecting the rights of people admitted involuntarily and looks forward to the findings of the proposed research on the impact of Part 2 of the Mental Health Act 2001 and in particular hearing from service users on their experiences.

I look forward to working with my fellow Commission members and the Mental Health Commission executive in achieving the strategic priorities for the period 2009 - 2012. The continued support of our stakeholders is greatly appreciated, in particular the support and assistance of the Department of Health and Children.



Dr. Edmond O'Dea

Chairperson

June 2009

INTRODUCTION FROM THE CHIEF EXECUTIVE OFFICER

I am pleased to introduce the third Strategic Plan for the Mental Health Commission. The Strategic Plan with its six interconnected strategic priorities translates into goals and actions the mandate of the Mental Health Commission, pursuant to the Mental Health Act 2001. The plan defines the strategic direction of the Mental Health Commission for the period 2009 - 2012.

Since the publication of the last Mental Health Commission Strategic Plan, the Mental Health Act 2001 has been commenced in full. Previous strategic plans focused on the actions required prior to the commencement of the Mental Health Act 2001. This current plan builds on and develops what has been achieved to date.

Strategic planning is an essential element of the effective management of an organisation.

This plan places renewed emphasis on ensuring resources are effectively and efficiently deployed. This is critical in the current challenging economic times.

The Annual Business Plan of the Mental Health Commission identifies the operational targets within the overall framework of this Strategic Plan. The Business Plan is monitored on a number of levels including regular reports to the Commission and the publication of the Mental Health Commission Annual Report and other publications.

The Commission consulted with our key stakeholders in preparing the Strategic Plan, and their views informed the development of the plan. I wish to thank all those who contributed to the consultation process. Ongoing partnership and collaboration are critical to achieving quality mental health services in Ireland.

The Strategic Plan sets ambitious targets for the Mental Health Commission. Striving for continuous quality improvement is one of the core values of the Mental Health Commission. With the continued support and commitment of all stakeholders, these strategic priorities can be achieved.



Bríd Clarke

Chief Executive Officer

June 2009

COMMISSION MEMBERS - APRIL 2007-2012 (At time of appointment)



Dr. Edmond O'Dea
**Chairman &
Principal Psychologist**
Health Service Executive
West



Mr. Brendan Byrne
**Director of
Nursing**
Carlow/Kilkenny
Mental Health Services



Ms. Emile Daly
Barrister-at-law



Ms. Marie Devine
Bodywhys



Dr. Brendan Doody
**Consultant Child
Psychiatrist**
Health Service Executive
Dublin Mid Leinster



Mr. Padraig Heverin
**Clinical Nurse
Manager II**
Mayo Mental Health
Services



Dr. Martina Kelly
**General
Practitioner**



Dr. Mary Keys
Lecturer
NUI Galway



Dr. Eamonn Moloney
**Consultant
Psychiatrist**
Health Service Executive
South



Mr. Martin Rogan
**Assistant National
Director Mental Health**
Health Service Executive



Mr. John Saunders
**National
Director**
Schizophrenia Ireland



Mr. John Redican
**Chief Executive
Officer**
Irish Advocacy Network



Ms. Vicki Somers
**Principal Mental
Health Social Worker**
Health Service Executive
Kildare West Wicklow
MHS

MENTAL HEALTH COMMISSION

BACKGROUND

LEGAL MANDATE

The Mental Health Commission (MHC) was established in April 2002 as an independent statutory body under the provisions of the Mental Health Act, 2001 with a mandate to carry out two principal functions:

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

The Act specifies the meaning of *"mental health services"* as *"services which provide care and treatment to persons suffering from a mental illness or a mental disorder under the clinical direction of a consultant psychiatrist"*. (Section 2.1)

Section 4 of the Act underscores the principal criterion against which all decisions should be made: the best interests of the person.

4. (1) In making a decision under this Act concerning the care or treatment of a person (including a decision to make an admission order in relation to a person) the best interests of the person shall be the principal consideration with due regard being given to the interests of other persons who may be at risk of serious harm if the decision is not made.
- (2) Where it is proposed to make a recommendation or an admission order in respect of a person, or to administer treatment to a person, under this Act, the person shall, so far as is reasonably practicable, be notified of the proposal and be entitled to make representations in relation to it and before deciding the matter due consideration shall be given to any representations duly made under this subsection.
- (3) In making a decision under this Act concerning the care or treatment of a person (including a decision to make an admission order in relation to a person) due regard shall be given to the need to respect the right of the person to dignity, bodily integrity, privacy and autonomy.

The Commission reiterates its commitment to ensuring that the best interests of the person hold primacy at all times and remains vigilant in guarding against any dilution of this principle in the operation of the Act. The Commission holds the view that the person's best interests are best protected by adherence to the provisions of the 2001 Act.

THE BEGINNING OF A NEW ERA

After generations of relative neglect, underpinned by a pervasive stigma attaching to people with mental illness and mental disorder the past decade has seen the beginning of more enlightened public policy, legal protection and service provision. However, there is little change in the underlying social stigma, with the National Disability Authority reporting that people with a mental illness suffer more discrimination than other groups. (2007 Report, NDA: Compliance with Part 5, Disability Act 2005)

The enactment of the **Mental Health Act 2001** and publication of the Government's 10-year strategy for mental health **Vision for Change** in 2006 provide a comprehensive legal and policy framework for protecting the interests of people with a mental illness and for developing high quality mental health services.

While these landmark developments provide grounds for hope of a new era in mental health services, serious concerns remain. Implementation of the recommendations of **Vision for Change** has been slow, with little progress to show after three years as reported by successive reports from the Independent Monitoring Group established to oversee implementation. Crucially, the essential organisation structures, with clear senior executive accountabilities, delegated authority and assigned budgets have not yet been put in place. The **Annual Report of the Mental Health Commission 2008**, which includes the **Report of the Inspector of Mental Health Services 2008**, provides details of significant short-comings across many catchment areas and approved centres and indicates the scale of the challenge facing the Commission and other stakeholders.

The key achievement of the Commission during the period of the previous 2006 - 2008 strategic plan was the commencement of the Mental Health Act 2001 in full on 1st November 2006, encompassing the establishment of the independent review system for detained patients, the issuing of regulations for approved centres, Rules and Codes of Practice and the establishment of a registration system for approved centres.

MISSION OF THE MENTAL HEALTH COMMISSION

The **Mental Health Act 2001** together with **Vision for Change** presaged the creation in Ireland of good quality mental health services and protection of the interests of persons who use mental health services. It is in this context, where the people who are most vulnerable, by reason of their mental illness, are often either unable to assert themselves and protect their own interests or inhibited from doing that, the Mission of the Mental Health Commission is:

MISSION

To raise to the best international standards the quality of mental health services provided in Ireland and to protect the interests of all people who use mental health services¹.

¹ "mental health services" means services which provide care and treatment to persons suffering from a mental illness or a mental disorder under the clinical direction of a consultant psychiatrist.

Section 2, Mental Health Act 2001.

VISION OF IRELAND'S MENTAL HEALTH SYSTEM

This Strategic Plan is guided by our Vision of the Mental Health System, that is the system that we aspire to having in place in Ireland by the year 2020. This Plan contains objectives and prioritised actions for the period 2009 - 2012 that will deliver significant progress on the journey to first class mental health services and legal protection.

The perspective we adopt in articulating our Vision is that set out by the NESC 2005 Report on The Developmental Welfare State, where it states: *"A comprehensive response to any social need typically involves the engagement of a wide range of actors [in addition to the public sector] - on the part of individuals themselves, of their families and communities, of groups in the community and voluntary sector, and of the private sector"*.

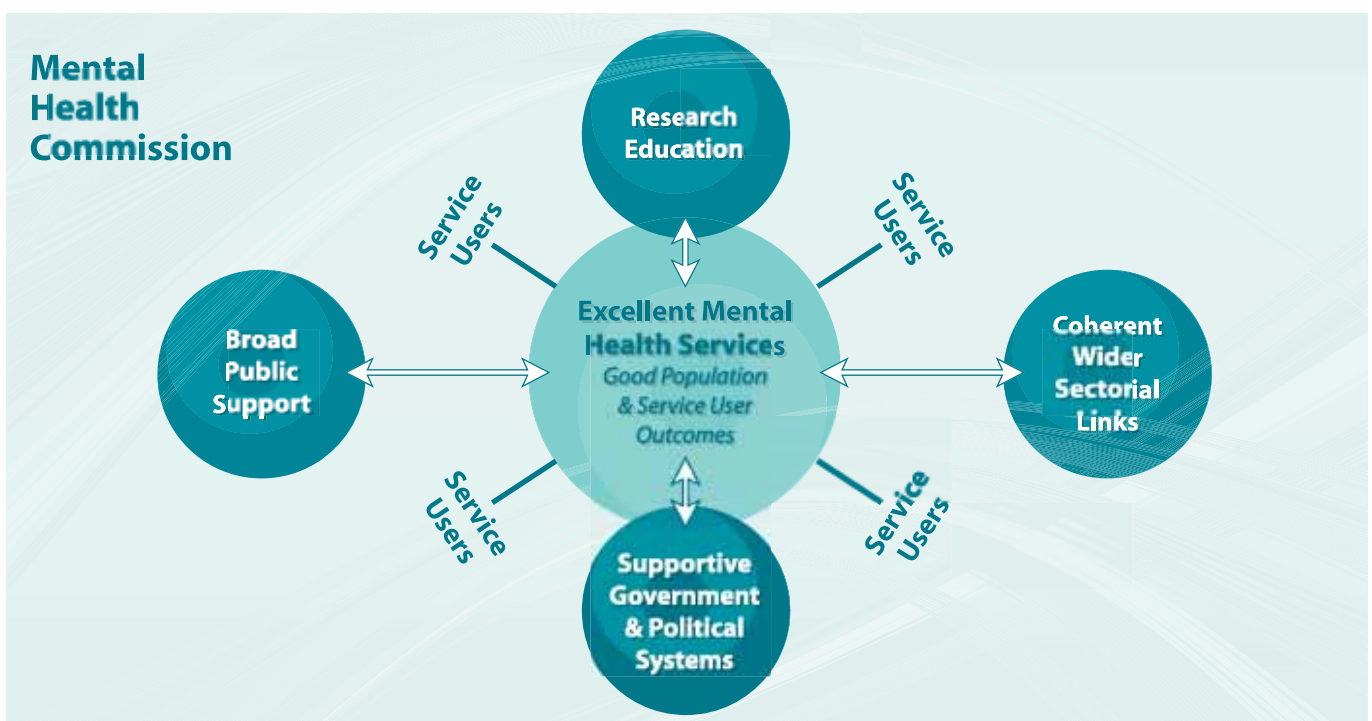
In Fig. 1 we depict the range of people and agencies, including service users and their families, who have a part to play in achieving our Vision of Ireland's mental health system by year 2020. This also enables the Commission, to define its own distinctive role and contribution in regard to each element of the total system.

The Commission's Vision reflects the Values underlying **Vision for Change** and endorses many of its aspirations.

- Service users and their families and friends are central, active players.
- The human rights and best interests of service users are protected.
- The quality of therapeutic interventions and mental health services is consistent with best international standards.
- Mental health services are provided by motivated staff equipped with competencies appropriate to the service they are working in.
- Public understanding of mental illness is deepening and public attitudes are increasingly respectful - stigma is diminishing.
- Policy, planning and evaluation and care and treatment practice are evidence-based.

In the context of our vision of Ireland's mental health system by the year 2020, the Mental Health Commission is seen as an efficient and effective organisation, with the interests of people using the mental health services at the forefront of all our activities.

FIGURE 1: THE IRISH MENTAL HEALTH SYSTEM - 2020



THE EXTERNAL ENVIRONMENT

Most features of the external environment surrounding the Commission and the mental health services that were mapped out in the two earlier Mental Health Commission strategy statements remain salient today. In addition there have been significant developments in the external environment, not least the international economic and financial climate and the current deficits in the public finances, which potentially could have serious implications for the funding of mental health services over the next five years or longer, and add renewed emphasis on the need to ensure resources are effectively deployed.

THE INTERNATIONAL CONTEXT

The specific contribution of the Mental Health Commission in raising the quality of mental health services to the best international standards is informed by a number of international conventions and declarations. The European Convention for the Protection of Human Rights and Fundamental Freedoms underpins the provisions of the Mental Health Act 2001, in particular the provisions relating to involuntary patients.

The work of the Commission is guided by and contributes to the principles enunciated in the following international conventions/declarations;

- 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
- United Nations Convention on the Rights of Persons with Disabilities
- WHO Mental Health Action Plan for Europe, Helsinki 2005

Specific legislative provisions which inform the work of the Mental Health Commission include;

- Mental Health Act 2001
- European Convention on Human Rights Act 2003
- Disability Act 2005
- Health Act 2004
- Health Act 2007 (Part 14)
- Freedom of Information Act 1997 & Freedom of Information Amendment Act 2003
- Data Protection Act 1988 & Data Protection (Amendment) Act 2003
- Criminal Law (Insanity) Act 2006
- Equal Status Acts 2000 - 2004

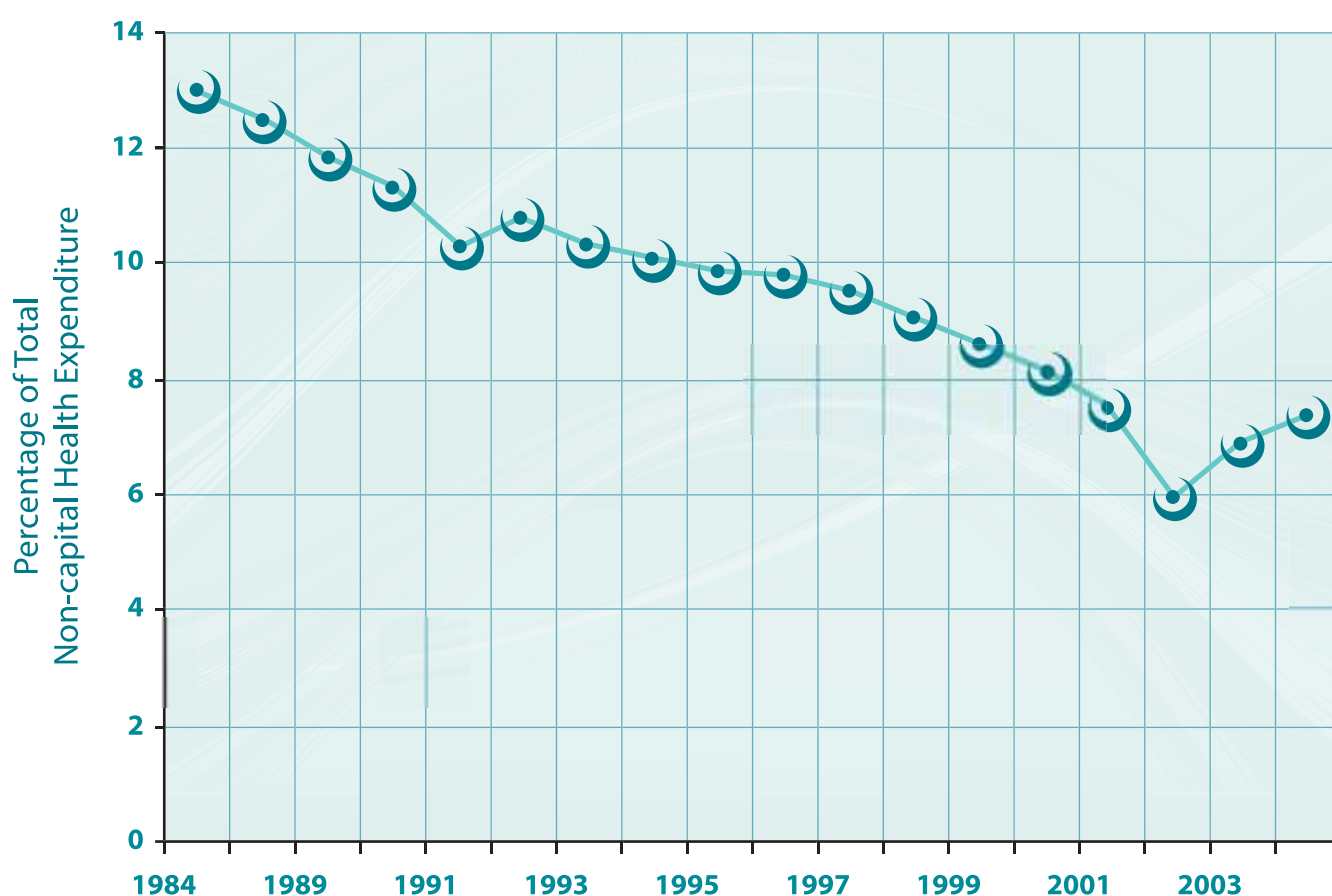
ECONOMIC ENVIRONMENT AND FUNDING OF MENTAL HEALTH SERVICES IN IRELAND

The current global economic crisis and the sharp deterioration in public revenue will impact on the funding available for publicly funded mental health services in the next number of years. Ensuring that the interests of those who use mental health services are protected and that the infrastructure to support the development of a modern community based specialist mental health service is in place will be overriding objectives for the Mental Health Commission in the years ahead.

Mental health services in Ireland have been underfunded, relative to best international standards and as a proportion of total Government spending on health for many years. A report published by the Commission in 2008, **The Economics of Mental Health Care in Ireland**, stated among its findings:

“Irish health care is financed by both public and private agencies, although the majority of resources come from public sources. While absolute spending on health care in Ireland has increased significantly in the past decade, the health care budget remains towards the middle of OECD expenditure levels. The share of total public health expenditure spent on mental health services has fallen in the past twenty years from just under 14% in 1984 to 7% in 2005. Mental health care has lost out in the ongoing scramble for scarce health care resources. In absolute terms, expenditure on mental health care has risen significantly, but the increase has been below that of other components of health care expenditure in the past twenty years. A Vision for Change recommended that the proportion of the overall health budget allocated to mental health should rise to 8%. In the 2007 Budget, total public spending on mental health is €800 million, out of an overall health budget of €14 billion, so that the mental health share is likely to be closer to 6% than to 8%.”

FIGURE 2: MENTAL HEALTH EXPENDITURE AS PERCENTAGE OF TOTAL HEALTH EXPENDITURE 1984-2005



Source: Department of Health and Children, 2006

Other important findings in this report relate to the variability of funding and associated mental health services across catchment areas in Ireland. The authors state that *“several studies have found that it is in areas that are most in need of resources that are under-resourced”*.

The National Economic and Social Council (NESC) report on **The Developmental Welfare State** (May 2005) makes observations regarding Government funding of services that are particularly pertinent in the difficult funding environment we now face: *“Current (total) public spending on health in Ireland is broadly comparable to other countries in the share of national resources being devoted to it. That Ireland, nevertheless, has poor relative health outcomes suggest better use can be made of the resources being devoted to health. This is not just a challenge to the management of health organisations and the ethos of health professionals but underlines the need for co-responsibility for health to be exercised right across Irish society (in use of alcohol, diet, etc.)”*

Innovative, cost effective mental health services and not simply the absolute level of funding, are a matter of strategic importance to the Commission.

The Report of the Task Force on the Public Service (2008) recommends a series of actions which focus on achieving improved performance by organisations and individuals and achieving greater efficiency, effectiveness and economy. The programme of transforming public services will be an important influence in the period of the strategic plan.

MENTAL HEALTH SERVICE PROVIDERS

Mental health services in Ireland are delivered by the Health Service Executive (HSE), voluntary and private sectors. The HSE as the agency that delivers most of the mental health services in Ireland is a key stakeholder.

The prospect of more clearly defined clinical and administrative leadership at local level, the creation of Primary Care Teams and Networks and strengthening of community-based services will impact on the development of mental health services and the communication channels between the Health Service Executive and the Mental Health Commission. Of particular concern to the Commission is the loss of mental health specialist services, skills and resources in the process of shifting service delivery away from acute hospitals and into the community and the establishment of multi-disciplinary Primary Care Teams and Networks - a direction which the Commission broadly supports.

Closer to the ‘coalface’, the current structures and staffing patterns of the mental health services present formidable obstacles to reform. A comprehensive manpower plan is required which addresses the ratios of consultant psychiatrists and psychiatric nurses to other health professionals including occupational therapists, social workers and clinical psychologists. Staffing ratios should be in line with Vision for Change and the Mental Health Commission’s discussion paper on multidisciplinary team working. The inherited imbalances in the skill mix of staff pre-empt the provision of the full range of treatment interventions and supports which the Inspectorate of Mental Health Services has recommended.

Professional bodies and trade unions are vital stakeholders in the reform and improvement of the mental health services. The challenge of delivering high quality mental health services cost effectively will require changes in work practices, attitudes and treatment models and significant investment in training and continuous professional development.

At the core of the mental health system is the paradigm that determines practically every aspect of thinking and practice regarding the nature of mental illness, its causes, its treatment and a person’s prospects for recovery treatment regimes, staff training and the composition of mental health service teams. The MHC has declared an unequivocal commitment to the recovery approach which acknowledges the need to apply a mix of therapeutic interventions. Considerable and sustained effort will be required to build a consensus regarding this philosophy.

DEMOGRAPHIC TRENDS FOR SERVICES

The trajectory of Ireland's demographics, a range of social trends and the consequences of the decline in the economy will impact on the demand for mental health services.

The total population in Ireland is projected to increase into the foreseeable future with a significant increase in the elderly population. In 2006, Ireland had the lowest proportion of its population aged 65 or over among EU countries at 11%, compared to an EU average of 16.8%. However, in the period 2006 to 2026 there is a projected upward trend in the 65 and over dependency ratios for both Ireland and the EU increasing from 16.4% to 25.1% in Ireland and increasing from 25.2% to 36.6% in the EU. A significant increase in the number of young persons (in those aged 0-14 years) is also anticipated. The CSO projects that between 2006 and 2026 the number of young persons is to increase by 28.8% in the State as a whole. Regional variations in population structure should also inform mental health service provisions.

Ireland is now a multi-cultural society and this poses specific additional challenges to the mental health services, in providing responsive, accessible services.

Lifestyle and social trends which have demonstrable links to increased rates of mental illness continue on a negative path. The increase in the use of illicit drugs, the patterns of alcohol consumption, an erosion of family and community cohesiveness, the growth in unemployment, the deterioration in many people's finances and the levels of poverty, particularly child poverty, are all factors that can be expected to lead to an increase in mental health problems. Homelessness continues to be a major social problem and it is acknowledged that some people who are homeless have a mental illness.

The National Economic and Social Forum (NESF) Report on Mental Health and Social Inclusion (Oct 2007) highlighted the consistent relationship between mental ill-health and indicators of social exclusion, such as low income, poor education, unemployment and low social status.

WIDER MENTAL HEALTH DOMAIN

The National Economic and Social Council (NESC) report, **The Developmental Welfare State (2005)**, states that one of the strategic requirements for achieving significant and lasting improvements on a particular social issue, like mental health services, is to forge a shared vision and coherent response among all of the important stakeholders.

"The interventions of several government departments and public agencies are typically required to respond effectively to the same social issue (e.g. health inequalities). Increasingly, therefore, one public body needs to assume a lead role and to innovate new ways of working across the public sector that are interdepartmental, cross-agency and multidisciplinary. A comprehensive response typically involves the engagement of a wide range of actors outside of the public sector - on the part of individuals themselves, of their families and communities, of groups in the community and voluntary sector, and of the private sector."

Within the mental health domain among the important stakeholders, in addition to the core service providers, are the Garda Síochána; the Prison Service and the Courts Service; the education system; the local authorities, which are the main providers of public and social housing; and the Department of Social and Family Affairs. A number of non-governmental organisations (NGOs) provide services and advocacy. More recently the Irish Mental Health Coalition has been established, which comprises a core group of five organisations that have combined forces and energies to advocate for people's rights to the highest attainable standard of mental health and mental healthcare.

Building a shared vision and alignment of action, consistency in practice and operational coherence among these diverse organisations is key to achieving the vision of Ireland's mental health system.

PUBLIC AWARENESS AND STIGMA

It is accepted universally that the stigma attaching to people with a mental illness is a root cause of discrimination, inequality and the disempowerment of people with a mental illness.

Although an estimated one in four individuals is likely to experience a mental health problem at some point in their lives, there remains widespread ignorance, apathy and fear regarding mental illness and mental disorder. The media displays a growing positive interest in mental health, on the one hand, but sensational reporting of events involving people with a mental illness continues.

Because of the deep and damaging influence of stigma on all aspects of mental health services and on the experience of people who have a mental illness, the Commission attaches high importance to addressing stigma in partnership with service providers, service users, NGOs, the educators, employers and others.

INFORMATION AND RESEARCH ON MENTAL HEALTH SERVICES

Numerous reports including A Vision for Change and reports of the Mental Health Commission and Inspectorate of Mental Health Services have referred to the absence of robust information management systems within the mental health services. In recent years while there have been some inroads into the development of information systems within the wider health system, mental health services information systems remain underdeveloped and almost entirely paper-based. The development of a comprehensive mental health information system must remain as a key priority and is an essential tool in promoting the effective and efficient delivery of mental health services.

Good quality information is a prerequisite to mental health research. Strategic planning and service delivery should be underpinned by high quality mental health research. Research is of equal importance to the service user, the policy maker and the practitioner. The Mental Health Commission, since its establishment, has actively supported the development of mental health services research programmes. Working with other agencies including the Health Research Board, The Economic and Social Research Institute, third level institutions, service user research groups on an all-Ireland basis, mental health services research will remain a key priority during the period of the Strategic Plan.

ENGAGING SERVICE USERS

Service users have a unique insight into mental health services, and have a key role to play in the planning and development of services. Ultimately this will lead to more accessible, acceptable services which contribute to providing better experiences. It is acknowledged that service users, families and carers, are the most important stakeholders within the domain of mental health. They should be integral to all aspects of the services.

Among the five priorities in the Action Plan adopted by the WHO European Ministerial Conference in Helsinki in 2005 was: *"to recognise the experience and knowledge of service users and carers as an important basis for planning and developing services"*. Government policy 'Vision for Change (2006)' strongly endorses the process of engagement.

"Service providers should work in partnership with service users and their families, and facilitate recovery and reintegration through the provision of accessible, comprehensive and community-based mental health services".

It is important that service users experience a recovery approach to care and treatment that focuses on empowering relationships, based on trust, understanding and respect. The Mental Health Commission views of a recovery approach are set out in their document **A Recovery Approach Within the Irish Mental Health Services**; Recovery is seen as both a concept and practice. The Mental Health Commission envisages it will ultimately become the governing paradigm for the mental health services. The approach supports the *"person in their personal journey"* and *"involves enabling and empowering"*.

The Mental Health Commission is fully committed to engagement with service users, families and carers in all aspects of mental health from service planning to service provision. Service users are represented at board level; they are involved as part of the Inspectorate team; they contribute to training programmes; and they are included in all consultation processes. The Quality Framework for Mental Health Services in Ireland (2007) provides a mechanism for services to continuously improve the quality of mental health services. The Framework places the service user at the centre of service provision, promoting an empowering approach, where mental health services facilitate an individual's personal journey of recovery.

INTERNAL ENVIRONMENT

GUIDING 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 operates at all times with probity and in a transparent manner.

EFFICIENCY AND EFFECTIVENESS

The Commission is committed to exercising good stewardship over the resources allocated to the organisation.

EQUALITY AND DIVERSITY

The Commission respects the dignity of those in contact with us and values people for their unique contribution.

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 fulfil 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 improvement through ongoing partnership, consultation and teamwork.

The Mental Health Commission, in the 7 years since its establishment has delivered on the strategic priorities set out in the Strategic Plan 2004 - 2005, and 2006 - 2008. The progress on these strategic priorities is reported in the Mental Health Commission Annual Reports including the Report of the Inspector of Mental Health Services.

Building on its achievements to date the Commission, in consultation with stakeholders, identified a number of factors which will impact beneficially on its capacity to maintain the momentum of its work to date.

GOOD GOVERNANCE

The cycle of long-range strategic planning, year-by-year business planning, the pattern of executive reporting to the Commission on progress and the production of timely Annual Reports ensure good corporate governance.

PUBLIC SERVICE TRANSFORMATION

Implementation of the Report of the Task Force on the Public Service - Transforming Public Service, Citizen Centred - Performance Focused - will be a key factor during the period of this Strategic Plan.

HIGHLY MOTIVATED STAFF

The Commission staff identify strongly with the agency's mission and work to improve the quality of mental health services and protect the interests of people who have a serious mental illness. There is a strong work ethic among staff and they adopt a highly professional approach to their work.

Continued investment in staff training and good systems of communication and engagement will contribute to high morale and good working relationships.

EFFECTIVE USE OF INFORMATION TECHNOLOGY

To date the Commission has invested successfully in ICT. Ongoing development of ICT system including the Mental Health Commission website is indicative of the Commission's commitment to harnessing the potential of ICT in support of our work.

EXTERNAL PROFILE AND POSITIONING

It is in the interests of the Commission, and ultimately, of the people we serve that our distinctive role be understood and appreciated and that we have effective working relationships with all stakeholders.

In the coming period sustained effort will be made to strengthen external relationships and positioning of the Commission by collaborating with other agencies with a related remit and by communicating more widely the distinctive role and work of the Commission. In particular there is a need to ensure that effective structures, and systems of engagement are in place between the Commission and the HSE and other service providers, service users and this families and other stakeholders.

The Mental Health Commission's membership of the Health and Social Care Regulatory Forum, whose remit is to explore opportunities, harmonise certain business processes, share best practice and facilitate co-ordination where appropriate, will enhance the Commission's working relationship with external agencies working in the health regulatory domain.

THE STRATEGIC AGENDA



2020 VISION OF IRELAND'S MENTAL HEALTH SYSTEM MHC STRATEGIC DIRECTION FOR THE PERIOD 2009 -2012

2020 Vision <i>What mental health services will look like in 2020</i>	MHC Strategic Priorities <i>What we aim to achieve in period 2009-2012</i>	Vision - into Action <i>What we plan to do to achieve our strategic priorities</i>
<p>1. Service users and their families and carers are active participants in the care process.</p>	<ul style="list-style-type: none"> • Policy and Planning: - service users and their families and carers are involved in a significant way, locally and nationally. <hr/> <ul style="list-style-type: none"> • Individual Care Planning: - service users and their families and carers are actively involved in planning the care required to meet each individual service user's assessed needs. 	<ul style="list-style-type: none"> • The Commission will continue to support representation of service users, their families and carers in the Commission's activities; in strategic and policy committees, consultations, inspection, research and evaluation. A framework for engagement with service users, their families and carers will be developed. • The Commission will promote representation of service users, their families and carers, in policy and planning by service providers, and other government agencies. • The Commission will support service user/carer organisations and their involvement in policy formulation and service planning. • The Commission will advocate for increased social inclusion and the reduction of stigma for people with mental illness. <hr/> <ul style="list-style-type: none"> • The Commission will monitor the use of Individual Care Plans and their effectiveness. • Actively promote the recovery ethos and self-management programmes for service users and support evaluation of these programmes. • Work with service providers to ensure the Quality Framework's standards on service user involvement are met. • Monitor the provision of information given to service users and their families and carers to ensure they are well informed about their rights and choices, and enabled to give feedback on the services they receive. • Work to improve complaints systems in the mental health services so that they provide an effective method for giving feedback on the service, raising issues of concern and improving the quality of service.

2020 Vision <i>What mental health services will look like in 2020</i>	MHC Strategic Priorities <i>What we aim to achieve in period 2009-2012</i>	Vision - into Action <i>What we plan to do to achieve our strategic priorities</i>
<p>2. The Human Rights and best interests of all persons who use mental health services are respected and protected.</p>	<ul style="list-style-type: none"> • A commitment to Human Rights is embedded in all aspects of Commission and mental health service providers' policy and practice. • The Commission will continue to arrange reviews of involuntary admission in compliance with the 2001 Act. • Promote and support advances in legislation to protect the human rights and best interests of vulnerable people. • The Commission will continue to monitor Rules and Codes of Practice issued pursuant to the provisions of 2001 Act. 	<ul style="list-style-type: none"> • The Commission will give prominence to a human rights approach in all its work with service users and mental health service providers. • The Commission will reflect this commitment in all Commission standards, procedures and policies. • All involuntary admissions to approved centres will be reviewed in compliance with the Provisions of the 2001 Act. • Hearings by the mental health tribunal will be kept under review to ensure they are functioning according to the provisions and principles of the 2001 Act and any related legislation. • Recommendations in the Section 42(4) Report into the Operation of Part 2 of the 2001 Act 2008 that relate to the involuntary admission process and review by a mental health tribunal, will be promoted by the Commission and where possible fully implemented. • The Commission will continue to monitor the need for training in relation to the legislation and will provide support and input to relevant training events. • The Commission will continue to engage in consultations on capacity legislation and amendment to the 2001 Act. • The Commission will liaise with sister organisations in Ireland and in other jurisdictions to monitor legislative reforms in relation to the care of vulnerable people and keep informed as to best practice. • The Commission will continue to review and inform best practice in relation to the Rules and Codes of Practice. • The Commission will continue its monitoring mechanisms in these areas of practice and provide details in our annual and other reports.

2020 Vision <i>What mental health services will look like in 2020</i>	MHC Strategic Priorities <i>What we aim to achieve in period 2009-2012</i>	Vision - into Action <i>What we plan to do to achieve our strategic priorities</i>
<p>3. The quality of mental health services is consistent with best international standards.</p>	<ul style="list-style-type: none"> • To facilitate and support implementation of the quality improvement standards for mental health services in Ireland (Quality Framework for Mental Health Services in Ireland, MHC 2007). <hr/> <ul style="list-style-type: none"> • To continue to support mental health services research to build knowledge that leads to practical ways of improving services. <hr/> <ul style="list-style-type: none"> • The scope and process of inspection and reporting is effective in enhancing both compliance and commitment to continuous quality improvements and is a catalyst for change. 	<ul style="list-style-type: none"> • Actively engage with service users, families, carers and mental health services to support implementation of the Quality Framework. • Work with others to develop indicators for quality improvement to enable comparison and benchmarking of the performance of mental health services. • Continue to encourage high standards of governance and accountability through the implementation of a responsive regulatory system. • In collaboration with service users and others, continue to review Rules and Codes of Practice. • Maximise opportunities to make information on the Mental Health Act 2001 accessible. • Continue to support training and learning to facilitate stakeholders regarding the judicial interpretations of the Mental Health Act 2001 and issues that arise in the implementation of the Act. <hr/> <ul style="list-style-type: none"> • Work with other agencies including the Health Research Board (HRB), Economic Social and Research Institute (ESRI), third level institutions, the service user research groups on an all-island basis will remain a key priority. <hr/> <ul style="list-style-type: none"> • To furnish report to the Mental Health Commission on the inspection visits carried out, as outlined in Sections 51(1)(a) & (b) of the Mental Health Act, 2001. • To visit and inspect all Approved Centres where mental health services are being provided and to ensure compliance with regulations, rules and Codes of Practice pursuant to the Mental Health Act 2001. • To visit and inspect community mental health services including day hospitals and day centres. • To meet with representatives from professional and regulatory bodies.

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	<ul style="list-style-type: none"> To promote and support the development of a national mental health information system. 	<ul style="list-style-type: none"> To meet with regional advocates. To monitor and report on the implementation plans from the mental health service providers that emanate from inquiry reports or targeted interventions by the Inspectorate. To engage with stakeholders on the development of a national mental health information system. To ensure the accessibility and relevance of mental health information collected by the Mental Health Commission.

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4. The needs and rights of people with mental illness are addressed in an integrated and cohesive manner within the wider mental health domain.	<ul style="list-style-type: none"> • The work of relevant state agencies and other organisations within the wider mental health domain is informed by the Commission's strategy and national government policy on mental health, Vision for Change. 	<ul style="list-style-type: none"> • To develop processes and participate in fora which highlight and address the needs of people with a mental illness. • To promote the building of a shared vision and alignment of strategies processes and standards within the wider mental health domain.

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5. Public understanding of mental illness is enhanced, stigma is diminished and public attitudes are increasingly respectful.	<ul style="list-style-type: none"> • To challenge the barriers experienced by people with a mental illness to social inclusion and active citizenship. 	<ul style="list-style-type: none"> • To form strategic alliances with relevant agencies committed to researching and promoting social inclusion and active citizenship. • To engage with media and their governing bodies on the appropriate presentation of issues related to mental illness.

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<p>6. The Mental Health Commission is viewed as an efficient organisation with the interests of people with serious mental illness or mental disorder at the forefront of all our activities.</p>	<ul style="list-style-type: none"> • To maintain and enhance the Mental Health Commission's systems and processes to ensure the provision of a quality service by the Mental Health Commission. • To continue to promote a culture within the organisation which reflects a deep commitment to the Commission's stated values. • To ensure that the Mental Health Commission is staffed by well trained, competent and committed people. • To foster widespread understanding of the role and functions of the Mental Health Commission. 	<ul style="list-style-type: none"> • To review and further develop the Mental Health Commission's corporate governance framework in line with best practice and government policy. • To continue to maximise the use of ICT systems, within the organisation. • To participate in the implementation of the Report of the Task Force on the Public Service. • To provide a high quality service to our customers. • To continue to review how the values of the Commission are reflected in all our activities. • To continue to support staff and ensure maximum staff engagement. • To continue programme of staff training and development. • To review and continuously develop the Mental Health Commission's communication strategy. • To provide information on the activities of the Mental Health Commission in an accessible format.

IMPLEMENTATION

This strategic plan will inform and guide the activities of the Mental Health Commission over the next 4 years. The annual business plan of the Mental Health Commission translates these strategic priorities into specific operational activities and outputs.

MONITORING IMPLEMENTATION

The annual business plan is monitored on a number of levels - by the Commission members on a quarterly basis, and by the members of the senior management team on a regular and ongoing basis. The annual business plan is submitted to the Department of Health and Children on adoption by the Mental Health Commission following notification of the financial allocation for the year. The Annual Report provides an account of the progress made on implementation of the business plan and any adjustments to the business plan which result from emerging issues and changed circumstances.

The key challenges which will impact on the successful implementation of the Strategic Plan 2009-2012 are:

RESOURCES

The availability and effective deployment of resources are critical to the implementation of the Strategic Plan. Ongoing training of staff and the development of ICT systems are a priority during the period of the Strategic Plan.

LEGISLATION

Responding to the judicial interpretation of the Mental Health Act 2001 and other emerging issues related to the 2001 Act will remain a key priority during the period of this Strategic Plan.

CONSULTATION AND PARTNERSHIP

Consulting internally and externally and building on a joint and integrated approach underpins the strategic priorities. The Mental Health Commission restates its commitment to ongoing consultation and partnership.

Mental Health Commission

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