



# Sharing the Vision

A Mental Health Policy  
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**Policy Implementation**  
**Status Report**  
**Quarter 3 - 2021**



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# Executive Summary

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This is the first report on the implementation of the new mental health policy – ‘Sharing the Vision’ (StV). Its aim is to give a status update across the one-hundred StV recommendations, the work of the National Implementation Monitoring Committee (NIMC) and HSE Implementation Group (HIG) through a summary of highlights and more detailed updates provided by over 25 partners who will be leading on the implementation of the 100 recommendations.

Since the publication of the StV policy in June 2020, initial work has been focused on establishing the implementation and monitoring structures as detailed in the policy. The NIMC Steering Committee and HIG have been established, alongside three NIMC Specialist Groups. As momentum gathers on implementation, other relevant groups will be formed to support the implementation.

The implementation of StV will be driven by three implementation plans covering the ten-year term of the strategy. The first implementation plan (2022-2024) will be published and initiated at the beginning of 2022. This plan will define the milestones to be achieved between its initiation in Q1 2022, to the end of 2024, and the desired outputs to be realised by 2025.

Currently there are many initiatives up and running and working towards actions associated with many StV recommendations. This Q3 2021 report provides an update for stakeholders on the progress of this work while the implementation plan (2022-2024) is being finalised. The content of the report is given below. Its structure and content will continue to evolve through iterations between Q4 2021 and Q3 2022 as performance indicators and data metrics to support programme monitoring and evaluation are identified.

This report was submitted for review to the NIMC Steering Committee for consideration at its meeting on November 12<sup>th</sup>, 2021. NIMC has provided and developed a separate Quarterly Report Analysis of this Implementation Status Report Q3, 2021.



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# Report Content

Section 1: Report Overview

Section 2: Quarter 3 Progress at a Glance

Section 3: Highlight Report on StV Recommendations

- Appendix A –HSE StV New Service Developments Q3 2021
- Appendix B – 2021 Q3 StV recommendation updates



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**Section 1:**

**Report Overview**



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## Report Overview:

This StV Implementation Status Report, Q3 2021 has been prepared by the joint NIMC Steering Committee and HIG Secretariats, and links directly with the Implementation Roadmap in Appendix III of the StV policy. The report is the first of its kind and gives an account of progress made against the StV recommendations in Quarter 3 2021.

It should be noted that the initiation of the StV programme is still in progress, as the first Implementation Plan for StV is finalised. This plan will span from 2022 to 2025. As such, some milestones and inputs associated with the policy's recommendations will be updated as key stakeholders further detail their deliverables.

The implementation of StV has numerous stakeholders with cross-collaboration across sectors as necessary. Eighty-three of the one-hundred recommendations are being led by various care groups within the HSE and supporting partners, while the remaining 17 recommendations are being led by the Department of Health and other government departments.



# Report Overview:

## Report Content

Information in this report has been collected with input from many of the over 20 care group leads, government departments and state agencies that have taken responsibility for delivering one or more relevant *StV* recommendations. Additionally, the report presents information collected from an audit of HSE activity to align ongoing and planned initiatives with *StV* recommendations

A summary of progress against the one-hundred recommendations is available in section 3 of this report - Highlight Report on *StV* Recommendations. These are segmented by timeframe and domain, and highlights are summarised under the four following headings: - *Progress Achieved, Emerging Developments, Delivery Timelines and Risks/Issues*. This summary has been collated from the individual updates received from care group leads available in Appendix B.

Each recommendation has been defined with the following timeframe for delivery:

Timeframe	Duration	No# Of Recommendations
Short-term	The recommendation is to be delivered in 18-months	There are forty-two short-term recommendations
Medium-term	The recommendation is to be delivered in 3-years	There are fifty-three short-term recommendations
Long-term	The recommendation is to be delivered in 10-years	There are five short-term recommendations

# Report Overview:

## Report Content Cont.

Risk and issue management tracking systems are still being developed; therefore reporting in this area will be developed incrementally over the next quarter, and as part of the StV Implementation Plan (2022-2024).

When providing updates, some care group leads have identified risks or issues associated with their experience of implementation of their relevant recommendation. Reflecting this, the number of recommendations with risks (see below) have been identified and summarised.

In future reports, metrics used to identify the status of each recommendation will also be updated as we form detailed delivery plans with care group leads. For this report the following categories have been applied to each recommendation, and are defined as follows:

- On-Track –The project/initiative is proceeding and is on track to achieve the milestones that the care group lead has identified (note: this is not presently aligned to the delivery timeframe identified in the policy, which will be form part of reporting Q1 2022)
- Minor Delivery Issue – The project/initiative has a minor issue that is impacting, but not preventing ongoing work or it is not critical to the delivery at this point. This could include slight delays to delivery plans, limited access to relevant stakeholders/partners, etc.
- Major Delivery Issue – The project/initiative has a major issue that is critical and will prevent achieving the intended deliverables if not resolved.



# Report Overview:

## Report Content Cont.

- Paused – The project/initiative is involuntarily stalled due to an issue or voluntary paused due to capacity or competing agenda; e.g. waiting to build capacity within team following re-deployment of staff to Covid-19 services
- Not Started Yet – The project/initiative has not yet started. This could be due to the project/initiative still being defined, is not scheduled to start until a later date or is awaiting funding
- Completed – the planned project/initiative associated with recommendation actions is completed and the outcome has been realised.

## Oversight & Implementation Structures

### **StV Recommendation 99**

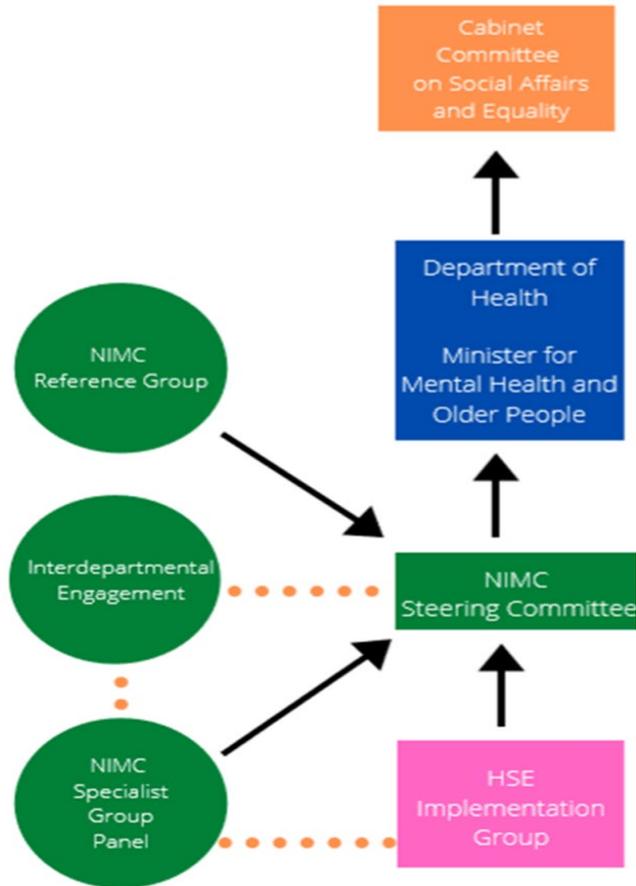
*“A national ‘whole-of-government’ Implementation Committee should be established with strong service user and VCS representation to oversee the implementation of the recommendations in this policy and to monitor progress.”*



## Report Overview:

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In line with this recommendation, a National Implementation and Monitoring Committee (NIMC) has been established:

The NIMC comprises:

- Steering Committee oversees Implementation progress. Established December 2020
- HSE Implementation Group (HIG) tasked with implementation. Established May 2021
- Reference Group to provide the service user, family and carer perspective. In process of establishment
- Specialist Groups to address the implementation of complex recommendations. Established August/September 2021. Groups include:
  - Youth Mental Health Transitions
  - Women's Mental Health
  - Acute Inpatient Bed Capacity.



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**Section 2:**

**Q3 PROGRESS AT A GLANCE**



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# NIMC Work 2020-2021

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NIMC Steering Committee	HSE Implementation Group (HIG)
<ul style="list-style-type: none"> <li>Established December 2020</li> <li>Meets monthly</li> <li>Overseeing development of HIG, Specialist Group and Reference Group Structures</li> <li>Overseeing development of Reporting Structures and StV Implementation Plan</li> <li>Identified key priorities.</li> </ul>	<ul style="list-style-type: none"> <li>Established May 2021</li> <li>Meets monthly</li> <li>Progressed the development of <i>Youth Mental Health Transitions Specialist Group</i> and <i>Acute Inpatient Bed Capacity Specialist Group</i></li> <li>Progressing the development of StV Implementation Plan 2022-2024</li> <li>Progressed HSE implementation of StV.</li> </ul>
Specialist Groups	Reference Group
<ul style="list-style-type: none"> <li>Specialist Groups in <i>Acute Inpatient Bed Capacity</i>, <i>Youth Mental Health Transitions Specialist Group</i> and <i>Women's Mental Health</i> established August/September 2021.</li> <li>Terms of Reference and Membership agreed</li> <li>Work ongoing.</li> </ul>	<ul style="list-style-type: none"> <li>Reference Group Terms of Reference agreed</li> <li>Selection of host agency in progress.</li> </ul>



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# Recommendation Status Summary

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Status of each recommendation as reported by care group lead

On Track

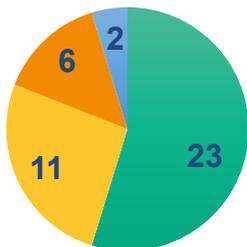
Not Started

Minor Delivery  
Issue

No Implementation  
Data

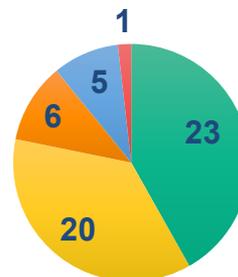
Paused

## 42 Short Term Recommendations



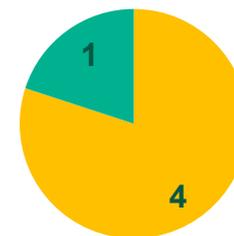
- 23 are on track
- 11 are not started
- 6 have minor delivery issues
- Implementation data has not been received yet for 2.

## 53 Medium Term Recommendations



- 23 are on track
- 20 are not started
- 6 have minor delivery issues
- Implementation data has not been received yet for 5
- 1 is paused.

## 5 Long Term Recommendations

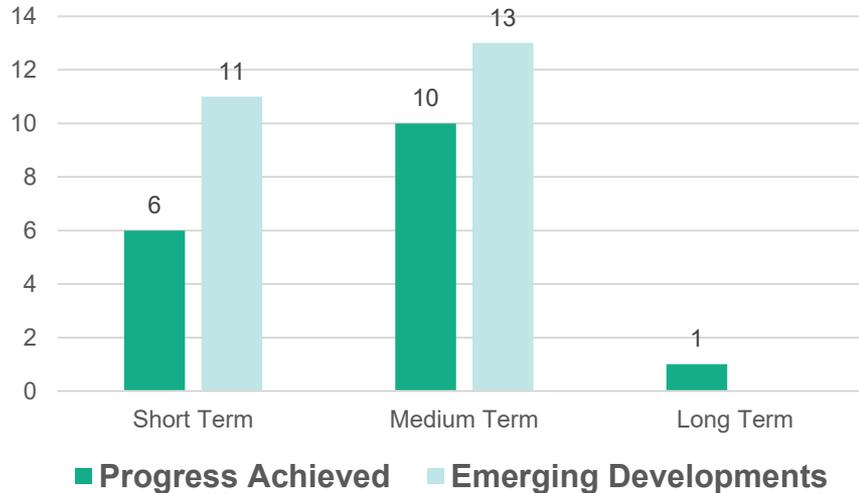


- 1 is on track
- 4 are not started.



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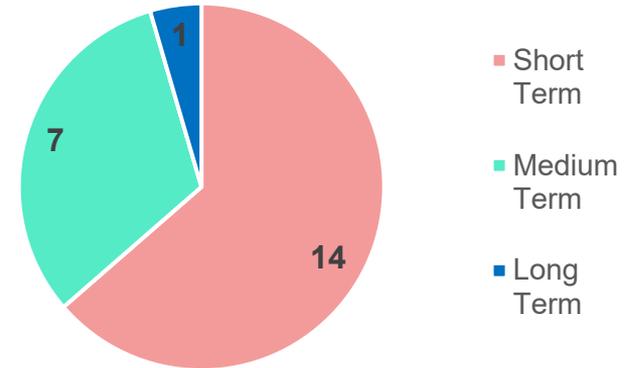
## Implementation Trend



- Short-term: 6 show Progress Achieved, 11 show Emerging Developments,
- Medium-term: 10 show Progress Achieved, 13 show Emerging Developments
- Long-term: 1 shows Progress Achieved

*Details of key accomplishment and emerging developments are in the 'Highlights' section to follow*

## Areas where there are indications of risk



*A count of recommendations where care group leads reported a risk*

- Short-term: 14 have a level of risk.
- Medium-term: 7 have a level of risk
- Long-term: 1 has a level of risk.

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## Section 3:

Highlight Report on StV

Recommendations



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## Short-term recommendations

- Progress Achieved
- Emerging developments
- Delivery timelines
- Issues / risks



## Short-Term Recommendations Overview, Domain 1 – Promotion, Prevention and Early Intervention

### Progress Achieved

- Development of the National Mental Health Promotion Plan is advancing with a delivery plan for completion through the formation of a new working group responsible for overseeing the development of the plan.  
*(Recommendation #1)*
- Resourcing of the Mental Health Promotion Plan has seen two Request for Tenders (RFTs) awarded to support the plan development. This includes the commissioning of a stakeholder consultation to inform the plan, which will ensure that the promotion plan addresses the needs of priority groups.  
*(Recommendation #6)*

### Emerging Developments

- Appropriate foundations put in place to establish a project focused on Women's Mental Health priorities. A specialist group has been formed and a Request for Quote for research is in development.  
*(Recommendation #3)*



## Short-Term Recommendations Overview, Domain 1 – Promotion, Prevention and Early Intervention

### Delivery Timelines

- While the detailed implementation plan for StV is scheduled to commence at the start of 2022, preparation work has already commenced on over half of the short-term recommendations.  
*(Recommendations #1, #6)*
- Implementation of recommendations regarding the National Positive Ageing Strategy & revisions to Health Promotion Officers Role, have yet to commence.  
*(Recommendations #4, #12)*

### Issues/Risks

- There are few significant risks or issues to report in Domain 1 priority short-term recommendations with the exception of a minor delivery issue associated with the Women's Mental Health Project regarding the award for the Request for Quote for the Research. This is being addressed by the specialist group.  
*(Recommendation #6)*

## Short-Term Recommendations Overview, Domain 2 – Service Access, Coordination and Continuity of Care

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### Progress Achieved

#### Workforce Developments

- Key partners led by HSE Mental Health Engagement & Recovery are supporting Community Mental Health Teams (CMHTs) rolling out an initial Recovery Principles & Practice Module to help teams adopt a recovery ethos. A second module is planned for 2022. *(Recommendation #29)*
- HSE Health and Wellbeing are increasing workforce competency through the rollout of Social Prescribing Core Skills training for its Link Workers. This training forms part of the implementation plan for the Social Prescribing Framework that was launched in quarter 3. *(Recommendation #15)*

#### Stakeholders/Partnerships

- An expert group has been formed to undertake an acute bed capacity review for specialist mental health services; this recommendation is a key priority for NIMC. *(Recommendation #46)*
- A multi-disciplinary specialist group has also been formed to develop CAMHS services, specifically looking at enhanced transitioning arrangements with adult services; this recommendation is also a key priority for NIMC regarding early progress. *(Recommendation #36)*

#### Service Improvements

- A new Model of Service for adults with MHID has been launched following the ongoing work of a practitioner working group. This work will be complemented by a MHID Model of Service for Children and Young People, to be developed in 2022. *(Recommendation #48)*
- A full audit of emergency departments (ED) has been completed of assessment environments for those who present with self-harm. Almost ¾ of ED meet HSE standards, but Clinical Programmes continue to work with sub-standard settings. *(Recommendation #22)*



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## Short-Term Recommendations Overview, Domain 2 – Service Access, Coordination and Continuity of Care

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### Emerging Developments

- There has been progress on the development of three new *Telehubs* that will form part of a new ‘out-of-hours’ response framework for CAMHS. *(Recommendation #35)*
- Tusla and the HSE have launched an Interagency Protocol to steer collaborative working in providing enhanced service provision for children and young people with complex needs, with CHOs now developing implementation plans *(Recommendation #37)*
- Resources and organisational structures are being put in place to launch a pilot ‘out-of-hours’ Crisis café in CHO 5 that will go live in quarter 4, including recruitment of 10 WTE and identification of NGO partners. This initiative will contribute to achieving the *StV* priority of being able to address service users with immediate needs directly in the community. *(Recommendation #24)*

### Delivery Timelines

- Delivery timelines have yet to be established for two short-term recommendations that aim to improve Mental Health service provision for Older People due to the pending recruitment of the HSE National Clinical Lead for Older People causing some progress constraints. Enabling work, including engagement with other clinical leads is ongoing while recruitment is also ongoing. *(Recommendations #42, #43)*



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## **Short-Term Recommendations Overview, Domain 2 – Service Access, Coordination and Continuity of Care**

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### Issues/Risks

- A Service User Journey framework has been developed to achieve many short and medium-term StV recommendations. This framework will improve and standardise engagement with service users. While the framework has been developed, resource allocation for implementation is required.

*(Recommendations #27, #28, #39)*



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## Short-Term Recommendations Overview, Domain 3 – Social Inclusion

### Progress Achieved

- *Limited number of items to report as Domain 3 has only 3 short-term recommendations reported on below.*

### Emerging Developments

- Enhanced engagement has been developed between HSE Mental Health Operations, Local Housing Authorities and Department of Health. This group will be responsible for overseeing the implementations of the new National Housing Strategy for Persons With Disabilities to be published in Quarter 1 (2022).
- Planning underway to develop a working group to evaluate and develop peer-led services for people with mental health difficulties.

*(Recommendation #70)*

*(Recommendation #74)*

### Issues/Risks

- Recruitment issues with Housing Coordinators presents a risk to achieving the necessary progress on the National Housing Strategy; mitigating actions underway

*(Recommendation #68)*



## Short-Term Recommendations Overview, Domain 4 – Accountability and Continuous Improvement

### Progress Achieved

- The recommendation to have a National Implementation and Monitoring Committee (NIMC) overseeing the implementation of StV is complete, with the Committee established with Voluntary and Community sector and HSE Mental Health Engagement and Recovery representation. The establishment of NIMC Reference Group in progress.  
*(Recommendation #99)*
- HSE *Your Service Your Say* has made it more accessible for service users to access complaint information. Information is available in multiple languages. Discussions are ongoing to enhance accessibility for Mental Health service users.  
*(Recommendation #79)*

### Emerging developments

- A steering group has been formed to oversee the HIQA review of the National Incident Monitoring System (NIMS) and develop an implementation plan for the 10 recommendations in the report. Implementation of these recommendations will improve data capture on suspected suicides and self-harm.  
*(Recommendation #91)*
- The review of the Mental Health Act was completed, and a General Scheme approved by Government on 13 July 2021. The General Scheme was published on the Department of Health's website later that month.  
*(Recommendation #92)*

## Short-Term Recommendations Overview, Domain 4 – Accountability and Continuous Improvement

### Delivery Timelines

- Good engagement has been established with the HSE National Complaints Team; however no timelines for this recommendation have yet been identified.  
*(Recommendation #81)*
- There is ongoing work to implement a five year cost activity database across all Mental Health Services, with rollout beginning in CHOs 6, 7 & 9 in 2023. This presents a conflict to the target timeframe in StV.  
*(Recommendation #85)*

### Issues/Risks

- Stakeholder engagement represents a key challenge to the publication of the National Safeguarding Plan. The Plan will oversee the development of a national training programme enabling improved knowledge and access to adult safeguarding for CMHTs.  
*(Recommendation #89)*

## Short-Term Recommendations, Summary Health Status

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## Medium-term recommendations

- Progress Achieved
- Emerging developments
- Delivery timelines
- Issues / risks



## Medium-Term Recommendations Overview, Domain 1 – Promotion, Prevention and Early Intervention

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### Progress Achieved

- The HSE has continued to invest in digital mental health. New digital resources continue to be added to the *yourmentalhealth.ie* portal, with funding & recruitment for a National Digital Mental Health Coordinator approved. (Recommendation #2, #31)
- Funding for the *Connecting for Life* strategy has been extended until 2024, as advised by StV. (Recommendation #7)
- Wellbeing Policy Statement and Framework for Practice is being progressed, with ongoing developments in supports and resources for schools and CPD. Commencement date of 2023 changed to 2025 due to action research project in 30 schools and the impact of COVID 19. (Recommendation #9)

### Emerging Developments

- Community connectedness and reducing loneliness and isolation are to be key themes in the forthcoming HSE Mental Health Promotion Plan. The plan is in development and will be released early 2022 by HSE Health and Wellbeing. (Recommendation #5)
- Department of Education and Department of Health will jointly engage in a working group to develop a mental health liaison service between schools and Mental Health services and supports. (Recommendation #10)



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## Medium-Term Recommendations Overview, Domain 1 – Promotion, Prevention and Early Intervention

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### Delivery Timelines

- Dialogue is ongoing across key partners on who is best placed to lead on the National Stigma Reduction Strategy for Mental Health. Discussions will conclude in quarter 4 with an agreed implementation plan  
*(Recommendation #7)*
- The timescale for initiating the Wellbeing Promotion Process in schools and education establishments has changed from 2023 to 2025 due to the impact of Covid19 and a decision to carry out an action research project in 30 schools.  
*(Recommendation #9)*

### Issues/Risks

- Dialogue is ongoing with key partners to agree the appropriate implementation structure for work concerned with adopting learning from Tusla's 'What Works' programme. Additional work is required to define the action and identify and engage with the relevant stakeholders to complete the implementation plan for this recommendation.  
*(Recommendation #8)*



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## Medium-Term Recommendations Overview, Domain 2 – Service Access, Coordination and Continuity of Care

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### Progress Achieved

- The milestone for the trial phase of the SilverCloud online CBT service was reached in quarter 3 ahead of schedule. The programme has seen access given to 1000 service users referred by GPs and Primary Care. An evaluation of the programme is underway and a report expected in Q1 2022  
*(Recommendations #16, #31)*
- Draft protocol on assessment and care pathway for individuals with autism has been approved by the projects programme board and is proceeding to pilot in 4 CHOs in Q4 2021  
*(Recommendation #20)*
- Resources have been provided to facilitate a pilot programme in CHO 7 & 9 to develop service provision for those experiencing homelessness. The programme is underway and establishing its referral pathway and engagement approach  
*(Recommendations #58, #59)*
- Two additional Speech and Language Therapists (SLTs) have been recruited to work alongside MHID teams in CHO 2 & 7, further funding has also been secured to recruit a further two further posts in CHO 1 & 8  
*(Recommendation #51)*
- Clinical programmes outlined in StV have all been allocated programme management resources. Each of these programmes have an defined work plan, and are developing and implementing new models of care. CHO WTE allocations were agreed Quarter 1 - 2021, including clinical programme posts. Operationalising via local recruitment channels is underway with anticipated recruitment to continue for the remainder of 2021.  
*(Recommendations #52, #53)*



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## Medium-Term Recommendations Overview, Domain 2 – Service Access, Coordination and Continuity of Care

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### Emerging Developments

- A tiered Model of Care for those engaged with the Irish Prison Service has been drafted. The model is operational but National Forensic Mental Health Service have identified some gaps in service provision to deliver the model as desired. These gaps will need to be reviewed  
*(Recommendation #54)*
- The HSE supported Mental Health Reform to undertake a review of digital mental health resources. The output report has been reviewed by NIMC and agreement made for a new digital workstream to operate under the HIG to action recommendations and drive forward StV objectives for digital mental health.  
*(Recommendations #2, #31)*

### Issues/Risks

- Financial resources for a series of HSE Primary Care talk therapies/psychology initiatives has yet to be identified. This represents a significant risk for implementation  
*(Recommendation #16)*
- The initiative to implement Team Co-ordinators in CMHTs has stalled. A review of the roll-out of this function to-date will be undertaken to inform an options appraisal regarding implementation nationally  
*(Recommendation #33)*
- The date for opening the new Intensive Care Rehabilitation Unit (ICRU) at Portrane has changed from Q1 2022 to Q4 2022.  
*(Recommendation #56)*



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## Medium-Term Recommendations Overview, Domain 3 – Social Inclusion

### Progress Achieved

- 30.5 posts have been mainstreamed following approval of the business case to mainstream the Individualised Placement Support programme as per the requirement within StV.

*(Recommendation #71)*

### Delivery Timelines

- *Domain 3 has a limited number of recommendations with most yet to commence.*

### Issues/Risks

- *Domain 3 has a limited numbers of recommendations with most yet to commence.*



## Medium-Term Recommendations Overview, Domain 4 – Accountability and Continuous Improvement

### Progress Achieved

- There have been developments in reviewing the training delivered by the Irish College of General Practitioners (ICGP) and College of Psychiatrists of Ireland (COPI). The ICGP has committed to developing special interest sessions for HST trainees, and COPI is in the process of reviewing course modules to improve the training of GPs
- Implementation plan milestones have been identified for over 80% of the *StV* recommendations, with milestones continuing to be identified.

*(Recommendation #77)*

### Emerging developments

- The high-level Interdepartmental Taskforce has established a workstream that will focus on improving diversionary strategies for those with mental health difficulties from the justice system

*(Recommendations #55, #87)*



## Medium-Term Recommendations Overview, Domain 4 – Accountability and Continuous Improvement

### Delivery Timelines

- Engagement with HSE Quality & Patient Safety is ongoing regarding the implementation approach of specific recommendations associated with relevant Quality improvement frameworks for mental health services. No timelines for these recommendations have yet been identified.

*(Recommendations #83, #84)*

### Issues/Risks

- Improvement in organisation of structures and resources across Mental Health Services are tied to Sláintecare deliverables and remain dependent on the delivery of Sláintecare reforms.

*(Recommendations #75, #76)*

## Medium Term Recommendations, Summary Health Status

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## Long-term recommendations

- Progress Achieved
- Emerging developments
- Delivery timelines
- Issues / risks



## Long-Term Recommendations Overview, Domain 1 – Promotion, Prevention and Early Intervention

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*There are no long term recommendations in Domain 1*



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## Long Term Recommendations Overview, Domain 2 – Service Access, Coordination and Continuity of Care

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### Progress Achieved

- A new Model of Care for Early Intervention in Psychosis has been developed and pilot sites are operating the new model. 5.9 WTE have been recruited for the pilot programme.

*(Recommendation #52)*

### Delivery timelines

- Development and implementation of the Psychiatric Intensive Care Units (PICUs) & Intensive Recovery Supports will be progressed in line with the Acute Bed Capacity Review for Specialist Mental Health Services (ongoing)

*(Recommendations #47, #49)*



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## Long Term Recommendations Overview, Domain 3 – Social Inclusion

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### Delivery Timelines

- There are no delivery timelines or objectives identified yet regarding local authority housing planning for those with complex mental health needs. This recommendation will be incorporated in the recommendations in the National Housing Strategy for Persons with Disabilities expected in Quarter 1 2022.

*(Recommendation #67)*



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## Long Term Recommendations Overview, Domain 4 – Accountability and Continuous Improvement

### Overview

- There is one long term recommendation in Domain 4 related to capital investment in redesign or build of psychiatric units in acute hospitals and making provision for delivery of a mental health service in all new primary care facilities. This has not started yet with key milestones to be agreed for 2024.

*(Recommendation #98)*



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## Appendix A –

HSE StV New Service  
Developments Q3  
2021



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## New Posts Quarter 3 Update - *Sharing the Vision* Recommendations

Programme for Government Funding	<sup>5</sup> Overall WTEs	<sup>6</sup> Staff recruited to date 2021	Posts in process for recruitment in Q4 2021 e.g. advertising underway
<b>National Service Plan Commitments associated with Programme for Government Funding 2021</b> <ul style="list-style-type: none"> <li>• Clinical Programmes(R 50,51, 57)</li> <li>• CAMHS Hubs (R 35)</li> <li>• Crisis Resolution Services (R 24,40)</li> <li>• Individual Placement Service (R 71)</li> <li>• Peer Support Programme (R 29)</li> <li>• Community Mental Health Teams (R 32, 33, 34)</li> </ul>	156.4	48.5	108
<b>Programme for Government Funding 2013-2019 (posts released to system 2021)</b>	<sup>4</sup> 271	37	234
	<b>427.4</b>	<b>85.5</b>	<b>342</b>

*<sup>4</sup>The HSE approved the release of 271 previously held PFG posts for recruitment in December 2020 of which 37 posts are filled as of October 2021. An additional 156.4 posts were allocated as PFG 2021 of which 48.5 posts are filled as of October 2021.*

*<sup>5</sup>All posts are new and additional and **not** replacement*

*<sup>6</sup>Recruited means “in post”*

*R= StV recommendation*

*WTE = Whole time equivalents*



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## Breakdown of WTEs P1

NSP Initiative Area	Recommendation	Q.3 Update
<b>Mental Health Clinical Programmes - Continue to progress development and implementation of the agreed clinical programmes and new models of care- Mental Health Intellectual Disabilities, Early Intervention in Psychosis and pilot site development for Dual Diagnosis</b>	50,51, 57	<ul style="list-style-type: none"> <li>Budget drawdown confirmed for all Clinical Programme posts (Dual Diagnosis x13, MHID x3.2, EIP x 5.9)</li> <li>Recruitment process underway</li> <li>Dual Diagnosis pilot site on track for Q.4 2021</li> </ul>
<b>Individual Placement Service- Mainstream implementation of the individual placement and support programme</b>	71	<ul style="list-style-type: none"> <li>Individual Placement Service WTE posts (30.5) mainstreamed as of 07.2021 in line with NSP plan</li> </ul>
<b>Peer Support- Increase the capacity to deliver peer-led supports within mental health services</b>	29	<ul style="list-style-type: none"> <li>Peer Support Workers (x 6) budget drawdown successful</li> <li>Recruitment process for posts to be completed Q.4</li> </ul>
<b>Digital Developments- Implement agreed eMental health digital responses</b>	2, 31	<ul style="list-style-type: none"> <li>Ongoing mainstreaming of digital health resources, including scoping and development work on national communications campaigns, Digital strategy development and monitoring of take up of existing digital responses</li> </ul>



NSP Initiative Area	Recommendation	Q.3 Update
<p><b>CAMHS Hubs - Progress the development of three CAMHS telehealth hubs to increase the provision of accessible care across multiple community healthcare areas, reducing waiting lists and managing projected new referrals.</b></p>	35	<ul style="list-style-type: none"> <li>• Budget drawdown successful</li> <li>• Successful completion of tendering process for development of Model of care for CAMHS Hubs</li> <li>• National Working Group to oversee process in development</li> <li>• Three pilot sites (CHO 2, 3 and 4) recruiting WTEs (16)</li> <li>• Recruitment of WTEs CAMHS hubs x 3 sites underway</li> </ul>
<p><b>Crisis Resolution Services (Team and Café)- Progress the development of crisis resolution services as part of a phased development plan in line with Sharing the Vision, to implement alternatives to acute inpatient care and ED presentations through integrated care</b></p>	24, 40	<ul style="list-style-type: none"> <li>• Budget drawdown completed</li> <li>• Successful completion of tendering process for development of Model of care for Crisis Resolution Services</li> <li>• Crisis Resolution Service development (CHO 5) progressing towards recruitment of WTEs (10) and identification of NGO partner for Crisis Café</li> </ul>
<p><b>Expansion of Community Mental Health Teams Continue development of CAMHS and adult mental health teams in line with implementation priorities under Sharing the Vision</b></p>	TBC	<ul style="list-style-type: none"> <li>• CHOs were notified of all remaining NSP 2021 WTE posts approved.</li> <li>• Recruitment process underway across CHO areas.</li> </ul>

# Sharing the Vision

A Mental Health Policy  
for Everyone

## Appendix B –

2021 Q3 Recommendation  
Updates



Rialtas na hÉireann  
Government of Ireland

Domain 1   Promotion, Prevention and Early Intervention				
	Recommendation	Q3 Update	Owner	Status
1	Healthy Ireland already has a remit for improved mental health and wellbeing. To further strengthen this, a dedicated National Mental Health Promotion Plan should be developed and overseen within Healthy Ireland implementation frameworks, with appropriate resourcing. The plan should be based on the principles and scope described in Chapter 2 of Sharing the Vision.	Working group established. Request for Tender for Evidence Synthesis of Impact of Mental Health promotion has been awarded. Request for Tender for Consultation to inform the Mental Health Promotion Plan has been awarded.	DoH Health & Wellbeing Unit	On Track
2	Evidence-based digital and social media channels should be used to the maximum to promote mental health and to provide appropriate signposting to services and supports.	Position Paper on Digital Mental Health and Sharing the Vision (by MHR) reviewed by NIMC. HIG agreement to establish Digital Mental Health Workstream. Research informing new campaign completed and includes data on perceptions of social media. Development of digital mental health resources ongoing / Digital coordinator to be appointed.	HSE MH Operations / MH Strategy and Planning	On Track
3	The Department of Health Women's Health Taskforce and the National Implementation Monitoring Committee will undertake a joint project within 12 months to outline an effective approach to the mental health of women and girls. The project should ensure that mental health priorities and services are gender-sensitive and that women's mental health is specifically and sufficiently addressed in the implementation of policy.	Specialist Group on Women's Mental Health established and Request for Quote in process for research piece.	DoH Women's Health Taskforce	Minor Delivery Issue
4	The work programme for health promotion and improvement officers should be reviewed to ensure parity of effort and emphasis on mental health promotion and physical health promotion.	Not Started, Due to Commence 2022.	HSE Health & Wellbeing	Not Started Yet



	Recommendation	Q3 Update	Owner	Status
5	New and existing community development programmes which promote social inclusion, engagement and community connectedness should be appropriately resourced and developed in line with the proposed National Mental Health Promotion Plan.	Community connectedness and reducing loneliness and isolation are themes in the forthcoming HSE Mental Health Plan, which includes action to support the implementation of community wide mental health promotion initiatives.	HSE Health & Wellbeing	On Track
6	The proposed National Mental Health Promotion Plan and the existing work of Connecting for Life should incorporate targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups.	Working group established. Request for Tender for Evidence Synthesis of Impact of Mental Health promotion has been awarded. Request for Tender for Consultation to inform the Mental Health Promotion Plan has been awarded.	DoH Health & Wellbeing Unit	On Track
7	A National Stigma-Reduction Programme (NSRP) should be implemented to build a 'whole community' approach to reducing stigma and discrimination for those with mental health difficulties. This should build on work to date and determine a clear strategic plan, with associated outcomes and targets across related strands of work.	Not Started, due to Commence 2022.	HSE NOSP	Not Started Yet
8	Learning from innovations in improving outcomes for children and young people should be identified and should inform relevant mainstream service provision. This includes learning from prevention and early intervention programmes such as Tusla's Area Based Childhood (ABC) and Prevention, Partnership and Family Support (PPFS) Programme as well as cross-border programmes addressing the impact of Adverse Childhood Experiences (ACEs).	Not Started, due to commence 2022.	HSE Disabilities	Not Started Yet



	Recommendation	Q3 Update	Owner	Status
9	All schools and centres for education will have initiated a dynamic Wellbeing Promotion Process by 2023, encompassing a whole-school/centre approach. Schools and centres for education will be supported in this process through the use of the Wellbeing Framework for practice and Wellbeing Resources which have been developed by the Department of Education and Skills	Wellbeing Policy Statement and Framework for Practice is being progressed. Commencement date of 2023 changed to 2025 due to action research project in 30 schools and the impact of COVID 19.	Department of Education	On Track
10	A protocol should be developed between the Department of Education and Skills and the HSE on the liaison process that should be in place between primary/post-primary schools, mental health services and supports such as NEPS, GPs, primary care services and specialist mental health services. This is needed to facilitate referral pathways to local services and signposting to such services, as necessary	Department of Education and Department of Health have jointly engaged in a process to develop an approach to this recommendation.	Department of Education	On Track
11	The National Mental Health Promotion Plan integrated with the Healthy Workplace Framework should incorporate actions to enhance the mental health outcomes of the working-age population through interventions aimed at mental health promotion in the workplace. This should consider environmental aspects of the working environment conducive to supporting positive mental health and wellbeing.	Action relating to workplace being included in the HSE Mental Health promotion plan.	HSE Health & Wellbeing	On Track
12	A range of actions designed to achieve the goals of the National Positive Ageing Strategy for the mental health of older people should be developed and implemented, supported by the inclusion of mental health indicators in the Healthy and Positive Ageing Initiative's research programme	Further engagement in Quarter 3 within Department of Health between Mental Health and Older Persons Strategy Unit to develop a work plan and progress implementation.	Department of Health	Not Started Yet



Domain 2   Service Access, Coordination and Continuity of Care				
	Recommendation	Q3 Update	Owner	Status
13	Directories of information on VCS supports should be provided to staff working in primary care and CMHTs to ensure they are aware of and inform service users and FCS about all supports available including those from Voluntary and Community Sector organisations in the local area	Mapping exercise of psychosocial supports and services. 'Guide to services' has been identified and will be utilized as a basis for developing a VCS directory.	HSE MH Operations MH Strategy and Planning Primary Care	Not Started Yet
14	Where Voluntary and Community Sector organisations are providing services aligned to the outcomes in this policy, operational governance and funding models should be secure and sustainable	Not Started, Due to Commence 2022	HSE MH Operations NOSP	Not Started Yet
15	Social prescribing should be promoted nationally as an effective means of linking those with mental health difficulties to community-based supports and interventions, including those available through local Voluntary and Community Sector supports and services.	Social Prescribing Framework launched. Core essential skills training for Social Prescribing Link Workers developed.	HSE Health & Wellbeing	On Track
16	Access to a range of counselling supports and talk therapies in community/primary care should be available on the basis of identified need so that all individuals, across the lifespan, with a mild- to-moderate mental health difficulty can receive prompt access to accessible care through their GP/ Primary Care Centre. Counselling supports and talk therapies must be delivered by appropriately qualified and accredited professionals.	Continuation of the SliverCloud online CBT counselling programme has been ongoing and is close to registering 1000 users. Final report on the Assistant Psychologist Role in Primary Care Psychology drafted by University of Limerick and provided to Department of Health.	HSE Primary Care	On Track



	<b>Recommendation</b>	<b>Q3 Update</b>	<b>Owner</b>	<b>Status</b>
<b>17</b>	The mental health consultation/liaison model should continue to be adopted to ensure formal links between CMHTs and primary care with the presence of, or in-reach by, a mental health professional as part of the primary care team or network.	Not Started, Due to Commence 2022.	HSE Primary Care MH Operations	Not Started Yet
<b>18</b>	An implementation plan should be developed for the remaining relevant recommendations in Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services (2012) in order to improve integration of care for individuals between primary care and mental health services in line with emerging models and plans for Community Health Networks and Teams.	Not Started, Due to Commence 2022.	HSE Primary Care MH Operations	Not Started Yet
<b>19</b>	The physical health needs of all users of specialist mental health services should be given particular attention by their GP. A shared care approach is essential to achieve the best outcomes.	Not Started, Due to Commence 2022.	HSE Primary Care MH Operations	Not Started Yet
<b>20</b>	There should be further development of early intervention and assessment services in the primary care sector for children with ADHD and autism to include comprehensive multi-disciplinary and paediatric assessment and mental health consultation with the relevant CMHT where necessary.	Draft protocol has been signed off by programme board and proceeding to pilot in 4 CHOs (CHO2, 4, 7 and 9). Request for Tender has been submitted to a small number of qualified organisations as no submissions through original tender.	HSE Primary Care MH Operations Disabilities	On Track



	Recommendation	Q3 Update	Owner	Status
21	Dedicated community-based Addiction Service Teams should be developed/enhanced with psychiatry input, as required, and improved access to mental health supports in the community should be provided to individuals with co-existing low-level mental health and addiction problems.	Not Started, Due to Commence 2022.	HSE Primary Care Social Inclusion	Not Started Yet
22	The provision of appropriate environments for those presenting at emergency departments who additionally require an emergency mental health assessment should be prioritised.	Audit completed of all Acute Hospital providing 24/7 emergency departments (ED) regarding assessment of those presenting following self-harm. 27% of Eds still to update their assessment environments to ensure compliance.	HSE Clinical Programmes (Self Harm)	On Track
23	There should be continued investment in, and implementation of, the National Clinical Care Programme for the Assessment and Management of Patients Presenting to Emergency Departments Following Self-Harm.	Engagement ongoing, update pending.	HSE Clinical Programmes (Self Harm)	Engagement ongoing, update pending
24	Out-of-hours crisis cafés should be piloted and operated based on identified good practice. Such cafés should function as a partnership between the HSE and other providers/organisations.	Pilot site to commence in CHO 5 by end Q4 2021. Initial discussions underway re: Crisis café site.	HSE MH Operations MH Strategy & Planning	On Track
25	The multi-disciplinary CMHT as the cornerstone of service delivery in secondary care should be strengthened through the development and agreed implementation of a shared governance model.	Not Started, Due to Commence 2022	HSE MH Operations MH Strategy & Planning	Not Started Yet



	Recommendation	Q3 Update	Owner	Status
26	CMHTs' outreach and liaison activities with VCS partners in the local community should be enhanced to help create a connected network of appropriate supports for each service user and their FCS.	Engagement ongoing, update pending.	HSE MH Engagement & Recovery (MHER)	On Track
27	An individualised recovery care plan, co-produced with service users and/or Families, Carers and Supporters, where appropriate, should be in place for, and accessible to, all users of specialist mental health services.	Not Started.	HSE MHER	Not Started Yet
28	All service users should have a mutually agreed key worker from the CMHT to facilitate coordination and personalisation of services in line with their co-produced recovery care plan.	The roll out of the Framework actions is continuing at different stages at a CHO level. A national Steering group and process is in place to review and update the Framework to align it with StV and implementation experience to date, with a view to developing the next iteration of the framework by the end of 2021	HSE MH Operations MHER	Minor Delivery Issue
29	Further training and support should be put in place to embed a recovery ethos among mental health professionals working in the CMHTs as well as those delivering services elsewhere in the continuum of services.	Continued engagement with CMHT and Recovery Education services on continuing the rollout of Recovery Principles and Practice Module One to all Mental Health Service teams.	HSE MHER	On Track
30	CMHTs and sessional contacts should be located, where possible and appropriate, in a variety of suitable settings in the community, including non-health settings	Not Started, Due to Commence 2022.	HSE MHER MH Operations	Not Started Yet



	Recommendation	Q3 Update	Owner	Status
31	The potential for digital health solutions to enhance service delivery and empower service users should be developed.	Ongoing mainstreaming of digital health resources including engagement with mental health content, increased direct access to self-help resources, person to person support, and continued delivery of guided online CBT and video-delivered online counselling.	HSE MH Operations MH Strategy & Planning	On Track
32	The composition and skill mix of each CMHT, along with clinical and operational protocols, should take into consideration the needs and social circumstances of its sector population and the availability of staff with relevant skills. As long as the core skills of CMHTs are met, there should be flexibility in how the teams are resourced to meet the full range of needs, where there is strong population-based needs assessment data.	Not Started, Due to Commence 2022.	HSE MH Operations MH Strategy & Planning	Not Started Yet
33	The shared governance arrangements for CMHTs as outlined in AVFC 2006–16 should be progressed, including further rollout of Team Coordinators.	Project paused. There remains a lack of agreement on how this role should be implemented so a review of the roll-out of this function to-date will be undertaken to inform an options appraisal regarding implementation nationally	HSE MH Operations MH Strategy & Planning	Paused
34	Referral pathways to all CMHTs should be reviewed and extended by enabling referrals from a range of other services (as appropriate) including senior primary care professionals in collaboration with GPs	Series of consultation workshops have taken place and draft Service User Journey through Adult CMHT framework developed.	HSE MH Operations MH Strategy & Planning	Minor Delivery Issue

	Recommendation	Q3 Update	Owner	Status
35	A comprehensive specialist mental health out-of- hours response should be provided for children and adolescents in all geographical areas. This should be developed in addition to current ED services.	Progress in the development of three CAMHS telehealth hubs to increase the provision of accessible care across multiple community healthcare areas, reducing waiting lists and managing projected new referrals.	HSE MH Operations MH Strategy & Planning	On Track
36	Appropriate supports should be provided for on an interim basis to service users transitioning from CAMHS to General Adult Mental Health Services (GAMHS). The age of transition should be moved from 18 to 25 and future supports should reflect this	Specialist Group convened.	HSE MH Operations	On Track
37	Nationally agreed criteria should be developed to govern and resource individualised support packages for the specific needs of a small cohort of children and young people who have complex needs.	CHOs requested to develop implementation plans for the rollout of the Joint Protocol for Interagency Collaboration between the HSE & Tusla to Promote the Best Interest of Children & Families (published January 2021).	HSE MH Operations Disabilities	On Track
38	In the exceptional cases where child and adolescent inpatient beds are not available, adult units providing care to children and adolescents should adhere to the CAMHS inpatient Code of Governance.	Operational guidelines outlining legislation and required approach continue to be implemented. Specialist Group aligned to Recommendation 46 to be established to oversee planned programme of work.	HSE MH Operations	On Track

	Recommendation	Q3 Update	Owner	Status
39	The HSE should consult with service users, FCS, staff, and those supporting priority groups to develop a standardised access pathway to timely mental health and related care in line with the individuals' needs and preferences.	Series of consultation workshops have taken place and draft Service User Journey through Adult CMHT framework developed.	HSE MHER	On Track
40	Sufficient resourcing of home-based crisis resolution teams should be provided to offer an alternative response to inpatient admission, when appropriate.	CHO5 has been identified as an early adaptor site, and other sites are still in the progress of being identified. Process to support drafting of Model of Service for pilot underway.	HSE MH Operations MH Strategy & Planning	On Track
41	A Standard Operating Guideline should be developed to ensure that sufficiently staffed day hospitals operate as effectively as possible as an element of the continuum of care and as an alternative to inpatient admission.	Not Started, Due to Commence 2022.	HSE MH Operations MH Strategy & Planning	Not Started Yet
42	Individuals who require specialist Mental Health Services for Older People (MHSOP) should receive that service regardless of their past or current mental health history. People with early onset dementia should also have access to MHSOP.	Vacant NCAGL and Programme Manager has delayed implementation of National Clinical Programme for Older People Part 2.	HSE MH Operations MH Strategy & Planning	Minor Delivery Issue
43	The age limit for MHSOP should be increased from 65 years to 70 years supported by joint care arrangements between GAMHS and MHSOP teams for individuals who require the expertise of both.	Vacant NCAGL and Programme Manager has delayed implementation of National Clinical Programme for Older People Part 2.	HSE MH Operations MH Strategy & Planning	Minor Delivery Issue

	Recommendation	Q3 Update	Owner	Status
44	GPs, mental health service prescribers and relevant stakeholders should collaborate to actively manage polypharmacy.	Not Started, Due to Commence 2022.	HSE MH NCAGL	Not Started Yet
45	HSE should collate data on the number and profile of delayed discharges in acute mental health inpatient units and develop appropriately funded responses.	An Expert Group formed to review acute bed capacity as per recommendation 46. The Expert Group has adopted this recommendation as part of its programme of work.	HSE MH Operations	Not Started Yet
46	An Expert Group should be set up to examine Acute Inpatient (Approved Centre) bed provision (including PICUs) and to make recommendations on capacity reflective of emerging models of care, existing bed resources and future demographic changes, with such recommendations being aligned with Sláintecare.	Expert Group has been formed.	HSE MH Operations	On Track
47	Sufficient PICUs should be developed with appropriate referral and discharge protocols to serve the regions of the country with limited access to this type of service.	Not Started, Due to Commence 2022.	HSE MH Operations	Not Started Yet
48	A cross-disability and mental health group should be convened to develop national competence in the commissioning, design and provision of intensive supports for people with complex mental health difficulties and intellectual disabilities and to develop a set of criteria to govern the provision of this service.	A cross governance steering group established to consider the development of a model of service for MHID and CAMHS-ID. The model of service for MHID has been published, with the model of service for CAMHS-ID in development.	HSE MHID Clinical Care Programme	On Track



	Recommendation	Q3 Update	Owner	Status
49	Intensive Recovery Support (IRS) teams should be provided on a national basis to support people with complex mental health needs in order to avoid inappropriate, restrictive and non-recovery-oriented settings.	A cross governance steering group has been established to look at the development of a model of service for MHID and CAMHS-ID. The model of service for Adults (MHID) has been published, with the model of service for Children and Adolescents (CAMHS-ID) in Development.	HSE MH Operations	Not Started Yet
50	The development of a national network of MHID teams and acute treatment beds for people of all ages with an intellectual disability should be prioritised.	CP for MHID WTEs at final allocation, with recruitment to proceed in Q.2/Q.3 2022. Engagement underway with key partners to procure additional MHID beds. Business case submitted for drawdown of funds to recruit additional MHID WTEs. Release of previously held posts to system. Agreed beds procured	HSE MHID Clinical Care Programme	Minor Delivery Issue
51	SLT should be core members of the Adult-ID and CAMHS-ID teams.	There are currently two SLTs in place in CHO 7 and CHO 2. Further funding for CHO8 and CHO 1 has been approved.	HSE MHID Clinical Care Programme	On Track
52	Investment in the implementation of the Model of Care for Early Intervention Psychosis (EIP), informed by an evaluation of the EIP demonstration sites, should be continued.	Model of Care developed and pilot sites in operation.	HSE EIP Clinical Care Programme	On Track

	Recommendation	Q3 Update	Owner	Status
53	The National Mental Health Clinical Programmes for Eating Disorders, Adults with ADHD and the Model of Care for Specialist Perinatal Mental Health Services should continue to have phased implementation and evaluation.	Continued development and implementation of the agreed clinical programmes and new models of care. CHO WTE allocations agreed Q1 2021, including clinical programme posts. Ongoing recruitment of released posts. Anticipated recruitment will continue throughout 2021.	HSE MH NCAGL	On Track
54	Every person with Mental Health Difficulties coming into contact with the forensics system should have access to comprehensive stepped (or tiered) mental health support that is recovery-oriented and based on integrated co-produced recovery care plans supported by advocacy services as required	Tiered Model of Care for those engaged with the Irish Prison Service has been developed and published.  The High Level Interdepartmental Taskforce been established, a partnership between DoH, IPS and HSE and will focus on a number of issues including access to Mental Health service provision for those in prison.	HSE MH Operations Irish Prison Systems	Minor Delivery Issue
55	There should be ongoing resourcing of and support for diversion schemes where individuals with mental health difficulties are diverted from the criminal justice system at the earliest possible stage and have their needs met within community and/or non-forensic mental health settings.	The work of the High Level Interdepartmental Taskforce is progressing. Three Workstreams, including one on diversion have been established.	HSE MH Operations Irish Prison Systems	On Track
56	The development of further ICRUs should be prioritised following successful evaluation of operation of the new ICRU on the Portrane Campus.	An expert group has been formed to review acute bed capacity as per recommendation 46. The expert group has adopted this recommendation as part of its Work Programme.	HSE NFMHS	Minor Delivery Issue



	Recommendation	Q3 Update	Owner	Status
57	<p>a)A tiered model of integrated service provision for individuals with a dual diagnosis (e.g. substance misuse with mental illness) should be developed to ensure that pathways to care are clear*</p> <p>b)Similarly, tiered models of support should be available to people with a dual diagnosis of intellectual disability and / or autism and a mental health difficulty^</p> <p>^covered under other recommendation.</p>	Model of Care for Dual Diagnosis in final development and work ongoing to determine pilot site locations and WTE requirements.	<p>HSE</p> <p>Clinical Care Programmes Dual Diagnosis</p> <p>*a) only</p>	On Track
58	In order to address service gaps and access issues, a stepped model of integrated support that provides mental health promotion, prevention and primary intervention supports should be available for people experiencing homelessness.	Project underway. Additional posts in place in CHO9. Recruitment progressing for CHO7. Once Consultant in post will further scope out mental health care pathways, including integration across the CHOs (6,7 & 9)to implement stepped model.	<p>HSE</p> <p>MH Operations</p> <p>MH Strategy &amp; Planning</p>	On Track
59	Assertive outreach teams should be expanded so that specialist mental healthcare is accessible to people experiencing homelessness.	Linked to Recommendation 58.	<p>HSE</p> <p>MH Operations</p> <p>MH Strategy &amp; Planning</p>	On Track
60	Continued expansion of Liaison Mental Health Services for all age groups should take place in the context of an integrated Liaison Mental Health Model of Care.	Steering Group formed to oversee and contribute to a new Model of Care. An initial draft Model of Care has been reviewed and feedback received.	<p>HSE</p> <p>Acutes</p>	On Track
61	The HSE should maximise the delivery of diverse and culturally competent mental health supports throughout all services.	Engagement ongoing, update pending.	<p>HSE</p> <p>Social Inclusion</p>	Implementation Discussions Ongoing



	Recommendation	Q3 Update	Owner	Status
62	Building on service improvements already in place, individuals who are deaf should have access to the full suite of mental health services available to the wider population.	Engagement ongoing, update pending.	HSE MH Operations MH Strategy & Planning	Not Started Yet
63	Persons in Direct Provision and refugees arriving under the Irish refugee protection programme should have access to appropriate tiered mental health services through primary care and specialist mental health services.	Engagement ongoing, update pending.	HSE Social Inclusion	Implementation Discussions Ongoing
64	Appropriately qualified interpreters should be made available within the mental health service and operate at no cost to the service user.	Engagement ongoing, update pending.	HSE Social Inclusion	Implementation Discussions Ongoing
65	The HSE should ensure that access to appropriate advocacy supports can be provided in all mental health services.	Not Started.	HSE MHER	Not Started Yet

Domain 3   Social Inclusion				
	Recommendation	Q3 Update	Owner	Status
66	Tailored measures should be in place in relevant government departments to ensure that individuals with mental health difficulties can avail, without discrimination, of employment, housing and education opportunities and have an adequate income.	The Department of Health is engaging with the Department of Social Protection and the Department of Housing, Local Government and Heritage, and the Housing Agency to progress access to employment supports and housing for people with complex mental health difficulties.	Department of Health	Not Started Yet
67	Local authorities should liaise with statutory mental health services in order to include the housing needs of people with complex mental health difficulties as part of their local housing plans.	Housing for All includes Disability Action for Local Authorities that aligns with this recommendation. Consultation process for National Housing Strategy for Persons with Disabilities is ongoing with participation of HSE Mental Health nominees and consideration of mental health.	Housing Agency	Not Started Yet
68	Department of Health and Department of Housing, Planning and Local Government, in consultation with relevant stakeholders, should develop a joint protocol to guide the effective transition of individuals from HSE-supported accommodation to community living.	Scoping meeting took place with local authorities, identifying importance of HSE Housing coordinators and other enablers. The proposal to enhance the Tenancy Sustainment role will be included in the new Housing Strategy.	Department of Housing, Local Government and Heritage	On Track
69	In conjunction with supports provided by HSE including Intensive Recovery Support teams, sustainable resourcing should be in place for tenancy-related/independent living supports for service users with complex mental health difficulties.	A specialist working group has been formed between HSE MH, Housing Agency and DoH to develop a new National Housing Strategy for Persons with Disabilities that will address how these partners intend to address this recommendation.	HSE MH Operations MH Housing Group	On Track

	Recommendation	Q3 Update	Owner	Status
70	The housing design guidelines published by the HSE and the Housing Agency in 2016 to promote independent living and mental health recovery should be a reference point for all housing-related actions in this policy.	A specialist working group has been formed between HSE MH, Housing Agency and DoH to develop a new National Housing Strategy for Persons with Disabilities that will address how these partners intend to address this recommendation.	HSE MH Operations MH Housing Group	On Track
71	A sustainable funding stream should be developed to ensure agencies can work effectively together to get the best outcomes for the individual using the Individualised Placement Support model, which is an evidence-based, effective method of supporting people with complex mental health difficulties to achieve sustainable, competitive employment where they choose to do so.	Business case submitted for drawdown of funds, with mainstreaming of programme to progress from Q.3 2021.	HSE MHER	On Track
72	The current HSE funding provided for day centres should be reconfigured to provide individualised supports for people with mental health difficulties and be consistent with the New Directions policy.	Ongoing engagement, pending update.	HSE MHER	Not Started Yet
73	In line with the strategic priorities of the Comprehensive Employment Strategy for People with Disabilities, the way people come on/off income supports should be streamlined to maximise entry or re-entry to the workforce with confidence and security. This should happen without threat of loss of benefit and with immediate restoration of benefits where they have an episodic condition or must leave a job because of their mental health difficulty	Programme running under existing arrangement up to end of Q.2. Business case submission made for the funding of 30.5 WTEs under IPS.	Department of Social Protection	On Track
74	The HSE should continue to develop, fund and periodically evaluate existing and new peer-led/ peer-run services provided to people with mental health difficulties across the country.	Not started.	HSE MHER	Not Started Yet



## Domain 4 | Accountability and Continuous Improvement

	Recommendation	Q3 Update	Owner	Status
75	The organisation of mental health services should be aligned with emerging integrated care structures under Sláintecare reforms including the proposed six Regional Health Areas and within these the Community Health Networks corresponding to populations of about 50,000	Not started.	HSE Corporate MH Strategy & Planning	Not Started Yet
76	Implementation of this policy over the next ten years should achieve a re-balancing of resources and take account of population deprivation patterns in planning, resourcing and delivering mental health services.	Not started.	HSE MH Strategy & Planning	Not Started Yet
77	A standardised set of performance indicators (PIs) directly aligned with the desired outcomes in StV and agreed standards of care and quality frameworks should be developed by the Department of Health and the National Implementation Monitoring Committee accounting for quantitative and qualitative delivery of intended outcomes.	Implementation plan 2022-2024 for 100 recommendations in development including the development of performance indicators. Significant engagement concerning how develop appropriate StV outcomes that align with the Health Systems Performance Assessment Framework.		On Track
78	Regular surveys of service users and FCS should be independently conducted to inform assessments of performance against PIs and target outcomes in StV.	Not started.	HSE MHER	Not Started Yet

	<b>Recommendation</b>	<b>Q3 Update</b>	<b>Owner</b>	<b>Status</b>
<b>79</b>	Information on the process of making a complaint, including necessary contact details, should be visible, accessible and widely available in a variety of media, languages and formats for maximum accessibility in all mental health service settings and in other fora.	The HSE has established the online <a href="http://www.hse.ie/Yourserviceyoursay">www.hse.ie/Yourserviceyoursay</a> portal as a one-stop place for service user feedback. The HSE complaints procedure is available in 9 different languages, with the media available online in written forms. In cases of accessibility issues patient advocacy would play a key role in explaining the process.	HSE National Complaints Governance and Learning Team (NCGLT)	On Track
<b>80</b>	A culture of open disclosure to support patient safety is embedded in mental health services.	Open Disclosure progressed as an integral part of the incident management framework and quantitatively monitored by the recording of Open Disclosure on the NIMs. Mental Health Services are also progressing mandatory staff training.	HSE QPS	On Track
<b>81</b>	Training should be provided for services users and staff on making and dealing with complaints.	Not Started, Due to Commence in 2022.	HSE NCGLT	Not Started Yet
<b>82</b>	Mental health services should ensure that the principles set out in the National Healthcare Charter, You and Your Health Service, are embedded in all service delivery.	Update pending.		Implementation Discussions Ongoing

	<b>Recommendation</b>	<b>Q3 Update</b>	<b>Owner</b>	<b>Status</b>
<b>83</b>	Future updates of the Quality Framework, the Judgement Support Framework and the Best Practice Guidance should be consistent with the ambition and the specific outcomes for the mental health system set out in Sharing the Vision.	Not Started, Due to Commence in 2022.	HSE QPS	Not Started Yet
<b>84</b>	The relevant bodies should come together to ensure that the measures for the Quality Framework, the Judgement Support Framework, the Best Practice Guidance, Sharing the Vision PIs and performance system and any future measurement systems are aligned and that the required data is derived, where possible, from a single common data set.	Not Started, Due to Commence in 2022.	HSE QPS	Not Started Yet
<b>85</b>	The work underway at national level to develop a cost and activity database for health and social care in Ireland should prioritise mental health services to leverage developmental work already underway and support the evolution of outcome-based resource allocation.	Rollout IFMS in progress in CHOs 6, 7 & 9 (Q1 2022).	HSE MH Operations MH Strategy & Planning	Not Started Yet
<b>86</b>	A national mental health information system should be implemented within three years to report on the performance of health and social care services in line with this policy.	Update pending.	HSE Community Operations (Integrated Community Case Management System)	Implementation Discussions Ongoing
<b>87</b>	The Department of Justice and the Implementation Monitoring Committee, in consultation with stakeholders, should determine whether legislation needs to be amended to allow for greater diversion of people with mental health difficulties from the criminal justice system.	The work of the High Level Interdepartmental Taskforce is progressing. Three Workstreams, including one on diversion have been established.	Department of Justice	On Track



	Recommendation	Q3 Update	Owner	Status
88	Training and guidance should be provided to staff on the practice of positive risk-taking, based on the principles of the Assisted Decision-Making (Capacity) Act 2015, where the value of promoting positive risk-taking is recognised by the regulator.	Researchers identified to conduct assessment of ADM.	HSE MH Operations Assisted Decision Making Office	Implementation Discussions Ongoing
89	Access to safeguarding teams and training should be provided for staff working in statutory and non-statutory mental health services in order to apply the national safeguarding policy.	Review of the Implementation Plan ongoing with relevant stakeholders as enabler for publication of the National Safeguarding Policy.	HSE MH Operations	On Track
90	The Justice and Health sectors should engage with the coroners, the Garda Síochána, the National Office for Suicide Prevention, the CSO and research bodies in relation to deaths in custody, recording deaths by suicide and open verdicts, to further refine the basis of suicide statistics	Department of Health and Department of Justice engaged in process of discovery with CSO Liaison Group.	Department of Justice & Department of Health	On Track
91	Significant improvements are required in the monitoring and reporting of levels and patterns of self-harm and suicidality among people attending mental health services to inform a comprehensive and timely service response to effectively reduce levels of harm and death.	HIQA have released a review of NIMs and developed 10 recommendations. Subsequently, the HSE's Quality & Patients Safety team is to form a steering group to review the need to standardise the process of capturing incidents, including those relating to self-harm and suicide, across health services.	HSE QPS	On Track



	Recommendation	Q3 Update	Owner	Status
92	In keeping with the evolving understanding of human rights, particularly the UN Convention on the Rights of Persons with Disabilities, it is recommended that involuntary detention should be used on a minimal basis. A range of advocacy supports including both peer and representative advocacy should be available as a right for all individuals involved with the mental health services	The review of the Mental Health Act was completed, and a General Scheme approved by Government on 13 July 2021. The General Scheme was published on the Department of Health's website later that month.	DoH Mental Health Unit	On Track
93	A National Population Mental Health and Mental Health Services Research and Evaluation Strategy should be developed and resourced to support a portfolio of research and evaluation activity in accordance with priorities identified in the research strategy	HRB and NIMC secretariat have engaged around establishing an Advisory Group to develop a research and evaluation strategy and a supporting implementation plan, and about the potential for the HRB to invest in mental health research projects within existing HRB award schemes in 2022.	HRB	On Track
94	In order to bring about change, a strategic approach is required involving the necessary skills in change management. This approach has been developed in the former HSE Mental Health Division (MHD) Strategic Portfolio and Programme Management Office and should be mainstreamed and embedded in the wider HSE.	The SPPMO was transitioned into the CHOIC. The CHOIC strategic proposal is to scale-up the CHOIC/SPPMO methodologies at the Community Operations level. The CHOIC scale-up draft proposal is with Community Operations for feedback.	HSE Community Operations	Paused
95	The initiatives under the former Mental Health Division Strategic Portfolio and Programme Management Office (SPPMO) and the ongoing Social Reform Fund (SRF) should be gathered together and made available both to encourage further innovation and to avoid duplication in the public service and NGO sectors.	CHOIC scale-up draft proposal is with Community Operations for feedback.	HSE Community Operations	Paused



	Recommendation	Q3 Update	Owner	Status
96	Innovations which have good evidence for clinical and/or social and cost effectiveness should be rolled out nationally. This will require the changing of practices and modification or cessation of services which are superseded by the new form of delivery.	Not Started Yet.	HSE Community Operations	Not Started Yet
97	Mental health services should make use of other non-mental health community-based physical facilities, which are fit for purpose, to facilitate community involvement and support the implementation of the outcomes in this policy.	Not Started Yet.	HSE MH Operations MH Strategy & Planning	Not Started Yet
98	Capital investment should be made available to redesign or build psychiatric units in acute hospitals which create a therapeutic and recovery supportive environment. It is essential that all stakeholders are involved in a structured service design process for all redesigns or new builds.	Not Started Yet.	HSE MH Operations MH Strategy & Planning	Not Started Yet
99	A national 'whole-of-government' Implementation Committee should be established with strong service user and VCS representation to oversee the implementation of the recommendations in this policy and to monitor progress.	Specialist Groups in CAMHS, Women's Mental Health and Acute Inpatient Bed Capacity established. Reference Group ToR and establishment process agreed. EOI Process to establish Reference Group in progress.	DoH Mental Health Unit	On Track
100	A joint review of the two specialist training programmes by the College of Psychiatrists of Ireland and the Irish College of General Practitioners should be undertaken to develop an exemplar model of mental health medical training and integrated care.	The process to address this issue has started. ICGP has agreed to develop a special interest session for HST trainees to attend GP practices. Similarly, COPI is trying to agree on modules to improve training of the GPs.	NCAGL, HSE	On Track

