



Rialtas na hÉireann
Government of Ireland



Implementation Plan 2022–2024

Sharing the Vision

A Mental Health Policy for Everyone

Prepared by the HSE and the
Department of Health in 2022

Implementation Plan 2022–2024

Sharing the Vision

A Mental Health Policy for Everyone

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Glossary of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder	MHID	Mental Health and Intellectual Disability
CAMHS	Child and Adolescent Mental Health Service	NEPS	National Educational Psychological Service
CES	Comprehensive Employment Strategy	NGO	Non-Governmental Organisations
CfL	<i>Connecting for Life</i>	NIMC	(Sharing the Vision) National Implementation Monitoring Committee
CHN	Community Healthcare Network	NOSP	National Office for Suicide Prevention
CHO	Community Healthcare Organisation	OoCIO	Office of Chief Information Officer
CMHT	Community Mental Health Team	QPS	Quality and Patient Safety
CPD	Continuous Professional Development	RHA	Regional Health Area
FCS	Family, Carers and Supporters	SCAN	Suicide Crisis Assessment Nurse
GP(s)	General Practitioners	SRF	Service Reform Fund
HIG	(Sharing the Vision) HSE Implementation Group	StV	Sharing the Vision – A Mental Health Policy for Everyone
HR	Human Resources	VCS	Voluntary and Community Sector
MHER	Mental Health Engagement and Recovery		

Message from Minister



The publication of *Sharing the Vision – A Mental Health Policy for Everyone* in June 2020 heralded a new phase in the provision of mental health services in Ireland. Published in the midst of the uncertainty wrought by COVID-19, *Sharing the Vision* not only provides a cohesive framework for reform of our mental health system over the next decade, but also represents an opportunity to build on the innovation that characterised the response to COVID-19 across mental health services, both those provided by the HSE and by the voluntary and community sector. The *Sharing the Vision Implementation Plan 2022 – 2024*, developed in collaboration with key stakeholders and providing detailed 3-year plans for each of the policy's 100 recommendations, is the next step in ensuring the continued momentum needed for a successful policy implementation.

As Minister for Mental Health, the full realisation of *Sharing the Vision* from policy to practice, to ensure real improvements in mental health service delivery, is a fundamental priority. I was delighted to establish the National Implementation and Monitoring Committee (NIMC) in 2020 to drive *Sharing the Vision* forward and ensure robust policy implementation oversight and governance. A number of Specialist Groups are now in place, progressing the priority issues of Women's Mental Health, Youth Mental Health Transitions (from child to adult mental health services) and Acute Inpatient Bed Capacity. A Reference Group of Service Users and Family Members will be established by the end of Q1 2022 to provide the service user and family member perspective as a core component of the policy's implementation structures. It is essential that people with lived experience and their families are at the heart of mental health service design, development and delivery at all levels of the system. This will be achieved through effective and robust co-production structures, and underpinned by principles of partnership, recovery and human rights.

While the policy will be implemented over a 10-year period many of the short-term recommendations of *Sharing the Vision* have already been progressed. These include significant developments in areas such as digital mental health services, mental health promotion, perinatal mental health, the national clinical mental health programmes and reform of the mental health legislation. Additionally, there is work ongoing across the HSE and public sector more broadly that aligns to the recommendations of *Sharing the Vision*, including the *Slaintecare Implementation Strategy and Action Plan*, (2021-2023) and the Women's Health Action Plan (2022-2023), both plans published by the Department of Health.

The Department of Health and I remain firmly committed to driving the full implementation of *Sharing the Vision*, across all aspects of mental health service provision, including in areas such as child and youth mental health, out of hours crisis services, mental health in primary care and mental health services for older people.

In view of the recently published South Kerry CAMHS Report, and the deficits in care that have come to light, it is evident that the reforms promised by *Sharing the Vision* are urgently needed. Many of the recommendations in the Report align with *Sharing the Vision*, and I am hopeful that this implementation plan will advance improvements across CAMHS, mental health team governance, organisation and clinical oversight, as well as ensuring quality, best practice and patient safety. In this context, it is critical that standardisation and consistency in mental health service delivery is achieved.

Importantly, mental health is not a matter for the health sector alone. The reform promised by *Sharing the Vision* cannot be achieved without measures being taken by other government departments and state agencies as well by as the Department of Health. As the implementation of the policy recommendations is therefore a whole-of-government priority, I am pleased that the *Sharing the Vision Implementation Plan 2022 – 2024* has been developed with colleagues and partners from across government.

I would like to acknowledge the enormous work of the NIMC, the HSE and all other partners and stakeholders from across government, and the public, and voluntary and community sectors in the development of this implementation plan, notwithstanding the challenges posed by COVID 19. The *Sharing the Vision Implementation Plan 2022 - 2024* will enable us to build on innovation and progress achieved and maintain the momentum necessary to put policy into practice and provide better mental health services for us all.



Mary Butler

Minister for Mental Health and Older People

Foreword

by National Director of Community Operations



Sharing the Vision is a broad-based, whole system mental health policy that will address the mental health needs of the population through a focus on the requirements of the individual. The policy is underpinned by the values of respect, compassion, equity and hope. It takes a person-centred approach with a focus on enabling and supporting the recovery journey of each individual in the context of their personal lived experience.

Sharing the Vision follows in the footsteps of *A Vision for Change*, and the significant work done over the past decade to modernise mental health services, build our workforce and invest in fit for purpose infrastructure. It presents a vision for a mental health system that promotes positive mental health at all levels of society, intervenes early when problems develop, and provides accessible, comprehensive and community-based mental health services for those who need them. Importantly, *Sharing the Vision* recognises the complex interplay of factors that influence our mental health, and the need for leadership, integration and collaboration across the HSE and wider health service.

This implementation plan has been developed in the same collaborative spirit as the overall policy document and sets out a clear road map for the continued reform of our mental health services. It presents an ambitious change programme with the majority of planned activities led by the HSE. With the learning from *A Vision for Change*, I am confident the HSE is in a good position to build on the progress already made to deliver on the shared vision for our mental health services for the coming ten-year period.

In providing high-quality mental health services across the lifespan for children and adolescents, adults and older people, our foundation depends on strong multi-disciplinary working, team organisation and leadership, service user focus, seamless transitions, and adherence to the highest clinical and professional standards. We will continue to invest in and enhance our services, while at the same time fully utilising opportunities offered by digital health technologies to mitigate recruitment challenges and modernise delivery of mental health care. Above all, we will work in partnership with service users and families, in order to achieve the goal of a modern mental health service that is attractive to work in and meets the needs of those who need our services.

Yvonne O'Neill

National Director of Community Operations

Foreword

by Chair of the National Implementation Monitoring Committee



On behalf of the NIMC, I am delighted to present *Sharing the Vision Implementation Plan 2022 – 2024*. The publication of this plan represents a significant step forward in the implementation of *Sharing the Vision – A Mental Health Policy for Everyone 2020 – 2030*.

This implementation plan was developed by the HSE and the Department of Health, in collaboration with a diverse range of Government Departments and state agencies and has the approval and endorsement of NIMC. Indeed, the interdepartmental and interagency collaboration necessary for the development of this Plan to date, serves to demonstrate the whole-of-government, whole-of-society ambition of *Sharing the Vision*, and I hope that this spirit of collaboration and co-production will continue as policy implementation progresses.

One of the criticisms of the predecessor mental health policy, *A Vision for Change* (upon which *Sharing the Vision* builds), was that it did not have the benefit of an implementation plan and limited implementation and monitoring processes. This Plan, which is the first of three *Sharing the Vision* Implementation Plans, will address these previous issues, in keeping with best practice on policy implementation and monitoring.

Moreover, the plan will serve as a key enabler for the implementation of *Sharing the Vision*, outlining the chronological process of implementation, setting key milestones to be met each year, and illustrating the inputs and outputs necessary for implementation.

Crucially, the plan will enable and enhance implementation monitoring, and ultimately improved transparency, accountability and governance over this major reform of mental health services and mental health promotion in Ireland. Reporting against the milestones set out in this plan, will allow the NIMC to measure and evaluate progress on a regular basis, and to recognise and challenge process and structural barriers to service delivery change. Over the course of the implementation of this ten-year policy, through turbulent and uncertain times, it is inevitable that obstacles will arise, that complications will manifest. However, this plan (and future *Sharing the Vision* implementation plans) will empower us to see the challenge and rise to meet it.

Sharing the Vision is outcome-focused, supporting tangible changes in the lives of people using mental health services and the wider community. Consequently, monitoring will similarly seek to assess outcomes as a measurement of a successful implementation. This plan contains outcome indicators, as set out in the *Sharing the Vision* policy. It is intended that over the course of the plan cycle, a robust outcome measurement framework will be developed, to enable NIMC to fully understand and analyse the outcomes of implementation and the true impact of this policy on people who use mental health services in Ireland and on mental health promotion strategies affecting the wider community.

I would like to commend all involved in the development of this implementation plan, and I am confident that with its publication we are one step closer to realising the ambition of *Sharing the Vision*.

John Saunders

John Saunders

Chair of the National Implementation Monitoring Committee

Executive Summary

'Sharing the Vision (StV) – A mental health policy for everyone 2020 – 2030' is Ireland's whole system policy to enhance the provision of mental health services and supports across a broad continuum from promotion of positive mental health to specialist mental health service delivery.

This first Implementation Plan outlines a programme of work for the next three years from 2022 – 2024 to deliver StV recommendations. The plan incorporates the vision, values and principles of StV and is, like the policy document, structured around four domains; i) Promotion, Prevention and Early Intervention; ii) Service Access, Coordination and Continuity of Care; iii) Social Inclusion and iv) Accountability and Continuous Improvement. For each of the 100 recommendations in StV, a plan for delivery is outlined, including what is to be achieved, required input and milestones, and expected outputs and outcomes.

The development of this Implementation Plan was overseen by the National Implementation and Monitoring Committee (NIMC), which comprises a Steering Committee, the HSE Implementation Group, the Reference Group, and an associated Specialist Group Panel. In line with the collaborative approach taken to the development of StV, the plan has been progressed through effective interagency and interdepartmental collaboration. Pivotal to progressing the Implementation Plan was the active engagement of stakeholders and identification of leads for each recommendation.

The NIMC will be responsible for monitoring progress against agreed milestones and identified outcomes. Progress reports in respect of Quarter 3 and Quarter 4, 2021 have been published and are publicly available. Building on an evaluation of this process, a monitoring and reporting framework is now being put in place to ensure visibility and transparency of progress made. Work has already commenced on more than two-thirds of the 100 recommendations.

The Implementation Plan recognises the importance of effective communication with key stakeholders and the core values underpinning delivery of StV – namely respect, compassion, equity and hope – will be central to communicating about StV.

The Implementation Plan has a strong emphasis on promoting positive mental health, progressing community based and primary care mental health supports, improving children and youth mental health services and improving accessibility to mental health supports with meaningful inclusion of service users, families, carers and supporters in service design. Its delivery will be driven by an outcomes focus and a shared commitment to work in partnership with staff, service users and families, and all relevant stakeholders to achieve our goal of a modern and fit for purpose mental health service that meet the needs of those who require our services.

1. Introduction

This implementation plan outlines the initial delivery schedule for implementing *Sharing the Vision – a mental health policy for everyone 2020–2030* (StV) during the period 2022–2024. The publication of this document is an important milestone and the plan detailed in the document sets a baseline for what is to be achieved in the coming years. As such, it provides a high-level description of the projected outputs from quarter 1, 2022 to quarter 4, 2024. Further StV implementation plans will be developed for the periods 2025–2027 and 2028–2030 respectively.

The implementation plan reflects work completed over the last six months and the methods adopted in its development are set out below in Section 4.1 – Development of the Implementation Plan. Having been guided on the high-level governance structure by the StV policy document, the plan begins to define this further, as resources for implementation become available and ways of working are established – see Section 4.2 – Governance Structures for the Implementation Plan. In addition, this plan also covers background information on the development of the policy, its values and principles, organising frameworks and progress achieved to date in Section 2 – Policy Context.

A vision for what this plan aims to achieve can also be found in this plan in Section 3 – Sharing the Vision – A Ten Roadmap for Change, which details the key deliverables for the next three years. How these deliverables will be monitored and reported on is also summarised in Section 5 – Monitoring and Reporting, where the StV Programme Implementation Team have built on the good practice established by the *Connecting for Life* (CfL) programme.

Section 4.1 explains the format adopted in developing an individual plan for each recommendation – a task that has been completed with each partner identified as the responsible delivery lead. For each recommendation, we have captured, at a high level, a summary of understanding of what is to be achieved by the recommendation, the inputs required, annual milestones for the duration of the plan and the anticipated outputs. Individual plans for each of the 100 recommendations can be found in Section 6.

2. Policy Context

Sharing the Vision (StV) is the successor to *A Vision for Change* (AVfC) which was published in 2006. AVfC was recognised as a progressive policy for mental health in Ireland, providing a blueprint for building up mental health resources in terms of staff and infrastructure across specialist mental health services. Many significant changes and improvements have taken place over the lifetime of AVfC. The ten-year implementation period for AVfC ended in 2016.

As part of the refresh process to develop a successor document which would continue the process of modernising mental health services and effectively promoting good mental health, the DoH established an oversight group in 2017. Informed by an expert evidence review commissioned by the Department of Health in 2017, the oversight group engaged in a public consultation process whereby over 1,200 participants, including service users, family members, carers, peer workers, clinical staff, HSE management and the voluntary and community sector (VCS) offered input. The oversight group also collected information from submissions to the Joint Oireachtas Committee on the Future of Mental Healthcare in Ireland and incorporated relevant recommendations into the refreshed policy, to be known as StV. The consultation process was also informed by a review drafted by the oversight group of existing governmental policies and reports with mental health-specific recommendations and the recent work of the Department of Health's Women's Health Taskforce. StV not only builds on AVfC, but also is fully aligned with *Sláintecare* – the ten-year programme to transform health and social care, *Connecting for Life* – the national suicide prevention strategy, as well as other government and HSE policies and strategies.

The oversight group report was submitted to and reviewed by the Department of Health and a successor policy document (StV) was produced. This carries forward those elements of the original AVfC policy which still have relevance, while introducing new recommendations to create a modern mental health policy suitable for the next ten years.

2.1. Vision, Values and Principles

The vision of StV, as set out in the policy is as follows:

The vision embodied in this policy – Sharing the Vision – is to create a mental health system that addresses the needs of the population through a focus on the requirements of the individual. This mental health system should deliver a range of integrated activities to promote positive mental health in the community; it should intervene early when problems develop; and it should enhance the inclusion and recovery of people who have complex mental health difficulties. Service providers should work in partnership with service users and their families to facilitate recovery and reintegration through the provision of accessible, comprehensive and community-based mental health services.

Consistent with the original policy, core values are central to StV and underpin its service philosophy. As human interaction is at the heart of the delivery of mental health supports and care, and is an expression of individual and organisational values, this policy is underpinned by the following core values:

- Respect
- Compassion
- Equity
- Hope

Furthermore, StV builds on and reinforces the following service delivery principles:

- Recovery
- Trauma informed
- Human rights
- Valuing and learning
- Partnership

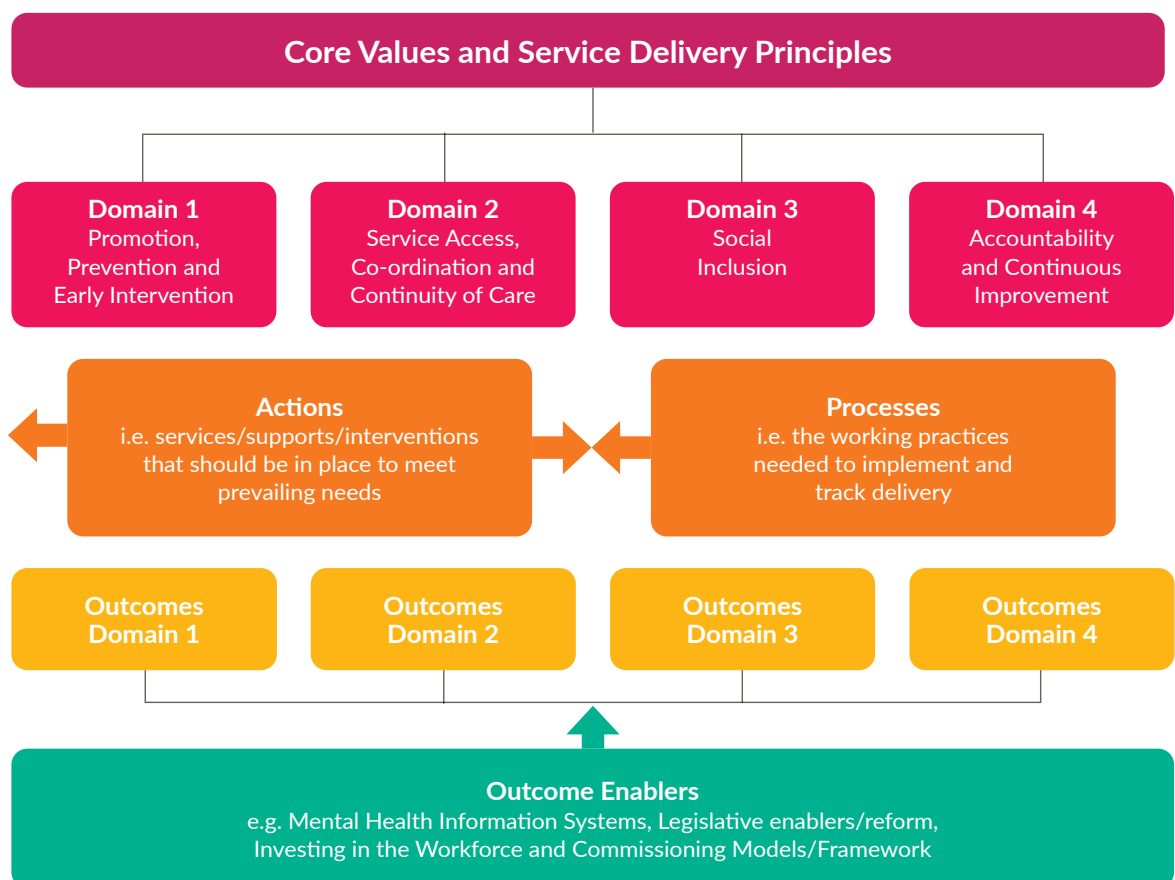
2.2. Organising Framework

The oversight group decided to focus on outcomes to emphasise the importance of policy supporting tangible changes in the lives of people using mental health services. The policy is therefore organised around four core ‘domains’ representing the policy and service delivery areas associated with key high-level outcomes. These four domains reflect a population-based approach to mental health policy in Ireland, aligned to a planning model which aims to provide mental health promotion for everyone. It also focuses on people who need specialist mental health services. All of the 100 StV recommendations are associated with high-level outcomes under the core domains as laid out in the diagram below.

As part of the progressive implementation of StV, outcomes measurement will be further developed to support the outcomes focus that characterises this policy.

In the long-term, it is intended for StV to align broadly with the Health System Performance Assessment (HSPA) Framework, which is currently under development. The HSPA intends to deliver a reliable framework for assessing the performance of the health system with measurable and quantifiable outcomes-based indicators which can be linked to relevant health policies and strategies, including StV.

Figure 1: Organising Framework for StV



2.3. Progress Since Publication

A whole-of-government National Implementation Monitoring Committee (NIMC) was established in December 2020 to oversee the implementation of the recommendations in the policy and to monitor progress in accordance with StV Recommendation number 99. Considerable progress has been made in establishing various governance and implementation sub-structures and ancillary structures which are detailed in section 4.2, and which will enable the implementation and monitoring of the policy. As detailed below, official reporting processes have commenced, with the first Quarterly Status Report published online detailing progress on each of the 100 recommendations up to the end of quarter 4 2021. The publication of this plan represents a significant enabler of the ongoing implementation of StV. Additionally, there is work ongoing across the HSE and public sector more broadly that aligns to the recommendations of StV, including:

- The expedition of developments in online mental health supports and service provision. These initiatives exemplify the whole-of-population approach to mental health service developments that StV promotes and seeks to advance digital mental health service provision. Specific examples include 24 hour text support and guided online therapy.
- The *Sláintecare Implementation Strategy and Action Plan (2021-2023)* and the *Women's Health Action Plan (2022-2023)*, both of which were published by the Department of Health, and the work of the Taskforce for Mental Health and Addiction Challenges for Persons Coming to the Attention of the Criminal Justice System.
- Review and service improvement in the area of CAMHS in keeping with the recommendations arising from the Maskey Report (2022).
- Continued phased implementation and evaluation of existing national clinical programmes in mental health – including Dual Diagnosis, Early Intervention in Psychosis, and Eating Disorders. The clinical programmes, which are in various stages of design and implementation, are at the heart of service improvement.
- The review of the Mental Health Act, 2001, which was completed, and a General Scheme approved by the Irish Government on 13 July 2021. Following the Government decision to approve the heads of bill, a formal bill will be drafted by the Office

of the Attorney General, in consultation with the Department of Health.

- Continued development of the recovery approach and the further embedding of the lived experience expertise into service provision through the ongoing development and roll out of initiatives, including peer support working, recovery education, and the individual placement service (IPS).

A total of €1.149 billion has been allocated to mental health in the 2022 budget, including €24 million for new developments.

2.4. Workforce Planning

StV envisages an expansion of mental health service provision across the whole system, necessitating a significant skill mix analysis and human resource development. Consequently, to realise the policy recommendations, a comprehensive workforce planning initiative is required.

The Department of Health is committed to working with the education sectors, regulators, and professional bodies to improve the availability of health professionals and reform their training to support integrated care across the entire health service. The Department of Health is receiving technical support under the European Commission Technical Support Instrument (TSI) 2021 to develop a Health and Social Care Workforce Planning Strategy and Workforce Planning Projection Model, based on international best practice.

Additionally, the Sláintecare Reform Programme aims to address many of the challenges the health and social care system is facing, including through a stronger orientation towards primary and social care settings, community care provision through Community Health Networks and promoting the integration of care. The *Sláintecare reform Workstream 6 – Workforce Planning* programme is centred on having sufficient capacity in the workforce and the appropriate configuration of staff and skill-mix, which are integral to the delivery of safe and timely health and social care services.

Sláintecare reform supports the implementation of StV under the Enhancing Community Care workstream. Recommendations outlined in StV will inform the strategic workforce planning at local and national level.

3. Sharing the Vision – A Ten-Year Roadmap for Change

StV sets out an ambitious programme for the continued development and enhancement of Irish mental health services. It is action-oriented, outcomes-focused and adopts a lifecycle approach that places the individual at the centre of service delivery. StV aims to enhance the provision of mental health services and supports across a broad continuum, from mental health promotion, prevention and early intervention to acute and specialist mental health service delivery, during the period 2020–2030. It is a policy that outlines a vision of the future for mental health services which reinforces the service delivery principles of recovery, trauma informed, human rights, valuing and learning and partnership.

Implementation of the policy is a key Programme for Government commitment, as well as a key priority in the Department of Health and the HSE. It will inform mental health service development with clearly defined outputs that will be achieved throughout the course of the implementation plan.

In this context, the principal outcomes envisaged by the policy are:

- The creation of a mental health system that focuses on the requirements of the individual and considers the various components, personal and societal that influence mental health.
- The development and delivery of a range of integrated activities to promote positive mental health in the community, specifically through prioritisation of early intervention and social inclusion.
- Improved mental health services for children and young people and a seamless transition for young people into adult mental health services as required.
- Increased participation of service users, families, carers and supporters in the design of mental health services.
- The enhanced provision of accessible, comprehensive and community-based mental health services.

- Enhanced capacity of primary care services to respond to mental health needs, whereby, as a consequence, specialist mental health services are not required.

With regard to what is expected throughout the lifecycle of this three-year implementation plan, it is anticipated that the service delivery principles of recovery, trauma informed care, human rights, partnership and learning will continue to be embedded into service delivery and the following priorities will be achieved or significantly progressed:

3.1. Domain 1: Promotion, Prevention and Early Intervention

- A National Mental Health Promotion Plan will be developed.
- Women's mental health will be highlighted, addressed, and resourced through the HSE Service Plan.
- Enhanced referral pathways will be developed for children and adolescents to mental health services from educational settings.
- Digital platforms, including social media, will be used effectively to promote mental health in the population and improve awareness of the full range of mental health supports available.

3.2. Domain 2: Service Access, Coordination and Continuity of Care

- Enhanced supports will be identified and in place for all individuals transitioning from CAMHS to Adult Mental Health Services.
- Thirteen Specialist Eating Disorder teams will be in place.
- New ADHD teams will be established in all sites as described in the National Model of Care.
- A new Mother and Baby Unit will be in place by Q4 2024.

- A tiered model of dual diagnosis service provision will be developed and available.
- Improved counselling supports and talk therapies will be available, based on identified need.
- Improved and appropriate mental health assessment facilities in hospital emergency departments will be provided.
- An enhanced community response to self-harm and suicidality will be provided, with the expansion of the suicide crisis assessment nurse service (SCAN) in the community.
- Three out-of-hours crisis cafés and associated crisis response teams will be piloted and evaluated.
- All service users will have a mutually agreed key worker, and co-produced individualised recovery care plans will be in place for all users of specialist mental health services.
- Digital interventions will be developed and delivered nationally.
- There will be adequate and appropriate levels of Acute Inpatient (Approved Centre) Beds, in line with the Acute Inpatient Bed Capacity Specialist Group Report.
- Appropriate access to mental health care will be provided to people experiencing homelessness and to people in contact with the justice system.
- Six telehub out-of-hours supports will be developed to enhance out of hours CAMHS services.
- Mental health service provision will be more embedded in communities through the use of more user-friendly community-based locations for the delivery of services.
- Eleven Early Intervention in Psychosis Specialist Teams will be in place.

3.3. Domain 3: Social Inclusion

- The process for individuals coming on and off income supports will maximise individual entry or re-entry to the workforce.
- The Individual Placement Support (IPS) model 'to support employment' will be expanded, pending positive evaluation.
- The housing needs of people with complex mental health difficulties will be further addressed.

3.4. Domain 4: Accountability and Continuous Improvement

- A review of the Mental Health Act will be completed.
- A National Population Mental Health and Mental Health Services Research and Evaluation Strategy will be developed and published, with resources and plans in place to support research projects.
- The implementation of a national mental health information system will be in progress.
- Mental health service resources will be allocated based on need within the population.

4. Policy Implementation

4.1. Development of the Implementation Plan

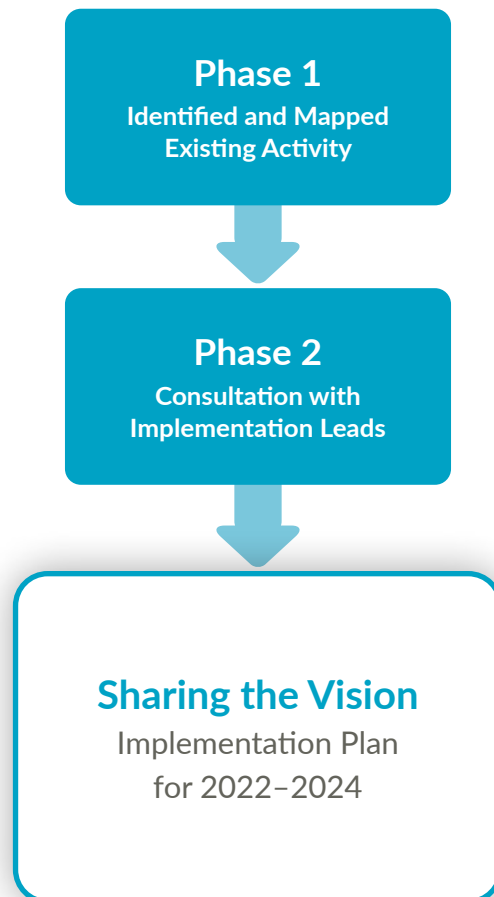
The lifecycle of this implementation plan is between Q1 2022 and Q4 2024 inclusive (three years). It is the first of three plans to cover the expected 2022–2030 timeline for the StV policy.

This plan is a high-level outline of the intended milestones and outputs to be delivered within its lifecycle. The plan will continue to evolve as the

implementation of the plan gathers momentum. Engagement with Implementation leads and supporting partners will be ongoing and the plan will be periodically updated by the HSE *Sharing the Vision* Implementation Programme Team.

The development of the implementation plan has taken a phased approach:

Figure 2: Visual representation of two-phased approach adopted to produce the Sharing the Vision Implementation Plan



Phase One

Phase one involved identifying existing activities within the HSE, relevant government departments and agencies and the voluntary and community sector, which aligned with StV recommendations. The objective was to identify existing activities aimed at achieving similar outcomes to StV, where collaborative working could be established.

This work was undertaken through two parallel tasks:

1. A full review of all relevant current policies on physical and mental health, identifying where actions from these overlapped with StV.
2. A review of existing or planned service improvement initiatives across Mental Health Services, the wider HSE, other public sector agencies and the VCS organisations. The purpose of doing this was to identify any work that was already aligned with StV, and that could form part of the work programme.

The outcome of both tasks assisted in identifying implementation leads for each of the

recommendations and in building a repository of information to produce a draft implementation plan for phase two.

Phase Two

The second phase was a consultation exercise to engage with stakeholders identified as implementation leads to:

- Enhance the draft implementation plan.
- Confirm leads and support partners.
- Confirm deliverables for this implementation plan.
- Inform an understanding of which implementation leads were most appropriate to support the delivery of StV objectives.

The outcome of this phase was:

- Identification of milestones to be achieved within the lifecycle of this plan.
- Implementation leads were identified.
- A culture of partnership and collaboration was fostered for the implementation of StV.

The implementation plan (see Section 6 – Implementation Plan) lists each recommendation individually in a table with the following headings:

Recommendation	Recommendations are taken (verbatim) directly from the <i>Sharing the Vision</i> policy and are fixed text.
Actions	Actions are taken (verbatim) directly from the <i>Sharing the Vision</i> policy and are fixed text.
Lead	The implementation lead identified as responsible for leading and delivering on this recommendation.
Supporting partner(s)	Other stakeholders that will need to be involved or consulted in delivering activities to meet the recommendation or actions.
Timeframe	Timeframes identified by <i>Sharing the Vision</i> for achieving the recommendation i.e. – Short-term < 18 months; Medium-term < 3 years; Long-term < 10 years.
Summary of understanding	A broad statement outlining the interpretation of the recommendation and what should be achieved.
Inputs required for 2022–2024 - process perspective	A summary of the steps to be taken to achieve the milestone(s).
Inputs required for 2022–2024 - implementation perspective	These are financial, human or physical resources required to achieve the output or outcome.
Milestones 2022 and 2023	An outline of the high-level tangible outputs to be delivered in this period.
Overarching outputs by end of 2024	The overall output(s) we expect to be delivered by the end of 2024, i.e. the totality of the deliverables for 2022, 2023 and 2024.
Outcome indicators	Outcome indicators are taken (verbatim) directly from the <i>Sharing the Vision</i> policy and are fixed text.

These headings have been chosen to support policy implementation with prospective planning and ongoing monitoring of StV as follows:

Inputs (Process)	provide the first level planning that will be built on. These will be utilised by the Programme Implementation Team to engage with implementation leads to build a detailed programme plan and programme blueprint.
Inputs (Implementation)	will be used in budget planning of Mental Health Services and other relevant areas of health service delivery to ensure that this remains aligned with delivering StV objectives.
Milestones	will provide a set of performance indicators to monitor programme progress.
Outputs	outline the deliverables to be achieved within this implementation plan.

4.2. Governance Structures for the Implementation Plan

The NIMC is made up of the NIMC Steering Committee, which will be supported by a NIMC Reference Group of Service Users and Family Members and NIMC Specialist Groups¹. The NIMC, independently chaired by Mr John Saunders, is driving the implementation monitoring of StV, ensuring that appropriate monitoring and oversight processes are in place.

The NIMC has additionally established specialist groups in priority areas of development, including youth mental health, Acute Inpatient Bed Capacity development and in Women's Mental Health. Other specialist groups will be established as appropriate, in a structured and strategic manner in line with implementation priorities.

The HSE has primary responsibility for the implementation of the majority of the StV recommendations. To that end, the HIG, which reports to the NIMC, was established in May 2021 and its work is progressing.

For each of the 100 recommendations, an implementation lead has been identified and will be responsible for achieving the recommendation action(s). Those partners taking a lead include the Department of Health, HSE Mental Health Services, HSE Community Operations, other departments within the HSE and other government bodies.

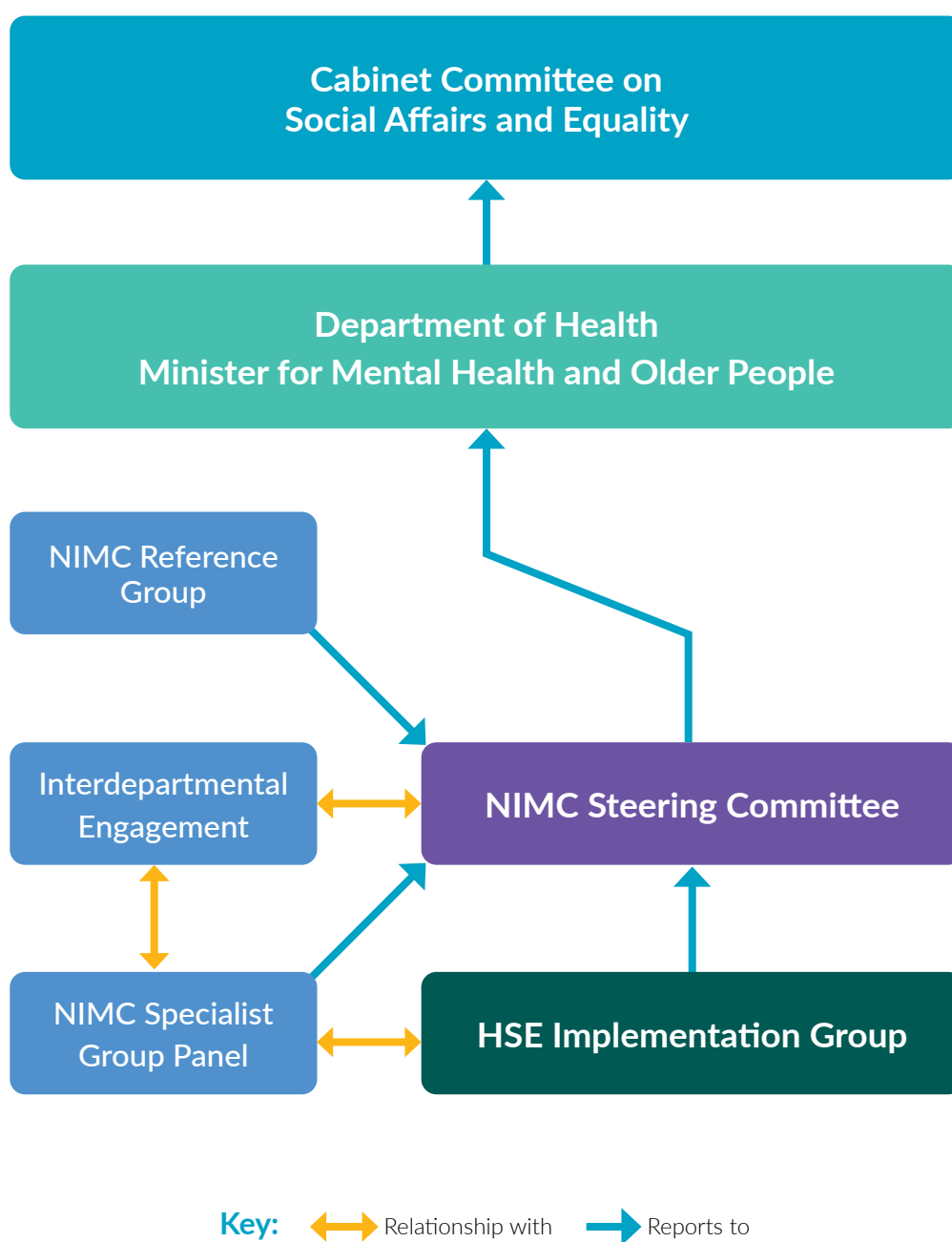
To organise the work and bring partners together, the HIG and the Department of Health will undertake an exercise to group recommendations with a similar theme into workstreams under the existing four domains, where applicable. Workstreams will enable expert and working groups to be formed and linked to specific focus areas, ensuring the right partners with the right expertise are engaged when and where it matters.

Regarding oversight of the NIMC itself, in line with the terms of reference, the process of regular reporting (i.e., Quarterly) of NIMC will be to the Assistant Secretary with responsibility for the Department of Health, Mental Health Unit, with onward reporting to the Minister for State for Mental Health and Older People. NIMC can also provide reports to the Cabinet Committees on Social Affairs and Equality, and Health respectively or relevant Oireachtas Committees on a request basis, as appropriate and as required.

¹ Unless otherwise stated NIMC refers to the NIMC Steering Committee.

The infographic below details the reporting relationship between the various governance and implementation structures.

Figure 3: Governance structure for StV



4.3. Communication Approach for the Policy Implementation

Sharing the Vision is an ambitious strategy that will transform the way we deliver mental health over the next ten years. Achieving the recommendations set out in the policy will be a complex undertaking. An effective communications plan to establish a clear understanding and awareness of StV priorities will be crucial to successful policy implementation. A wide range of stakeholders, across the HSE, government departments, statutory agencies and NGOs will be involved in the implementation of StV. Coherent communications about the policy priorities and the specific role of each stakeholder group will be an essential enabler of success in driving the implementation of the strategy.

4.3.1. Audiences

Implementation of StV will require effective communications both nationally and regionally. Our target audience groups will include our primary audience such as: organisations working in mental health, all government departments and people with lived experience, and our secondary audiences such as the general public, wider HSE and the media

Primary audiences

- Service users, family members, carers and supporters, people with lived experience
- Organisations working in mental health
- Cross government departments
- HSE Leadership
- Mental Health HSE Staff
- Other HSE departments
- Mental Health forums

Secondary audiences

- Wider HSE employees
- The general public
- The media

The responsibility to communicate effectively about StV is with the StV Programme Implementation Team. Through the work of the Programme Implementation Team, a communications plan will be developed to provide a clear understanding and awareness of StV and facilitate updates on the policy implementation.

Using a mix of available communications channels, updates on progress and key milestones will be disseminated to a range of stakeholders and target audiences, including those with responsibility for the implementation of StV and the wider public.

4.3.2. Channels

With a wide range of stakeholders, it will be important to establish appropriate communication channels to reach all audiences. Utilising the full mix of channels will help to support those with responsibility for delivering specific actions informed throughout the implementation lifecycle. It will also enable regular feedback.

Channels include:

- Online at www.hse.ie
- On social media, #sharingthevision @HSELive and @hse_ymh
- By email, *Sharing the Vision* newsletters
- News media – press and broadcasting
- Parliamentary questions, public representations (reps) and related correspondence
- Other internal HSE channels.

4.3.3. Key messages

As part of the Communications Plan, key messages about StV and the role of NIMC and the HIG will be developed and shared with stakeholders. This messaging will be used to help inform and support the people, communities, teams and services who will be working to implement the policy. Where possible, the core values which underpin the delivery of StV – namely respect, compassion, equity, and hope will be referenced in all communications related to the policy.

4.3.4. Activities, tools and timescales

In Quarter One and Two of 2022, Mental Health Operations will develop detailed activity plans and timescales, and identify the communications tools and channels that will be used to implement this communications plan.

5. Monitoring and Reporting

5.1. Implementation Monitoring

Monitoring of this implementation plan will be ongoing, with formal reports of progress towards specific recommendations produced quarterly. A framework for data collection and reporting has been established and was trialled for Quarter 3 and Quarter 4 of 2021.

As part of the framework for data collection, a reporting 'Dashboard' will be circulated to each implementation lead with a request to:

- Provide an update on key activity by recommendation for the previous quarter.
- Highlight any risks or issues that may impact implementation (see Section 5.2 below).
- Provide an outline of activity planned to take place in the next quarter.
- Indicate current delivery status (e.g. on track, not started, minor delivery issue etc.).

A benefit of undertaking both a retrospective and prospective monitoring process is that it facilitates forward planning. This trial period has allowed

NIMC and the HIG to contribute to the process so that refinements could be made to the framework in advance of Quarter 1 2022 reporting on implementation. All formal reports will be published online.

5.2. Reporting Risks or Issues

As part of the reporting framework and management of the implementation programme, there will be active management of risks – through a consolidated programme risk management framework. Proactive and reflective risk reporting supports timely identification of possible barriers to implementation, which can then be escalated through implementation governance structures for consideration and resolution. As part of the data gathering and collection processes, a methodology is being developed to enable implementation leads to self-assess programme risks against thematic categories (see below) with risk reporting also in the same format:

Figure 4: Possible risk category definitions from the implementation science framework that could be adopted for risk monitoring or reporting

Stakeholder Engagement and Buy-In	Consultation, engagement and agreement with and between relevant stakeholders are vital for successful implementation
Competency	Skills, knowledge, training requirements to deliver outputs/improvement/change
Leadership/Authority	Implementation champions, leaders and leadership
Resources (Financial/ Human/ Physical/ Information Systems)	Additional financial resources may be needed to implement the option
Project Complexity	An increased supply or distribution of staff may be needed to support/lead/manage project, unrealistic outputs/timeframes, project/programme structures
Accountability	Changes may be needed so that those with the authority to make decisions are accountable for the decisions they make
Organisational Factors	Supportive internal culture and climate to accept and enable improvement and change

Based on information received in the dashboards, a report will be produced each quarter. The HSE Implementation Programme Team will take a high-level approach to the presentation of information. The team propose to review progress reports against an evolving set of implementation health status themes:

Reports will include an introductory high-level infographics summarising the status of the recommendations, followed by a summary of highlights of progress against the 100 recommendations that has been achieved in the quarter.



Figure 5: Infographic summarising the status of recommendations





6. The Implementation Plan

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Domain 1 - Promotion, Prevention and Early Intervention

Please note that text in shaded parts of each table is taken directly and verbatim from the original policy document.

Recommendation 1		
Recommendation <i>Healthy Ireland</i> 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 <i>Healthy Ireland</i> implementation frameworks, with appropriate resourcing. The plan should be based on the principles and scope described in Chapter 2 of <i>Sharing the Vision</i> .	Actions Develop a national mental health promotion plan. Establish a mental health promotion policy priority programme in HSE in line with <i>Healthy Ireland</i> implementation.	
Lead Department of Health, Health and Wellbeing Unit	Supporting partner(s) Department of Health, Mental Health Unit and HSE Health and Wellbeing	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved A national mental health promotion plan that takes into account the needs of priority groups ¹ is published and implemented on a whole-of-government basis. Incorporate mental health promotion into existing initiatives within <i>Healthy Ireland</i> – i.e. social prescribing, men's sheds, healthy workplaces, etc.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Evidence synthesis/literature review of effective interventions in mental health promotion Complete a consultation process to inform the national mental health promotion plan Establish a steering group with terms of reference to oversee the development of the national mental health promotion plan Complete development of a national mental health promotion plan. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Agree an action plan for implementation of a national mental health promotion plan Dedicated funding to support the implementation of a national mental health promotion plan Establish an implementation group to drive delivery of a national mental health promotion plan. 		
Milestones 2022 <ul style="list-style-type: none"> Publish a national mental health promotion plan with key performance indicators (KPIs), that also address the needs of priority groups Establish an implementation group. 		
Milestones 2023 <ul style="list-style-type: none"> Achieve or progress KPIs for year 1 of the national mental health promotion plan. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Roll out service user survey (including specific priority group targets) to assess the effectiveness of promotion plan interventions Incorporate the distinct needs of priority groups into mental health promotion plans Deliver <i>Connecting for Life</i> mental health promotion actions that incorporate the distinct needs of priority groups. 		
Outcome indicator Fully completed plan in place with appropriate resources.		

¹ With regard to priority groups, *Sharing the Vision* is informed by *Connecting for Life*, in which priority groups refer to the population groups identified as vulnerable to suicide in Ireland. Particular demographic groups have consistently been shown by both national and international research evidence to have increased risk of suicidal behaviour. These include people with mental health problems of all ages, people with alcohol and drug problems, people bereaved by suicide, members of the LGBT and Traveller communities, people who are homeless, healthcare professionals and prisoners. There are other groups with potentially increased risk of suicidal behaviour where the research evidence is either less consistent or limited. These include asylum seekers, refugees, migrants, sex workers and people with a chronic illness or disability. This list of priority groups will be reviewed regularly, based on the most up-to-date evidence.

Recommendation 2

Recommendation

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.

Actions

Utilise digital and social media to promote mental health awareness.
 Apply resources to further develop evidence on the extent of the positive mental health, resilience and psychological wellbeing of the population, including the relevant impact of social media.
 Co-produce evidence on improvements in the mental health of the population, including those accruing through the use of social media.
 Build on evidence emerging from *The Irish Longitudinal Study on Ageing* (TILDA) and the *Healthy Ireland* Survey.

Lead

HSE Mental Health Integrated Care Team

Supporting partner(s)

HSE Digital, HSE Health and Wellbeing

Timeframe

Medium-term

Summary of understanding – our interpretation of what is to be achieved

Maximise the use of digital and social media to increase mental health literacy, leading to earlier engagement with mental health services and better mental health outcomes for the general population. Underpin this work with a commitment to research and evaluation.

Inputs required for 2022–2024 – process perspective

- Recruit digital mental health coordinator to support the growth of digital and social media content across mental health services
- Develop and promote www.yourmentalhealth.ie with support from HSE Digital
- Grow use of digital media for mental health promotion with support from HSE Communications
- Establish an evaluation and monitoring system to measure the impact/benefits of social media use in promoting positive mental health
- Engage with *Healthy Ireland* on plans about the use of digital and social media
- Establish a dedicated digital mental health workstream under StV.

Inputs required for 2022–2024 – implementation perspective

- Continue availability of digital mental health budget
- Confirm other inputs required following recommendations from the strategy.

Milestones 2022

- Continue mental health input to *Healthy Ireland* survey fieldwork and data collection
- Review content on www.yourmentalhealth.ie to achieve continuous growth in Irish visits to HSE online mental health information (circa. 1.5m visits per year)
- Launch new public mental health campaign, supported by robust and multi-functional digital platforms and associated social media
- Develop HSE digital mental health strategy to facilitate the ongoing development and provision of the full range of digital mental health supports.

Milestones 2023

- Publish HSE digital mental health strategy
- Evaluate public mental health campaign
- Continue ongoing research outputs related to the use of digital and social media to promote positive mental health and increase mental health literacy.

continued overleaf →

Recommendation 2 - continued

<p>Overarching outputs by end of 2024</p> <ul style="list-style-type: none">• Interactive platform hosting all mental health information, signposting the full range of mental health supports and services and providing a gateway to a range of digital mental health supports.
<p>Outcome indicator</p> <p>Digital and social media used to positively influence mental health promotion.</p> <p>Increased public engagement in online mental health initiatives.</p> <p>Reportable evidence of the positive mental health of the population.</p> <p>Evidence on impact of social media on mental health.</p> <p><i>The Irish Longitudinal Study of Ageing</i> indicators for Older Persons and their mental health wellbeing embedded in cross-government frameworks and strategies, <i>Healthy Ireland</i> – Outcomes Framework, <i>Department of Children, Equality, Disability, Integration & Youth</i> Outcomes Framework.</p>

Recommendation 3		
Recommendation <p>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.</p>	Actions <p>Ensure that Women's Health Task Force and National Implementation Monitoring Committee develop a project to focus on:</p> <ul style="list-style-type: none"> • Mental health priorities and services that are gender-sensitive • Work to ensure women's mental health is specifically and sufficiently addressed in the implementation of policy • Work to empower all mental health service users and their families equitably. 	
Lead <p>Women's Health Taskforce</p>	Supporting partner(s) <p>NIMC, Department of Health, Mental Health Unit</p>	Timeframe <p>Short-term</p>
Summary of understanding – our interpretation of what is to be achieved <p>Ensure that women's mental health is specifically and sufficiently addressed in the implementation of StV and reflected in the provision of mental health services into the future.</p>		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Establish research project as an expert input to inform final recommendations • Refine recommendation through consultation input. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • NIMC to consider and adopt report. 		
Milestones 2022 <ul style="list-style-type: none"> • Complete Women's Mental Health Specialist Group report, with recommendations. 		
Milestones 2023 <ul style="list-style-type: none"> • HSE Service Plans from 2023 onwards to include KPIs addressing women's mental health as set out by the <i>Women's Mental Health Specialist Group Report</i>, in line with any evaluation element of the Specialist Group Report. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Address and resource women's mental health with regard to StV through HSE service plan and estimate process or through other agencies, as appropriate, in keeping with <i>Women's Mental Health Specialist Group Report</i> recommendations. 		
Outcome indicator <p>Fully completed plan in place with appropriate resources.</p>		

Recommendation 4		
Recommendation 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.	Actions Review and amend existing job specification.	
Lead HSE Health and Wellbeing	Supporting partner(s) HSE HR / HSE Mental Health Operations	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Ensure greater integration across health promotion, mental health promotion and suicide prevention through existing and planned programmes of work, including implementation of HSE mental health promotion plan, Social Prescribing Framework etc.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Engage with key stakeholders, including HR, to discuss changes to be made Conduct an assessment of the current workforce (numbers, current roles, responsibilities etc.) Engage with all current post holders about changes Re-draft job description and agree on sign-off with key stakeholders. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Health promotion and improvement officers actively engaged in mental health promotion in a coordinated way. 		
Milestones 2022 <ul style="list-style-type: none"> Amend job description for health promotion and improvement officers Include mental health promotion in work programme for health promotion and improvement officers. 		
Milestones 2023 <ul style="list-style-type: none"> Health promotion and improvement officers actively engaged in local implementation of HSE national mental health promotion plan. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Update existing and new job descriptions to include mental health promotion. 		
Outcome indicator Mental health promotion plans to incorporate the distinct needs of priority groups.		

Recommendation 5

Recommendation 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.	Actions Ensure the funding for new and existing community development programmes enhances community connectedness and mental health promotion. Design and deliver health promotion initiatives so they include and are accessible to people with disabilities.	
Lead HSE Health and Wellbeing	Supporting partner(s) HSE Social Inclusion/CHOs/HSE Disabilities/Department of Rural and Community Development	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Develop positive mental health through community-based initiatives that promote community connectedness, inclusive of those with disabilities, to support good mental health.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Conduct a scoping exercise to ascertain how accessible current community-based initiatives such as social prescribing are for people with disabilities Conduct a feasibility study to explore how an international mental health promotion framework such as Act Belong Commit could translate in an Irish community context and with priority groups, including people with disabilities. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Provide funding to support the aforementioned feasibility study on Act Belong Commit Track participation of people with disabilities accessing social prescribing in data collection processes. 		
Milestones 2022 <ul style="list-style-type: none"> Complete scoping exercise to determine how accessible community-based initiatives such as social prescribing are for people with disabilities and determine how inclusion might be improved if required Develop a proposal and engage with an academic partner to progress a feasibility study for Act Belong Commit. 		
Milestones 2023 <ul style="list-style-type: none"> Complete Act Belong Commit feasibility study and depending on the findings, explore its application on a wider scale and with particular priority groups, including people with disabilities. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Promote positive mental health and community connectedness through community-based initiatives and programmes including those aimed at people with disabilities, while having their operations costed and funded. 		
Outcome indicator Appropriately funded community development programmes demonstrating enhanced community connectedness and mental health promotion.		

Recommendation 6

Recommendation The proposed national mental health promotion plan and the existing work of <i>Connecting for Life</i> should incorporate targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups.	Actions Ensure the national mental health promotion plan incorporates the distinct needs of priority groups. Support <i>Connecting for Life</i> to deliver targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups.	
Lead Department of Health, Health and Wellbeing Unit	Supporting partner(s) Department of Health, Mental Health Unit and HSE NOSP	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Publish and implement a national mental health promotion plan on a whole-of-government basis. Ensure that mental health promotion is incorporated into existing initiatives within <i>Healthy Ireland</i> , e.g. social prescribing, men's sheds and healthy workplaces.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Evidence synthesis/literature review on effective interventions in mental health promotion • Complete a consultation process to inform a national mental health promotion plan • Establish a steering group with terms of reference to oversee the development of a national mental health promotion plan • Complete development of a mental health promotion plan. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Agree on action plan for implementation of a national mental health promotion plan • Seek dedicated funding to support the implementation of a national mental health promotion plan • Establish an implementation group to drive delivery of a national mental health promotion plan. 		
Milestones 2022 <ul style="list-style-type: none"> • Publish a national mental health promotion plan with performance indicators that also addresses the needs of priority groups • Establish an implementation group. 		
Milestones 2023 <ul style="list-style-type: none"> • Progress national mental health promotion plan. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Roll out service user survey (including specific priority group targets) to assess effectiveness of promotion plan interventions • Put fully completed plan in place with appropriate resources. 		
Outcome indicator Mental health promotion plans incorporate the distinct needs of priority groups. <i>Connecting for Life</i> delivers mental health promotion actions that incorporate the distinct needs of priority groups.		

Recommendation 7

Recommendation

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.

Actions

Develop a strategic whole community NSRP plan for publication and annual review with specific outcomes and targets.
Department of Health should extend the timeframe and funding for the strategy for *Connecting for Life* (CFL) to 2024.

Lead

HSE Mental Health Operations

Supporting partner(s)

VCS partners/Government partners

Timeframe

Medium-term

Summary of understanding – our interpretation of what is to be achieved

Consolidate and coordinate the work of existing stigma reduction programmes into a single action plan that promotes a long-term and sustainable approach to systematically reducing stigma in relation to all aspects of mental health.

Inputs required for 2022–2024 – process perspective

- Project sponsor to lead and drive programme of work to develop stigma reduction programme, and project manager to undertake work
- Undertake an audit of services to understand the level of stigma being experienced by those with mental health difficulties and to identify and assess the impact of VCS stigma reduction services or programmes that already exist
- Working group to oversee development and implementation of action plan.

Inputs required for 2022–2024 – implementation perspective

- To be detailed following actions and recommendations identified by the stigma reduction programme working group.

Milestones 2022

- Identify project sponsor
- Extend funding for CFL.

Milestones 2023

- Map all existing stigma reduction programmes operated by VCS and public sector organisations.

Overarching outputs by end of 2024

- Secure funding for CFL until 2024
- Make action plan available for implementation of Stigma Reduction Programme.

Outcome indicator

NSRP plan evaluated to measure its beneficial impact across the population.
Extended timeframe and associated funding for *Connecting for Life* until 2024.

Recommendation 8

Recommendation 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).	Actions Ensure the What Works initiative delivered by DCYA seeks to capture and disseminate this learning to inform effective policy, provision and practitioner responses to the needs of children and young people.	
Lead HSE Disabilities / HSE Primary Care Operations via the Integrated Children's Services Forum (ICSF)	Supporting partner(s) VCS Partners - Jigsaw / SpunOut.ie / TUSLA / Regional Drugs and Alcohol Task Force / <i>Healthy Ireland</i>	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Ensure evidence-based service provision, delivering appropriate and effective responses to the needs of children and young people.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Continue promotion of integrated best practices in the delivery of children's services via the ICSF <i>Healthy Ireland</i> collaboratively to engage with key partners across children's services in the development and implementation of the Youth Mental Health Promotion Plan Undertake UNESCO Child and Family Research Centre (NUIG) collaboration to promote research-led, evidence-based service provision. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be detailed, as the development plan is formed and aligned with the future development of the ICSF. 		
Milestones 2022 <ul style="list-style-type: none"> ICSF agree an approach to the implementation of this recommendation. 		
Milestones 2023 <ul style="list-style-type: none"> Develop an action plan for implementation of agreed approach by ICSF. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Develop early intervention and prevention measures Mental health promotion and services to include evidence-based learning and good practice from the <i>What Works</i> programme. 		
Outcome indicator Evidence of integrated responses to vulnerable families informed by adverse childhood experiences (ACE) and learning from pilot programmes.		

Recommendation 9		
Recommendation 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.	Actions Implement wellbeing policy statements and framework for practice in all schools and centres for education, as well as NEPS, with appropriate resourcing.	
Lead Department of Education	Supporting partner(s) Department of Education support services and agencies	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Promote wellbeing and positive mental health through a comprehensive rollout and resourcing of the wellbeing policy statement and framework for practice across all schools and centres for education.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Ensure ongoing engagement with education stakeholders on effective implementation of wellbeing promotion in schools • Offer all schools a sustained model of CPD on wellbeing promotion over three years • Launch new wellbeing in education platform on gov.ie to facilitate access for schools to supports and resources to implement the Department's wellbeing policy statement and framework for practice • Expand the capacity of NEPs/Wellbeing Office to support the wellbeing of children and young people, including those with additional educational needs. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Source additional administrative and psychologist support to support the actions in the wellbeing policy • Seek ongoing funding required for costs associated with CPD • Seek ongoing funding for the development of online wellbeing supports. 		
Milestones 2022 <ul style="list-style-type: none"> • Make comprehensive online resources available for schools • Commence national CPD for all schools. 		
Milestones 2023 <ul style="list-style-type: none"> • Extend national CPD for all schools. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Given that the Department of Education's timeline for this work is extended to 2025, by end of 2024 a significant number of schools will have completed CPD and will be engaging with implementing a wellbeing promotion process in their school, in line with Departmental guidance and resources. 		
Outcome indicator Wellbeing policy statement and framework for practice implemented in all schools and centres for education, supported by adequate resources.		

Recommendation 10

Recommendation 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.	Actions Establish working group with appropriate representation to develop liaison protocol between schools and mental health services and supports.	
Lead Department of Education / Department of Health	Supporting partner(s)	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Referral pathways and signposting for children and adolescents to appropriate services from educational settings are enhanced for service users through the development of and communication of clear liaison processes between all relevant mental health care and educational professionals.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Establish the stakeholders involved through scoping exercise Desk-based research and analysis on the current processes relating to referrals/liaison protocols Draw up terms of reference for the working group. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Additional administrative support for the Department of Education Wellbeing office Additional NEPS psychologists required Put in place funding to facilitate communications around the new protocol. 		
Milestones 2022 <ul style="list-style-type: none"> Put in place structures and work plan for the development of a protocol. 		
Milestones 2023 <ul style="list-style-type: none"> Develop and agree a protocol, including an implementation plan. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Protocol implemented nationwide, with plan in place for its evaluation. 		
Outcome indicator Protocol in place which facilitates referral pathways to local services and signposting to NEPS, GPs, primary care services and specialist mental health services.		

Recommendation 11

Recommendation

Integrate the national mental health promotion plan with the healthy workplace framework and 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.

Actions

Develop action plan to enhance the mental health HSE outcomes of the working-age population, with prioritisation of those working in mental health services through collaboration with Department of Health *Healthy Ireland* and relevant partners.

To reinforce the effectiveness of the DES framework, an effective structure for cross-sectoral collaboration in the area of wellbeing and mental health promotion will be incorporated into the national mental health promotion plan.

Lead

Department of Health, Healthy Ireland

Supporting partner(s)

HSE Health and Wellbeing

Timeframe

Medium-term

Summary of understanding – our interpretation of what is to be achieved

Promote positive mental health in workplace environments through the implementation of a national healthy workplace framework and fostering of positive mental health and wellbeing for employees.

Inputs required for 2022–2024 – process perspective

- Inform the national mental health promotion policy or action plan through consultation and evidence synthesis
- Advance options appraisal for implementation of workplace framework and development of implementation plan
- Develop national mental health promotion plan and national healthy workplace framework.

Inputs required for 2022–2024 – implementation perspective

- Fund the support of workplaces to implement healthy workplaces framework, including actions on mental health and wellbeing.

Milestones 2022

- Publish Implementation Plan for Health Promotion Plan Action Plan
- Publish National Mental Health Promotion Plan Action Plan.

Milestones 2023

- These will be identified in the publication of the national mental health promotion action plan or policy.

Overarching outputs by end of 2024

- Put in place initiatives to promote and develop positive mental health and wellbeing in workplace settings.

Outcome indicator

Action plan in place supporting the positive mental health and wellbeing of the workforce, starting with the mental health workforce.

Develop wellbeing and promotion with cross-sectoral collaboration and incorporate into National Mental Health Promotion Plan.

Recommendation 12		
Recommendation 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.	Actions Develop specific mental health actions to achieve the goals of the National Positive Ageing Strategy. Identify mental health indicators to be included in the Healthy and Positive Ageing Initiative's research programme.	
Lead Older People Strategy Unit, Department of Health	Supporting partner(s)	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Ensure appropriate mental health services and supports for older people, in line with StV, and ongoing work as developed from National Positive Ageing Strategy and or other appropriate policy and strategy in this space is developed and rolled out.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Develop an understanding of relevant previous and current work associated with positive ageing and mental health by the Department of Health. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Develop when project plan is in place. 		
Milestones 2022 <ul style="list-style-type: none"> Develop an agreed approach to implement this recommendation in a wider context of existing work. 		
Milestones 2023 <ul style="list-style-type: none"> To be developed when project plan is advanced. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> An agreed approach in the process of implementation, meeting any relevant/appropriate KPIs. 		
Outcome indicator Actions in place to achieve the goals of the National Positive Ageing Strategy. Mental health identifiers in place in the Healthy and Positive Ageing Initiative's research programme.		

Domain 2 – Service access, Coordination and Continuity of care

Please note that text in shaded parts of each table is taken directly and verbatim from the original policy document.

Recommendation 13		
Recommendation 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 family members, carers and supporters (FCS) about all supports available, including those from voluntary and community sector organisations in the local area.	Actions Map available supports. Provide staff working in primary care and CMHTs with information about available supports such as www.yourmentalhealth.ie	
Lead HSE Mental Health Integrated Care Team / HSE Primary Care	Supporting partner(s) HSE OoCIO / HSE Digital / HSE Internal Communications / VCS sector	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Increase awareness amongst staff to facilitate signposting to a range of support options, thereby improving access to local social, community, primary care and mental health supports and increase awareness amongst service users and others of the full range of mental health supports available.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Review by working group of details and process around the ongoing collection of information on voluntary and community mental health supports and services Review existing resources, e.g. directory of mental health services and the database behind www.yourmentalhealth.ie Review template developed by the psychosocial steering group and make applicable service improvements where required Review detailed mapping as a continuation of previous work as required and depending on the outcomes of the review of the template developed through the psychosocial work Undertake target communication with staff in Primary Care and CMHTs in relation to the full range of voluntary and community supports available, with a particular focus on the Social Prescribing Framework and other accessible supports in the community and online Project management resources to lead on this recommendation. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Communicate and engage plan to ensure reach into primary care and CMHT healthcare workers Communicate and engage plan to ensure reach into VCS organisations Capture information on rates of signposting/referral from primary care and CMHTs to voluntary and community supports and services. 		
Milestones 2022 <ul style="list-style-type: none"> Continue to update content on www.yourmentalhealth.ie, to include development work on the service finder tool or the development of a different approach to signposting from the site Develop and promote access to digital self-help resources such as <i>Minding Your Wellbeing</i> and the stress control programme Map local voluntary and community supports in detail to continue the baseline mapping already completed. 		
Milestones 2023 <ul style="list-style-type: none"> Put system in place for updating information on an ongoing basis Undertake campaign to promote voluntary and community supports and services across primary care, GPs and CMHTs. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Produce evidence of easier access to and better use of voluntary and community supports and services. 		
Outcome indicator Community asset map in place. All service users and FCS are made aware of supports, including those in the VCS.		

Recommendation 14

Recommendation 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.	Actions Maximise the use of existing and emerging operational governance and funding models to support collaborative alignment with required outcomes.	
Lead HSE Mental Health Operations / HSE NOSP	Supporting partner(s) HSE Mental Health Finance / HSE Procurement	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Ensure that where the HSE is providing national funding, it is part of a wider action plan to deliver specified objectives from StV in a robust and sustainable way.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Identify NOSP, HSE Mental Health, Health and Wellbeing, Social Inclusion and Primary Care Section 39 agencies funded for services that align to outcomes in StV Establish HSE Mental Health funding working group (inviting membership from NOSP, HSE Mental Health Operations, HSE Health and Wellbeing and HSE Social Inclusion) Evaluate NOSP VCS alignment and quality improvement programme Scope possibility of more sustainable funding model Scope development of outcome-focused commissioning framework Implement new funding and governance model. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Ongoing deployment of dedicated staff to manage and oversee the service level and grant aid agreement processes Further develop and embed the processes guiding the funding of partners in the VCS, using project management resource 		
Milestones 2022 <ul style="list-style-type: none"> Continue implementation of quality improvement programme by NOSP, with national VCS partners, including regular reporting of activity aligned to CfL strategy and StV. 		
Milestones 2023 <ul style="list-style-type: none"> Develop and implement a new outcome-focused funding and governance model for commissioning of voluntary and community/third party services Put system of routine data capture in place, ensuring VCS partners' work and service provision is aligned to the objectives of StV. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Put a new outcome-focused commissioning framework into use by all HSE services when funding national VCS organisations in the area of mental health. This could be replicated at a CHO level. 		
Outcome indicator Collaboratively agreed operational governance and funding models that maximise reliable, secure and sustainable funding, linked to outcomes.		

Recommendation 15		
Recommendation 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.	Actions Enable the development of service user-led and responsive social prescribing through identified community links and supports.	
Lead HSE Health and Wellbeing	Supporting partner(s) ICGP / HSE Primary Care / HSE MHER / HSE Mental Health Operations / VCS / CHOs / Recovery colleges and education services	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Enable people to avail of social prescribing to improve their mental health and wellbeing through accessing social activities and supports in the community.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Implement the HSE Social Prescribing Framework in partnership with GPs, service users and the VCS sector in line with the Sláintecare Healthy Communities Programme Complete business case and estimates for continued funding of existing social prescribing services that are not included in initial sites as part of Healthy Communities Programme. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Provide financial resources to continue funding of social prescribing activities through health and wellbeing Oversee implementation by national project manager Procure software solution to enable evaluation and monitoring of social prescribing. 		
Milestones 2022 <ul style="list-style-type: none"> Commence implementation of HSE Social Prescribing Framework across nineteen sites as part of Healthy Communities Programme Business case to sustain and scale all the Sláintecare-funded social prescribing projects submitted as part of the estimates process for 2023. 		
Milestones 2023 <ul style="list-style-type: none"> Expand implementation of social prescribing to additional sites in line with the Sláintecare Healthy Communities Programme. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Implement a Social Prescribing Framework action plan, with service users benefiting from the results. 		
Outcome indicator The expanded use of service user-led and responsive social prescribing.		

Recommendation 16

Recommendation 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 or Primary Care centre. Counselling supports and talk therapies must be delivered by appropriately qualified and accredited professionals.	Actions Increase range and ease of access to counselling supports and talk therapies in the community. Assess current services and ensure future counselling and talk therapy services are provided by appropriately qualified and accredited professionals.	
Lead HSE Primary Care	Supporting partner(s) CHOs / HSE HR / HSE Primary Care Strategy and Planning / National Counselling Service / HSE Mental Health Operations / HSE Counselling in Primary Care	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Enhance and increase the use of counselling supports and talk therapies delivered by qualified and accredited professionals throughout the community, including on-site sessional counselling in general practice settings.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Continue with the structures in place to oversee the delivery of guided online CBT through SilverCloud, and plan future commissioning and evaluation of guided online CBT services Develop and enhance a layered care Psychology Service at Primary Care level in each CHO area as outlined in Sláintecare. Establish a StV primary care mental health specialist group Ensure implementation of this and related recommendations through a dedicated primary care mental health workstream under StV. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Provide funding for the development of psychology assistant posts Provide funding for the implementation of computerised CBT programmes to enhance the current psychology service at primary care level for children and adolescents as outlined in the evaluation of the introduction of assistant psychologist posts (e.g. eWell, Pesky Gnats) Publish manpower planning report to address resourcing a layered care model for psychology services at primary care level (including use of therapy grades such as play therapist, family therapist, and counsellor/psychotherapist) Commence estates planning to identify general practice settings for delivery of psychological interventions and talk therapy at primary care level Put the appropriate clinical governance in place for the delivery of psychological interventions and talk therapy at primary care level Ring-fence an annual research/training budget for approved models of talk therapy in primary care linked to governance and reporting mechanisms to monitor implementation Allocate funding for the continued commissioning of guided online CBT, post- SilverCloud pilot phase Continue investment in counselling in primary care. 		

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Milestones 2022

- Finalise pilot phase of SilverCloud CBT services and publish the evaluation report
- Commence a procurement process for the ongoing provision of guided online CBT
- Agree an action plan for the implementation of psychology and talk therapy initiatives
- Develop resourcing report for delivery of psychology services
- Establish the StV Primary Care Mental Health Specialist Group.

Milestones 2023

- Continue development and implementation of psychology talk therapy initiatives
- Continue to provide guided online CBT
- Implement research and evaluation framework for psychology talk therapy initiatives
- Achieve outputs from the primary care mental health specialist group.

Overarching outputs by end of 2024

- Improve access to talk therapy services within primary care, delivered by accredited providers in general practice and community settings
- Provide guided online CBT
- Put an appropriate governance structure in place for the delivery of talk therapies
- Improve access to psychology services at primary care level.

Outcome indicator

Access to counselling supports and talk therapies available based on identified need.

Completed assessment of the level of qualification and accreditation of current providers.

Counselling and talk therapies are delivered by appropriately qualified and accredited professionals.

Recommendation 17

Recommendation 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.	Actions Ensure that the development of the Community Health Networks and Primary Care Teams operating models adopt the mental health consultation/liaison model.	
Lead HSE Primary Care / HSE Mental Health Operations	Supporting partner(s) CHOs / HSE Children's Disability Networks	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Support efficient, effective communication and integrated care between primary care and mental health services to ensure a better service experience for users.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Establish a StV primary care mental health specialist group Dedicated primary care mental health workstream under StV to ensure implementation of this and related recommendations Develop governance structures to support formal links between CMHTs and primary care service. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> TBC following decisions or actions of the dedicated workstream and the specialist group. 		
Milestones 2022 <ul style="list-style-type: none"> Establish a resourced dedicated workstream for primary care mental health and a NIMC specialist group with the required supporting infrastructure in place, focused on the mental health consultation/liaison model as one key output. 		
Milestones 2023 <ul style="list-style-type: none"> Implement a resourced mental health consultation or liaison model of care. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Community Networks and Primary Care Teams utilising mental health consultation or liaison model with CMHTs. 		
Outcome indicator Community Networks and Primary Care Teams utilising mental health consultation/liaison model with CMHTs.		

Recommendation 18

Recommendation Develop an implementation plan for the remaining relevant recommendations in <i>Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services</i> (2012) 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.	Actions Develop an implementation plan with updated recommendations from <i>Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services</i> (2012).	
Lead HSE Primary Care / HSE Mental Health Operations	Supporting partner(s) HSE Mental Health Clinical Care Programmes	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Complete outstanding actions from <i>Advancing the Shared Care Approach</i> to improve collaborative working in managing the physical and mental health care of service users.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Establish a StV Primary Care Mental Health Specialist Group Dedicated primary care mental health workstream under StV to ensure implementation of this and related recommendations Review the implementation of this model to date Develop an updated plan. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Identify inputs in National Service Plans for 2023 and 2024. 		
Milestones 2022 <ul style="list-style-type: none"> Establish a dedicated workstream for primary care mental health and a NIMC Specialist Group with the required supporting infrastructure in place, focused on a review of <i>Advancing the Shared Care Approach</i> between primary care and specialist mental health services as one key output Complete a review of <i>Advancing the Shared Care Approach</i> between primary care and specialist mental health services policy to identify recommendations that have not been fulfilled Consider findings from the review and identify which recommendation to progress. 		
Milestones 2023 <ul style="list-style-type: none"> Devise a plan of action for delivering outstanding recommendations from <i>Advancing a Shared Care Approach</i>. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> StV is progressing outstanding recommendations from <i>Advancing the Shared Care Approach between Primary Care and Specialist Mental Health Services</i> alongside StV. 		
Outcome indicator Appropriate recommendations from <i>Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services</i> (2012) are implemented.		

Recommendation 19		
Recommendation 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.	Actions Ensure any person using a specialist mental health service has access to GP and primary care services on the same basis as other citizens. Develop a shared physical health protocol for mental health service users presenting to GPs.	
Lead HSE Community Operations / HSE Primary Care / HSE Mental Health Operations	Supporting partner(s) CHOs / HSE Primary Care / ICGP	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Work towards reducing inequity in physical health outcomes for mental health service users in line with the general population through collaborative working between mental and physical health services to make physical health a priority within mental health services and ensure the care pathway in mental health services includes access to primary care services.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Establish a StV Primary Care Mental Health Specialist Group Dedicated primary care mental health workstream under StV to ensure implementation of this and related recommendations. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Form a working group overseeing the development of a shared care protocol regarding physical health of mental health service users Draft shared care protocol for consultation with key stakeholders Ring-fence resources to support implementation of shared care protocol for mental health service users in general practice. 		
Milestones 2022 <ul style="list-style-type: none"> Establish a StV Primary Care Mental Health Specialist Group Create a dedicated primary care mental health workstream under StV to ensure implementation of this and related recommendations. 		
Milestones 2023 <ul style="list-style-type: none"> Agree a shared care protocol, appropriately resourced and aligned with mental health Service User Journey Framework 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Put a shared physical healthcare protocol in place. 		
Outcome indicator A shared physical healthcare protocol for mental health service users in place with GPs. Mental health patients access primary care services with support as required.		

Recommendation 20		
Recommendation 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.	Actions Develop agreed early intervention and assessment services in Primary Care for children with ADHD and autism through collaboration of HSE Primary Care and Mental Health services.	
Lead HSE Primary Care / HSE Mental Health Operations / HSE Disabilities	Supporting partner(s) HSE Mental Health Clinical Care Programmes / HSE Integrated Children's Services Forum / Tusla	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Capacity to be increased at primary care level for assessment of autism and ADHD to ensure early intervention and appropriate referrals where required.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Establish a working group under the HIG to support ongoing work with children and young people with a possible diagnosis of autism or ADHD to improve assessment, referral pathways and treatments as required Introduce a programme management resource to support the working group Allocate resources to complete the current autism project within the Community Health Operation Improvement and Change (CHOIC) portfolio of service improvement projects. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Provide funding to support the work undertaken by the working group TBC dependent on outputs of the working group and may include workforce planning, funding for care pathway development and additional funding for secondary care services as required. 		
Milestones 2022 <ul style="list-style-type: none"> Complete a review of assessment and intervention services for children and young people suspected of having ADHD, and identify recommendations that address the gap in assessment and service provision. 		
Milestones 2023 <ul style="list-style-type: none"> Produce an evaluation report for autism, with recommendations, outlining findings from the autism protocol pathfinder project Develop and sign-off on new protocol on assessment and pathways for children and young people with possible autism or ADHD diagnosis Agree a model of assessment and referral related to autism and ADHD amongst children and young people. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Improve early intervention services that provide assessment and intervention for children and young people with (possible) ADHD or autism in primary care, including a shared care approach with mental health and disability services as necessary. 		
Outcome indicator Children with ADHD and autism receiving agreed model of early intervention/assessment in primary care.		

Recommendation 21		
Recommendation Dedicated community-based Addiction Service Teams should be developed or 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.	Actions Assess current available response towards the development or enhancement of integrated community-based addiction teams with required level of mental health service input.	
Lead HSE	Supporting partner(s)	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Drug and alcohol misuse frequently co-exist with mental health difficulties and people with an addiction should be able to access relevant mental health supports. The implementation of the Model of Care being developed by National Clinical Programme on Dual Diagnosis will enhance service delivery in this regard.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Continue to participate in national working group Allocate funding to develop model of care in conjunction with the National Clinical Programme on Dual Diagnosis Participate in referral pathways, outcomes and evaluations Recruit staff where necessary. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Allocate funds for at least two pilot sites, initially in urban and rural locations Provide funding for evaluation. 		
Milestones 2022 <ul style="list-style-type: none"> Develop an agreed approach to implement this recommendation in a wider context of existing work. 		
Milestones 2023 <ul style="list-style-type: none"> Complete evaluation and inform further site development Develop business cases on foot of outcomes. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Network of Dual Diagnosis Teams in place nationally, with enhanced working and training between mental health and addiction services staff. 		
Outcome indicator Integrated community-based addiction teams with appropriate mental health service input in place.		

Recommendation 22

Recommendation The provision of appropriate environments for those presenting at emergency departments who additionally require an emergency mental health assessment should be prioritised.	Actions Assess current available environment and develop improvement plans for provision of suitable emergency mental health assessment facilities.	
Lead HSE Acute Hospitals / Department of Health / HSE National Clinical Programme for Self-Harm and Suicide-Related Ideation (NCPSHI)	Supporting partner(s) HSE Mental Health Operations / HSE NOSP / HSE Estates	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Ensure that emergency departments are equipped to provide suitable mental health assessment facilities to those who present and are in need of a mental health assessment in line with agreed standards laid out by the Psychiatric Liaison Accreditation Network (PLAN) as per HSE 2016 Model of Care (revised in 2022).		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Re-evaluate those emergency departments that previously did not have a suitable environment for assessing those who present in need of a mental health assessment as per the PLAN standards, working with the NCPSHI. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Allocate renovations/capital expenditure budget as required. 		
Milestones 2022 <ul style="list-style-type: none"> Re-engage and re-audit hospital emergency departments where environments for assessing service users presenting with mental health concerns previously did not meet the recommended PLAN standards. 		
Milestones 2023 <ul style="list-style-type: none"> Develop and deliver improvement plans to oversee the update to identified emergency departments currently not meeting the PLAN standards for emergency mental health assessment. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Appropriate mental health assessment facilities to meet agreed standards as laid out by PLAN as per HSE Model of Care, in all emergency departments providing 24/7 emergency care Publish audit results in peer-reviewed journal. 		
Outcome indicator Appropriate mental health assessment facilities in emergency departments are provided.		

Recommendation 23

Recommendation 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 (Revised National Clinical Programme for Self-Harm and Suicide-Related Ideation 2021).	Actions Implement the National Clinical Care Programme for the Assessment and Management of Patients Presenting to Emergency Departments Following Self-Harm (Revised National Clinical Programme for Self-Harm and Suicide Related Ideation 2021).	
Lead HSE National Clinical Programme for Self-Harm and Suicide-Related Ideation (NCPSHI) / HSE Mental Health Operations	Supporting partner(s) HSE Acute Hospitals / HSE National Clinical Advisor and Group Lead (NCAGL)	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved <ul style="list-style-type: none"> • Improve access to evidence-based treatments, and support for people who experience self-harm behaviour or have suicide-related ideation. • Reduce rates of repeated self-harm behaviour • Improve access to appropriate interventions at times of personal crisis, ensuring the person receives the right intervention, at the right time, in the right place from the right professional • Ensure rapid, timely and safe linkage to appropriate follow-up care • Optimise the experience of families and carers in trying to support those who present with self-harm. 		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Working groups to continue overseeing the development of the model of care and national guidelines on suicide and self-harm awareness, assessment and response • Knowledge resource to develop and deliver training. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Secure funding for clinical nurse specialists to respond to needs in each emergency department • Secure funding for clinical nurse specialists/mental health professionals to respond to needs in community or GP practices • Secure funding for consultant psychiatrists to oversee the extension of SCAN service that will respond to need in primary care • Develop a revised data collection system to allow clinicians to collect data and to generate reports by site and nationally (funding and expertise required) • Develop service user or FCS feedback with service. 		
Milestones 2022 <ul style="list-style-type: none"> • Finalise and publish the revised National Clinical Programme Model of Care for NCPSHI • Publish training and education plan and implement this training plan as per training schedule • Engage with the Regional Nursing and Midwifery Planning and Development Units to secure funding for training. 		

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Milestones 2023

- Secure funding to recruit eleven additional clinical nurse specialists as per National Clinical Programme requirements
- Broaden the offering of assessment services (e.g. SCAN) to GPs nationally for individuals that self-harm
- Deliver comprehensive training and education programmes using integrated learning approaches across disciplines
- Develop a clinical or peer supervision framework that will meet the needs of the clinical nurse specialists delivering the NCPSHSI nationally
- Identify a training provider, secure funding for peer supervision training and develop the support structures to ensure successful sustainable implementation of training and education programmes
- Publish data reports and trends from database
- Publish up to three peer-reviewed articles from the database
- Measure service user and family or supporters' satisfaction with service.

Overarching outputs by end of 2024

- Develop clear and consistent approaches towards those that have self-harmed and presented at emergency departments and other locations, including primary care and CMHTs
- Put high-quality data in place that is reliable and quality assured
- Publish service reports twice per year
- Ensure regular feedback process is in place for service users.

Outcome indicator

Implemented funded care programmes.

Demonstrated improved outcomes for patients attending EDs following self-harm.

Recommendation 24		
Recommendation 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 or organisations.	Actions Develop and pilot model in line with good practice for out-of-hours crisis café.	
Lead HSE Mental Health Integrated Care Team	Supporting partner(s) CHOs / VCS	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Provide out-of-hours supports to those with an immediate mental health crisis through the development of Crisis Resolution Services. This recommendation is linked to Recommendation 40.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Commission the design and development of a model of care for crisis cafés and pilot an implementation plan for completion Support CHO 5 crisis café pilot site implementation, aligned to pilot crisis resolution teams Engage with CHOs regarding the identification of three additional pilot café sites aligned to pilot crisis resolution teams Support the pilot implementation of the three new CHO crisis café pilot sites aligned to pilot crisis resolution teams Commission the evaluation of pilot sites. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Ensure financial resource to continue the implementation of crisis cafés Allocate funding for evaluation of the pilot. 		
Milestones 2022 <ul style="list-style-type: none"> Progress development of model of care for crisis resolution services Commence pilot café site in CHO 5 Identify and commence three additional pilot café sites. 		
Milestones 2023 <ul style="list-style-type: none"> Evaluate pilot café site. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Crisis cafés and crisis teams to become part of the national rollout. 		
Outcome indicator Out-of-hours crisis cafés are piloted and evaluated.		

Recommendation 25

Recommendation

Strengthen the multi-disciplinary CMHT as the cornerstone of service delivery in secondary care through the development and agreed implementation of a shared governance model.

Actions

Develop and agree a shared governance model for implementation by all CMHTs.

Lead

HSE Mental Health Integrated Care Team

Supporting partner(s)

CHOs

Timeframe

Medium-term

Summary of understanding – our interpretation of what is to be achieved

Support CMHTs with a team management model that enables a multi-disciplinary team to have access to the right clinical supervision in meeting the diverse needs of service users.

Inputs required for 2022–2024 – process perspective

- Establish governance planning group
- Commission a third party to work with governance planning group and key stakeholders to develop a shared governance model for implementation by all CMHTs
- Adopt standard operating procedures for intra-team management of referrals and clinical inputs and for referrals or links with other supports and services, including those in the VCS.

Inputs required for 2022–2024 – implementation perspective

- Appoint a project lead to heads-up this work
- Ensure funding for development of shared governance model.

Milestones 2022

- Progress the development of a shared governance model.

Milestones 2023

- Finalise standard operating procedures for intra-team management of referrals and clinical inputs.

Overarching outputs by end of 2024

- Put shared governance model in place for CMHTs.

Outcome indicator

Operation of CMHTs to be strengthened by the use of a shared governance model.

Recommendation 26		
Recommendation CMHTs' outreach and liaison activities with local voluntary and community sector partners should be enhanced to help create a connected network of appropriate supports for each service user and their family, carers and supporters.	Actions Co-design enhanced outreach and liaison activities to help create a connected network of appropriate supports for each service user and their family, carers and supporters.	
Lead HSE MHER	Supporting partner(s) CHOs / VCS / FCS / HSE Health and Wellbeing	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Foster better working relationships with the VCS to enable access to more diverse supports within local communities and encourage better outcomes and integration for service users.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Facilitate the formation of a working group through project management resource Develop practice guidelines for CMHTs engaging with VCS locally Re-establish an area-forum between CHOs and VCS Develop guidelines for CHOs for developing active VCS outreach liaison with CMHTs. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Inputs will be identified as the programme evolves. 		
Milestones 2022 <ul style="list-style-type: none"> Develop an implementation plan outlining activities to improve the practice of CMHTs engaging with local VCS 		
Milestones 2023 <ul style="list-style-type: none"> Re-establish area forum networks within each CHO enabling HSE Mental Health Service and VCS engagement Publish guidelines for CMHTs on how to develop active outreach liaison with VCS Produce a directory of community supports available in each region. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Proactive network ongoing within all CHO CMHTs, bringing about improved access to community-based supports delivered by VCS that promotes positive mental health. 		
Outcome indicator A co-designed connected network of appropriate supports for each service user and their family, carer and supporters is in place through CMHTs.		

Recommendation 27

Recommendation 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.	Actions Ensure consistent use of co-produced individualised recovery care plans for all users of specialist mental health services.	
Lead HSE MHER	Supporting partner(s) CHOs / HSE ECDs / College of Psychiatrists in Ireland / Mental Health Commission	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Ensure that the service user is meaningfully engaged in their care and recovery process by taking a recovery-focused approach to individual care planning processes and practices, while seeing that their care and recovery plan is fully co-produced, reflecting their care, treatment, recovery and self-care needs.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Project management resources to review current practice across CMHTs concerning recovery care plans, developing a new collaborative care planning practice in line with Best Practice Guidance for Mental Health Services, the Service User Journey Framework and the Framework for Recovery Advise, champion and oversee the deployment of a collaborative care planning practice, working with CMHT representation to support the rollout of the Service User Journey Framework. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> TBC as programme evolves. 		
Milestones 2022 <ul style="list-style-type: none"> Review current best practices in recovery-focused care planning Co-design a new collaborative care planning practice Continue to implement the Service User Journey Framework as set out in Recommendation 30. 		
Milestones 2023 <ul style="list-style-type: none"> Develop guidance and training for new care planning recovery practice Roll out of recovery care planning practice training linked to Recommendation 29 Service User Journey Framework rolled out to and implemented by all CMHTs Implementation of recovery care planning practice. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> All service users to have co-produced individualised recovery care plans. 		
Outcome indicator Consistent use of co-produced individualised recovery care plans for all users of specialist mental health services.		

Recommendation 28

Recommendation 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.	Actions Ensure service users are supported through the provision of a mutually agreed key worker.	
Lead HSE Mental Health Operations	Supporting partner(s) HSE MHER	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Ensure service user is fully engaged and supported in personalised and coordinated recovery care planning.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Communication with CMHTs regarding Service User Journey Framework • Review current practice across CMHTs concerning key working in line with Best Practice Guidance for Mental Health Services • Ensure targeted engagement with CMHTs on the role and requirements for key working in recovery care planning and in emergency care planning • Human resource to conduct practice review. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Human resource to implement Service User Journey Framework and support CMHTs with implementation. 		
Milestones 2022 <ul style="list-style-type: none"> • Update Service User Journey Framework to align more closely with StV, including a communication link with service user's GP • Sign-off and publish Service User Journey Framework • Service User Journey Framework rolled out to and implemented by all CMHTs • Process in place, aligned with Service User Journey Framework for all service users to have named, mutually agreed key worker. 		
Milestones 2023 <ul style="list-style-type: none"> • Service User Journey Framework rolled out to and implemented by all CMHTs 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • A process is in place for all service users to have a mutually agreed named key worker. 		
Outcome indicator All service users have a mutually agreed key worker.		

Recommendation 29

Recommendation 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.	Actions Design training and support programme to embed a recovery ethos in mental health professionals. To ensure disability competence, ensure that appropriate training in accommodating and supporting people with autism and with other forms of disability is undertaken by team members.	
Lead HSE MHER	Supporting partner(s) HSE Social Inclusion / HSE HR / HSE LanD / CHOs / recovery colleges / HSE Disability Services	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Support staff to develop competency in the provision of recovery-oriented care for service users, including those with additional care needs e.g. autism and or MHID and or other developmental difficulties.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Continued rollout of Recovery Principles and Practice Training Module One and Module Two to all CMHTs Review, map and update, where required, training content that increases competence in delivering service for people with additional disabilities. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Make training resources available and accessible Give staff time to attend training. 		
Milestones 2022 <ul style="list-style-type: none"> Continue to promote the rollout and delivery of Module One – Recovery Principles and Practice with CMHTs Review and update contents for Module Two – Advance Recovery Practice Review, map and update, where required, training content that increases competence in delivering service for people with additional disabilities Promote and rollout of Module Two – Advance Recovery Practice with CMHTs Identify any additional Recovery Training modules required. 		
Milestones 2023 <ul style="list-style-type: none"> Rollout Recovery Training, including additional care needs for people with disabilities to all CMHTs and MH staff. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Roll out Recovery Principles and Practice Modules One and Two to CMHTs. 		
Outcome indicator Training will be delivered nationally and include recovery as an integral component. Training will also be delivered to support people with disabilities.		

Recommendation 30		
Recommendation CMHTs and sessional contacts should be located, where possible and appropriate, in a variety of suitable settings in the community, including non-health settings.	Actions Review locations of CMHTs and sessional contacts.	
Lead HSE Mental Health Operations / HSE MHER	Supporting partner(s) HSE Health and Wellbeing / CHOs / VCS / HSE Estates	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Improve access to mental health supports in various settings and engage service users close to home and in community localities familiar and close to them. This recommendation is linked to Recommendation 97.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Provide resource to complete a review and evaluate the current practice for sessional contacts by CMHTs Complete a business case informed by the review of current practice and addressing capital requirements to secure resources for the development and implementation of guidelines and procedures for the location and delivery of community-based mental health supports in non-clinical settings. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be confirmed on completion of the planned review. 		
Milestones 2022 <ul style="list-style-type: none"> Scope work and devise a business case that will identify aims, objectives, plan of activity and timeline that will address the actions of this recommendation. 		
Milestones 2023 <ul style="list-style-type: none"> To be confirmed following business case resolution. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Complete practice guidelines and an implementation plan for CMHTs to facilitate the use of community settings, including non-health settings, for sessional contacts. 		
Outcome indicator Completed review and optimised locations.		

Recommendation 31		
Recommendation Develop the potential for digital health solutions to enhance service delivery and empower service users.	Actions Identify and develop potential digital solutions.	
Lead HSE Mental Health Integrated Care Team	Supporting partner(s) HSE Digital	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Increase individual healthcare management choices and improve access to support.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Establish a StV specialist group on Digital Mental Health Review of existing digital solutions implemented successfully where suitable e.g. Attend Anywhere, telehealth, iPad provision Recruitment of Digital Mental Health coordinator to support the development of a Digital Mental Health Strategy Contract programme manager to manage the implementation of online CBT programme Inputs linked to those detailed in Recommendation 2 (HIG Digital Project group etc.). 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Research costs Review strategy development costs Agree project lead costs. 		
Milestones 2022 <ul style="list-style-type: none"> Enhance signposting to mental health information and more direct access to digital supports through www.yourmentalhealth.ie throughout 2022 Develop digital mental health strategy and costed implementation plan. 		
Milestones 2023 <ul style="list-style-type: none"> Roll out digital mental health strategy implementation plan. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Continue growth of digital mental health solutions. 		
Outcome indicator Deliver and develop digital interventions nationally and evaluate efficacy to measure impact.		

Recommendation 32

Recommendation 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.	Actions Empower local managers to review composition and skill mix of CMHTs appropriate to the local needs of the population. Include non-mental health professionals in CMHTs (e.g. employment specialists can promote employment as an aspect of recovery). Develop flexible clinical and operational protocols.	
Lead HSE Mental Health Integrated Care Team	Supporting partner(s) HSE HR / HSE Finance / CHOs	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Incorporate local needs in the review and planning of CMHTs to reflect local demographics for each area, and to be flexible in meeting the mental health needs of the population incorporating a broader concept of community-based support.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Assign project management resource to scope project outline Project group with CMHTs representation to consult and agree on dataset definitions Engage with Sláintecare and OoCIO with regard to identification and collection of data for project Research current mental health needs of the population, looking at demand and capacity, challenges and barriers to existing service delivery models, demographic trends over the lifecycle of policy and associated determinants, to plan CMHT service developments Develop modelling tool for CMHTs to support service planning. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Project management resource Data analyst resource. 		
Milestones 2022 <ul style="list-style-type: none"> Progress development of guidance on the skill mix of CMHTs, the inclusion of non-mental health professionals in CMHTs and operational protocols Advance pilot of model of care for adults accessing talking therapies while attending specialist mental health services, and consider evaluation findings about composition and skill mix, alongside other relevant service developments. 		
Milestones 2023 <ul style="list-style-type: none"> Prepare report to include plans for implementation of guidance on composition and skill mix of CMHTs. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> CMHTs being planned in accordance with population needs, incorporating a flexible approach to the composition of teams utilising a skills mix to meet the range of needs. 		
Outcome indicator CMHTs are delivering timely interventions defined by the specific needs of their population.		

Recommendation 33

Recommendation Progress the shared governance arrangements for CMHTs as outlined in AVFC 2006–16, including further rollout of team coordinators.	Actions Progress shared governance arrangements.	
Lead HSE Mental Health Operations	Supporting partner(s) HSE HR / HSE Finance / CHOs	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Put in place intra-team management that can facilitate the day-to-day operational management of referrals into the team, and supports team members delivering interventions to service users.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Provide project management resource to review the implementation of the development of team coordinators to date. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be determined, based on review. 		
Milestones 2022 <ul style="list-style-type: none"> Review implementation of team coordinators to date. 		
Milestones 2023 <ul style="list-style-type: none"> To be determined, based on review. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Put a shared team governance arrangement in place and consensus on the role of team coordinators in CMHTs. 		
Outcome indicator Shared governance arrangements implemented nationally. Team Coordinators in place.		

Recommendation 34

Recommendation 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	Actions Review and extend referral pathways to incorporate a range of other services	
Lead HSE Mental Health Operations	Supporting partner(s) CHOs	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Improve ease of timely access to CMHTs through increasing routes into Mental Health Services from a range of healthcare and other services.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Communicate with CMHTs regarding the Service User Journey Framework Engage and communicate with GPs and relevant allied health disciplines about their role in the Service User Journey Framework Provide project management resource to conduct practice review. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Project management resource to implement Service User Journey Framework and support CMHTs with implementation. 		
Milestones 2022 <ul style="list-style-type: none"> Update Service User Journey Framework to expand referral pathways to align with this StV recommendation. 		
Milestones 2023 <ul style="list-style-type: none"> Sign-off and publish Service User Journey Framework Service User Journey Framework rolled out to and implemented by all CMHTs Develop an implementation plan for Service User Journey Framework. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Service User Journey Framework in operation. 		
Outcome indicator Evidence of enhanced referral pathways.		

Recommendation 35		
Recommendation 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.	Actions Develop a comprehensive specialist mental health out-of-hours model, using a tiered approach.	
Lead HSE Mental Health Integrated Care Team	Supporting partner(s) Tusla / VCS / NGOs / (Department of Education) Education Services	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Provide specialist and appropriate responses and supports for children, young people and adolescents at the earliest opportunity.		
Inputs required for 2022–2024 – process perspective Part A – Specialist mental health out-of-hours model using a tiered approach: <ul style="list-style-type: none"> Link this recommendation and action to the work of the HIG/NIMC Specialist Group on Youth Mental Health Transitions Commission a tender for an assessment and review of what is needed, including emerging trends, for a service for children and young people out-of-hours, including researching international approaches and current out-of-hour services offered by VCS & NGOs Develop a comprehensive specialist mental health out-of-hours model of care using a working group. Part B – Development of CAMHS hubs: <ul style="list-style-type: none"> Oversee the development of the model of care and pilot implementation plan for CAMHS telehubs, using a national CAMHS hub group Support CHO 2, 3 and 4 pilot sites with implementation of model of care for CAMHS hubs Engage with CHOs about the identification of additional CAMHS hubs Commission evaluation of CAMHS telehub model of care. 		
Inputs required for 2022–2024 – implementation perspective Part A <ul style="list-style-type: none"> Project lead resource with associated funding. Part B <ul style="list-style-type: none"> Secure funding for the design and development of CAMHS Hub Model of Care and implementation plan Secure funding for the evaluation of CAMHS pilot sites Facilitate out-of-hour service/responses through budget and resource. 		
Milestones 2022 <ul style="list-style-type: none"> Introduce a model of care for out-of-hours mental health services for children and young people, based on a tiered approach Implement four CAMHS telehealth hubs, providing increased access to assessments. 		
Milestones 2023 <ul style="list-style-type: none"> Evaluate both the model of care and the implementation of the telehubs CAMHS service. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Operate new out-of-hours response/service, mainstreamed nationally, with data being collected. 		
Outcome indicator Implemented comprehensive specialist mental health out-of- hours model with evidence of a tiered approach in all areas.		

Recommendation 36

Recommendation Appropriate supports should be provided for on an interim basis to service users transitioning from CAMHS to GAMHS. The age of transition should be moved from 18 to 25, and future supports should reflect this.	Actions Convene an expert group to: Develop a reconfiguration plan which will facilitate the provision of age-appropriate specialist mental health services up to age 25. Provide appropriate supports for individuals transitioning from CAMHS to GAMHS at 18 years. Identify required additional supports for individuals transitioning from CAMHS to GAMHS at 18 years. Produce transition plan in line with CAMHS COG. Put in place a nominated key worker to support the transition plan. Provide additional training to up-skill nominated keyworkers.	
Lead HSE Mental Health Operations / Department of Health	Supporting partner(s) College of Psychiatrists in Ireland / Youth Advocacy services	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved In recognition of the complexity and challenge of transitioning between services for young people accessing specialist mental health supports, the age of transition to adult services is to be extended to 25 years.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Establish terms of reference and membership of specialist group on Youth Mental Health Transitions reporting to HIG/NIMC Assess and review what is needed, including emerging trends, for extension of transition-age from 18 years to 25 years, including researching international approaches adopted by others and current services offered to young people up to 25 years by VCS and NGOs Health economics input to cost recommendations of an expert group. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be determined, based on recommendations of the expert group. 		
Milestones 2022 <ul style="list-style-type: none"> Put in place a HIG/NIMC Youth Mental Health Transitions specialist group. Group to consider specific needs and additional resources required to provide extra support to young people transitioning from CAMHS to GAMHS in line with CAMHS Clinical Operating Guideline Publish enhanced transitions report with recommendations and implementation plan from the specialist group. 		
Milestones 2023 <ul style="list-style-type: none"> Youth Mental Health Transitions specialist group to consider solutions that are likely to be required to ensure that the age of transition can be increased to 25 years Group to prepare recommendations to facilitate the provision of age-appropriate specialist mental health services. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Put plan in place for the provision of age-appropriate specialist mental health services up to age 25 Identify supports for all individuals transitioning from CAMHS to GAMHS. 		
Outcome indicator Plan in place which facilitates the provision of age-appropriate specialist mental health services up to age 25. Supports identified and in place for all individuals transitioning from CAMHS to GAMHS.		

Recommendation 37

Recommendation 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.	Actions Develop national criteria for individualised support packages for the specific needs of a small cohort of children and young people who have complex needs. Secure resourcing for the required support packages.	
Lead HSE Mental Health Operations / HSE Disabilities	Supporting partner(s) HSE Social Care / HSE Primary Care / HSE Tusla Joint Protocol for Primary Care, Disability and Mental Health National Access Policy / Integrated Children's Services Forum / Advocacy services	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Children with Autism and/or ID and/or other developmental difficulties whose needs are exceptionally complex may require specialist input involving inter-agency collaboration (this links with CFL Action 3.2.1).		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> The HIG should plan a periodic review of the protocol to evaluate its success in achieving the desired outcomes and determine if any further service improvement is required to improve on what is already in place. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Inputs required, dependent on CHO finalised plans for implementation of joint protocol. 		
Milestones 2022 <ul style="list-style-type: none"> Publish joint protocol for interagency collaboration between the HSE and Tusla Child and Family Agency to promote the best interest of children and families CHOs to finalise plans for implementing the new joint protocol for interagency collaboration between HSE and Tusla. 		
Milestones 2023 <ul style="list-style-type: none"> Monitor and report on the implementation of the protocol. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Protocol fully operational. 		
Outcome indicator Children and young people who have complex needs in receipt of fully resourced support packages in line with national criteria.		

Recommendation 38		
Recommendation 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.	Actions Ensure adherence to the CAMHS inpatient Code of Governance nationally.	
Lead HSE Mental Health Operations	Supporting partner(s) CHOs / HSE Inpatient units / Private service providers / Advocacy services	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Ensure best practice and adherence to the rules and legislation governing how admission to an adult unit is carried out.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Link this action to the work of the Youth Mental Health Transitions Specialist Group. • Monitor code of governance on an ongoing basis • Identify areas where there are repeated challenges in adherence • Review the process for accommodating a family or child who chooses to go into an adult unit rather than a CAMHS unit (as it may be closer for family to maintain contact) • Include lived experience viewpoint. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Human resources to conduct a review and engage with stakeholders. 		
Milestones 2022 <ul style="list-style-type: none"> • Ensure inclusion on agenda/plans of the Youth Mental Health Transitions Specialist Group • Carry out a review of children and young people accommodated in adult inpatient units to ensure compliance with codes of practice and guidelines as published by the Mental Health Commission and outlined in the CAMHS Operating Guidelines (2019). 		
Milestones 2023 <ul style="list-style-type: none"> • Ensure full adherence to the relevant codes of practice and operating guidelines. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Complete national evaluation of CAMHS inpatient code of governance. 		
Outcome indicator Evaluation to ensure CAMHS inpatient code of governance is applied nationally.		

Recommendation 39		
Recommendation 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 individuals' needs and preferences.	Actions Develop a standardised access pathway to timely mental health and related care through a comprehensive consultation process.	
Lead HSE MHER	Supporting partner(s) HSE Mental Health Operations / Professional bodies	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Involve service users, family members, carers and supporters along with other key stakeholders such as CMHTs, GPs and ED staff in the development of clearly communicated and standardised pathways to access mental health services.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Update Service User Journey to align more closely with StV Recommendations 26, 27 and 28 Sign-off and publish Service User Journey Framework Develop an implementation plan for Service User Journey Framework Plan consultation and engagement process to identify barriers and challenges and core improvements Review existing pathways and identify core actions to be taken, and ensure alignment with CfL recommendation around care pathway Map and identify additional, alternative peer and community-based support interventions linking with Recommendation 74 Ensure clear public communication on care pathways and referral processes to mental health services. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Resources to lead on a plan that would formalise the sign-off of the Service User Journey Framework and implement a plan with local CMHT teams. 		
Milestones 2022 <ul style="list-style-type: none"> Re-engage stakeholders, including service users, FCS and CMHTs staff to consult on Service User Journey Framework 		
Milestones 2023 <ul style="list-style-type: none"> All CMHTs to roll out and implement Service User Journey Framework. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Service User Journey Framework fully operational. 		
Outcome indicator Standardised access pathway in place.		

Recommendation 40		
Recommendation Sufficient resourcing of home-based crisis resolution teams should be provided to offer an alternative response to inpatient admission, when appropriate.	Actions Develop and resource home-based crisis resolution teams.	
Lead HSE Mental Health Integrated Care Team	Supporting partner(s) CHOs / HSE NOSP	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Develop services that can respond in the home and in the community to those in crisis and in need of immediate mental health support, thereby broadening the service user experience and reducing admissions to hospital. This recommendation is linked to Recommendation 24.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Provide the resources to support the development of a model of service and evaluation • Put in place a programme management resource to lead on the phased rollout of crisis (community) teams nationally • Support pilot sites implementing the model of service • Evaluate the pilot implementation of the model of service. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Recruit relevant staff required to implement the model of service • Ensure the financial resources to continue the implementation of crisis (community) teams. 		
Milestones 2022 <ul style="list-style-type: none"> • Provide a model of service for crisis resolution services in mental health • Commence operation of pilot crisis team • Identify three additional pilot crisis teams • Complete a review of existing inpatient bed days across pilot sites • Identify potential KPIs to inform ongoing service development. 		
Milestones 2023 <ul style="list-style-type: none"> • Evaluate – on an ongoing basis – the service model and expand the service in accordance with the evaluation outcome, including qualitative outcome measures, along with more quantitative indicators. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Crisis teams providing home-based crisis interventions. 		
Outcome indicator Reduced levels of inpatient admissions due to alternative crisis intervention.		

Recommendation 41		
Recommendation 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.	Actions Develop and publish standard operating guideline. Provide additional staffing in day hospitals.	
Lead HSE Mental Health Integrated Care Team	Supporting partner(s) CHOs / HSE HR	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved To provide continuous integrated care and reduce the need for in-patient admissions.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Working group to lead on the review and development of standard operating guidelines for day hospitals Provide project management resource to lead on reviewing standard operating guidelines for day hospitals Review and research best practice for day hospitals involving engagement with CHOs and VCS partners Identify the number of day hospitals per head of population, to inform staffing requirements. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be confirmed, dependent on outcome of review. 		
Milestones 2022 <ul style="list-style-type: none"> Agree scope of the work required to implement this recommendation. 		
Milestones 2023 <ul style="list-style-type: none"> Establish a working group Initiate HIG support for a service improvement project Identify day hospital staffing requirements based on day hospital catchment area populations. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Publish standard operating guideline informed by CHO best practice Develop and disseminate standard operating guidelines Provide adequate staffing of day hospitals. 		
Outcome indicator Circulated Standard Operation Guidelines. Adequately staffed day hospitals.		

Recommendation 42		
Recommendation 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.	Actions Develop and publish standard operating guideline ensuring equal access for relevant individuals to specialist Mental Health Service for Older People.	
Lead HSE Clinical Care Programme for Mental Health Services for Older People / HSE Mental Health Integrated Care Team	Supporting partner(s) HSE Primary Care Operations	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Recognise and/or treat mental health difficulties that are common in later life, including early-onset dementia, and ensure accessibility, governed by a standard operating guideline.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Recruit a clinical lead and programme manager to progress the model of service for Specialist Mental Health Services for Older People Provide advice from working group on the development of a new standard operating guideline for Mental Health Services for Older People. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Create a programme manager post responsible for the implementation of a model of care within the National Integrated Care Programme for Older People. 		
Milestones 2022 <ul style="list-style-type: none"> Implement – on a phased basis – agreed pilot sites under the model of care for Specialist Mental Health Services for Older People. 		
Milestones 2023 <ul style="list-style-type: none"> Further national roll-out of the model of service and ongoing review of implementation. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Develop Mental Health Services for Older People in line with the recommendations in StV and National Clinical Programme for Mental Health Services for Older People. 		
Outcome indicator Access to specialist Mental Health Service for Older People is provided regardless of mental health history.		

Recommendation 43		
Recommendation The minimum age limit for MHSOP should be increased from 65 years to 70 years, supported by joint care arrangements between General Adult Mental Health Services (GAMHS) and MHSOP teams for individuals who require the expertise of both.	Actions Include the revised age limit in the new Standard Operating Guideline for MHSOP.	
Lead HSE Clinical Care Programme for Mental Health Services for Older People / HSE Mental Health Integrated Care Team	Supporting partner(s)	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Increase the age limit of general adult mental health services to age 70, after which people transition to Mental Health Services for Older People.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Recruit a clinical lead and programme manager to progress the existing planned programme of work on Mental Health Services for Older People, including the development of a model of service Engage with the lead in the National Clinical Programme for Mental Health Services for Older People and relevant others to determine progress with the implementation of the model of care for specialist Mental Health Services for Older People. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Create a programme manager post responsible for the implementation of a model of service within the National Integrated Care Programme for Older People. 		
Milestones 2022 <ul style="list-style-type: none"> Establish a national working group to oversee the strategic development of the model of service for Mental Health Services for Older People as part of the HSE Clinical Care Programme. 		
Milestones 2023 <ul style="list-style-type: none"> Begin service reconfiguration in mental health, based on revised age criteria for GAMHS and Mental Health Services for Older People. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Develop Mental Health Services for Older Persons in line with the recommendations in StV and National Clinical Programme for Older People. 		
Outcome indicator Age limit increased to 70 years.		

Recommendation 44

Recommendation GPs, mental health service prescribers and relevant stakeholders should collaborate to actively manage polypharmacy.	Actions Support collaboration between GPs, mental health service prescribers and relevant stakeholders, based on informed action plan and training programme.	
Lead HSE	Supporting partner(s) Irish Pharmacy Union / ICGP / College of Psychiatrists in Ireland	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Potential for intentional and unintentional harm by polypharmacy reduced.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Engage with Medicine Management Programme on this recommendation Form a working group of relevant stakeholders, including service user representation and prescribers, to oversee the development of a programme of work Establish a project management resource to lead a programme of work. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be detailed following review by working group and Medicine Management Programme. 		
Milestones 2022 <ul style="list-style-type: none"> Working group to agree an approach for this recommendation Working group to develop and implement an action plan. 		
Milestones 2023 <ul style="list-style-type: none"> New guidance and training supporting collaboration between relevant to prescribers. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Establish evidence of joint management of polypharmacy by relevant prescribers. 		
Outcome indicator Polypharmacy is actively managed.		

Recommendation 45		
Recommendation HSE should collate data on the number and profile of delayed discharges in acute mental health inpatient units and develop appropriately funded responses.	Actions Collate data on the number and profile of delayed discharges in acute mental health inpatient units. Develop appropriate funding and service responses to minimise delayed discharges.	
Lead HSE Mental Health Operations	Supporting partner(s) CHOs / HRB	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved There should be a systematic analysis of bed usage to ensure that acute beds are used as intended and that delayed discharges are reviewed and reduced as appropriate.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Expert group formed to examine acute bed provision Provide the resources to manage a service improvement project that reviews data metrics and systems for data collection. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be confirmed, dependent on the outcome of the work of the expert group on acute bed capacity. 		
Milestones 2022 <ul style="list-style-type: none"> Review the mental health service activity data gathered and identify recommendations for a service improvement project. 		
Milestones 2023 <ul style="list-style-type: none"> To be informed by review. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Practise ongoing systematic analysis of bed usage. 		
Outcome indicator Data is available and delayed discharges are appropriately managed.		

Recommendation 46

Recommendation An expert group should be set up to examine Acute Inpatient (Approved Centre) bed provision (including Psychiatric Intensive Care Units) 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.	Actions Set up an expert group to examine Acute Inpatient (Approved Centre) bed usage and develop recommendations.	
Lead HSE Mental Health Operations	Supporting partner(s) Department of Health / HSE Mental Health Integrated Care Team	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved To ensure appropriate and effective use of acute inpatient beds being cognisant of capacity levels.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Establish terms of reference for an acute bed capacity specialist group Provide support to implement the expert group's recommendations. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be determined, based on recommendations of the acute bed capacity specialist group. 		
Milestones 2022 <ul style="list-style-type: none"> Establish membership and terms of reference as part of the formation of the acute bed capacity specialist group on inpatient service capacity Convene specialist group and commence work Publish report from the specialist group with recommendations. 		
Milestones 2023 <ul style="list-style-type: none"> To be informed by review. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Strategy for ensuring the number of inpatient beds meets the demand of service users. 		
Outcome indicator Appropriate level and usage of Acute Inpatient (Approved Centre) beds.		

Recommendation 47

Recommendation Sufficient Psychiatric Intensive Care Units (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.	Actions Develop Psychiatric Intensive Care Units (PICUs) to meet identified need. Agree updated referral and discharge protocols	
Lead HSE Mental Health Operations	Supporting partner(s) HSE National Forensic Mental Health Services (NFMHS)	Timeframe Long-term
Summary of understanding – our interpretation of what is to be achieved Develop Psychiatric Intensive Care Units to meet demand nationally and establish appropriate protocols regarding referral and discharge.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> This recommendation is dependent on Recommendation 46 of StV (<i>specialist group acute bed capacity</i>): <i>'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'</i> Provide a project management resource Consider the findings of the expert group report (Recommendation 46) and develop an implementation plan through a cross-sector working group. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Secure funding and or potential capital investment Consider workforce planning requirements. 		
Milestones 2022 <ul style="list-style-type: none"> Formulate an implementation plan based on the findings from StV specialist group on acute bed capacity review and report Complete a detailed regional needs assessment and identify requirements (beds/units) Publish a report on the need for the reconfiguration of existing services or capital investment. 		
Milestones 2023 <ul style="list-style-type: none"> Publish a report on the implementation of the plan developed in 2022, with reference to the development of PICUs to ensure broader national coverage. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Provide additional PICU provision across the country, reflective of identified need. 		
Outcome indicator Sufficient Psychiatric Intensive Care Units (PICUs) in operation.		

Recommendation 48

Recommendation 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 a set of criteria developed to govern the provision of this service.	Actions Convene cross-disability and mental health group to develop national competence and criteria for the provision of this service.	
Lead HSE MHID Clinical Care Programme	Supporting partner(s) VCS / HSE Mental Health Operations / Advocacy Groups / CHOs	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Ensure the best possible service provision to support people with intellectual disabilities who are experiencing mental health difficulties.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Working group to continue overseeing the development of model of service for MHID, and model of service for children and adolescents Provide project management resources to oversee the implementation of change and improvement Consult with CHOs on the new model of service for adults and children and adolescents Support the implementation of MHID resources to be able to deliver as per the new model of service. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Put in place the financial resource for recruitment of additional staff. 		
Milestones 2022 <ul style="list-style-type: none"> Publish a model of service for MHID and make it available to all CHOs Develop a model of service for CAMHS-ID and make it available to all CHOs Develop key performance indicator measures. 		
Milestones 2023 <ul style="list-style-type: none"> Increase competence in MHID/CAMHS-ID service provision from the new model of service in line with KPIs. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Sign off models of service based on best practice for MHID and CAMHS-ID with appropriate key performance indicators operational throughout the nine CHOs. 		
Outcome indicator Appropriate services are in place for people with complex mental health difficulties and intellectual disabilities.		

Recommendation 49		
Recommendation 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.	Actions Develop IRS teams to provide targeted supports to individuals with complex mental health needs on a national basis.	
Lead HSE Mental Health Operations / HSE MHER	Supporting partner(s) VCS / recovery colleges	Timeframe Long-term
Summary of understanding – our interpretation of what is to be achieved Develop and implement IRS nationally that enable recovery and avoid the use of inappropriate non-recovery settings for services users with complex mental health needs.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Working group to oversee the development and implementation of new model of service for IRS teams Put in place the resource to project manage implementation Provide HR support to establish new Intensive Recovery Support teams. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Provide funding to resource new IRS teams. 		
Milestones 2022 <ul style="list-style-type: none"> Not applicable. 		
Milestones 2023 <ul style="list-style-type: none"> Establish forward-working group and agree outline approach for the implementation of IRS teams. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Develop an action plan for the implementation of model of service and IRS teams. 		
Outcome indicator Recovery-oriented community based supports in place for individuals with complex mental health needs.		

Recommendation 50		
Recommendation 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.	Actions Develop a national network of MHID teams and acute treatment beds.	
Lead HSE	Supporting partner(s) HSE Disability Services	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Improve provision for those requiring MHID services and establish continuity nationally across teams.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Establish a working group to continue to oversee the development of MHID services for adults, and establish an expert group to develop a model of service for children and young people Allocate management resources to oversee the implementation of change and improvement Consult with CHO on the new model of service for adults, children and young people Support the implementation of MHID resources to deliver a new model of service. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Provide the financial resources for the recruitment of additional staff. 		
Milestones 2022 <ul style="list-style-type: none"> Cost and develop a model of service for CAMHS-ID and make it available to all CHOs Continue to seek funding and recruit staff into MHID/CAMHS-ID teams. 		
Milestones 2023 <ul style="list-style-type: none"> Continue to develop MHID/CAMHS-ID programmes nationally Complete recruitment programme and restructure existing MHID resources to align with new models of service for MHID/CAMHS-ID. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Put in place a national network of MHID/CAMHS-ID teams and sufficient bed capacity across the nine CHOs, along with the implementation of a model of service for MHID/CAMHS-ID. 		
Outcome indicator Equitable access to mental health services for people of all ages with an intellectual disability.		

Recommendation 51

Recommendation Speech and Language Therapists (SLT) should be core members of the Adult-ID and CAMHS-ID teams.	Actions Put in place speech and language therapy as a core part of the Adult-ID and CAMHS-ID teams.	
Lead HSE / HSE Mental Health Operations / HSE Disability Operations	Supporting partner(s) HSE MHID Teams / Irish Association of Speech and Language Therapists	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Speech and language therapy is core to the overall service requirements of people with intellectual disabilities and mental health difficulties.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Provide the resources to complete an evaluation and make recommendations on options for MHID teams to have access to speech and language therapy. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Allocate financial resources for recruitment of SLTs. 		
Milestones 2022 <ul style="list-style-type: none"> Develop a business case and recruit SLTs onto MHID/CAMH-IDs teams. 		
Milestones 2023 <ul style="list-style-type: none"> Put speech and language therapy resources as identified in place, as part of the core MHID team. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Have speech and language therapy routinely in place as part of adult/CAMHS ID teams. 		
Outcome indicator Speech and Language Therapy available to service users with MHID support needs.		

Recommendation 52

Recommendation	Actions	
Investment in the implementation of the model of care for EIP, informed by the evaluation of the EIP demonstration sites, should be continued.	Invest in the implementation of the EIP service delivery as per agreed model of care. Evaluate EIP demonstration sites.	
Lead	Supporting partner(s)	Timeframe
HSE Early Intervention in Psychosis (EIP) Clinical Care Programme	HSE Mental Health Operations	Long-term
Summary of understanding – our interpretation of what is to be achieved		
Ireland has committed to develop EIP services nationally. Cost, resource and deliver these care services in line with the model of care for EIP.		
Inputs required for 2022–2024 – process perspective		
<ul style="list-style-type: none"> Continue existing programme management and National Implementation Advisory Group support for the rollout of EIP services in line with the agreed model of care Support the current five EIP teams to deliver a service in line with the agreed model of care Publish the process evaluation of the EIP Hub and Spoke demonstration sites Publish the national incidence of psychosis mapping, as developed Expand the education and training programme for EIP service and interventions Undertake active engagement with CHOs to support the expansion of the number of EIP sites nationally Active partnership with Shine and other relevant VCS to increase awareness and understanding of psychosis. 		
Inputs required for 2022–2024 – implementation perspective		
<ul style="list-style-type: none"> Seek funding to adequately resource the existing five EIP teams to deliver all aspects of care described in the model of care. These existing services have different levels of resourcing and capacity for service delivery. They require additional resourcing to allow them to deliver care in line with EIP model of care. EIP care needs to include those aged 14 to 17 and the 'at-risk' mental state group Fund the development of three new EIP teams in 2023 and three new teams in 2024. A minimum of nineteen new EIP teams need to be developed between 2022 and 2030 if the national EIP roll-out is to be achieved as set out in StV Deliver funded online and face-to-face training for all staff in EIP Seek funding to support supervision sessions for EIP teams in the delivery of evidence-based interventions (Behavioural Family Therapy, Cognitive Behavioural Therapy for Psychosis, Physical Health) Seek funding to participate in an independent audit of EIP teams against clinical standards in model of care (NCAP Audit). 		
Milestones 2022		
<ul style="list-style-type: none"> Secure funding for continuing the expansion of the EIP teams in line with the agreed model of care. Complete and publish Trinity College Dublin evaluation of EIP hub and spoke demonstration sites Publish National Clinical Audit (NCAP) report from four teams by September 2022 Publish incidence-mapping tool for psychosis. 		
Milestones 2023		
<ul style="list-style-type: none"> Establish and fund three further EIP teams. 		
Overarching outputs by end of 2024		
<ul style="list-style-type: none"> Put in place the strategy, action plan and funding commitment to roll out twenty-four EIP sites to achieve the required national coverage of EIP service Make EIP services available in every CHO/ RHArea in line with Early Intervention Psychosis model of care. 		
Outcome indicator		
EIP services available in line with EIP model of care.		

Recommendation 53a		
Recommendation 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.	Actions Eating disorders only Develop and review the Implementation Plans for these Clinical Programmes and models of care. Undertake the phased implementation and resourcing of clinical programmes for eating disorders, adults with ADHD and specialist perinatal mental health services. Undertake evaluation studies of relevant demonstration sites.	
Lead HSE Clinical Care Programme for Eating Disorders	Supporting partner(s) HSE Mental Health Operations	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Commitment made by HSE to develop services for people with eating disorders nationally across the life span. These services will be resourced and delivered in line with the HSE model of care for eating disorders.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Provide support on the part of programme management and National Implementation Advisory Group for the rollout of eating disorder teams in line with the agreed model of care • Support eating disorder teams in each CHO to deliver model of care • Programme management resources to lead on the implementation of the programme • Update HSE self-care app for eating disorders. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Provide funding to adequately resource existing eating disorder and future eating disorder teams to deliver all aspects of model of care • Provide funding to deliver online and face-to-face training for all staff in eating disorder teams • Provide funding to support a data collection system that can track service user progress over time and collate activity reports • Provide funding to commission evaluation of eating disorder teams. 		
Milestones 2022 <ul style="list-style-type: none"> • Complete business case and secure additional funding for eating disorder programme for 2023 – securing funding for three teams • Recruit three additional eating disorder teams as per model of care • Commission and commence evaluation of eating disorder programme. 		
Milestones 2023 <ul style="list-style-type: none"> • Publish evaluation part one of the National Clinical Programme for eating disorders by year-end • Update and revise model of care, based on evaluation report as required • Have thirteen eating disorder teams in place by Q4 • Continue development of self-care app for eating disorders. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Rollout of eating disorder services in line with model of care and make it available nationally. 		
Outcome indicator Provision of appropriate services for people with eating disorders.		

Recommendation 53b		
Recommendation The National Mental Health Clinical Programmes for Eating Disorders, ADHD in Adults and the model of care for Specialist Perinatal Mental Health Services should continue to have phased implementation and evaluation.	Actions Adults with ADHD Only Develop/review the Implementation Plans for these Clinical Programmes/models of care. Undertake phased implementation and resourcing of clinical programmes for eating disorders, adults with ADHD and specialist perinatal mental health services. Undertake evaluation studies of relevant demonstration sites.	
Lead HSE ADHD Clinical Programme	Supporting partner(s) University College Dublin School of Psychology / ADHD Ireland / HSE Mental Health Operations	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Demonstrate efficacy of significant clinical programme developments in mental health service provision to further establish the basis for ongoing investment. The HSE ADHD in Adults National Clinical Programme addresses a significant clinical deficit – the lack of public services for adults with ADHD in Ireland.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Introduce a National Oversight Implementation Group for ADHD in Adults National Clinical Programme Recruit an additional 3.5 teams, in line with the teams allocated through the 2022 estimates process Engagement with HR to develop bespoke panels for specialist services Engage with HSE estates to review accommodation needs of new mental health teams Conduct a review with information and data gathering requirements for programme with Office of the Chief Information Officer Formulate a defined evaluation programme for the ADHD National Clinical Programme for Adults. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Seek funding for continued growth of ADHD in Adults National Clinical Programme Obtain funding to develop and commission a training programme for the new service Provide the physical resources at local CHO level to accommodate new Adult ADHD teams. 		
Milestones 2022 <ul style="list-style-type: none"> Introduce National Oversight Implementation Group for ADHD in Adults National Clinical Programmes Continue rollout of Adult ADHD teams in line with National Service Plan 2022 Commence establishment of additional Adult ADHD teams Define the evaluation process for ADHD National Clinical Programme Implement the understanding and management of the Adult ADHD Programme. 		
Milestones 2023 <ul style="list-style-type: none"> Establish new Adult ADHD teams in the remaining sites as described in the national model of care Develop ADHD in Adults app for people with ADHD and their families. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Create better understanding of ADHD in adults through evaluation and research Put robust methods of data collection on ADHD in place Workforce to undertake specialist ADHD training. 		
Outcome indicator Provision of appropriate services for adults with ADHD.		

Recommendation 53c		
Recommendation 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.	Actions Specialist perinatal mental health services only Develop and review the Implementation Plans for these Clinical Programmes/models of care. Undertake a phased implementation and resourcing of clinical programmes for eating disorders, adults with ADHD and specialist perinatal mental health services. Undertake evaluation studies of relevant demonstration sites.	
Lead HSE Perinatal Clinical Care Programme	Supporting partner(s) University College Dublin School of Psychology / HSE Mental Health Operations	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Demonstrate efficacy in relation to significant programme developments in mental health services in order to further establish the basis for ongoing investment in perinatal clinical programmes and services.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Governance Group to oversee the development of specialist perinatal mental health services Continue the programme management support with programme implementation. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Human resources to support the implementation and operation of six hub site teams Physical resources put in place to accommodate specialist perinatal mental health services in hub sites Allocate funding to develop ICT solutions to support specialist perinatal services. 		
Milestones 2022 <ul style="list-style-type: none"> Roll out specific perinatal mental health training programme to all staff working in Perinatal Mental Health Services Implement online supports for women seeking information on mental health in pregnancy Develop educational media to support specialist Perinatal Mental Health Services Roll out data tools. 		
Milestones 2023 <ul style="list-style-type: none"> Set up a Mother and Baby Unit at St Vincent's University Hospital Campus Further develop digital media supporting specialist perinatal mental health services Provide revised core clinical outcome datasets for Perinatal mental health services Develop the first Mother and Baby Unit in Ireland on an ongoing basis Deliver education on perinatal mental health to Primary Care and mental health services Evaluate feedback from women accessing the perinatal mental health services in maternity settings. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Deliver specialist perinatal mental health services by employing a skilled workforce Create greater awareness by partners in Primary Care and Mental Health Services for the need of Perinatal Mental Health Services and allow access to referral pathways Develop additional online supports for women seeking information on mental health in pregnancy Ensure better understanding of requirement for perinatal services through research and evaluation Put new Mother and Baby Unit in place. 		
Outcome indicator Appropriate provision of Perinatal Mental Health Services.		

Recommendation 54

Recommendation 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.	Actions Complete mental health needs analysis of the prison population. Develop a comprehensive tiered forensic mental health model of care. Deliver phased implementation of the tiered mental health service.	
Lead HSE Mental Health Operations / HSE National Forensic Mental Health Service	Supporting partner(s) Irish Prison Service	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Ensure the best possible mental health support for people engaged with the forensic system, which can help to reduce the demand on more intensive treatments for the most vulnerable, while improving the chances of rehabilitation and recovery.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Identify the resources and commission a review to support the Taskforce for Mental Health and Addiction Challenges for Persons Coming to the Attention of the Criminal Justice System to complete an analysis of the mental health needs of the prison population and alternatives to custody across the tiered continuum of care Assess the future needs of those in prison and alternatives to custody in relation to mental health services across the tiered continuum of care and determine the changes required Devise an implementation plan to restructure or acquire resources as required to meet mental health service requirements for service users in prison and alternatives to custody. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be confirmed, depending on the findings of gap analysis. 		
Milestones 2022 <ul style="list-style-type: none"> Gap analysis of prison population, with an assessment of gaps in the service to achieve a fully tiered approach. 		
Milestones 2023 <ul style="list-style-type: none"> Complete gap analysis to inform an implementation plan to restructure mental health services for those service users in prison and alternatives to custody. 		
Overarching outputs by end of 2024 Annual update of functioning model of care and services being delivered with shared oversight.		
Outcome indicator Access to appropriate mental healthcare for service users within the forensic service nationally.		

Recommendation 55		
Recommendation 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.	Actions Provide ongoing resourcing and support for diversion schemes.	
Lead HSE Mental Health Operations	Supporting partner(s) NFMHS / Irish Prison Service and An Garda Síochána	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Ensure the best possible mental health support for people engaged with the criminal justice system that can help to reduce the demand on more intensive treatments for the most vulnerable and improve the chances of rehabilitation and recovery.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Set-up a sub-working group of the Taskforce for Mental Health and Addiction Challenges for Persons Coming to the Attention of the Criminal Justice System to review and develop the work of the Prison in-reach and Court Liaison Service (PICLS), and other diversionary schemes nationally. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Review findings to confirm inputs required. 		
Milestones 2022 <ul style="list-style-type: none"> Review works of the PICLS and devise a business case for expanding this and other diversionary schemes nationally. 		
Milestones 2023 <ul style="list-style-type: none"> Devise an implementation plan for expanding PICLS nationally. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Put a clear plan in place that demonstrates the commitment of all key partners to supporting the development of services that reduce the risk of criminality for those with mental health difficulties. 		
Outcome indicator Diversion schemes in place and in use.		

Recommendation 56

Recommendation The development of further Intensive Care Rehabilitation Units (ICRUs) should be prioritised following successful evaluation of operation of the new ICRU on the Portrane Campus.	Actions Carry out a comprehensive evaluation and review of the ICRU on the Portrane Campus from point of opening. Develop a national plan for the development of ICRUs. Undertake phased implementation of the national ICRU plan subject to the outcome of the review of the ICRU at Portrane.	
Lead HSE Mental Health Operations/ HSE National Forensic Mental Health Service	Supporting partner(s)	Timeframe Medium-Term
Summary of understanding – our interpretation of what is to be achieved Ensure the best possible mental health supports available for people engaged with the forensic system which can maximise the chances of rehabilitation and recovery. This recommendation is linked to Recommendation 87.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Engage with the Acute Bed Capacity Review expert group on the development and implementation of the ICRU at Portrane, and ICRUs nationally Engage with the Mental Health Commission to complete registration of the new unit at Portrane Work with Portrane to ensure that the resource requirements for the opening of the ICRU at the end of 2022 are in place Work with key partners and HR to ensure that the new ICRU team is in place for the opening of the unit at the end of 2022 Review and establish required operating processes and procedures Establish a framework for the evaluation of the pilot programme. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Allocate funding to secure the additional resources required to open the new ICRU Secure funding for new staff to resource the unit. 		
Milestones 2022 <ul style="list-style-type: none"> Open Portrane site Commence review process for new ICRU service to inform the national rollout of ICRU to three other locations. 		
Milestones 2023 <ul style="list-style-type: none"> Complete the review of the operations of the ICRU at Portrane. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Commence implementation of national ICRU plan. 		
Outcome indicator Appropriate ICRU provision for the relevant population.		

Recommendation 57

Recommendation 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. 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.	Actions Develop a specific service improvement framework across HSE Primary Care / Mental Health / Acute Hospitals to advance this recommendation. Develop a tiered model of care. Develop demonstration sites of the tiered model of care, with evaluation. Develop phased implementation of comprehensive service.	
Lead HSE Clinical Care Programme for Dual Diagnosis	Supporting partner(s) HSE NOSP / HSE Health and Wellbeing / HSE Social Inclusion / HSE Addiction Services	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Develop an integrated service where those with mental health and substance misuse dual diagnosis ² can engage with a single service for focused treatment.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Working group to continue overseeing the development and implementation of a new model of care for dual diagnosis of mental health and substance misuse Programme management to support the implementation of a clinical programme Identify a programme evaluation framework Continue HR support to recruit to new teams. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Allocate the resources for an ongoing clinical programme. 		
Milestones 2022 <ul style="list-style-type: none"> Publish new model of care. 		
Milestones 2023 <ul style="list-style-type: none"> Identify pilot sites and implement a new model of care. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Develop dual diagnosis treatment for service users with mental health and substance misuse issues. 		
Outcome indicator Tiered model of service provision developed and available.		

² Inputs and milestones identified for this recommendation are associated with mental health and substance misuse dual diagnosis. Initiatives focused on mental health and autism diagnosis are addressed by Recommendation 20, and those with mental health and intellectual disability are addressed in Recommendations 48 and 50.

Recommendation 58

Recommendation 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.	Actions Develop a stepped and integrated model of support for people experiencing homelessness. Develop an implementation plan which includes an evaluation of new service developments.	
Lead HSE Mental Health Operations / HSE Primary Care Operations / HSE Social Inclusion	Supporting partner(s) Housing agencies / HSE Mental Health Integrated Care Team	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Develop a clear mental health strategy to address the specific needs of people experiencing homelessness. This recommendation is linked to Recommendation 59.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Continue work of the steering group to support implementation of stepped model of mental health care Programme management resource to support implementation of stepped model of mental health care. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Additional CMHTs personnel to resource the service. 		
Milestones 2022 <ul style="list-style-type: none"> Complete recruitment for outreach team in CHO 7 to widen access for those experiencing homelessness Complete recruitment for outreach team in CHO 9 to widen access for those experiencing homelessness Publish standard operating procedure outlining referral and acceptance criteria. 		
Milestones 2023 <ul style="list-style-type: none"> Implement plan to support the phased development of an integrated model of support nationally. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Develop model of support, based on pilot programmes established in Dublin. 		
Outcome indicator Stepped model of support is available nationally.		

Recommendation 59		
Recommendation Assertive outreach teams should be expanded so that specialist mental healthcare is accessible to people experiencing homelessness.	Actions Carry out needs analysis to define service deficit. Develop an implementation plan in line with the stepped model of mental health support for the homeless population. Advance the phased expansion of the existing service.	
Lead HSE Mental Health Operations / HSE Primary Care Operations / HSE Social Inclusion	Supporting partner(s) Housing agencies / HSE Mental Health Integrated Care Team	Timeframe Medium-Term
Summary of understanding – our interpretation of what is to be achieved Assertive outreach is required to address inequity of access to mental health supports amongst people who are homeless. This recommendation is linked to Recommendation 58.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Continuation of the steering group to support the implementation of the Stepped Model of Mental Healthcare Programme management resource to oversee implementation and development. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Provide funding for additional CMHTs personnel to resource the service. 		
Milestones 2022 <ul style="list-style-type: none"> Complete recruitment for outreach team in CHO 7 to widen access for those experiencing homelessness Complete recruitment for outreach team in CHO 9 to widen access for those experiencing homelessness. 		
Milestones 2023 <ul style="list-style-type: none"> Implement the plan developed for a stepped model of mental health support for the homeless population. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Outreach teams fully functional and operating nationally. 		
Outcome indicator Outreach teams expanded and in place.		

Recommendation 60		
Recommendation 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.	Actions Develop an integrated Liaison Mental Health Model of Care. Develop an implementation plan which includes evaluation of service developments. Support phased expansion of services.	
Lead HSE	Supporting partner(s) College of Psychiatrists in Ireland / CHOs / HSE Acute Hospitals / Other partners as required	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Improve the mental health of those in acute hospitals through the development of enhanced liaison mental health services in hospitals.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Liaison Mental Health model of care Working group to oversee development and implementation of model of care in acute settings. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be detailed following review of recommendations and service requirements identified in model of care. 		
Milestones 2022 <ul style="list-style-type: none"> Progress the development of a new model of care for liaison mental health services. 		
Milestones 2023 <ul style="list-style-type: none"> Develop action plan for the implementation of model of care. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Standardise liaison mental health services in all acute settings, guided by the new model of care. 		
Outcome indicator Comprehensive and integrated liaison mental health services are available in all relevant acute hospitals.		

Recommendation 61

Recommendation The HSE should maximise delivery of diverse and culturally competent mental health supports throughout all services.	Actions Gather service user and service delivery feedback regarding culturally appropriate service provision. Provide diverse and culturally competent supports across all services.	
Lead HSE Social Inclusion / HSE Mental Health Operations	Supporting partner(s) CHOs / VCS / Mental Health Reform / Mental Health Commission	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Ensure that mental health services are inclusive and take account of the cultural and diverse needs of the whole population, including minorities who are underrepresented in service design and delivery.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Social Inclusion sub-group to advise on plan to achieve this recommendation • Other inputs to be confirmed following review by sub-group, but to include: <ul style="list-style-type: none"> · Develop systematic approach to recording of ethnic identity of health service users, including all mental health service users · Develop service-user engagement framework to take lived experience of mental health and social inclusion groups into account · Further roll-out of HSE Intercultural Awareness Training amongst mental health service staff. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • To be detailed following an agreed approach by the sub-group referenced above. 		
Milestones 2022 <ul style="list-style-type: none"> • Sub-group referenced above to identify and agree the approach for this recommendation. 		
Milestones 2023 <ul style="list-style-type: none"> • Develop action plan by sub-group. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Agree a clear strategy and concrete developments concerning the provision of culturally appropriate mental health services. 		
Outcome indicator User feedback indicates that services are delivered in a diverse and culturally competent manner.		

Recommendation 62

<p>Recommendation</p> <p>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.</p>	<p>Actions</p> <p>Conduct an evaluation of the National Specialist Service and model of care for mental health services for the deaf community.</p> <p>Based on evaluation findings, develop a gap analysis and service improvement plan.</p> <p>Support phased service development and improvement. Ensure that staff working in mental health services have the appropriate skills and knowledge to work with the deaf community.</p> <p>Carry out a training needs analysis to inform the training requirements of mental health staff working with the deaf community.</p> <p>Develop and implement a training, support and supervision plan for mental health staff working with the deaf community.</p>	
<p>Lead</p> <p>HSE Mental Health Operations</p>	<p>Supporting partner(s)</p> <p>Advocacy Groups / HSE Primary Care Operations / HSE Mental Health Integrated Care Team</p>	<p>Timeframe</p> <p>Short-term</p>
<p>Summary of understanding – our interpretation of what is to be achieved</p> <p>The prevalence of mental health difficulty amongst the deaf community is significantly higher than in the general population, so targeted service delivery should be provided based on demand for those services.</p>		
<p>Inputs required for 2022–2024 – process perspective</p> <ul style="list-style-type: none"> Form working group Evaluate the specialist mental health service for the deaf community in place in CHO9 Carry out a gap analysis and service improvement plan Publish a report on the current numbers of deaf people who are linking with CMHTs nationally Undertake a scoping exercise to determine the requisite skill set essential for workforce providing a service to those in the deaf community. 		
<p>Inputs required for 2022–2024 – implementation perspective</p> <ul style="list-style-type: none"> Inputs will depend on the outcome of the evaluation to be undertaken. 		
<p>Milestones 2022</p> <ul style="list-style-type: none"> Evaluate existing services and determine level of need. 		
<p>Milestones 2023</p> <ul style="list-style-type: none"> Complete evaluation and gap analysis, cognisant of levels of demand across CMHTs nationally and complete a service improvement plan as required. 		
<p>Overarching outputs by end of 2024</p> <ul style="list-style-type: none"> Publish service improvement plan in the implementation phase. 		
<p>Outcome indicator</p> <p>Deaf communities with mental health support needs can access comprehensive tiered mental health services based on targeted feedback from deaf mental health service users, mental health staff are competent to support the deaf community attending mental health services.</p>		

Recommendation 63

Recommendation People 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.	Actions Convene an expert group (with service user co-production) to advise on best practice for the adequate provision of tiered mental health supports to those in Direct Provision and refugees who have significant issues relating to trauma. Develop an implementation plan of Direct Provision mental health support across HSE primary care and mental health services with clear evaluation targets. Resource phased implementation.	
Lead HSE Social Inclusion / HSE Mental Health Operations	Supporting partner(s) CHOs / Reception and integration agencies /NGOs	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Ensured that those living in Direct Provision have access to specialist mental health services as required and that these supports are tailored and culturally appropriate.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Sub-group to advise on plan to achieve this recommendation Other inputs to be confirmed following review by the sub-group. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be detailed following an approach being agreed by the sub-group. 		
Milestones 2022 <ul style="list-style-type: none"> Form sub-group to explore the scope of this recommendation Approach for this recommendation identified and agreed by the sub-group. 		
Milestones 2023 <ul style="list-style-type: none"> Sub-group to develop action plan. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Provide access to health and screening systems for people in Direct Provision, with appropriate referral pathways to mental health services. 		
Outcome indicator Persons in Direct Provision can access the required mental health supports as the wider population.		

Recommendation 64		
Recommendation Appropriately qualified interpreters should be made available within the mental health service and operate at no cost to the service user.	Actions Develop guidance on the appropriate tendering and commissioning of interpretation services and evaluate the process once it is in place. Resource high-quality interpreter services for mental health service users.	
Lead HSE Mental Health Operations / HSE Social Inclusion / HSE Procurement	Supporting partner(s) HSE Community Operations and HSE Acute Operations	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Provide equitable service for people for whom English is not their first language through the use of suitably qualified interpreters.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Put in place a review of existing service level arrangement/procurement processes for interpretation services within HSE overall. Undertake an analysis of demand for interpretation services within mental health services in consultation with heads of service. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Required inputs to be confirmed following analysis of demand. 		
Milestones 2022 <ul style="list-style-type: none"> Review of current service level arrangements for interpretation services completed A procurement process established in relation to future arrangements for interpretation services Review of mental health service level demands for interpretation services completed. 		
Milestones 2023 <ul style="list-style-type: none"> Service level agreements updated to reflect requirements Evaluation of interpretation services to ensure culturally competent to meet the needs of priority groups. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> High-quality interpreter services in place to support people accessing mental health services. 		
Outcome indicator High-quality interpreter services are available at no cost to service users.		

Recommendation 65		
Recommendation The HSE should ensure that access to appropriate advocacy supports can be provided in all mental health services.	Actions Conduct a gap analysis of advocacy support needs. Develop an implementation plan for advocacy services. Resource phased implementation with appropriate evaluation.	
Lead HSE MHER	Supporting partner(s) VCS / NGOs / CHOs / Advocacy Services	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved To ensure that there is good availability of high-quality advocacy services across all areas to support the needs of service users as required.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Build a business case to identify the scope of a programme of works to develop advocacy services as per the recommendation Provide resource(s) to complete gap analysis and build business case. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Inputs to be confirmed, dependent on findings of gap analysis. 		
Milestones 2022 <ul style="list-style-type: none"> Complete gap analysis with recommendations for action. 		
Milestones 2023 <ul style="list-style-type: none"> Formulate implementation plan to address areas that need improvement, based on gap analysis. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Improve advocacy supports services. 		
Outcome indicator Accessible advocacy supports in place.		

Domain 3 – Social Inclusion

Please note that text in shaded parts of each table is taken directly and verbatim from the original policy document.

Recommendation 66		
Recommendation 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.	Actions Develop multi-departmental initiatives to ensure measures are in place for individuals with mental health difficulties to avail, without discrimination, of employment, housing and education opportunities and have adequate income.	
Lead Department of Health	Supporting partner(s) Department of Social Protection / Education / Housing, Local Government and Heritage	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Ensure that individuals with mental health difficulties have equal access to employment, housing and education opportunities.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Develop structure and work plan for implementation 2023. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be confirmed following development of the work plan. 		
Milestones 2022 <ul style="list-style-type: none"> Review progress of StV recommendations in housing, education and employment space, relating to statutory obligations under Public Sector Duty with a view to developing further multi-departmental initiatives. 		
Milestones 2023 <ul style="list-style-type: none"> Establish structure and work plan to consider further multi-departmental initiatives in this space, taking into account Public Sector Duty obligations. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Relevant actions associated with further multi-departmental initiatives included in StV Implementation Plan 2025–2027. 		
Outcome indicator Equal opportunity for individuals with mental health difficulties to avail of employment, housing and education opportunities and to have adequate income.		

Recommendation 67		
Recommendation 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.	Actions Include the housing needs of people with complex mental health difficulties as part of local housing plans, with associated resources.	
Lead Housing agency/local authorities	Supporting partner(s) Housing and Disability Steering Groups led by local authorities	Timeframe Long-term
Summary of understanding – our interpretation of what is to be achieved The housing needs of people with complex mental health difficulties are to be examined by the Housing and Disability Steering Groups and incorporated as appropriate into local authority strategic plans.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Review of local authority strategic plans in 2022. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be confirmed following development of the work plan. 		
Milestones 2022 <ul style="list-style-type: none"> Incorporate StV recommendations into new housing strategy Include monitored targets in local authority strategic plans. 		
Milestones 2023 <ul style="list-style-type: none"> Monitor local authority strategic plans on a quarterly basis. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Review local authority strategic plans KPIs alongside review of housing needs of people with complex mental health difficulties. 		
Outcome indicator Housing needs of people with complex mental health difficulties are met.		

Recommendation 68

Recommendation 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.	Actions Develop a joint protocol to guide the effective transition of individuals from HSE-supported accommodation to community living.	
Lead Department of Housing, Local Government and Heritage	Supporting partner(s) Housing Agency and Department of Health / HSE	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Provide access to appropriate housing (with HSE supports) in a timely manner to enhance and maintain recovery to service users with complex mental health difficulties.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Set out the process for the preparation of the protocol in the implementation section of the National Housing Strategy for Disabled people 2022 - 2027 Draft and agree text between the parties as to their respective roles vis-à-vis the protocol The protocol, when agreed, will be deemed to be integrated into the implementation section of the strategy Provide for a progress reporting mechanism through the protocol. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Lead Department (Department of Housing Local Government and Heritage) to formally notify the parties to the protocol of their obligations thereunder Parties to the protocol to incorporate the requirements of the protocol into their Departmental/Agency plans for implementation of the overarching National Housing Strategy for Disabled people 2022 - 2027 Departments/Agencies will forward to and inform any internal sections concerned with the protocol of its implications for their programmes. 		
Milestones 2022 <ul style="list-style-type: none"> Structures and work plan in place for the development of the protocol, under new National Housing Strategy for Disabled people 2022 - 2027 (into which the StV recommendation is incorporated). 		
Milestones 2023 <ul style="list-style-type: none"> Develop and agree the protocol (including delivery plan). 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Protocol implemented nationwide, with a plan in place for its evaluation. 		
Outcome indicator Implementation of agreed joint protocol.		

Recommendation 69

Recommendation 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.	Actions Develop sustainable resourcing supports for individuals with complex mental health difficulties.	
Lead HSE Mental Health Operations / HSE Mental Health Housing Group	Supporting partner(s) Housing agencies / Department of Housing / CHO Housing Coordinators / Department of Health	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Provide access to good quality, secure and appropriate housing for people experiencing mental health difficulties, which will facilitate and sustain their recovery.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Adopt and oversee this and other related StV recommendations by a new working group • Complete a National Housing Strategy for Disabled People • Formulate an action plan to deliver on recommendations in the National Housing Strategy for Disabled People. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • To be confirmed following recommendations of working group. 		
Milestones 2022 <ul style="list-style-type: none"> • Put steering group in place to oversee the development of National Housing Strategy for Disabled People • Publish National Housing Strategy for Disabled People, with an implementation plan for the delivery of recommendations. 		
Milestones 2023 <ul style="list-style-type: none"> • To be informed by review of 2022 milestones. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Put resources in place to support those with complex mental health difficulties to acquire long-term tenancies. 		
Outcome indicator Service users with complex needs are provided with appropriate tenancy/independent living supports.		

Recommendation 70

Recommendation 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.	Actions Use housing design guidelines as a basis for all housing-related actions.	
Lead HSE Mental Health Operations / HSE Mental Health Housing Group	Supporting partner(s) Housing agencies / Department of Housing / Local authorities / Advocacy / CHO Housing Co-ordinators / SRF	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Access to good quality, secure and appropriate housing for people experiencing good mental health to facilitate and sustain their recovery.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Establish working group to oversee the implementation of the recommendations Publish new National Housing Strategy, incorporating recommendation from StV within its objectives. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Inputs required to be confirmed when National Housing Strategy is published. 		
Milestones 2022 <ul style="list-style-type: none"> Form a steering group to oversee the development of a National Housing Strategy for Disabled People Publish new National Housing Strategy for Disabled People. 		
Milestones 2023 <ul style="list-style-type: none"> Publish and review the National Housing Strategy for Disabled People Local Strategic Plan. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Incorporate, where possible, housing design guidelines into all housing-related recommendations contained in StV. 		
Outcome indicator Housing design guidelines are incorporated, where possible, in all housing-related recommendations contained in StV.		

Recommendation 71

Recommendation 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.	Actions Develop a sustainable funding stream to support the Individualised Placement Support model.	
Lead HSE MHER	Supporting partner(s) HSE Mental Health Operations	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Mainstream the Individual Placement Support programme to ensure that it is sustained as an effective model, achieving positive outcomes for service users.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Publish a resourced evaluation plan • Complete a business case with funding estimates, for submission as part of the national service planning process. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Create a data gathering tool • Carry out a fidelity review process • Provide short and long-term funding for an Individualised Placement Support Programme. 		
Milestones 2022 <ul style="list-style-type: none"> • Develop a data gathering tool • Carry out a national fidelity review. 		
Milestones 2023 <ul style="list-style-type: none"> • Continue programme to be funded from mainstream budgets from Q3 2022 • Evaluate the current programme being undertaken • Devise business case to secure long-term sustainable funding. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Continue the Individualised Placement Support Programme and a sustained funding model beyond 2023. 		
Outcome indicator Individualised Placement Support model evaluated and expanded supported by a sustainable funding model.		

Recommendation 72

Recommendation 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 <i>New Directions</i> policy.	Actions HSE to engage in evaluation of current funding provided and reconfigure services where necessary.	
Lead HSE MHER	Supporting partner(s) HSE HR / CHOs	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Conduct a review involving consultation with stakeholders to provide recommendations about how day service centres can be used to achieve the best outcomes for mental health service users.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Provide human resource to complete review and research on alternative practices to day centres. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Outline of inputs required, based on review. 		
Milestones 2022 <ul style="list-style-type: none"> Form a review group by HSE MHER, HR and CHOs to examine resourcing and model of day centres. 		
Milestones 2023 <ul style="list-style-type: none"> Publish evaluation, with recommendations. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Complete a funded plan and series of recommendations on a day centre service model for day centres, to achieve better outcomes for service users. 		
Outcome indicator Funding reconfigured to effectively support individualised support in line with <i>New Directions</i> policy.		

Recommendation 73

Recommendation

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.

Actions

Streamline the way individuals come on/off income supports to maximise entry or re-entry to the workforce with confidence and security.

Lead

Department of Social Protection (DSP)

Supporting partner(s)

Timeframe

Medium-term

Summary of understanding – our interpretation of what is to be achieved

Employment supports for individuals with mental health difficulties.

Inputs required for 2022–2024 – process perspective

- CES (for People with Disabilities 2015–2024): the development of an agreed three-year action plan for the period 2022 to 2024. The plan is to be agreed by the CES Implementation Group (CES-IG), which is independently chaired and is comprised of departments, agencies and disability stakeholders. Note: at the time of writing, the CES-IG had just commenced its work on the plan for 2022–2024.

Inputs required for 2022–2024 – implementation perspective

- To be confirmed, based on plan.

Milestones 2022

- Deliver relevant DSP commitments as set out in the CES Action Plan
- Deliver an early engagement approach for people with disabilities, as per commitment 51 of Pathways to Work (PtW 2021–2025)
- Consider what recommendations of the Partial Capacity Benefit scheme review should be adopted, in light of the implementation of an early engagement approach for persons with disabilities, to improve the effectiveness of the scheme (note proposed commitment as part of the drafting of CES Action Plan 2022–2024, as detailed above)
- Develop the capacity of the Intreo service, to support people/Jobseekers with disabilities to obtain and maintain employment, including having a specially trained case officer in each Intreo centre, (or to a group of Intreo centres, in cases of smaller offices), to both support other case officers and to work with people/jobseekers with disabilities and embed continuous professional development as a core feature of case officers' training within Intreo, as per commitment 19 of PtW (2021–2025).

Milestones 2023

- Deliver relevant DSP commitments as set out in the Comprehensive Employment Strategy Action Plan (2022–2024)
- Continuous professional development of case officers, as a core feature of case officer training within Intreo, as per commitment 19 of PtW (2021–2025)
- Evaluate the current long-term disability payment schemes with a view to removing inconsistencies/anomalies and ensure that they recognise the continuum of disabilities and support employment as per commitment 50 of PtW (2021–2025) and commitment 43 of the Roadmap for Social inclusion (2020–2025).

Overarching outputs by end of 2024

- CES Action Plan implemented as agreed. Commitments across other programmes delivered or on track as per relevant strategy/programme.

Outcome indicator

Processes for individuals coming on/off income supports maximising the entry or re-entry to the workforce.

Recommendation 74

Recommendation 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.	Actions Evaluate peer-led/peer-run services for people with mental health difficulties. Develop new and support existing evaluated peer-led/run services for people with mental health difficulties.	
Lead HSE MHER / HSE Mental Health Operations	Supporting partner(s) VCS	Timeframe Short-term and medium-term
Summary of understanding – our interpretation of what is to be achieved Develop funded peer-led and peer-run community services that are important ways to promote the social inclusion and recovery outcomes for people with mental health difficulties by generating social capital and supporting an individual's social inclusion and mental health recovery needs, subject to the outcomes of periodical evaluations.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Identify suitable mechanism for the completion and evaluation of existing peer-run and peer-led services Develop effective models of practice from the evaluation of current peer-run and peer-led services in Ireland and internationally Update care pathways, so that peer-led and peer-run services provide early intervention and prevention support, as well as discharging care plans Provide project management resource to facilitate the formation of a working group and the recruitment of a researcher to map and evaluate current practice and develop guidance on the future planning of peer-led and run community services. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Provide support for the development and implementation of new peer-run and peer-led support initiatives/services Pilot and develop new service models. 		
Milestones 2022 <ul style="list-style-type: none"> Commence evaluation of existing peer-run and peer-led services. 		
Milestones 2023 <ul style="list-style-type: none"> Develop new peer-led and peer-run service where there are service gaps and identified need. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Complete evaluation of peer-run and peer-led services Develop and make available for implementation new models of practice for peer-run and peer-led services. 		
Outcome indicator Support and expand evaluated peer-led and peer-run services.		

Domain 4 – Accountability and Continuous Improvement

Please note that text in shaded parts of each table is taken directly and verbatim from the original policy document.

Recommendation 75		
Recommendation 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.	Actions Ensure the dedicated line of authority is visible in the structures at regional level.	
Lead HSE Corporate / HSE Mental Health Integrated Care Team	Supporting partner(s) HSE Primary Care	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Align mental health services to emerging health structures to enable integrated care provision and support collaborative, cross-boundary working. This recommendation is related to Recommendation 76.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Identify and agree project lead and project team for this work Establish a working group to lead on the planning and resourcing of mental health integrated care structures aligned to the proposed six RHAs Ensure national mental health representation on HSE RHAs planning group to ensure alignment with national plans for reconfiguration and resourcing of services Commission mapping exercise of mental health services nationally with current resourcing and realign to new RHAs and Community Health Networks Present mental health data to HSE RHAs planning group to inform decisions regarding alignment and resourcing of mental health services under six RHAs Align mental health plans and timelines with national plans for transition to new regional areas Design transition plan in consultation with all stakeholders and manage transition to ensure alignment to plans and new structures (timeline TBC in line with national plans). 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Identify and resource project lead and project support Source funds for commissioning of mapping exercise, realignment planning, resource allocation plan and implementation plans Provide support from Mental Health Finance with the mapping of current mental health resources Provide support from Mental Health HR regarding the mapping of current staffing Provide support from Mental Health Planning on the realignment of current mental health services to the six new RHAs. 		
Milestones 2022 <ul style="list-style-type: none"> Establish working group Progress mapping exercise. 		
Milestones 2023 <ul style="list-style-type: none"> Finalise implementation plan. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Emergence of visible line of authority for integrated mental health services. 		
Outcome indicator Visible line of authority for integrated mental health services.		

Recommendation 76

Recommendation Implementation of this policy over the next ten years should achieve a rebalancing of resources and take account of population deprivation patterns in planning, resourcing and delivering mental health services.	Actions Use population deprivation patterns in planning, resourcing and delivering mental health services. Rebalance resourcing of mental health services on this basis.	
Lead HSE Mental Health Integrated Care Team	Supporting partner(s)	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Ensure targeted responsive resourcing of mental health services, based on need. This recommendation is related to Recommendation 75.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Identify and agree on project lead and project team for this work Establish a working group to lead on the planning and resourcing of mental health integrated care structures aligned to the proposed six RHAs Ensure national mental health representation on HSE RHAs planning group to ensure alignment with national plans for reconfiguration and resourcing of services Commission mapping exercise of mental health services nationally and current resourcing and realign to new RHAs and CHNs Present mental health data to HSE RHAs planning group to inform decisions about alignment and resourcing of mental health services under six RHAs Align mental health plans and timelines with national plans for transition to new regional areas Design transition plan in consultation with all stakeholders and manage transition to ensure alignment to plans and new structures (timeline to be confirmed in line with national plans). 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Project lead and project support to be identified and resourced Funds for commissioning of mapping exercise, realignment planning, resource allocation plan and implementation plans Put in place support from Mental Health Finance with the mapping of current mental health resources Put in place support from Mental Health HR regarding the mapping of current staffing Put in place support from Mental Health Planning on the realignment of current mental health services to the six new RHAs. 		
Milestones 2022 <ul style="list-style-type: none"> Establish a working group Progress mapping exercise. 		
Milestones 2023 <ul style="list-style-type: none"> Finalise the implementation plan. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Target mental health service resourcing to meet needs, based on identified population-based patterns related to deprivation and other social and environmental determinants of mental health. 		
Outcome indicator Mental health service resourcing targeted to support the specific needs of the population.		

Recommendation 77		
Recommendation A standardised set of performance indicators (PIs) directly aligned with the desired outcomes in this refresh of AVFC 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.	Actions Develop appropriate performance indicators aligned to <i>Sharing the Vision</i> outcomes.	
Lead Department of Health	Supporting partner(s) HSE / Department of Health Performance Management Unit	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Develop meaningful performance indicators to enable the implementation and monitoring of StV.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Develop technical support and work plan. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Confirm, following development of a work plan. 		
Milestones 2022 <ul style="list-style-type: none"> Put in place technical support and work plan to develop outcome indicators as extracted from StV (in particular Appendix 3, StV), and other key frameworks, as appropriate. 		
Milestones 2023 <ul style="list-style-type: none"> Develop outcome indicators, taking into account relevant frameworks and developments as appropriate. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Outcome-specific performance indicators developed for Implementation Plan 2025–2027, building on outputs of Implementation Plan 2022–2024 and aligning to the Health System Performance Assessment framework. 		
Outcome indicator Performance indicators in place assessing standards of care and quality per agreed frameworks.		

Recommendation 78		
Recommendation Regular surveys of service users and FCS should be independently conducted to inform assessments of performance against PIs and target outcomes in StV.	Actions Conduct and report on regular surveys with service users and FCS. A national mental health service experience survey proposal should be developed to be considered for inclusion under the National Care Experience Programme.	
Lead HSE MHER	Supporting partner(s) HSE Mental Health Operations	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Include the views of service users and their FCS to inform planning and delivery of their care, fostering partnership and building trust in mental health services.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Provide human resource to prepare the tender for the procurement process • Facilitate competitive expression of interest for third-party providers with relevant skills and knowledge to conduct annual surveys of service users and their FCS • Identify questions to gather meaningful feedback on services users/FCS experiences. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Provide funding to commission third-party provider. 		
Milestones 2022 <ul style="list-style-type: none"> • Recruit a third-party independent provider through the procurement process to conduct annual surveys of service users and FCS. 		
Milestones 2023 <ul style="list-style-type: none"> • Complete the initial report of service user experience gathered from surveys. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Publish a report with recommendations for service improvement, based on surveys of service users, their FCS. 		
Outcome indicator Services planned and developed in line with findings of surveys.		

Recommendation 79		
Recommendation 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.	Actions Publish clear and accessible complaints procedure	
Lead HSE National Complaints Governance and Learning Team	Supporting partner(s) HSE Mental Health Operations / HSE Disabilities / CHOs / HSE Communications / HSE QPS	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Enable and encourage service users to voice their experience and perspective and to use this to drive continuous service improvement, aligned to patient care and best practice.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Complete stage one and two reviews of mental health service complaints process Prepare audit reports for Community Operations, identifying the key actions required Undertake stakeholder consultation on <i>Your Service Your Say</i> in 2022, involving consultation with key stakeholders, including mental health services to identify gaps in the complaints process Complete action plan to address gaps. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Confirm outcome following a review of the complaints process and identification of gaps. 		
Milestones 2022 <ul style="list-style-type: none"> Review the complaints process across mental health services Revise <i>Your Service Your Say</i>, encompassing feedback from the operational system and service users. 		
Milestones 2023 <ul style="list-style-type: none"> To be confirmed following review of complaints process completed in 2022. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> <i>Your Service Your Say</i> complaint procedure accessible to wider audiences, including those with mental health difficulties/MHID. 		
Outcome indicator Clear, visible, and accessible complaints procedure.		

Recommendation 80		
Recommendation A culture of open disclosure to support patient safety is embedded in mental health services.	Actions Mental health services align open disclosure to service users and FCS with national policy and legislation.	
Lead HSE QPS	Supporting partner(s) CHOs / HSE National Open Disclosure Programme Leads / HSE National QPS Directorate	Timeframe Ongoing
Summary of understanding – our interpretation of what is to be achieved Ensure open, honest, timely and transparent communication and ensure HSE Mental Health Operations is aligned with the HSE Open Disclosure Policy.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Continue to deliver open disclosure training to all mental health services staff Ensure mental health services continues to have governance structures in place as part of the overall quality and safety governance arrangements (QPS Committees) QPS Directorate to deliver Open Disclosure Train the Trainer Programmes and face to face workshops QPS Directorate to deliver a programme of training and learning supports to assist services to implement the requirements of the HSE Incident Management Framework QPS Directorate to support the National Mental Health Quality and Service User Safety/Mental Health QPS teams in the development of audits and data collection processes to measure compliance and implementation of the requirements of the Open Disclosure Policy and Guidelines. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Inputs required to be confirmed. 		
Milestones 2022 <ul style="list-style-type: none"> Continue implementing overall quality and safety governance arrangements as part of the HSE Incident Management Framework 2020, including the rollout of mandatory Open Disclosure training for all staff. 		
Milestones 2023 <ul style="list-style-type: none"> Same as the 2022 milestone above. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Align mental health services to national policy and legislation. 		
Outcome indicator Open disclosure to service users and FCS is aligned to national policy and legislation.		

Recommendation 81

Recommendation Training should be provided for services users and staff on making and dealing with complaints.	Actions Provide complaints training for service users and staff.	
Lead HSE Mental Health Operations / HSE MHER / HSE National Complaints Governance and Learning Team	Supporting partner(s) HSE QPS / CHOs	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Provide staff with the confidence and ability to encourage service users to share their experience and perspective of our services and equip them with the skills and tools needed to respond positively, while using feedback to improve services.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Deliver dedicated training in Effective Complaints Investigation by CHO Complaints Managers on Complaints Handling, Complaint Investigation and other relevant courses • Promote Complaint Management Courses (face-to-face, virtual and webinars for HSE staff) • Develop, on an ongoing basis, additional supports to make <i>Your Service Your Say</i> more accessible as per Recommendation 79 • Complete the revision of <i>Your Service Your Say</i> and the mental health review to identify gaps and required additional training resources. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Carry out additional training resources, based on identified need. 		
Milestones 2022 <ul style="list-style-type: none"> • Complete review of complaints process across mental health service • Complete revision of <i>Your Service Your Say</i>, encompassing feedback from the operational system and service users • Assess feasibility of the Service User Journey Framework, adopting complaints induction training for service users and the developed action plan. 		
Milestones 2023 <ul style="list-style-type: none"> • Check updated <i>Your Service Your Say</i> content to ensure the information provided is meeting service user needs • Implement the plan to deliver complaints training to service users. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Provide additional training resources to ensure robust implementation of <i>Your Service Your Say</i> and ensure that all service users are supported to provide feedback and receive an effective and comprehensive response to concerns. 		
Outcome indicator Training provided on improved use and management of the complaints process.		

Recommendation 82		
Recommendation 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.	Actions Embed the principles set out in the National Healthcare Charter.	
Lead HSE Mental Health Operations / HSE MHER	Supporting partner(s) HSE National Complaints Governance and Learning Team (NCGLT) / QPS / CHOs	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Underpin high quality person-centred care in Mental Health Services by National Healthcare Charter.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Develop an agreed approach to align ongoing work of the Patient Safety Strategy, <i>Your Service Your Say</i> Review and Mental Health Engagement strategies in line with the Healthcare Charter principles. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Fund a resource to assess and facilitate alignment and embedding of <i>Your Service Your Say</i> and the Healthcare Charter across mental health services. 		
Milestones 2022 <ul style="list-style-type: none"> Develop agreed approach in aligning ongoing work of the Patient Safety Strategy, <i>Your Service Your Say</i> and Mental Health Engagement strategies. 		
Milestones 2023 <ul style="list-style-type: none"> Implement agreed approach. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Continue to embed Healthcare Charter principles in mental health services. 		
Outcome indicator Principles embedded.		

Recommendation 83		
Recommendation 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 StV.	Actions Ensure future updates of the Quality Framework, the Judgement Support Framework and the Best Practice Guidance are consistent with StV.	
Lead HSE Mental Health Operations	Supporting partner(s) Mental Health Commission / HSE MHER / HSE QPS / CHOs	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Update the Quality Framework, the Judgement Support Framework and the Best Practice Guidance in keeping with the key service delivery principles underpinning StV.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Project management resource to lead on a service improvement programme Publish updated Quality Framework by Mental Health Commission following public consultation Review Judgement Support Framework, Best Practice Guidance and Quality Framework documents Engage with Mental Health Commission on review of Judgement Support Framework and Best Practice Guideline. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Facilitate review and assessment of consistency and alignment in adhering to the relevant guidelines referenced in this recommendation and the overall ethos of StV using an ongoing resource. 		
Milestones 2022 <ul style="list-style-type: none"> Outline programme sponsor and work plan. 		
Milestones 2023 <ul style="list-style-type: none"> Identify areas of the Judgement Support Framework, Best Practice Guidelines and updated Quality Framework requiring revision to bring policy documents into line with StV Agree approach for updating Judgement Support Framework, Best Practice Guidelines and Quality Framework policy documents as required. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Put plan in place to update Judgement Support Framework, Best Practice Guidelines and Quality Framework by end of 2025. 		
Outcome indicator Future updates of the Quality Framework, the Judgement Support Framework and the Best Practice Guidance completed in a manner consistent with StV. All funded contracts for service delivery in mental health in future should embed the core principles and guidance from these frameworks, as streamlined and relevant.		

Recommendation 84		
Recommendation The relevant bodies should come together to ensure that the measures for the Quality Framework, the Judgement Support Framework, the Best Practice Guidance, StV, 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.	Actions Agree and align the measures and performance measurement including that of the Quality Framework, the Judgement Support Framework, the Best Practice Guidance.	
Lead HSE Mental Health Operations	Supporting partner(s) Mental Health Commission / HSE MHER / HSE QPS / CHOs	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Standardise performance management frameworks for measurement/monitoring delivery of StV.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Complete all inputs as per Recommendation 83 Review and agree metrics for StV Performance Indicators by working group Review data and information collection and monitoring systems Gap analysis on data required to implement a common data set. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Allocate funding to improve information management systems as required, in line with systems being developed by the HSE, such as the Integrated Community Case Management System. 		
Milestones 2022 <ul style="list-style-type: none"> Not applicable. 		
Milestones 2023 <ul style="list-style-type: none"> Convene a review group to agree an initial approach to mental health service activity and outcomes reporting, incorporating both specialist and non-specialist mental health services Agree metrics for common data set Outline work plan for implementing StV performance management framework. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Work plan in implementation and contributing to the development of performance management framework for StV. 		
Outcome indicator Single common data set and measurement system is in place.		

Recommendation 85		
Recommendation 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.	Actions Prioritise mental health services in the work underway at national level to develop a cost and activity database for health and social care in Ireland.	
Lead HSE Mental Health Integrated Care Team	Supporting partner(s) HSE Health and Social Care Professions Office (HSCP) / HSE HR / HSE Chief Finance Officers Office – Activity-Based Costing Programme	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved HSE to continue to implement the Integrated Finance Management System programme of work that will deliver a cost and activity database to support robust quality services for health and social care. <i>NB: Delivery of the cost and activity database forms part of the implementation of the Integrated Finance Management System for all health and social care. The programme of work to implement the system is scheduled over a five-year timeline and the required change means that the system will be incrementally rolled out to CHOs rather than HSE departments. To reflect the approach of this existing programme, a request will be made to NIMC to change this recommendation timeframe.</i>		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Carry out programme of work led by the Finance Reform Group to develop the cost and activity database in health service delivery with mental health prioritised. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Provide human resource to develop and maintain the cost and activity database. 		
Milestones 2022 <ul style="list-style-type: none"> Roll out the Integrated Finance Management System (IFMS) in production in CHOs 6, 7 and 9. 		
Milestones 2023 <ul style="list-style-type: none"> Further roll-out of the IFMS. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Make activity-based costings available for CHO 1, 2, 3 and 4 CMHTs. 		
Outcome indicator Development of the mental health service cost and activity database underway.		

Recommendation 86

Recommendation 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.	Actions Implement a National Mental Health Information System.	
Lead HSE Community Operations – Integrated Community Case Management System (ICCMS)	Supporting partner(s) HSE Mental Health Operations	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Support effective information-sharing and better organisation of mental health services, which will improve service user experience and facilitate partnership and integration between different services and professionals.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Develop specification and market engagement Continue project group within OoCIO/Sláintecare Provide human resource to lead on review and development of ICCMS Consult with key stakeholders, including service users and clinical staff Put Mental Health Operations representation on ICCMS working groups. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Provide capital and revenue funding for the commission of new software system. 		
Milestones 2022 <ul style="list-style-type: none"> Continue to develop and deliver on the vision for an integrated case management system. 		
Milestones 2023 <ul style="list-style-type: none"> Procure system for integrated case management system. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Progress national ICCMS implementation, incorporating mental health services. 		
Outcome indicator National Mental Health Information System implementation in progress.		

Recommendation 87		
Recommendation 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.	Actions Assess the need for amended legislation for diversion of people with mental health difficulties from the criminal justice system and amend if necessary.	
Lead Department of Justice	Supporting partner(s) HSE Mental Health Operations	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Diversion of people with mental health difficulties from the criminal justice system, as appropriate <i>This recommendation is linked to Recommendations 54 and 55.</i>		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Completion of report by the Taskforce for Mental Health and Addiction Challenges for Persons Coming to the Attention of the Criminal Justice System. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be confirmed following the production of recommendations in the taskforce report. 		
Milestones 2022 <ul style="list-style-type: none"> Publish report of taskforce The Departments of Health and Justice and other key stakeholders to develop a plan to address associated recommendations, which will include all or any recommended legislative amendments concerning diversion. 		
Milestones 2023 <ul style="list-style-type: none"> Put in place an implementation plan and structure to address recommendations of Taskforce (including all or any recommended legislative amendments concerning diversion). 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Put in place all or any legislative amendments concerning diversion, as proposed by the taskforce report. 		
Outcome indicator Appropriate legislation is in place for the diversion of people with mental health difficulties from the criminal justice system.		

Recommendation 88

Recommendation 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.	Actions Provide training and guidance to staff on the practice of positive risk-taking, based on the principles of the Assisted Decision-Making (Capacity) Act 2015 (ADM Capacity Act).	
Lead HSE Mental Health Operations / HSE National Office for Human Rights and Equality Policy	Supporting partner(s) Mental Health Commission / Assisted Decision Making Office	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Ensure staff training and guidance on adherence to the principles and requirements of compliance with the Assisted Decision Making Capacity (ADM) Act 2015		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Planning by working group for the commencement of the ADM (Capacity) Act 2015 and its impact on mental health service delivery. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Confirm inputs dependent on recommendations of a working group, but include public messaging and communications, which fall under the remit of the Decision Support Service. 		
Milestones 2022 <ul style="list-style-type: none"> Establish working group Complete ADM and mental health services impact assessment report. 		
Milestones 2023 <ul style="list-style-type: none"> Develop and deliver training and guidance programme to mental health service staff on all aspects of the ADM (Capacity) Act, incorporating positive risk-taking as a theme. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Provide training and guidance to staff on the practice of positive risk-taking and on all other aspects of the ADM (Capacity) Act. 		
Outcome indicator Training and guidance is provided on the practice of positive risk-taking, based on the principles of the ADM (Capacity) Act and approved by the regulator.		

Recommendation 89

Recommendation 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.	Actions Provide access to safeguarding teams and training for mental health services.	
Lead HSE Safeguarding Office	Supporting partner(s) HSE Mental Health Operations / HSE QPS / CHOs	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Ensure full adherence to the National Safeguarding Policy, enabled through necessary resource allocation and facilitated by a comprehensive training programme.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Review implementation plan with relevant stakeholders as an enabler for publication of the National Safeguarding Policy Match new training content to the new National Safeguarding Policy and rollout across HSE, including mental health services Implement Adult Safeguarding Policy across CMHT teams and all other relevant mental health services. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Secure financial resources to recruit dedicated Safeguarding Officer where need is identified. 		
Milestones 2022 <ul style="list-style-type: none"> Publish National Safeguarding Policy, to include mental health services within its broadened remit Continue baseline training for all staff on HSE LanD – <i>Safeguarding adults at risk of abuse and National Standards for adult safeguarding: putting the standards into practice.</i> 		
Milestones 2023 <ul style="list-style-type: none"> CMHTs to implement Adult Safeguarding Policy with National Safeguarding Office providing level of oversight to mental health services, as required Develop training package for revised Adult Safeguarding Policy by National Safeguarding Office. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Support fully trained mental health staff in the implementation of the National Safeguarding Policy. 		
Outcome indicator Mental health staff are fully trained and supported in implementing the National Safeguarding Policy.		

Recommendation 90		
Recommendation The Justice and Health sectors should engage with the coroners, the Garda Síochána, the NOSP, 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.	Actions Refine suicide statistics through engagement with coroners, the Garda Síochána, NOSP, CSO and other research bodies.	
Lead Department of Justice and Department of Health	Supporting partner(s) HSE NOSP	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Review and refine systems for gathering suicide mortality statistics through improved processes, increased sharing of information and/or the use of additional sources of information.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Engage with key stakeholders Coordinate existing activity in the area. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be confirmed following the production of an action plan. 		
Milestones 2022 <ul style="list-style-type: none"> Map current work being done in this area Develop action plan, based on gaps identified in the mapping process. 		
Milestones 2023 <ul style="list-style-type: none"> Action plan in implementation. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Complete action plan implementation. 		
Outcome indicator Refined suicide statistics for deaths in custody, recording of deaths by suicide and open verdicts.		

Recommendation 91		
Recommendation 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.	Actions Review current reporting and monitoring of levels and patterns of self-harm and suicidality among people attending mental health services.	
Lead HSE Mental Health Operations / HSE NOSP	Supporting partner(s) Mental Health Commission / National Suicide Research Foundation / HSE Quality Assurance and Verification Division / HSE Mental Health Clinical Programme for Self-Harm	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Improve recording and monitoring of suicide and self-harm information to inform risk and support service response initiatives.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Monitoring by working group of the development of guidance on responding and reviewing suspected suicide deaths and other suicide-related incidents, such as incidents of self-harm Complete the data completeness study underway in relation to National Incident Management System and Mental Health Commission datasets Implement the Incident Management Framework Provide guidance for CMHTs in responding and reviewing suspected suicide in the community and other suicide-related incidents, such as incidents of self-harm Engage with QPS in the development of audits and data collection processes to measure compliance with Incident Management Framework. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be determined by the working group. 		
Milestones 2022 <ul style="list-style-type: none"> Make new guidance available on responding and reviewing suspected suicides and incidents of self-harm among people attending mental health services Operate new guidance in pilot CHO. 		
Milestones 2023 <ul style="list-style-type: none"> Evaluate pilot of new guidance on responding to suspected suicides and self-harm. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Put in place appropriate monitoring and reporting processes related to self-harm and suicidality among people attending mental health services. 		
Outcome indicator Appropriate monitoring and reporting processes of levels and patterns of self-harm and suicidality among people attending mental health services are in place.		

Recommendation 92

<p>Recommendation</p> <p>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.</p>	<p>Actions</p> <p>Progress a 'zero restraint, zero seclusion' action plan, which should be developed in partnership with mental health services</p> <p>Prioritise comprehensive legislation to reform the Mental Health Act in line with this policy and in line with international human rights law</p> <p>In keeping with the evolving understanding of human rights, particularly the UN Convention on the Rights of Persons with Disabilities, ensure that involuntary detention is not used except in a life-saving emergency.</p> <p>Make available a range of advocacy supports including both peer and representative advocacy as a right for all individuals involved with the mental health services</p> <p>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.</p>	
<p>Lead</p> <p>Department of Health, Mental Health Unit</p>	<p>Supporting partner(s)</p> <p>HSE Mental Health Operations</p>	<p>Timeframe</p> <p>Short-term</p>
<p>Summary of understanding – our interpretation of what is to be achieved</p> <p>Ensure mental health service delivery and supports are underpinned by international human rights following the comprehensive reform of the Mental Health Act and that they are in alignment with the provisions of the Assisted Decision-Making (Capacity) Act 2015, as supported by appropriate legislation, advocacy supports and best practice.</p> <p>While a zero restraint and seclusion service may not always be achievable, due to safety requirements of service users and staff, there are examples where major reductions in the use of restraint are working effectively. Therefore, a high-level aim of StV is to reduce the use of restraint and seclusion.</p>		
<p>Inputs required for 2022–2024 – process perspective</p> <ul style="list-style-type: none"> Additional resources are expected following commencement of the updated Act, including continue consultation with key stakeholders as Bill progresses through the legislative process Form an implementation group following the enactment of the updated Act to ensure a smooth transition to updated processes under that Act Consult on how best to implement advocacy supports in a manner that vindicates the right of all people who need such supports and provides value for money. 		
<p>Inputs required for 2022–2024 – implementation perspective</p> <ul style="list-style-type: none"> Increased number of Authorised Officers to ensure 24/7 service across the country, provision for advocacy services, additional responsibilities for mental health professionals (e.g. carrying out capacity assessments), expected additional resources for 24 community residences and eventually all mental health services as they will come under the Commission's registration, inspection and regulation regime. 		
<p>Milestones 2022</p> <ul style="list-style-type: none"> Pre-legislative scrutiny on the Act completed, produce a draft Bill and introduce the Bill to the Oireachtas. 		
<p>Milestones 2023</p> <ul style="list-style-type: none"> Deliver training and information to relevant professionals in line with a review of the Mental Health Act, to enable relevant change in practice Complete review of advocacy supports available to service users with recommendations. 		

continued opposite ➞

Overarching outputs by end of 2024

- Develop action plan 'zero restraint, zero seclusion'. Based on a review of advocacy supports, a strategic plan to enhance the range of advocacy supports developed.

Outcome indicator

Completed review of Mental Health Act.
Representative advocacy available to all individuals.
Develop an action plan for 'zero restraint, zero seclusion' in mental health services.

Recommendation 93		
Recommendation 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.	Actions Develop a National Population Mental Health and Mental Health Services Research and Evaluation Strategy.	
Lead Health Research Board	Supporting partner(s) HSE	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Develop and publish a National Population Mental Health and Mental Health Services Research and Evaluation Strategy with supporting three-year action plans and a multi-annual financing plan to ensure delivery of prioritised goals and objectives.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Provide technical and secretariat support to Research Strategy Advisory Group through programme manager in Health Research Board • Subject matter experts (Research Strategy Advisory Group) • Make all material publicly available through dedicated web link • Support face-to-face and remote meetings through facilities and technology • Allocate funding to support the work of the Strategy Advisory Group and to make operational prioritised actions in the strategy. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Establish Research Strategy Advisory Group and agree terms of reference and schedule • Develop, publish and communicate Research and Evaluation Strategy • Develop a three-year action plan with goals and measures, roles and responsibilities, financing strategy and approach to monitoring and reporting. 		
Milestones 2022 <ul style="list-style-type: none"> • Research Strategy Advisory Group established • Publish and communicate progress of Research and Evaluation Strategy. 		
Milestones 2023 <ul style="list-style-type: none"> • Funding available for prioritised objectives • First suite of research and evaluation projects in progress. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Achieve a growing portfolio of research and evaluation activities in accordance with priorities identified in an overarching strategy, addressing both short-medium -term goals as well as longer-term and emergent needs. 		
Outcome indicator Publish and resource National Population Mental Health and Mental Health Services Research and Evaluation Strategy.		

Recommendation 94		
Recommendation 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.	Actions Embed the strategic approach to change management utilised in the former MHD Strategic Portfolio and Programme Management Office in the HSE.	
Lead HSE Community Operations	Supporting partner(s)	Timeframe Not Identified
Summary of understanding – our interpretation of what is to be achieved Embed strategic change management across HSE services.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Finalise consultation phase for transition from Strategic Portfolio and Project Management Office (SMPPPO) into Community Health Operations Improvement and Change (CHOIC). 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Grow the capacity to manage change across community operations. 		
Milestones 2022 <ul style="list-style-type: none"> Implement a proposal recommending the expansion and integration of the SPPMO into the CHOIC programme. 		
Milestones 2023 <ul style="list-style-type: none"> Grow the capacity to manage change across community operations. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Expand skills and knowledge on implementing strategic change and improvement across HSE Community Operations. 		
Outcome indicator Visible, quantifiable change management projects delivered in mental health services.		

Recommendation 95

Recommendation 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.	Actions Collate and align all initiatives from SPPMO and SRF to support further innovation.	
Lead HSE Community Operations	Supporting partner(s) Centre for Effective Services / SRF Projects	Timeframe Short-term
Summary of understanding – our interpretation of what is to be achieved Promote and demonstrate innovation in service delivery and avoid duplication of effort.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Develop a repository of best practice in CHOIC that brings together innovations from both SPPMO and the Social Reform Fund Establish an ongoing service improvement function of CHOIC to enable ongoing service improvement. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Develop capacity to manage change across Community Operations. 		
Milestones 2022 <ul style="list-style-type: none"> Grow the capacity to manage change across Community Operations Align the ongoing practice and ongoing initiatives in SRF and SPPMO within the newly-formed CHOIC. 		
Milestones 2023 <ul style="list-style-type: none"> Grow the capacity to manage change across Community Operations. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Achieve a single entity for delivering improvement, change and innovation across community operations. 		
Outcome indicator Innovation supported in mental health services across all providers.		

Recommendation 96		
Recommendation 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.	Actions Roll out innovations that demonstrate clinical and/ or social and cost effectiveness including decommissioning of services no longer fit for purpose.	
Lead HSE Community Health Operations Improvement and Change / HSE Mental Health Integrated Care Team	Supporting partner(s) Centre for Effective Services	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Focus on continuous improvement into the future that provides effective clinical, social and cost benefits to promote recovery.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Re-establish change board structures for review and prioritisation of service improvement projects and programmes employing SPPMO/CHOIC methodology Commission a review of mental health innovations that demonstrate clinical and/or social and cost-effectiveness to incorporate the identification of appropriate assessment tools that could be adopted for implementation in Ireland Commission assessment of the clinical programmes, mental health new developments and SPPMO portfolio of projects and their existing performance measurement approaches to inform future planning and development. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Agree and resource project lead Allocate funding for review of mental health innovations that demonstrate clinical and/or social and cost-effectiveness Provide funding for assessment of the clinical programmes, mental health new developments and SPPMO portfolio of projects and their existing performance measurement approaches to inform future planning and development Provide research funding or human resource to undertake the research required Provide funding for development and piloting of service assessment tool of clinical, social and cost-effectiveness Recruit service improvements leads. 		
Milestones 2022 <ul style="list-style-type: none"> Progress review of mental health innovations that demonstrate clinical and/or social and cost effectiveness Progress assessment report of the clinical programmes, mental health new developments and SPPMO portfolio of projects and their existing performance measurement approaches to inform future planning and development. 		
Milestones 2023 <ul style="list-style-type: none"> To be confirmed following completion of an assessment. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Identify and implement innovations that bring about clinical, social or cost improvement from the portfolio of projects. 		
Outcome indicator New effective innovative services are promoted and existing services with limited efficacy are replaced.		

Recommendation 97

Recommendation 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.	Actions Evaluate current and future use of non-mental health community-based facilities and make recommendations on how they could be better used to deliver mental health services.	
Lead HSE Mental Health Operations / HSE MHER	Supporting partner(s) HSE Estates	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Develop a better understanding of non-clinical spaces that are being used in the delivery of mental health services and to further develop this approach.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> Allocate resource to complete an evaluation of current non-mental health community-based facilities in use Publish guidelines on the future use of non-mental health community-based facilities in keeping with all relevant HSE policies, including those relevant to infection control Consult with HR and risk management in development of guidelines from perspective of ensuring duty of care to staff. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> To be confirmed, dependent on evaluation recommendations. 		
Milestones 2022 <ul style="list-style-type: none"> Develop plans for the opening of two new co-produced non-clinical spaces as part of a pilot scheme. 		
Milestones 2023 <ul style="list-style-type: none"> Open new co-produced non-clinical spaces Complete evaluation of the use of non-clinical spaces for the (potential) delivery of mental health services. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Establish guidelines and a network of a wide range of facilities that are appropriate to support the effective delivery of mental health services. 		
Outcome indicator Wide range of facilities used as appropriate to support the effective delivery of mental health services.		

Recommendation 98		
Recommendation 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.	Actions Invest in co-produced redesign and/or building of psychiatric units in acute hospitals. Include in all future primary care new building developments appropriate settings for delivery of a mental health service.	
Lead HSE Mental Health Integrated Care Team	Supporting partner(s) HSE Estates / HSE Acute Hospitals / CHO's / HSE Primary Care / HSE MHER	Timeframe Long-term
Summary of understanding – our interpretation of what is to be achieved Ensure in-patient services are appropriately funded and designed in co-production with all key stakeholders		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> HSE Mental Health and HSE Primary Care co-produced capital planning and investment working group to oversee this recommendation Review Mental Health Bed Capacity Report to inform plans Review investment requirements over lifecycle of policy, taking account of service demand and current capacity, demographic profiling etc. Develop an annual capital investment and implementation plan for mental health. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> Appoint project lead for mental health capital plan design, oversight, and implementation Provide support from mental health finance. Provide support from mental health Heads of Service Provide support from estates team Provide input from service users Finalise capital budget Finalise planning budget. 		
Milestones 2022 <ul style="list-style-type: none"> Develop annual capital investment and implementation plan for mental health. 		
Milestones 2023 <ul style="list-style-type: none"> Develop long-term action plan for psychiatric units in acute hospitals. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> Develop and agree action plan for the long-term development of psychiatric units in hospitals. 		
Outcome indicator Refurbished/new co-designed psychiatric units in place for patients.		

Recommendation 99

<p>Recommendation</p> <p>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.</p>	<p>Actions</p> <p>Establish ‘whole-of-government’ Implementation Committee with service user and VCS representation to oversee the implementation of the recommendations in StV.</p> <p>Prioritise sustainable, continuous investment and financial resourcing over the 10-year life of this policy to ensure that the wider mental health system can deliver optimum outcomes for people with mental health difficulties.</p> <p>Ensure that, throughout the lifetime of this policy, ongoing communication and engagement take place to ensure that implementation plans are consistent with the priorities identified by multiple stakeholders.</p> <p>Conduct and publicly report an independent review of the implementation of StV every three years over the lifetime of this policy.</p>	
<p>Lead</p> <p>Department of Health</p>	<p>Supporting partner(s)</p>	<p>Timeframe</p> <p>Short-term</p>
<p>Summary of understanding – our interpretation of what is to be achieved</p> <p>Ensure appropriate implementation and monitoring structures in place for StV.</p>		
<p>Inputs required for 2022–2024 – process perspective</p> <ul style="list-style-type: none"> • Produce and publish quarterly reports • Publish and roll out an implementation plan • Establish groups and other structures as necessary. 		
<p>Inputs required for 2022–2024 – implementation perspective</p> <ul style="list-style-type: none"> • Appropriate dedicated WTE support in Department of Health Mental Health Unit and HSE • Provide required funding for the establishment and facilitating of a Reference Group of Service Users and Family Members. 		
<p>Milestones 2022</p> <ul style="list-style-type: none"> • Develop and put in place an enhanced oversight model as part of the approach to implement monitoring and reporting. 		
<p>Milestones 2023</p> <ul style="list-style-type: none"> • Conduct and publish an independent review of the implementation of StV, including a review of NIMC structures. 		
<p>Overarching outputs by end of 2024</p> <ul style="list-style-type: none"> • Publish an implementation plan for 2025–2027, addressing the work of the independent review, including a clear plan for NIMC structures. 		
<p>Outcome indicator</p> <p>Whole-of-government implementation committee in place to oversee the progress of StV.</p>		

Recommendation 100		
Recommendation 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.	Actions Undertake a joint review of mental health medical training and integrated care to ensure registered practitioners who have attained approved Mental Health Education are provided with specialist psychiatric training to increase capacity.	
Lead HSE National Clinical Advisor and Group Lead for Mental Health / Department of Health	Supporting partner(s) National Doctors Training and Planning / Irish College of General Practitioners / College of Psychiatrists of Ireland	Timeframe Medium-term
Summary of understanding – our interpretation of what is to be achieved Ensure GPs and psychiatrists are trained appropriately to provide mental health services and integrated care.		
Inputs required for 2022–2024 – process perspective <ul style="list-style-type: none"> • Arrange meetings with National Doctors Training and Planning, Irish College of General Practitioners and College of Psychiatrists of Ireland to discuss the need to convene a working group • Agree project management support and governance • Conduct review of specialist training programmes • Develop and agree model of mental health medical training and integrated care. 		
Inputs required for 2022–2024 – implementation perspective <ul style="list-style-type: none"> • Dedicate project management resource. 		
Milestones 2022 <ul style="list-style-type: none"> • Joint review of specialist training programmes complete. 		
Milestones 2023 <ul style="list-style-type: none"> • Model of mental health medical training and integrated care carefully developed. 		
Overarching outputs by end of 2024 <ul style="list-style-type: none"> • Deliver specialist mental health medical training for GPs and psychiatrists as part of an appropriate curriculum by relevant institutions. 		
Outcome indicator Specialist mental health medical training for GPs and psychiatrists delivered.		

For more information contact:

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