

Mental Health Commission

Strategic Plan 2016 - 2018



Foreword

As Chairman of the Mental Health Commission, I am delighted to introduce this Strategic Plan. The Commission is committed to improving mental health services in Ireland. This is the Commission's fifth Strategic Plan and covers the period 2016 – 2018; it sets out our strategic vision and values and identifies the outcomes which we hope to achieve over this period.

Since the establishment of the Commission there have been many legislative changes and developments in service provision, not least the passing of the Assisted Decision - Making (Capacity) Bill 2013 through the Oireachtas in December 2015. All of these changes provide challenges and learning opportunities for the Commission and will inform how we proceed strategically over the next three years.

While we are necessarily guided by our parent legislation it is our intention to provide proactive and innovative leadership in shaping the quality of mental health services in Ireland. The Commission will continue to focus on the need to have individualised, recovery oriented services which place service user and family members at the centre of all activity.

In adhering to the principal functions of the organisation as outlined within the Mental Health Act 2001, the Commission will continue to represent the public interest in ensuring mental health services are safe, effective and compassionate and take appropriate account of people's human rights. The Commission has specific powers to conduct inspections, investigations and reviews, and holds registered service providers and bodies to account as is necessary to realise improvements in the provision of mental health services in addition to the provision of independent reviews of all patients who are detained for care and treatment in in-patient facilities.

The core purpose of the Commission is to promote, encourage, and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services in Ireland, and to protect the interests of those who are involuntarily admitted and detained. However, we are cognisant of the additional functions regarding the Decision Support Service under the Assisted Decision- Making (Capacity) Bill 2013 that will be conferred on the Commission following enactment. This remit will extend beyond mental health services and we intend to respond and make a significant contribution to the lives of people who will be availing of the Decision Support Service.

I believe this is a crucial time for the Commission. We are on the cusp of considerable change in addition to the changes already outlined above; the 2014 review of the Mental Health Act 2001 has been completed and proposes significant recommendations which are likely to be enacted in the lifetime of this plan. This coupled with the on-going implementation of 'A Vision for Change' will facilitate the improvement of mental health service provision in Ireland. The Mental Health Commission welcomes these developments.

The strategic priorities for the Mental Health Commission over the next three years reflect the statutory requirements of the organisation and also account for the envisaged changes likely to result from the review of the Mental Health Act 2001 and the enactment of the Assisted Decision-Making (Capacity) Bill 2013.

The priorities are:

- promoting the continuous improvement and reform of mental health services and standards;
- fostering an integrated person-centred approach for service users;
- encouraging the development of future focused services; and
- developing our people, processes and systems internally.

I thank all stakeholders for your ongoing cooperation and look forward to working with you to shape the future development of mental health service provision in Ireland.

John Saunders
Chairman

Overview

This section provides an overview of the Mental Health Commission (MHC) setting out the background of the organisation, its legal basis and its core activities. The section introduces some of the changes taking place across the Irish mental health service and the impact these are likely to have on the MHC over the lifetime of this Strategic Plan. Finally this section outlines the strategic priorities for the organisation for the period 2016 – 2018 and gives an assessment as to how these might be realised.

Introduction

This document sets the future strategic direction for the MHC in the period 2016 – 2018. Service users continue to be at the heart of our work, and will be foremost in our thoughts and actions as we go about attaining the strategic priorities identified for the period. The engagement of service users and mental health service providers will be greatly improved by the establishment of the Stakeholder Advisory Group, which will meet for the first time in the coming months. The Group will consist of both service users and providers, and will inform the MHC on the service user's experience of mental health services. Structures such as the Stakeholder Advisory Group will ensure the MHC remains service user orientated as it undertakes its statutory obligations and promotes the best possible standards of care for service users.

The MHC, who we are and what we do

The Mental Health Act of 2001 provided the statutory foundation for the establishment of the MHC which came into being in April of the following year. The MHC is comprised of 13 members each of whom are appointed to their post by the Minister for Health.

The principal functions of the MHC, which are set out in Section 33 of 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 in Ireland, and to protect the interests of those who are involuntarily admitted and detained under the Mental Health Act 2001. The Mental Health Act 2001 makes provision for the

MHC to assume additional responsibilities, including:

- appointing persons to Mental Health Tribunals to review the detention of involuntary service users and appointing a legal representative for each service user;
- establishing and maintaining a Register of Approved Centres i.e. we register inpatient facilities providing care and treatment for people with a mental illness or mental disorder;
- making rules regulating the use of specific treatments and interventions i.e. Electro-Convulsive Therapy (ECT), seclusion and mechanical restraint; and
- developing Codes of Practice to guide people working in the mental health services.

As well as the above responsibilities, the MHC is focused on promoting the provision of the best possible standard of care for users of mental health services. A core element of this is the involvement of service users in all aspects of their care. The MHC is committed to the ongoing consultation of service users, their families, and their carers to obtain their views on mental health services in Ireland, and how they can be improved. It should be noted that it is not within the remit of the MHC to provide mental health services in Ireland; the MHC aims to fulfil its responsibilities through its advisory and regulatory capabilities.

The majority of the current MHC members were appointed in April 2012, or at various times since then, and their term of appointment is expected to run through to April 2017. A list of current MHC members is outlined in Appendix 1 of this document. The members of the MHC are assisted in the execution of their duties by a dedicated staff of 35.4 trained Full Time Equivalents (FTE) and over 400 specialists including solicitors, laypersons and independent psychiatrists, who are contracted by the MHC to provide support in relation to Mental Health Tribunals.

The MHC's achievements and challenges to date

The MHC has been active since 2002, and in the years since then, the provision of mental health services and the stakeholder perception of those suffering from mental illness has changed significantly. The activities of the MHC have made some contribution to those changes, but serious challenges remain in the provision of high quality recovery orientated mental health services.

The work of the MHC over the last 13 years has continuously placed emphasis on the active participation of the service user in mental health service provision. In the years prior to the publication of *'A Vision for Change'*, the 10 year policy framework built on empowerment of service users, the MHC conducted a research study of users' views on public funded mental health services, published a Reference Guide on the Mental Health Act 2001 to assist all those interested in the implementation of the Act, and following a consultation with all stakeholders of mental health services, published *'Quality in Mental Health – Your Views'*, which focused on the definition and delivery of a quality mental health service to service users, their families and their carers. The MHC's views on the need for a collaborative approach to mental health service provision were also reflected in the publication of *'A Vision for a recovery model in Irish Mental Health Services'* in 2005.

Much of the MHC's activities in its initial years were focused on the full enactment of the Mental Health Act 2001 in November 2006. All provisions in relation to the automatic independent review system for detained patients were brought into operation. In addition, registration and regulatory enforcement procedures maintained by the MHC for approved centres became operative. The development and publication of rules in relation to the administration of Electro-Convulsive Therapy (ECT), seclusion, and mechanical means of bodily restraint provided additional protections for service users. Mental health professionals were provided with guidance in the form of Codes of Practice in a range of areas.

In 2007, a statutory licensing system for approved centres was introduced, and by the end of the year, there were 61 registered facilities (approved centres). The system allowed the MHC to effectively regulate approved centres, using responses ranging from persuasion and use of rewards to license refusal or revocation to encourage compliance with national standards and rules.

The MHC published the *'Quality Framework for Mental Health Services'* in 2007, which aimed to deliver high standards and good practices across all mental health services, and re-emphasised the service user's position at the centre of mental health services. However, the same year, the MHC also expressed concern at the lack of action in implementing *'A Vision for Change'*, the recommendations of which were very similar to the standards specified in the *'Quality Framework for Mental Health Services'*.

The theme of slow progress as measured against national policy has continued since 2007, with the economic downturn compounding the challenges facing mental health services. In spite of this, the MHC developed the first National Mental Health Service Collaborative (NMHSC) in 2009, an initiative bringing policy-makers and on-the-ground professionals together to achieve a particular policy aim. This collaborative was initially focused on turning the agreed aim that each service user should have an individually tailored care and treatment plan focused on their recovery into reality. The results of the NMHSC were published in 2012, and illustrated the positive effects on service users that the use of tailored care and treatment plans can have. It also identified that significant changes were required in order for recovery focused individual care plans for all mental health service users to become the norm.

In 2010, the incoming coalition Government signalled that there would be some movement in the implementation of *'A Vision for Change'*, with the ring fencing of €35m per year for the development of community mental health teams and services, as well as a commitment to introduce new legislation on mental capacity in line with the United Nations (UN) Convention on the Rights of Persons with Disabilities and to review the Mental Health Act 2001. The MHC itself had published a review of the Mental Health Act 2001 in 2008, as stipulated by Section 42(4) of the act. The more recent *'Report of the Expert Group on the Review of the Mental Health Act 2001'* built further upon this, and made 165 recommendations for updating the Mental Health Act 2001.

The provision of funding every year to the development of community mental health teams and services was welcomed by the MHC, but was also recognised as being insufficient to tackle the challenge we are facing. In addition, there continue to be delays in the filling of required posts in community mental health teams, despite the end of the public sector recruitment embargo.

The MHC continuously fulfils its regulatory role, inspecting all approved centres every year, issuing reports of those inspections, and imposing stringent conditions on approved centres with high rates of consistent non-compliance. The MHC has particularly focused on ending the use of outdated and unsuitable buildings to provide inpatient services, resulting in a reduction in the bed capacity in these older buildings from 1,352 at the end of 2009, to 238 at the end of 2013.

However, the MHC observed a worrying decrease in other aspects of compliance such as Individual Care Planning in approved centres in 2014, and will continue to engage with approved centres as appropriate to rectify this pattern as a matter of urgency.

A period of change

Over the course of this Strategic Plan it is anticipated that the role of the MHC will evolve and grow as changes to legislation are enacted. A 'Review of Operation of the Mental Health Act 2001' took place in 2007, and in 2014 a 'Report of the Expert Group on the Review of the Mental Health Act 2001' was published. If the Report's recommendations are enacted into legislation as is expected, they will significantly broaden the responsibilities and associated activities of the MHC, which are outlined overleaf.

In particular, the 2014 Report seeks to address the paternalistic manner in which the Mental Health Act 2001 has been interpreted since its enactment. The first recommendation of the 2014 report advocates a rights based approach to mental health care in Ireland, and the themes of autonomy, self-determination, dignity, bodily integrity and least restrictive care are present throughout the report. Separately the Assisted Decision Making Bill 2013 is likely to be enacted by the end of 2015, and legislation restricting the use of ECT where consent cannot be obtained is being fast tracked.

'A Vision for Change' calls for the increased involvement of service users in their treatment and care planning, a theme which has been present in each strategic plan of the MHC since 2006. The MHC welcomes the proposed legislative changes arising from the 2014 report which should assist in bringing the legislation in step with policy.

The MHC strongly supports the publication of an updated policy as the end date of the ten year 'A Vision for Change' policy draws near. Minister Kathleen Lynch TD has stated that the Government will not allow a large gap to develop between the publication of strategies for mental health services, as has occurred in the past – prior to 2006, the last mental health services strategy was published in the 1980s.

The Department of Health is working on the General Scheme of a Bill to reflect the proposals of the Expert Group. This is due for publication in 2016. The MHC will fully support the roll out of this legislation and as such is conscious that whilst the role of the MHC is defined by the Act, it is important that the strategic objectives for the organisation in the coming period are reflective of the changing mental health landscape in Ireland and internationally.

Introduction to the Strategic Plan 2016 – 2018

Since its establishment in 2002, the MHC has published four strategic plans. Each plan has set out the MHC's vision for mental health services in Ireland during that period, and has highlighted the strategic priorities and core activities to aid in the delivery of that vision. The strategic priorities for the period 2016 – 2018 will further assist the MHC in achieving its mission to:

'Safeguard the rights of service users, to encourage continuous quality improvement, and to report independently on the quality and safety of mental health services in Ireland.'

The priorities identified will aid the realisation of the MHC's vision of *'a quality mental health service that is founded on the provision of recovery-based care, dignity and autonomy for service users.'* This Strategic Plan is the MHC's fifth, and the priorities set out below seek to ensure the MHC's ongoing compliance with its statutory duties, whilst also positioning the organisation to prepare for the envisaged legislative changes.



At their heart these priorities will assist the MHC in continuing to address current and future challenges in the provision of high quality mental health services in Ireland during the period 2016 - 2018.

The strategic priorities for the period will be as follows:

- promoting the continuous improvement and reform of mental health services and standards;
- fostering an integrated, person-centred approach for service users;
- encouraging the development of future focused services; and
- developing our people, processes and systems internally.

Realising strategic priorities

The success of the MHC in implementing this Strategic Plan will be determined by its ability to incorporate the strategic priorities into its day to day work. Legislation focuses the MHC's core activities into regulation and independent reviews. The details of each are outlined below:

Regulation:

- registration and enforcement: registering approved centres and enforcing associated statutory powers e.g. attaching conditions;
- inspection: inspecting approved centres and community mental health services and reporting on regulatory compliance and the quality of care; and
- quality improvement: developing and reviewing rules under the Mental Health Act 2001. Developing standards, codes of practice and good practice guidelines. Monitoring the quality of service provision in approved centres and community services through inspection and reporting. Using our enforcement powers to maintain high quality mental health services.

Independent reviews:

- Mental Health Tribunal Reviews: administering the independent review system of involuntary admissions. Safeguarding the rights of those detained under the Mental Health Act 2001; and
- Legal Aid Scheme: administering of the mental health legal aid scheme.

These ongoing activities will enable the MHC to continue to fulfil its statutory responsibilities as per the existing Mental Health Act 2001. The administration of Mental Health Tribunal Reviews in particular is core to the safeguarding of the rights of persons detained involuntarily.

Conscious of the evolving landscape in mental health service provision it is also important that the MHC is flexible enough to adapt to meet the changing needs in the mental health service environment.

This Strategic Plan anticipates the implementation of legislation arising from the 2014 *'Report of the Expert Group on the Review of the Mental Health Act 2001'*. The ongoing development of our people, processes and systems, the wider development of the capability and capacity of staff across the mental health services and the engagement of stakeholders, as outlined in this Plan, are vital components in the realisation of a truly integrated person-centred approach for service users.

Research to inform improvements in mental health services remains a priority for the MHC, as it has since the publication of the 2005 *'Mental Health Commission Research Strategy'*. The MHC has published and funded a large amount of research, such as the 2009 paper *'From Vision to Action? An Analysis of the Implementation of a Vision for Change'*, which was contributed to by Dr. Fiona Keogh and was published in response to the slow pace of implementation of the policy, and the MHC funded study, *'The Economics of Mental Health Care in Ireland'*, authored by Eamon O'Shea and Brendan Kennelly. While decisions on budgetary spend are ultimately founded on societal values, this report illustrated that investment in mental health services would repay their costs, with mental health problems costing the economy over €3 billion a year at the time of its publication in 2008. The MHC also conducted an in depth study of service user views which were published in *'Your Views of Mental Health Inpatient Services: Inpatient Survey 2011'*.

The MHC is currently funding a study being conducted by Professor Colm McDonald *'A Prospective Evaluation of the Operation and Effects of the Mental Health Act 2001'*.

The MHC will continue to utilise research in mental health services to ensure that the national standards for mental health services, rules, Codes of Practice, guidance and overall strategy published by the MHC are evidence informed.

Seeking accreditation with international organisations including the International Society for Quality in Healthcare (ISQua) and collaborating with international counterparts and benchmarking against international standards and best practices will support the MHC in its continuous improvement and shaping of existing services and encourage the development of future focused services.

The strategic priorities identified are reflective of and respond to developments across mental health services both in Ireland and internationally. The following section of this strategic document will review these developments and their impact, if any, for the MHC.



Our vision and mission



Our vision

Our vision is a quality mental health service that is founded on the provision of recovery based care, dignity and autonomy for service users.

Our mission is to safeguard the rights of service users, to encourage continuous quality improvement, and to report independently on the quality and safety of mental health services in Ireland.



Our mission

Our values

Quality

We aim to provide a quality service to all our stakeholders through the use of evidence informed practices and by adopting a responsive regulatory approach.

Empowerment

Our goal is to empower stakeholders (service users, families, carers, service providers and general public) through our work.

Recovery

Our work will be at all times oriented towards recovery, encouraging and focusing on strong, equal partnerships between service users, families, and carers and service providers.

Confidentiality

We will handle confidential and personal information with the highest level of professionalism and we will take due care not to disclose information outside of the course of that required by law.

Respect and dignity

We will show respect and dignity for those using services and those providing them.

Accountability and integrity

We will operate at all times in a fair and transparent manner and take responsibility for our actions.

Sector analysis: Mental Health

Service review

This section reviews changes and developments to mental health services both in Ireland and abroad with the objective of informing the strategic priorities of the MHC in the period 2016 – 2018. In particular this section addresses the impact of 'A Vision for Change' and the 'Report of the Expert Group on the Review of the Mental Health Act 2001', both of which will have a significant influence on mental health services in the coming years.

The Irish Context

A Vision for Change

The publication of 'A Vision for Change' in 2006 set out a policy framework for mental health services in Ireland for the period 2006 to 2016. The same year the MHC also published three discussion papers: 'A Vision for a Recovery Model for Irish Mental Health Services', 'Multidisciplinary Team Working: From Theory to Practice', and 'Forensic Mental Health Services for Adults in Ireland'. Each paper was authored by a working group set up by the MHC.

These papers complimented the main recommendations set out in national policy in that they championed the use of community based services, multidisciplinary teams, recovery oriented services, and the provision of specialist services to those who need them. The core recommendation of 'A Vision for Change' was the involvement of service users and their carers in every aspect of service development and delivery.

Service user autonomy remains a central element of mental health strategy for the MHC. The understanding of recovery based services in the context of mental health services is improving, but challenges in the effective implementation of community services remain. A key enabler for a community based, service user-centric mental health service is an Individual Care Plan for each service user. An Individual Care Plan should be created in consultation with the service user, insofar as is practical. The plan should reflect the individual's particular needs, goals, and potential and should address community factors that may affect recovery.

On-going challenges must be overcome to ensure Individual Care Plans are a core feature of mental health service provision in Ireland. In 2014, there was a significant drop in levels of compliance with regulations governing Individual Care Plans, from 60% in 2013 to 41% in 2014, after years of steady improvements. In approved centres where levels have fallen, the MHC is engaging with the centre to reach an understanding of the underlying causes and aid in their rectification. However, if levels of compliance with regulations such as those governing Individual Care Plans continue to fall or remain unchanged, the MHC can use its powers to impose conditions on non-compliant centres, including prevention of new admissions.

Recovery oriented services are contingent on Individual Care Plans that involve the service user's family and carers and are delivered by multidisciplinary teams. Since 2008 the proportion of multidisciplinary staff within community mental health teams has doubled. However, the multidisciplinary teams required to provide quality services for service users are distributed unevenly across Ireland. Services continue to be largely reliant on psychiatrists and mental health nursing staff. There is a significant lack of psychology, social work, occupational therapy, and other multidisciplinary team members in some areas of the country. As of January 2015, mental health services in Ireland were operating at a staffing level of approximately 77% of those recommended in 'A Vision for Change'. This reflects a decrease of 1,200 WTEs in mental health services since 2008, including a reduction of 1,063 mental health nurses between March 2009 and September 2014. Just 6.5% of the health budget in 2015 was dedicated to mental health services, which is much lower than the recommended level as set out in 'A Vision for Change', where it was recommended that 8.24% of the health budget be spent on mental health services to implement the services outlined in the policy. Note that this figure was based on the 2005 health budget.

Without adequate funding and recruitment of mental health professionals, the implementation of 'A Vision for Change' will remain a significant challenge. It is more important than ever that the MHC's strategic priorities continue to promote high standards of care and practice,

and the implementation of regulations, rules and codes of practice across mental health services. Supporting the development of staff within mental health services by focusing on growing capability and capacity is identified as a strategic priority for the MHC in the period 2016 – 2018.

As well as improved resourcing for mental health services, the public's perception of mental illness, and the concept of recovery, must continue to be enhanced to improve the reintegration of service users into society. The MHC will continue to collaborate with key stakeholders, such as the National Stigma Reduction Partnership, in reducing the stigma and discrimination experienced by people with mental illness.

The provision of appropriate services to children remains a challenge. In 2014, 20% of all child admissions were to adult units. While in some cases such admissions occurred despite the availability of places in Child and Adolescent Mental Health Service (CAMHS) units, the majority took place due to a lack of available CAMHS units. Previous recommendations have stated that there should be 100-110 CAMHS beds available, based on a population of 3.9 million people in the Republic of Ireland. Our current population is much greater than this figure, and yet the number of CAMHS beds stands at 80. The MHC strongly advocates for the provision of age appropriate in-patient services for children and adolescents.

To date, implementation of policy has been slow and ongoing challenges in the effective development of community services remain. 'A Vision for Change' specifically recommended that an implementation review committee, the Independent Monitoring Group, be established to oversee the implementation of the policy. However, the Independent Monitoring Group came to an end in June 2012, and has not been replaced. The MHC has repeatedly called for another independent review of the implementation of 'A Vision for Change', but disappointingly no such review has taken place. The MHC continues to strongly encourage the re-establishment of an independent review committee of the implementation of the Policy, particularly as the 2016 end date of the Policy draws near.

[The Expert Group Report on the Mental Health Act 2001](#)

In July 2011, the Minister of State with responsibility for Mental Health, Ms Kathleen Lynch TD announced the commencement of a review of the Mental Health Act 2001. This led to the 2014 publication of the 'Report of the Expert Group on the Review of the Mental Health Act 2001'. The report and its authors support the policy set out in 'A Vision for Change', and have made a total of 165 recommendations that will help bring legislation in line with that policy.

The MHC welcomes the recommendations arising from the Expert Group Report and looks forward to the enactment of legislation which will enable the organisation play its part in the further development of mental health services in Ireland.

The first recommendation of the Expert Group is the adoption of a rights based approach throughout any revised mental health legislation. The report also recommends that the following five Guiding Principles should be contained in new legislation:

- the enjoyment of the highest attainable standard of mental health, with the person's own understanding of his or her mental health being given due respect;
- autonomy and self-determination;
- dignity (there should be a presumption that the service user is the person best placed to determine what promotes/compromises his or her own dignity);
- bodily integrity; and
- least restrictive care.

All of the Report's recommendations follow the five guiding principles set out above, and many will have an impact on the operations of the MHC. Ensuring the MHC is appropriately resourced humanly, technically and financially to undertake this broader role will be critical to success.

In keeping with the principle of service user autonomy outlined within 'A Vision for Change', the Expert Group recommends that service users must give informed consent to treatment, including ECT. While it is possible under the Mental Health Act 2001 to administer ECT to involuntary service users who are unwilling to give their consent (provided the treatment is approved by the service user's Consultant Psychiatrist and also authorised by another Consultant Psychiatrist), the Expert Group recommended that this provision should be removed. A Bill amending Sections 59 and 60 of the Mental Health Act 2001 will be enacted by the end of 2015.

Once commenced the legislative amendments will ensure that an involuntary patient who has the capacity to make a decision to refuse ECT, or medication after a period of three months, will have their views respected. The Expert Group also recommends some alterations to the activities and powers of the Mental Health Tribunals appointed by the MHC, including:

- renaming the Mental Health Tribunals to 'Mental Health Review Boards';
- making updates to legislation regarding the hearing and timing of hearing of Review Boards;
- altering the powers of Review Boards;
- the role of the independent psychiatrist in the Review Board; and
- the creation of a mechanism to allow information in relation to decisions of Review Boards to be published in anonymous form. This will allow decisions made by Review Boards to be available for the MHC and the public.

The MHC is demonstrating it is fully supportive of these proposed amendments by including a strategic objective to encourage the development of future focused services. This Strategic Plan will ensure the MHC is effectively resourced and prepared for the changes which will arise once the legislation is enacted.

The Assisted Decision Making Bill 2013

The Assisted Decision Making Bill 2013 was published prior to the Expert Group's Report, following the Department of Justice and Equality's review of capacity legislation. This Bill aims to meet Ireland's obligations under the UN Convention on the Rights of Persons with Disabilities, and also aims to ensure the greatest degree of autonomy for people with intellectual disabilities or suffering with mental illness. The Bill, when enacted, will have a significant influence on the operations of the MHC and the broader mental health environment.

The MHC welcomes the development of the Assisted Decision-Making Bill 2013. When enacted, the Bill will change the existing laws for those with diminished mental capacity, and it contains a set of nine guiding principles that place the service user at the centre of his or her care, insofar as is practicable. A core proposal of the Bill is that three types of decision making support options be put in place; assisted decision making, co-decision making, and decision making representative. This will significantly increase the autonomy of the

service user from a legislative perspective. For example, it will no longer be possible to make adults wards of court. Instead, a decision-making assistant, a co-decision maker or an attorney will be appointed based on the capacity of the service user.

The enactment of the Bill will protect vulnerable adults with impaired mental capacity, including mental health service users with impaired mental capacity, and it will impact on the operations of the MHC. The MHC will have input into the enactment of the Bill, including the establishment and update of guidelines and standards for areas affected by the Bill, including assessment of capacity of service users. The MHC expects the Bill to have a positive influence on the provision of mental health services in Ireland as the autonomy of the service user is enhanced, and the input of the service user into his or her own care, from a legislative perspective, is improved.

Trends from abroad

Different countries have mental health services at various stages of maturity and development, but collaborating with and having knowledge of the mental health services in other countries can inform local actions.

The Netherlands is currently at the mid-point of their 2013 – 2017 mental health strategic plan, a core tenet of which is to realise a community based approach to mental health services. This strategic priority is similar to that being pursued by Ireland and to support this, the Netherlands has put in place an incentivised payment scheme that includes inpatient and outpatient care models. In Ireland, a strategic priority for the MHC is fostering an integrated person-centred approach for service users.

Such an approach can only be realised if community based services are fully resourced and collaborate. This Strategic Plan has outlined the challenges in the development of Individual Care Plans and the need for further collaboration. The incentive scheme perused in the Dutch model, a common enabler of broader integrated healthcare models, is something that could be considered in the Irish context. Incentives can be broader than monetary support but must drive the appropriate behaviours of stakeholders. This indicates that Information Communication

Technology (ICT) should be considered a key enabler for the realisation of a community based care model and a crucial factor in the successful delivery of the MHC's strategic priorities. Mental health services in Finland are regulated by the Ministry of Social Affairs and Health (MSAH).

As part of a mental health strategy that is focused on the strengthening of service user status, the MSAH has advocated that provisions regarding compulsory community treatment of forensic service users must be incorporated into the Mental Health Act, to ensure the necessary community-based treatment is provided to service users. MSAH is also aiming to reduce the use of coercive measures in mental health services by around 40%. To accomplish the move to person-centred services with a reduction in coercive measures, MSAH has advocated that a policy of obtaining a second opinion from an external expert be established in mental health services, on the basis of comments of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.

In the United Kingdom (UK) inpatient bed numbers in respect of mental health services have been falling steadily in recent years, with 54 beds per 100,000 in 2011, well below the OECD average of 68. While this decrease in capacity has had some negative effects in the UK, with the Care Quality Commission (CQC) finding that the mental health inpatient system is consistently over capacity, it does show that the UK is committed to a move away from institutionalisation and towards community based services.

The 'Closing the Gap' report is the UK strategy for mental health services, the priorities of which are:

- extending the legal right of choice to include mental health services;
- stamping out stigma and discrimination around mental health;
- helping people with mental health problems to remain in or move into work; and
- increasing access to psychological therapies.

The CQC is the independent regulator of health and social care in England. One of the core responsibilities of the CQC is to protect the rights of vulnerable people, including those whose rights are restricted under the Mental Health Act. The CQC publishes an annual report on the Mental Health Act, which details key findings each year.

In their 2013 to 2016 strategic plan, the CQC set out their focus on 'strengthening how we deliver our responsibilities in terms of mental health and mental capacity'. The CQC aims to monitor the rights and treatment of service users in the community as well as those detained in hospitals. For example, the CQC publishes metrics such as the percentage of service users that receive information about their legal rights, which stood at 84% in 2014. The CQC also monitors distance of hospital wards from inpatient's homes, and has found that over 400 service users in the UK are in wards situated more than 100km from their home.

The CQC are building on a person-centred approach, avoiding issues such as blanket restrictions which can affect voluntary service users as well as those formally detained. The views and experiences of service users are recognised by the CQC as having 'an important part in our work', and describes people with direct experience of care as 'experts by experience'.

HM Courts and Tribunal Services is responsible for the administration of mental health tribunals in England and Wales. Its aim is to run an efficient and effective tribunal system to enable the law to be upheld and provide access to justice. In Scotland, this important function is performed by Mental Health Tribunals. Similarly, in Ireland the MHC administration of Mental Health Tribunals is designed to reflect the requirements of the European Convention on Human Rights.

These themes from abroad are reflective of the strategic priorities of MHC and provide assurance that the MHC is keeping pace with international developments. Continued engagement with international stakeholders will help ensure the MHC is informed of further developments within the sector and benefits from the shared experience of international counterparts.



Collaborative integration

From a broader perspective the challenges facing mental health service provision are not just economical. There must be a fundamental shift in our culture and attitude to service delivery and the public's perception of mental illness. This includes providing an integrated mental health service by working closely with our stakeholders, including:

- acute hospitals;
- mental health professionals;
- non-health stakeholders (for example, in the area of housing provision);
- service-users; and
- their families and carers.

It is vital that service users and their families and carers in particular are treated as strategic partners and integral stakeholders. The MHC is at the forefront of working with stakeholder groups across health and other sectors to influence positive change.

To ensure close linkages the MHC actively engages in working groups, makes policy submissions and ensures there is a communication flow to address areas of mutual interest and concern.

Outlined below is a list of working groups and other collaborations undertaken by the MHC.

International collaboration:

- European Partnership for Supervisory Organisations (EPSO);
- the European Union Network for Patient Safety and Quality of Care (PaSQ);
- Danish Society for Patient Safety; and
- Regulation and Quality Improvement Authority (RQIA) and MHC Joint North/South Conference.

National collaboration:

- Expert Group Review of Mental Health Act 2001;
- Medication Safety Forum;
- HSE Serious Reportable Events Governance Group;
- National Policy on Children and Young People's Participation in Decision-Making;
- National Office for Suicide Prevention (NOSP);
- National Patient Safety Advisory Group;
- National Healthcare Quality Reporting System; and
- National Clinical Effectiveness Committee and many more.

The MHC will continue working in collaboration with key stakeholders and will consider collaborative work with other inspectorates who could help in ensuring best practice and the reduction of potential subjectivity and bias.

The MHC will continue to work with other bodies to support research studies to help identify gaps in mental health service delivery and support. This collective and collaborative model allows the MHC to deliver its primary objectives.



Strategic development

This section outlines the vision, mission, values and strategic priorities for the MHC in the period to 2018. Specific tangible outcomes against each of the priorities have been identified and measurement of progress against the identified priorities will form a core part of business plans in the coming three year period.

Vision

The vision for MHC is:

“A quality mental health service that is founded on the provision of recovery-based care, dignity and autonomy for service users.”

In realising this vision the MHC will continue to work collaboratively with stakeholders to create this shared vision and to foster real change in our mental health services. The MHC will continue the alignment of strategies and processes in the mental health domain with the aim of driving quality mental health services and the rights of the service user as per the latest relevant legislation.

Mission

The mission of the MHC is to:

“Safeguard the rights of service users, to encourage continuous quality improvement, and to report independently on the quality and safety of mental health services in Ireland.”

The priorities outlined within this plan fully support the MHC in realising the stated vision and mission. However, the pursuit of these priorities must be executed in a manner that accounts for the values of the organisation.

Values

The values which will underpin the MHC activities are:

Accountability and integrity:

- we will operate at all times in a fair and transparent manner and take responsibility for our actions.

Respect and dignity:

- we will show respect and dignity for those using services and those providing them.

Confidentiality:

- we will handle confidential and personal information with the highest level of professionalism and we will take due care not to disclose information outside of the course of that required by law.

Empowerment:

- our goal is to empower stakeholders (service users, families, carers, service providers and general public) through our work.

Quality:

- we aim to provide a quality service to all our stakeholders through the use of evidence informed practices and by adopting a responsive regulatory approach

Recovery:

- our work will be at all times oriented towards recovery, encouraging and focusing on strong, equal partnerships between service users, families, and carers and service providers.

Strategic priorities

We have identified four main strategic priorities for the coming three years. These priorities account for the expected changes which will occur in the mental health service as well as continuing to ensure the MHC executes its statutory obligations. These priorities will continue to promote the advancement of mental health services in Ireland. The priorities are:

Promoting the continuous improvement and reform of mental health services and standards:

- developing evidence based standards for mental health services, rules and Codes of Practice, to improve service delivery and service user experience;
- supporting the implementation of recovery focused outcomes for service users;
- realising sustainable improvements in the quality and safety of mental health service provision through ongoing inspection, reporting and enforcement;
- embedding best practice in all aspects of our operations both internally and externally; and
- ensuring the MHC's continued adherence to its statutory requirements.

Fostering an integrated person-centred approach for service users:

- safeguarding human rights and protecting the interests of those detained for care and treatment;
- promoting the practice of person-centred care that supports the realisation of 'a rights based approach';
- actively pursuing the participation and inclusion of service users, their families, carers, and representatives in the activities of the MHC;
- working collaboratively with all stakeholders to further the development of service user centric integrated care; and
- monitoring and improving service user experience through continued proactive dialog, identifying lessons learned and conducting assessment surveys.

Encouraging the development of future focused services:

- following publication of a Draft Heads of Bill, pro-actively planning for the publication of the Bill containing the proposed changes outlined in the Review of the Mental Health Act 2001, by identifying and attempting to procure the resources required (human, technical and financial) for the MHC to deliver upon proposed requirements;
- future proofing MHC services and ensuring compliance with international standards and benchmarks through acquiring accreditation with international organisations including ISQua and collaborating with international counterparts;
- supporting the development of staff within mental health services by focusing on growing capability and capacity in accordance with our statutory remit;
- make provisions for the independent review of involuntary detention of patients in accordance with Mental Health Act; and
- collaborative work in relation to mental health services research.

Developing our people, processes and systems internally:

- workforce planning and training;
- performance management; and
- process and systems review.

Key enablers

The realisation of the stated strategic priorities will be made possible by the following key enablers:

Good governance:

- we will demonstrate good governance by continuing to review and assess internal systems, policies, and processes to ensure they are effective and of high quality.

Information and Information Communication Technology (ICT):

- we will publish and disseminate information online and in other formats that relate to our work. We will also maximise the use of ICT to enhance our work and practices.

Working in partnership:

- we will continue to collaborate and communicate effectively with our stakeholders (service users, families, carers, service providers and general public) and identify any new stakeholders to include in our work.

Research:

- we will fund research that will underpin the strategic direction of mental health services in Ireland as well as informing our regulatory practices and oversight activities.

Continued communication with the Department of Health:

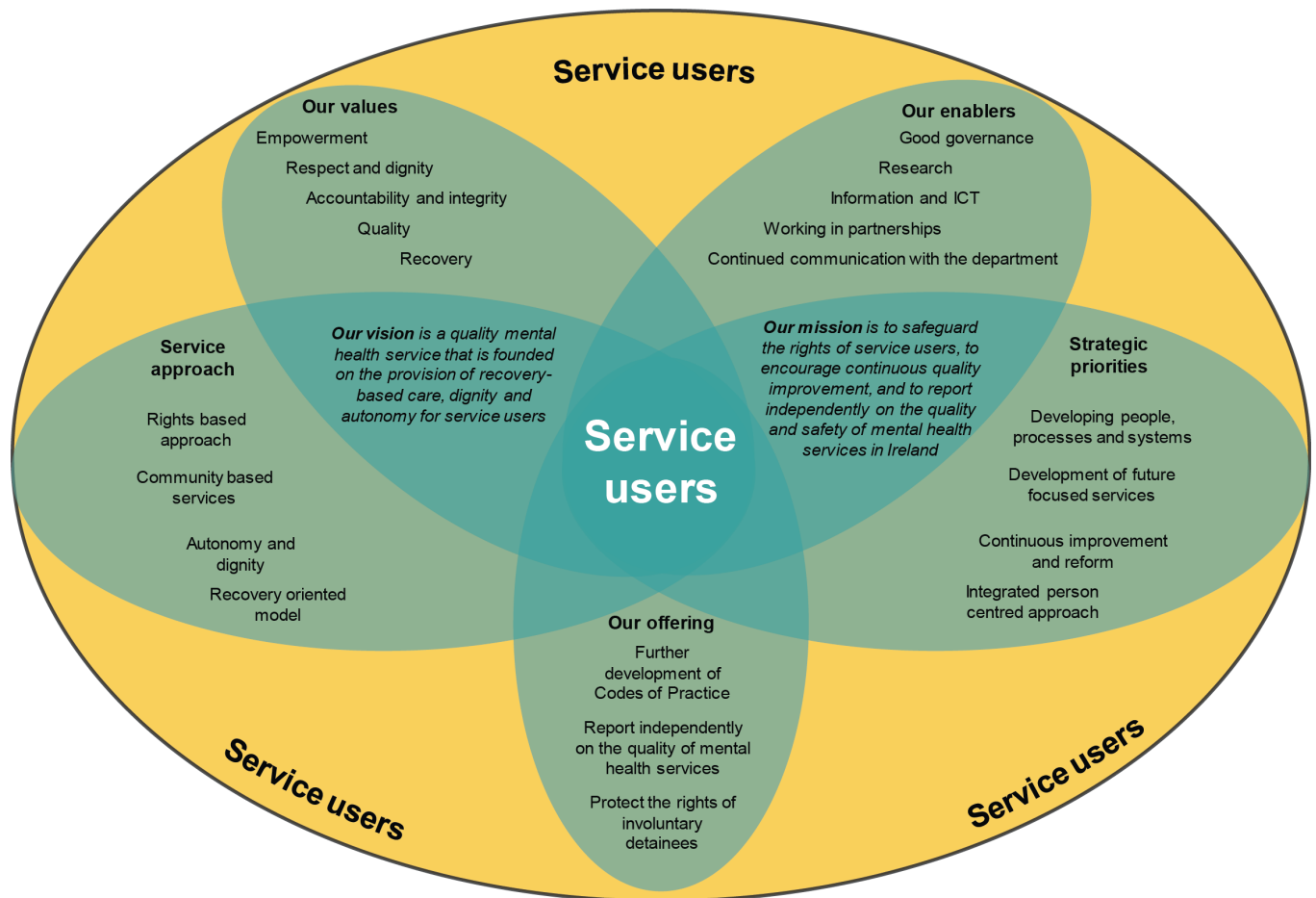
- we will continue to communicate clearly and frequently with the Department as new mental health legislation is enacted.

Reviewing and reporting

The MHC will monitor the implementation of this plan and progress towards achieving its priorities. An annual report will be published by the MHC outlining implementation to date, progress against the plan's outcomes and future actions required. Outcomes will be reviewed to determine if they have contributed to sustainable reforms and better outcomes for people with mental health issues in Ireland.



Mental Health Commission strategic map 2016-2018



Strategic priorities and outcomes for 2016- 2018

Strategic priorities		Outcome measures for the MHC		
1 Promoting the continuous improvement and reform of mental health services and standards	1.1	Developing evidence based standards for mental health services, rules and Codes of Practice, to improve service delivery and service user experience	1.1.1	The MHC's standards for mental health services, rules, Codes of Practice and guidance, both existing and any introduced during the lifetime of this Plan, are fit for purpose and in line with national and international standards
			1.1.2	The MHC acts upon research and knowledge reviews to ensure all standards for mental health services, rules, Codes of Practice and guidance are evidence informed
	1.2	Supporting the implementation of recovery focused outcomes for service users	1.2.1	A Stakeholder Advisory Group, consisting of service users and service providers, has been established to inform the MHC on service user experience
			1.2.2	Service users and service providers acknowledge that the MHC consistently supports recovery focused services and outcomes, which is reflected in the MHC's activities
	1.3	Realising sustainable improvements in the quality and safety of mental health service provision through ongoing inspection, reporting and enforcement	1.3.1	The MHC inspects approved centres as set out in the Mental Health Act 2001 *
			1.3.2	Completion of reports on approved centres, detailing levels of compliance with regulations, rules, Codes of Practice, and the Mental Health Act 2001
			1.3.3	The MHC encourages high standards of safety and quality in approved centres, as per its role set out in the Mental Health Act 2001 and any relevant new legislation enacted during the lifetime of this Plan
			1.3.4	The MHC inspects mental health services in line with the MHC's standards for mental health services
			1.3.5	The MHC will promote the advancement of legislation for the regulation of community and residential mental health services as per that in place for approved centres
			1.3.6	The MHC has an up to date register of approved centres
			1.3.7	The MHC collects, monitors and reports on mental health data
	1.4	Embedding best practice in all aspects of our operations both internally and externally	1.4.1	The MHC's standards for mental health services, rules, Codes of Practice and guidance, reflect the latest international mental health standards, and are considered of a high quality by the MHC's Stakeholders
	1.5	Ensuring the MHC's continued adherence to its statutory requirements	1.5.1	The MHC acts in accordance with the Mental Health Act, and any new or revised legislation enacted during the lifetime of this Plan which affects the functions of the MHC

*All references to the Mental Health Act/the Mental Health Act 2001, in the context of these outcomes, include: The 2001 Act (and all amendments, revocations, substitutions or other changes to such legislation), the regulations and /or the Rules together with any relevant ancillary and related legislation or regulations.

Strategic priorities			Outcome measures for the MHC	
2 Fostering an integrated person centred approach for service users	2.1	Safeguarding human rights and protecting the interests of those detained for care and treatment	2.1.1	Our publications, including rules, Codes of Practice, guidance and reports on approved centres promote human rights and the interests of service users
			2.1.2	Service users and service providers acknowledge that the MHC, as far as is possible and within its remit, protects and promotes the rights of those detained under the Mental Health Act, or any revised version of the Act enacted during the lifetime of this Plan
	2.2	Promoting the practice of person-centred care that supports the realisation of 'a rights based approach'	2.2.1	Our publications consistently promote and encourage the practice of person-centred care and the provision of adequate resources to provide such care across Ireland
			2.2.2	Service users and providers acknowledge that the MHC consistently promotes a person-centred, rights based approach to the provision of mental health services
	2.3	Actively pursuing the participation and inclusion of service users, their families, carers, and representatives in the activities of the MHC	2.3.1	Service users, their families, and their carers are empowered through the provision of accessible and accurate information on the Mental Health Act 2001 and any new legislation enacted during the lifetime of this Plan that impacts mental health services
	2.4	Working collaboratively with all stakeholders to further the development of service user centric integrated care	2.4.1	Service users, their families, carers, and other representatives are represented in our consultation, engagement, and relevant core activities
	2.5	Monitoring and improving service user experience through continued proactive dialogue, identifying lessons learned and conducting regular assessment surveys	2.5.1	Service users, their families, carers, and representatives are regularly consulted with on their experience of mental health services across the country



Strategic priorities			Outcome measures for the MHC	
3 Encouraging the development of future focused services	3.1	Following publication of a Draft Heads of Bill, pro-actively planning for the publication of the bill containing the proposed changes outlined in the Review of the Mental Health Act 2001, by identifying and attempting to procure the resources required (human, technical and financial) for the MHC to deliver upon proposed requirements	3.1.1	The MHC is prepared to adapt it's role in response to legislation enacted based on the Review of the Mental Health Act 2001, and has identified enablers including funding and supporting systems which will be required in order to fulfil it's new role and responsibilities
	3.2	Future proofing MHC services and ensuring compliance with international standards and benchmarks through acquiring accreditation with international organisations including ISQua and collaborating with international counterparts	3.2.1	The MHC is prepared for accreditation by the International Society for Quality in Healthcare (ISQua) in 2017
	3.3	Supporting the development of staff within mental health services by focusing on growing capability and capacity in accordance with our statutory remit	3.3.1	The MHC promotes and encourages the provision of appropriate and required training to mental health service staff, as required by the Mental Health Act 2001 and the MHC's standards for mental health services, rules, Codes of Practice, guidance and Judgement Support Framework
	3.4	Make provision for the independent review of involuntary detention of patients in accordance with the Mental Health Act.	3.4.1	Appropriate numbers of mental health tribunal members are appointed and provided with training to support the ongoing provision of Mental Health Tribunals nationwide
	3.5	Collaborative work in relation to Mental Health Services Research.	3.5.1	The MHC has developed a research strategy



Strategic priorities		Outcome measures for the MHC		
4 Developing our people, processes and systems internally	4.1	Workforce planning and training	4.1.1	The MHC has identified any required training for its own workforce, which will enhance the capabilities and capacity of the MHC in line with the priorities set out in this Strategic Plan
	4.2	Performance Management	4.2.1	The MHC's performance management system is aligned to measure staff in line with the targets set in the annual Business Plan which is based on the MHC's Strategic Plan
	4.3	Process and systems review	4.3.1	The MHC continues to review it's regulatory enforcement processes and introduces enhancements when required to increase efficiencies and effectiveness
			4.3.2	The MHC continues to review its inspection processes and introduces enhancements when required to increase efficiencies and effectiveness
			4.3.3	The MHC encourages the development of ICT infrastructure that will support the MHC in it's activities
			4.3.4	The MHC has reviewed it's systems and has identified improvements and new capabilities, if any, required to deliver upon the MHC's responsibilities and strategic priorities as set out in this Strategic Plan



Appendix one

The following is a list of MHC members and their positions at time of appointment:

Mr John Saunders, Director, Shine

Dr Michael Byrne, Principal Psychology Manager

Dr Maeve Doyle, Consultant Child and Adolescent Psychiatrist

Dr Francis Xavier Flanagan, G.P.

Ms Pauline Gill, Principal Social Worker

Mr Ned Kelly, Director of Nursing

Dr Mary Keys, Lecturer NUI Galway

Ms Colette Nolan, Chief Executive Officer, Irish Advocacy Network

Dr Mary O'Hanlon, Consultant Psychiatrist

Ms Yvonne O'Neill, Head of Planning Performance and Programme Management, Health Service Executive, Mental Health Services

Ms Catherine O'Rorke, Director of Nursing

Ms Patricia O'Sullivan Lacy, Barrister-at-Law

Mr John Redican, Chief Executive Officer, National Service User Executive





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