



Sharing the Vision

A Mental Health Policy for
Everyone

Policy Implementation
Status Report
Quarter 2, 2023

Executive Summary

This is the eighth status report on the implementation of *Sharing the Vision – A Mental Health Policy for Everyone* (StV). As the StV implementation reporting processes develop, so too do the quarterly status reports evolve. In response to feedback from the National Implementation Monitoring Committee (NIMC) Steering Committee and Reference Group, and a need for a more focused, qualitative approach to reporting, the NIMC Steering Committee is continuing to trial, for the fourth time, a domain-themed report, covering activity completed over the course of Quarter 2, 2023.

StV is organised around four core domains:

- Domain 1: Promotion, prevention and early intervention (12 recommendations).
- Domain 2: Service access, coordination and continuity of care (53 recommendations).
- Domain 3: Social inclusion (9 recommendations).
- Domain 4: Accountability and continuous improvement (26 recommendations).

Reflecting this structure, reports have been organised thematically in the following order:

- Report on Domain 1 and 3 (Quarter 3, 2022)
- Report on Domain 2 (Part I) (Quarter 4, 2022)
- Report on Domain 2 (Part II) (Quarter 1, 2023)
- Report on Domain 4 (Quarter 2, 2023)

This approach facilitates thematic reporting on the basis of domains, corresponding to the policy's organising framework. However, to ensure that momentum and oversight is maintained across all policy recommendations, reports will continue to be provided on a quarterly basis for all one hundred recommendations through Appendix B of this document.

The Quarter 2, 2023 status report focuses on Domain 4. Recommendations in Domain 4 are led by several different government departments, coordinated by the Department of Health, and by the HSE. Recommendations led by the HSE in this domain are progressed through its Quality Assurance Frameworks, Mental Health Planning and Mental Health Engagement and Recovery workstreams.

Report Content

Section 1: Report Overview

Section 2: Quarter 2, 2023 Progress at a Glance

Section 3: Highlights Report on Sharing the Vision (StV) recommendations from Domain 4

Appendix A – HSE StV New service developments Quarter 2, 2023

Appendix B – Quarter 2, 2023 StV recommendation updates

Acronyms used

In general, acronyms are not used widely in this report. However, those listed below appear frequently and will be commonly understood acronyms for most readers:

- ADHD – Attention Deficit Hyperactivity Disorder
- CAMHS – Child and Adolescent Mental Health Services
- CBT – Cognitive Behavioural Therapy
- CHO – Community Healthcare Organisation
- DoH – Department of Health
- FCS – Family, Carers and Supporters
- GP – General Practitioner
- HIG – HSE Implementation Group
- HSE – Health Service Executive
- MHC – Mental Health Commission
- MHSOP – Mental Health Services for Older People
- NCAGL – National Clinical Advisor and Group Lead (For Mental Health)
- NGO – Non Governmental Organisation
- NIMC – National Implementation Monitoring Committee
- NOSP – National Office for Suicide Prevention
- NSP – National Service Plan
- PICU – Psychiatric Intensive Care Unit
- StV – Sharing the Vision
- VCS – Voluntary and Community Sector



Sharing the Vision

A Mental Health Policy for Everyone

Section 1

Report Overview

Report Overview

This is the eighth status report on StV implementation covering activity completed during Quarter 2, 2023. The report has been prepared by the joint NIMC Steering Committee and HIG Secretariats and measures progress against milestones set out in the StV Implementation Plan which was published in March 2022.

The implementation of StV involves numerous stakeholders with extensive collaboration across sectors. Eighty-two of the one hundred recommendations are being led by various care groups within the HSE and supporting partners, while the remaining eighteen recommendations are being led by the DoH and other government departments and state agencies. A range of supporting partners have been identified, including key partners across the voluntary and community sector.

Building on the StV Implementation Plan, the HIG has established ten thematic workstreams, each tasked with progressing a cluster of HSE led policy recommendations. These workstreams are supporting the development of detailed delivery plans for individual recommendations, against which reporting can be further refined.

Implementation progress is reported based on an aggregate analysis of recommendations using the following categories: 'on track' / 'minor delivery issue' / 'major delivery issue' / 'paused' / 'not started yet' / 'completed'. The focus of this report is Domain 4 and it is organised thematically with a focus on Quality Assurance Frameworks, Mental Health Planning, Mental Health Engagement and Recovery, and Government and state agency support. Highlights are summarised under the following headings: - *Progress Achieved*, *Emerging Developments*, and *Implementation Problems*.

Appendix A to this status report details HSE National Service Plan developments, specifically around the recruitment of posts to ensure the commencement of key service improvements. A full list of all one hundred recommendations is included as Appendix B where the lead agency is identified and quarterly progress captured.

Report Overview

Report Content

This status report highlights timeframes associated with each recommendation (short-term, medium-term and long-term), as defined in StV and referenced in the StV Implementation Plan. The policy in its entirety is to be delivered by 2030. Given the disproportionate number of recommendations categorised as short and medium-term, and in the context of competing operational demands, the definition of implementation timeframes is currently under review. The outcome of this review of timeframes will be reported in a subsequent quarterly report.

Timeframe	Duration	No# Of Recommendations
Short-term	The recommendation is to be delivered in 18 months	There are 42 short-term recommendations (one of which is categorised as 'ongoing')
Medium-term	The recommendation is to be delivered in 3 years	There are 53 medium-term recommendations
Long-term	The recommendation is to be delivered in 10 years	There are 5 long-term recommendations

Report Overview

Report Content - Continued

Risk and issue management tracking systems continue to be developed, aligned with the StV Implementation Plan. As part of that development process, a number of iterative improvements have been piloted and implemented over the past year. This has included modifying the reporting template to enable tracking of and additional detail on risk and issue categories, 'implementation problems' and mitigation plans. In Quarter 4, 2022, the template was modified to begin tracking work which contributes to 2023 milestones. In Quarter 1, 2023, a separate problem log was created to ensure information on 'implementation problems' is adequately captured, including their categorisation and status. Section 3 provides an overview of major or critical problems reported in Quarter 2, 2023, for recommendations within Domain 4.

As detailed delivery plans are formed for each recommendation, metrics are also developed and included in reporting. For this report, implementation leads have indicated the status of their relevant recommendations in the following categories, as relevant:

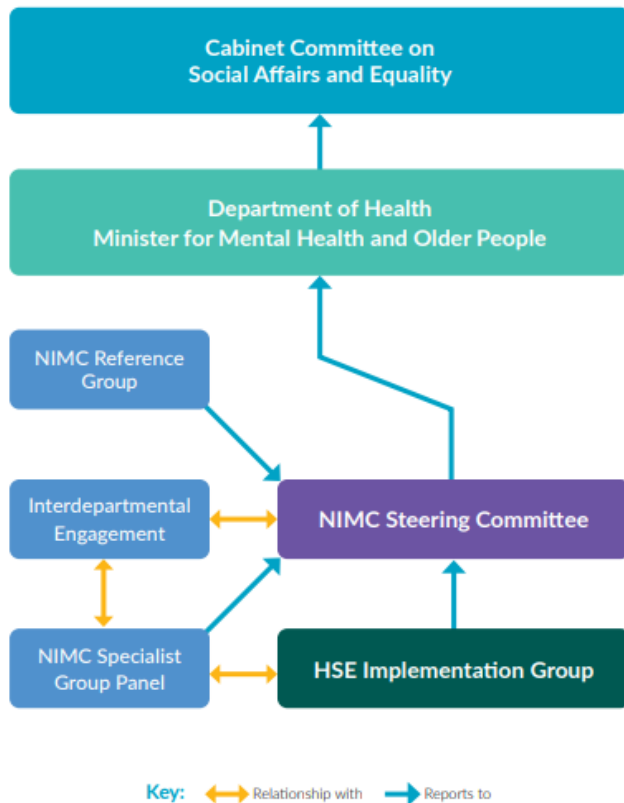
- On-track – The project/initiative is proceeding and is on track to achieve the milestones that the implementation lead has identified.
- Minor delivery issue – The project/initiative has a minor issue that is impacting, but not preventing, ongoing work or is not critical to the delivery at this point. This could include slight delays to delivery plans, limited access to relevant stakeholders/partners, etc.
- Major delivery issue – The project/initiative has a major issue that is critical and will prevent achieving the intended deliverables if not resolved.
- Paused – The project/initiative is involuntarily stalled due to an issue or voluntarily paused due to capacity issues or competing priorities.
- Not started yet – The project/initiative has not yet started. This could be due to the project/initiative still being defined, not being scheduled to start until a later date, or awaiting funding
- Completed – The planned actions associated with the recommendation are completed and intended outcomes have been realised.

In Quarter 1, 2023, a draft quality assurance process for reviewing StV recommendations requesting closure was tabled and approved by NIMC. This process is currently being trialled as we seek to gain feedback and improve the process.

Oversight and Implementation Structures

StV Recommendation 99

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



In line with recommendation 99, the NIMC has been established and comprises:

- The Steering Committee, which oversees implementation progress (Established December 2020)
- The HIG, tasked with implementation of HSE led recommendations (Established May 2021)
- A Reference Group to provide the service user, family and carer perspective (Established March 2022)
- Specialist groups to address the implementation of complex recommendations:
 - Youth Mental Health Transitions
 - Women's Mental Health
 - Acute Inpatient Bed Capacity
 - Digital Mental Health
 - Primary Care Mental Health

A note on co-production

In the development of recovery-oriented services, co-production has become a key mechanism for demonstrating recovery principles in action. The perspective of experts by experience (people with lived and recovery experience of mental health challenges and family/supporters) at all levels of mental health service development and delivery is essential to progress change. This approach is central to StV policy implementation. To support the process of co-production at a strategic level, the HSE Mental Health Engagement and Recovery office has established a National Panel for Co-Production. This panel currently consists of 14 people with a broad range of interests and skill sets who represent their stakeholder group. Mental Health Engagement and Recovery will continue to recruit volunteers throughout 2023 and will offer a volunteer support package which is similar to the approach of employee assistance programmes.

A note on gender

When StV documents refer to gender and being gender-sensitive, it is intended in the most inclusive sense. In using this term (gender-sensitive), the intention is to include and not exclude, recognising that gender identity extends beyond traditional binary concepts. Using gender to inform health policy is just one way of creating more targeted, personalised health services for all people in Ireland. It is important to keep language under constant review so that all those for whom StV is relevant see themselves reflected in it. It is important to recognise the ways in which the socio-political and cultural context shapes health service delivery and the experience of healthcare.



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Section 2

Quarter 2, 2023

Progress at a Glance

Work of the NIMC and the HIG Quarter 2, 2023

NIMC Steering Committee and Secretariat

NIMC Steering Committee and Secretariat

Established in December 2020, the NIMC Steering Committee meets monthly. The NIMC met in April and May 2023, as scheduled, with its June meeting deferred to July. The minutes of these meetings can be found [here](#). It reviewed and published the Quarter 1, 2023 Policy Implementation Status report and associated NIMC quarterly report analysis with the significant input of the Reference Group, which can be found [here](#).

The NIMC received progress reports and presentations in relation to the Mental Health Engagement and Recovery Workstream, the HSE Regional Health Authority Re-structuring Project and the HSEs Community Healthcare Operations Improvement and Change function. The NIMC agreed to follow up actions as appropriate (for details please see published minutes [here](#)). The NIMC Secretariat continued in its work of supporting the NIMC Steering Committee and co-ordinating the 18 non-HSE recommendations.

HSE Implementation Group (HIG)

HSE Implementation Group (HIG)

The HIG was established in May 2021 with an initial focus on the development of the StV implementation plan 2022 – 2024. Following publication of the implementation plan in March 2022, a workstream model has been developed where HSE-led recommendations are grouped thematically to drive implementation and support collaboration. Reflecting this workstream model, and with the approval of NIMC, the HIG was reconstituted in Quarter 2, 2022. Its membership now includes workstream leads, as well as additional membership representing key support functions (such as Finance and Human Resources).

In Quarter 2, 2023, the HIG conducted a review of its current meeting structure to allow for more focused engagement with workstream leads and relevant stakeholders. This is to ensure that attention is given to recommendations that need additional implementation support.

Reference Group

Reference Group

The Reference Group provided significant input in relation to the Quarter 1, 2023 Policy Implementation Status report, which was agreed and published [here](#). On foot of agreement by the NIMC, NIMC and HIG Secretariats are working to enhance engagement with the Reference Group, with work scheduled to continue on this in Quarter 3, 2023.

Specialist Groups

Youth Mental Health Transitions Specialist Group

The Youth Mental Health Transitions Specialist Group was established in September 2021 specifically to progress StV recommendation 36 whereby *'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'*. In Quarter 1, 2023, an Enhanced Transition Plan was presented to NIMC and in the past quarter work has progressed to develop short, medium and long-term recommendations to optimise age-appropriate mental health supports to the age of 25. In Quarter 2, 2023, two face-to-face workshops took place with a focus on future service design for the delivery of specialist youth mental health services. In addition, plans were advanced for two further engagement events with young people and also with wide-ranging stakeholders, including clinicians from child and adolescent mental health services (CAMHS) and adult mental health services, non-governmental organisations (NGOs), management and representative bodies. These events are to take place in Quarter 3, 2023 and will inform the development of recommendations.

Primary Care Specialist Group

The Mental Health in Primary Care Specialist Group was stood up in June 2022, tasked with delivering a thematic set of policy recommendations relating to the development of mental health supports in primary care settings, including talk therapies, as well as with promoting a shared care between primary and specialist mental health services. The Specialist Group meets approximately every four to six weeks and has stood up two

working groups focusing on enhanced access to talk therapies and shared care respectively, in order to ensure timely delivery of these critical policy recommendations.

Work is currently underway to finalise a shared care implementation plan, develop a position paper for a layered care approach to talk therapies, devise a national framework for shared physical healthcare and prescribing, and to design a structured approach to meeting the physical health needs in primary care of those with severe and enduring mental illness. In order to inform this work, the Specialist Group has commissioned external researchers to establish the current evidence base for shared care, including best practice examples. The work of the Specialist Group will be informed by lived experience, as well as the experiences of staff, services and other key stakeholders.

Acute Bed Capacity

Established in August 2021, the Acute Bed Capacity Specialist Group was set up to examine acute inpatient (Approved Centre) bed provision, including Psychiatric Intensive Care Units (PICU's) and to make recommendations on capacity reflective of emerging models of care, existing bed resources and future demographic changes. The Specialist Group presented an interim report to the NIMC in Quarter 1, 2023.

The recommendations of the Acute Bed Capacity Report will be encompassed as part of an overall multi-year capital plan. To that end, work was undertaken in Quarter 2, 2023, to assess current and future planned capital investment to ensure regulatory compliance. In Quarter 3, a working group will be formally established and tasked with the development of a 10-year plan that addresses the existing and future capital requirements within mental health, including required acute bed capacity as identified by the Acute Bed Capacity Specialist Group.

Digital Specialist Group

Set up in May 2022, the Specialist Group on Digital Mental Health has representation from HSE Psychology, HSE National Counselling Service, HSE Community Operations, HSE Digital, HSE Mental Health and Wellbeing, Mental Health Reform, the HSE National Office for Suicide Prevention, Community Creations (Text 50808) and academic partners. The Specialist Group continues to meet regularly and is close to completing a short-term Digital Mental Health Action Plan, which aims to improve the management and delivery of existing digital mental health services, and to put in place the foundations for future digital mental health developments. This action plan will be complemented by a longer term strategy, which will be drafted by Quarter 1, 2024, and will cover the period from the end of the action plan to 2030. To inform this work,

the Specialist Group has in Quarter 2, 2023, conducted a gap analysis of existing HSE and HSE-funded digital mental health offerings, as well as of current structures, stakeholders and decision-making in the area of digital mental health.

Women's Mental Health Specialist Group

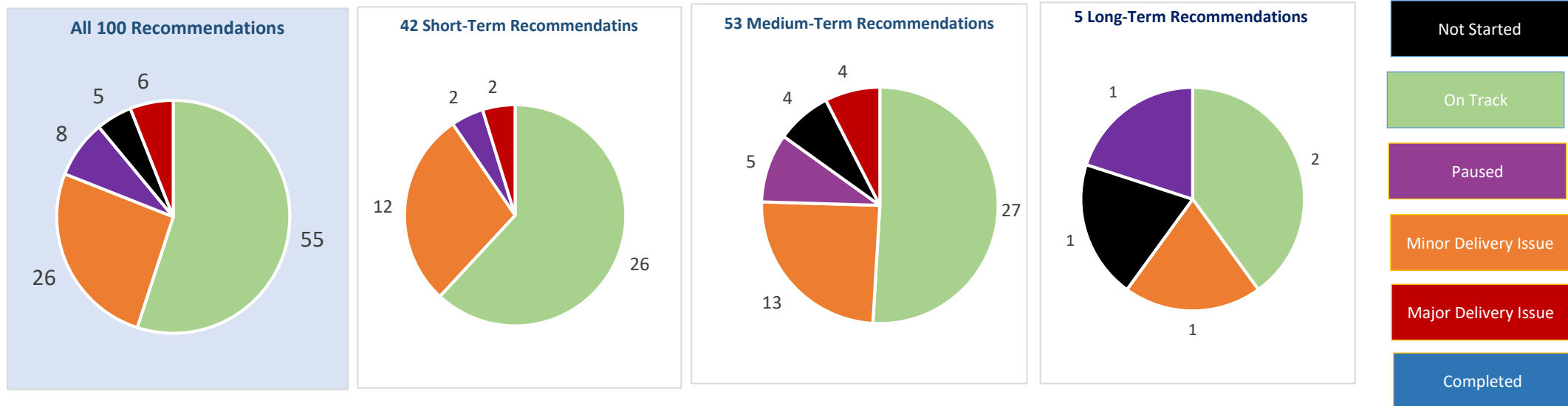
['Embedding Women's Mental Health in Sharing the Vision – a report by the Specialist Group on women's mental health'](#) was launched in Quarter 1, 2023, which represents a critical output of the work of the Women's Mental Health Specialist Group. In Quarter 2, 2023, work has been undertaken to develop a framework for embedding its recommendations in the StV Implementation Plan.

As much of the work of this Specialist Group has been completed, as detailed in the relevant terms of reference of the group, in Quarter 3, 2023, the NIMC will examine the need for the continuation of this group, in light of the potential closure of recommendation 3 of the policy (which is directly aligned with the work of this group).

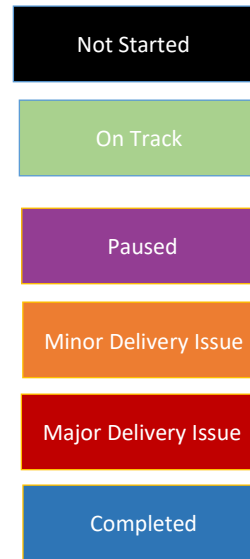
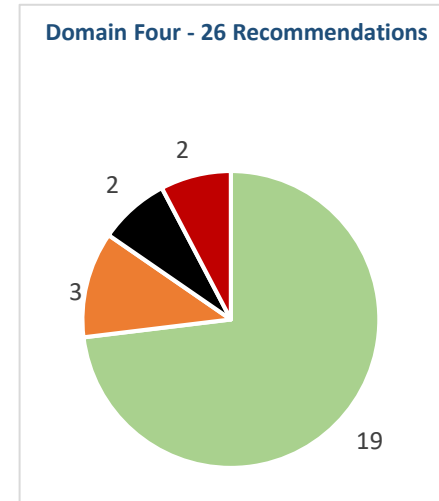
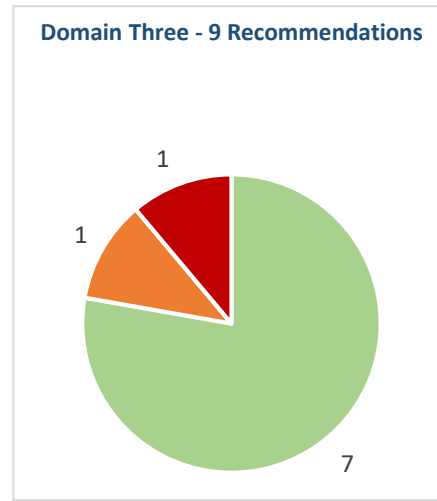
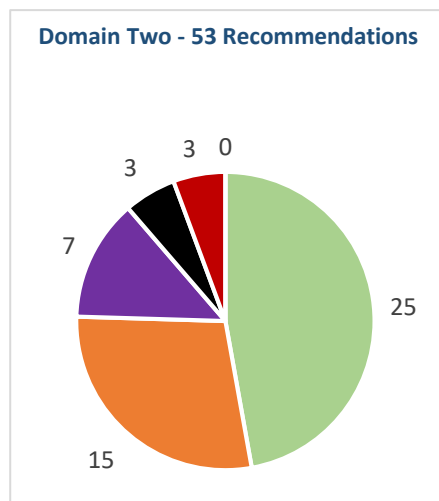
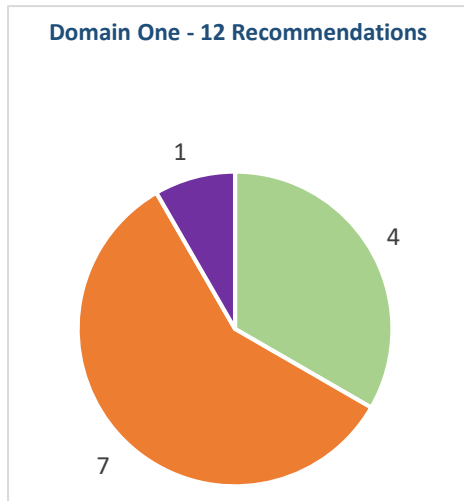
High Level Recommendation Status Summary

In Quarter 2, 2023, implementation leads have indicated the status of their relevant recommendations as illustrated below, based on the timeframe for completion and domain respectively:

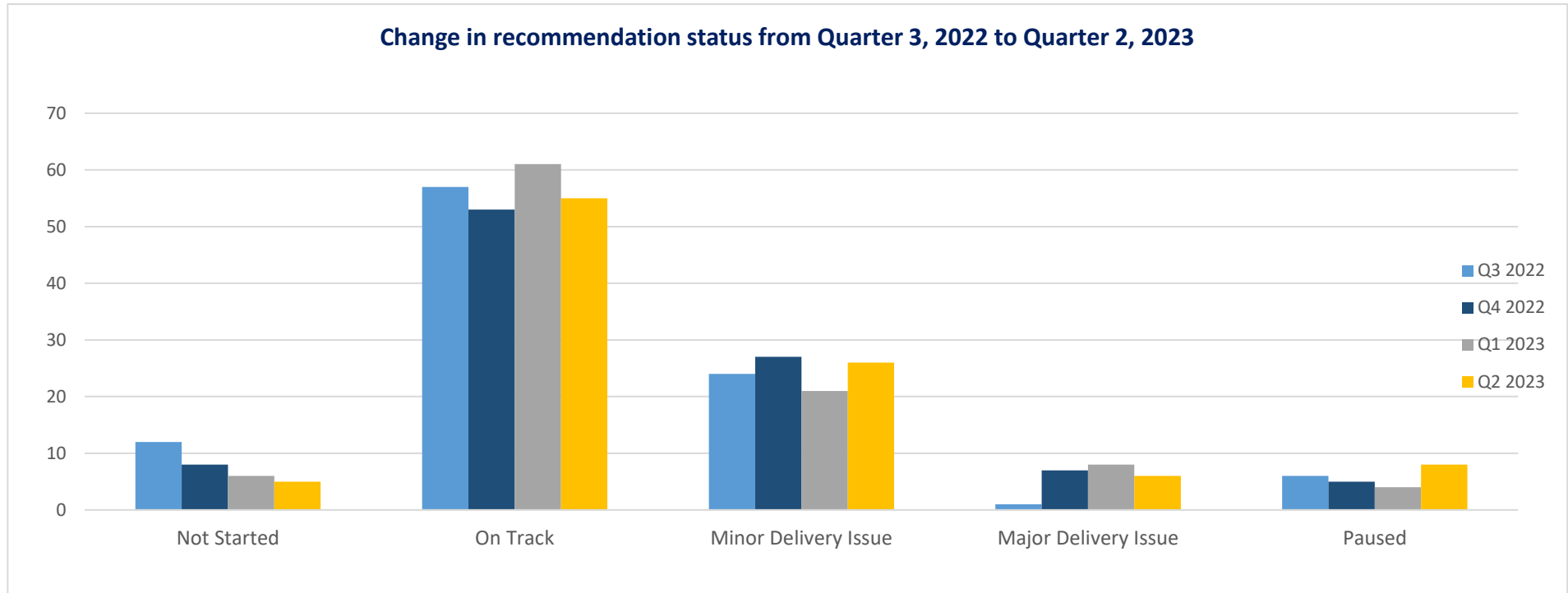
Recommendation Status by Timeframe



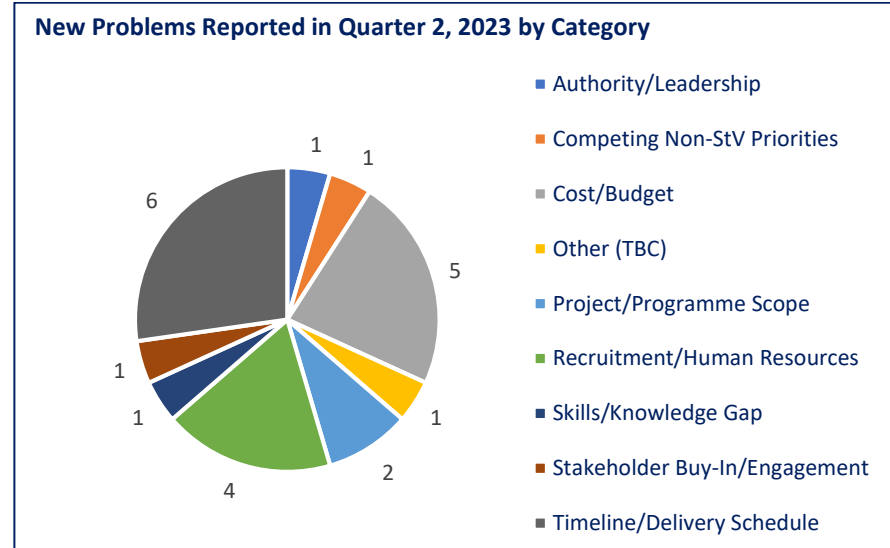
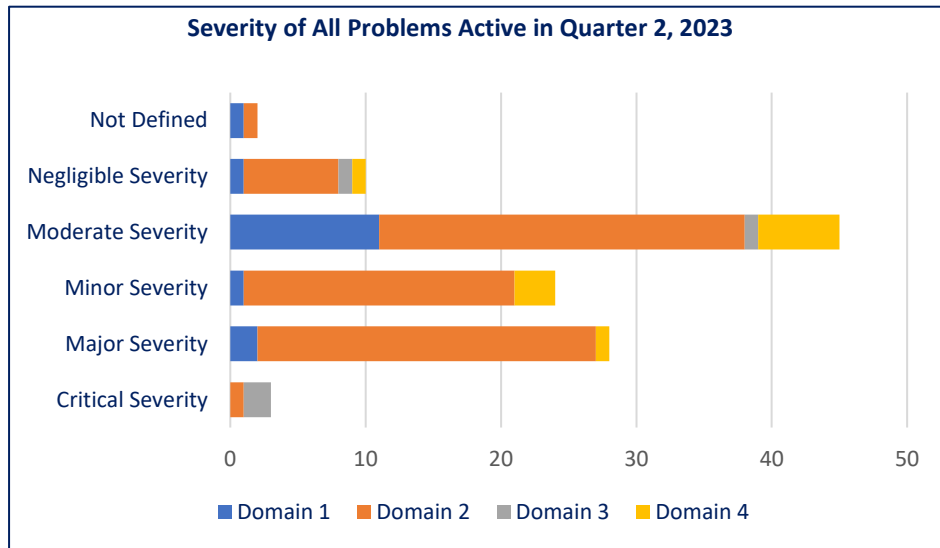
Recommendation Status by Domain



High Level Recommendation Status Summary



Reported Problems



Information provided by implementation leads show that 68% of all new problems reported in Quarter 2, 2023, related to either Delivery Schedule, Cost/Budget and Recruitment/Human Resources.



Sharing the Vision

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Section 3

Highlights Report on StV Recommendations for Domain 4

Recommendations Overview, Domain 4 – Accountability and Continuous Improvement

26 Recommendations

The StV Programme has a number of outcomes linked to each domain. The outcomes for Domain 4, and the recommendations they are aligned to, are as follows:

Thematic Groups:	Government and State Agency Support	Quality Assurance Frameworks	Mental Health Planning	Mental Health Engagement and Recovery
Outcomes	4a: Mental health is embedded as a national cross-cutting priority that is effectively integrated into the key policies and settings in society. 4b: Dynamic performance reporting provides visibility of the performance and impact of <i>Sharing the Vision</i> . 4c: Services that deliver consistently high-quality person-centred supports that meet the needs and have the confidence of service users and family and carer supports. 4d: Continuous improvement is future-focused and driven by adequately resourced innovation across the mental health system and related sectors			
	4a, 4b, 4c, 4d	4b, 4c	4a, 4d	4b, 4c
Recommendation	77, 87, 90, 91, 92, 99, 100	79, 80, 81, 82, 83, 84, 88, 89	75, 76, 85, 86, 94, 95, 96, 98	78, 97

- **Background**
- **Detailed Highlight Report**
- **Recommendations at a Glance**
- **Progress Achieved**
- **Emerging Developments**
- **Problems & Mitigation Plans**

Recommendations Overview, Domain 4 – Accountability and Continuous Improvement

Background

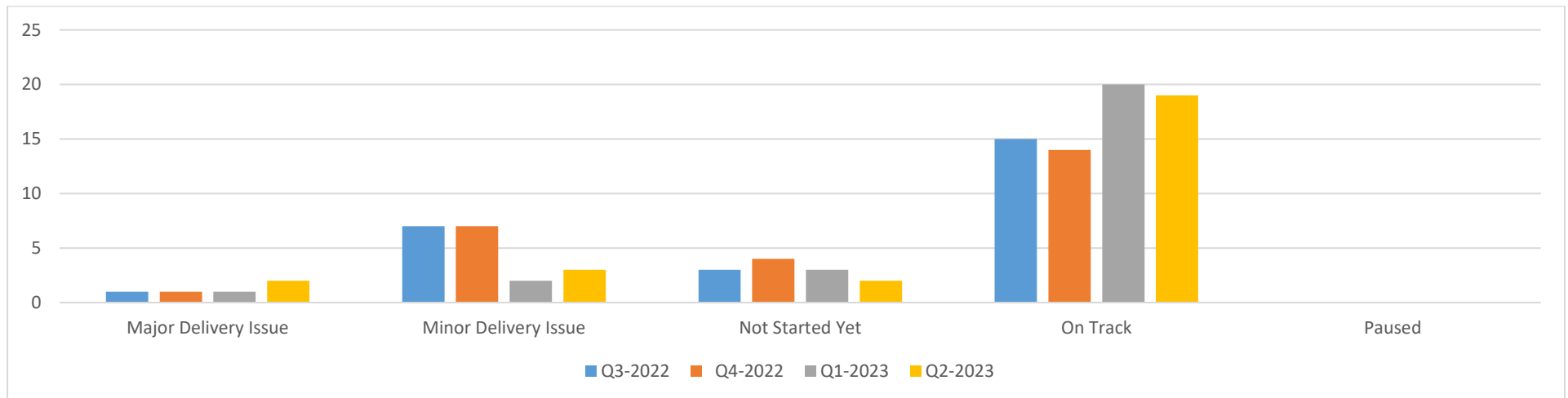
In Domain 4, the policy recommendations focus on the following areas:

- Governance, leadership and organisation of services in line with Sláintecare.
- Meeting standards in quality frameworks and best practice guidance.
- Aligning and embedding other cross-cutting policies, frameworks and ways of working across mental health services for better service user outcomes.
- Patient safety.
- Improved use of systems for managing service information, measuring performance and improving services.
- Physical infrastructure for mental health services.
- Ongoing research and the development of innovations.

Recommendations Overview, Domain 4 – Accountability and Continuous Improvement

Recommendation Status at a Glance

Change in overall status of recommendations in Domain 4 over the last 12 months:



Recommendations Overview, Domain 4 – Accountability and Continuous Improvement

Progress Achieved

The [National Housing Strategy for Disabled People 2022-2027 Implementation Plan](#) was launched ([Executive summary and Easy-to-read versions available here](#)). An implementation monitoring structure and work plan, taking account of relevant multi-departmental initiatives, was progressed in Quarter 2, with good mental health (including Mental Health Reform) and StV representation. [Progress continues to be recorded and reported in housing people with mental health difficulties under the Strategy](#). Returns from local authorities indicate that in 2022, 2,472 disabled households were allocated social housing (representing 15% of the total number of dwellings allocated) and of these 695 were households who had indicated that their housing need was related to mental health.

(Recommendation #66)

The Mental Health Commission (MHC) has updated its [National Quality Framework](#), which aligns with the ambition and outcomes set out in StV. To assist service providers, the MHC has facilitated webinars and produced a self-appraisal toolkit so that services can determine if they have attained the standards and criteria set out in the framework and to establish a programme of continuous improvement. Separately, the most appropriate approach for a review of the [HSEs best practice guidance for mental health services](#) is being considered, including resource requirements.

(Recommendation #83)

Progress has been made on the rollout of the [Integrated Finance Management System](#) (IFMS), which, when fully implemented, will enable enhanced reporting on mental health expenditure across service areas. In Quarter 2, cost centres were set up and verified (including those for mental health services), and quality assurance testing of the new software was undertaken. Mental health staff have completed training modules in preparation for the rollout of IFMS with further training planned for Quarter 3, 2023.

(Recommendation #85)

The [Integrated Community Case Management System](#) (ICCMS) is progressing through the [Digital Government Oversight Unit](#) (DGOU) governance arrangements and is on track against agreed milestones for its implementation. Procurement documentation has been approved by DGOU and the Peer Review Group and is ready for publication on eTenders in Quarter 3, 2023.

(Recommendation #86)

The [HSEs National Office for Human Rights and Equality](#) and Mental Health Operations have secured a number of places on the Assisted Decision-Making mentoring programme for mental health staff. Mental Health Operations has engaged with CHO Heads of Service – Mental Health to identify nominees for this mentoring programme and to promote the training programme on [HSELand](#) also available to mental health staff.

(Recommendation #88)

Seven CHOs have piloted a new guidance document 'Using the HSE Incident Management Framework to Review Deaths Reported as Suspected Suicide within the Community Mental Health Setting, A Guide for Staff'. The pilot programme was supported by a training webinar for participating CHOs, hosted by the HSE's Quality and Patient Safety (QPS) function and Community Operations, who also supported teams throughout the pilot phase. Feedback on the use of the guide will be gathered via an online survey and analysed in Quarter 3, 2023.

(Recommendation #91)

An Expert Group was established by the Health Research Board (HRB), tasked with the development of a [National Population Mental Health and Mental Health Services Research and Evaluation Strategy](#). The group includes members of the StV Reference Group and other experts in the field. Enhanced investment in mental health research was secured in Budget 2023, totalling €1.2m through the HRB, to align with StV policy priorities. This new funding has enabled five associated funded [mental health research](#) projects to be [selected by the HRB, and they are ongoing](#).

(Recommendation #93)

An Interim Capital Planning Working Group for Mental Health Services was established in Quarter 2, 2023, chaired by the Assistant National Director for Change Planning and Delivery - Mental Health and Disability Services. The group comprises members from Mental Health Operations, National HSE Estates and Change and Innovation. In Quarter 2, 2023, work was undertaken to assess current and future planned capital investment to ensure regulatory compliance.

(Recommendation #98)

Recommendations Overview, Domain 4 – Accountability and Continuous Improvement

Emerging Developments

Research is underway to develop appropriate performance indicators aligned to StV outcomes. The first phase of the [research project](#) was undertaken by the Health Research Board, on behalf of the Department of Health (DoH) in Quarter 2, 2023, with initial findings to be presented to the DoH in Quarter 3, 2023. These findings will contribute to the development of outcome specific performance indicators for the 2025 – 2027 StV Implementation Plan, building on outputs from the current 2022 - 2024 Implementation Plan and aligned with the [Health System Performance Assessment framework](#).

(Recommendation #77)

Facilitated by the HSE's Mental Health Engagement and Recovery (MHER) Office, a working group has been stood up to assess the most effective approach for introducing regular service user, carer and family member surveys. Contact has been made with the [National Care Experience Programme](#) and the MHC to ensure this work is aligned with other methods of gaining service user feedback and that duplication is avoided.

(Recommendation #78)

Under the [National Open Disclosure Programme](#), a mapping of mental health services has commenced in order to assess policy compliance. This will incorporate monitoring of [Open Disclosure training](#) uptake within mental health services through HSE Learning and Development (HSELand). Another objective of this process is to develop a tool to evaluate patient experience following open disclosure of patient safety incidents and this work will continue into Quarter 4, 2023.

(Recommendation #80)

The *Your Service Your Say* leaflet has been updated based on feedback collated through the Complaints Managers Governance and Learning Forum and comments from service user surveys. The content of the leaflet has been approved by [National Adult Literacy Agency](#) to ensure that it conforms to easy reading and plain English formats. It is intended that this leaflet will be utilised to educate users of mental health services, and beyond, about the process for giving feedback, including complaints, to the HSE. The leaflet is presently being finalised and will be sent for print in Quarter 3, 2023.

(Recommendation #81)

The work plan for ensuring that the principles set out in the [National Healthcare Charter](#) are embedded in all mental health service delivery has been reviewed. This policy recommendation will now be achieved through the implementation of the new [Mental Health Engagement and Recovery \(MHER\) Strategic Plan 2023 - 2026](#). The decision to amend the delivery approach is based on the following:

- The engagement principles in the MHER strategic plan align, replicate and expand on the Healthcare Charter principles.
- The engagement principles have been developed post-publication of the StV policy and are specific to mental health services.
- Each CHO has a recovery lead whose responsibility will be to embed the strategy, and its principles, across mental health services.

- Work is ongoing to progress deployment of the MHER strategic plan to CHOs.

(Recommendation #82)

The Mental Health Commission (MHC) has developed a self-assessment and audit tool to support implementation of the National Quality Framework, which is available to all providers in both a paper and electronic format. Compliance with the [Judgement Support Framework](#) is reflected in the individual inspection reports and the MHC's annual report.

(Recommendation #84)

As part of the procurement process for the Integrated Community Case Management System (ICCMS) programme, the Programme Evaluation Group has been engaged in developing Stage 2 – 'Invitation to Participate in Dialogue' documentation. Recruitment of a Programme Director and Nursing Clinical Lead is also underway to further enhance programme capacity.

(Recommendation #86)

Implementation structures to include a Steering Committee have been stood up to drive implementation and monitoring of recommendations within the [Final Report of the High Level Task Force to consider the mental health and addiction challenges of those who come into contact with the Criminal Justice Sector](#). Progress has been made on mapping and reporting processes, with stakeholder and external agency input incorporated, with a view to improving mental health supports to people engaging with the criminal justice system.

(Recommendation #87)

Continued progress is being made on the production of [Self-Harm Assessment and Data Analysis \(SADA\)](#). This work will help ensure health services can effectively respond to suicide and self-harm in the community. The Department of Justice, the Irish Prison Service and the Central Statistics Office Liaison Group all reported progress, with the National Office for Suicide Prevention (NOSP) continuing to fulfil an important guidance and support function in the refinement of suicide statistics through engagement with these and other research bodies. This work closely aligns with the implementation of [Connecting for Life, Ireland's suicide and self-harm reduction strategy](#).

(Recommendation #90)

Extensive progress has been made in Quarter 2, 2023 in progressing the Mental Health Bill in time for the autumn legislative session. While there remains uncertainty in relation to timelines overall, these are outside of the immediate control of the Department of Health (DoH) and resources are being dedicated between the DoH, the Office of Parliamentary Council and the Attorney General's Office to ensure that every support is given towards achieving timeline objectives.

(Recommendation #92)

A working group has been stood up to prepare a plan for how mental health services can make use of other non-mental health community-based facilities, which are fit for purpose, to facilitate community involvement and support the implementation of StV outcomes. This work will be aligned with the delivery

of StV recommendation 30, which will involve a mapping of current practice and locations of sessional contacts by Community Mental Health Teams. This mapping exercise will provide initial insights into how teams are engaging service users in existing mental health settings, other health settings and community settings.

(Recommendation #97)

Work was undertaken in Quarter 2, 2023, to assess current and future planned capital investment to ensure regulatory compliance. Findings will be summarised in a report, which will capture each facility's progress in establishing a costed, funded and timed investment plan, and provide a detailed set of actions and associated expenditures for both immediate and future works on a facility-by-facility basis.

(Recommendation #98)

As the [National Implementation and Monitoring Committee \(NIMC\)](#) approaches the end of its first term (2021-2023), work is ongoing to plan for a second term from 2024. In addition to this, extensive and detailed work was carried out by the NIMC, HIG and Reference Group secretariats to enhance communication and engagement between these structures in conjunction with and in between the quarterly reporting cycles. A number of actions were agreed, including a series of detailed information sessions on implementation plans, which will commence in Quarter 3, 2023. Preparatory work is also underway in relation to a potential independent process review of the [NIMC, which will continue in Quarter 3, 2023](#)

(Recommendation #99)

Recommendations Overview, Domain 4 – Accountability and Continuous Improvement

Problems

There is a requirement to update the existing [HSE safeguarding policy](#) as it references 'the social care division' and excludes mental health. The timeline for publication of a revised safeguarding policy that will incorporate mental health is yet to be confirmed and this represents a challenge in terms of achieving the intended outcome for this recommendation within the assigned timeframe. In order to mitigate this implementation problem, Mental Health Operations is exploring alternative methods to progress safeguarding across mental health services, including:

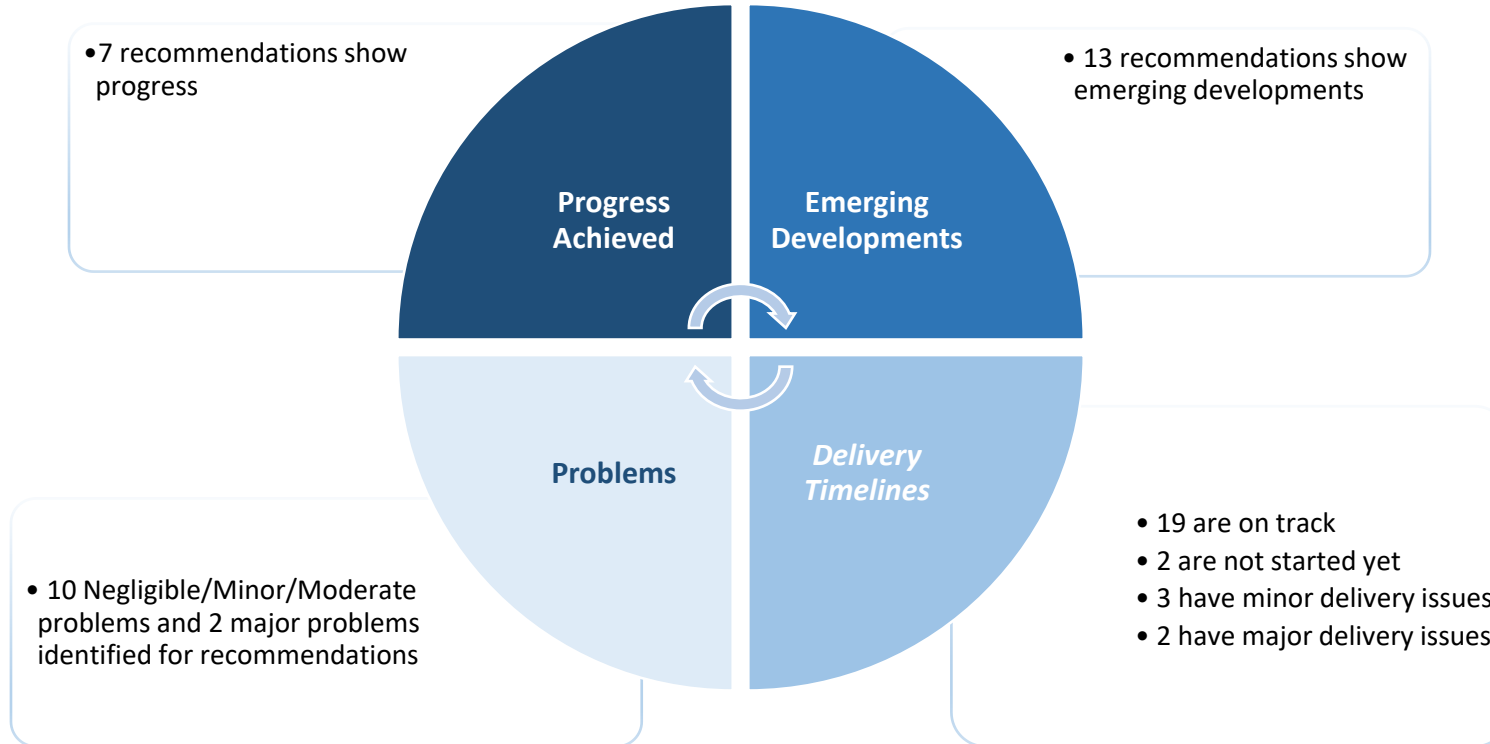
- Promoting mechanisms for reporting safeguarding issues and awareness of some of the signs and indicators of abuse to look for.
- Encouraging local engagement between mental health services and safeguarding teams.
- Promoting the uptake of safeguarding training for mental health staff.
- Working with the colleagues in South East Community Healthcare to assess the feasibility of offering a locally developed safeguarding programme across all nine CHOs.

(Recommendation #89)

Recommendation 100 seeks to ensure the delivery of specialist mental health medical training for GPs and psychiatrists, including through a joint review of the two specialist training programmes by the College of Psychiatrists of Ireland and the Irish College of General Practitioners to develop an exemplar model of mental health medical training and integrated care. While this recommendation is now subject to timeline issues, there remained positive progress from an operational and implementation perspective in Quarter 2, 2023. Alignment with the review schedule for relevant training programmes is a challenge. However, the DoH and the HSE National Clinical Advisor and Group Lead (NCAGL) for Mental Health are planning a series of meetings and actions in Quarter 3, 2023, to bring this recommendation forward. Progress was made in the development of relevant training outputs, such as Skills Training on Risk Management (STORM) for Suicide Prevention and Self-Harm Mitigation for GP Trainees.

(Recommendation #100)

Domain 4 - Summary Health Status





Sharing the Vision

A Mental Health Policy for Everyone

Appendix A
HSE StV New Service
Developments
Quarter 2, 2023

Executive Summary – National Service Plan (NSP)

New Posts Quarter 2, 2023 Update – *Sharing the Vision Recommendations*

- The HSE approved the release of 303.7 previously held programme for government (PFG) posts for recruitment in 2021, alongside planned recruitment of an additional 155.4 posts under new developments in 2021 and 325 posts for new developments in 2022, providing for an additional 784.1 staff across services.
- Significant progress continued in Quarter 2, 2023 in the recruitment of staff, with 459.5 in place, and the remaining 324.7 posts at various stages in the recruitment process.
- Total Mental Health Workforce increased by 68 WTE (Whole Time Equivalents) in Quarter 2, 2023, to 10,656 WTE in June 2023. This equates to a total number of people (headcount) of 11,738, an increase of 43 in the past quarter.
- Services are experiencing a range of social, environmental and service impacts that are significantly increasing the demand for services and for a qualified healthcare workforce, while simultaneously managing a tightening of the supply of this workforce in local and international markets.
- The HSE Recruitment, Reform and Resourcing (RRR) Programme was established in June 2022 to address these challenges. Following extensive engagement with services, the [HSE Resourcing Strategy](#) was launched in June 2023.
- The Resourcing Strategy introduces a focused capacity to grow our workforce and support our services to meet projected workforce demand while ensuring that staff are enabled to work to maximise delivery of healthcare services.
- The Recruitment Operating Model, under the umbrella of the Recruitment, Reform and Resourcing Programme, works to reduce the time it takes to recruit and to bring the selection decisions and control closer to the services.
- In 2023 there will also be a shared focus on retaining our existing workforce, as well as expanding through recruitment capacity and recruitment planning utilising the devolved Recruitment Operating Model.

National Service Plan – Quarter 2, 2023

Programme for Government Funding	⁴ Overall WTEs	⁶ Staff recruited to date Q2, 2023	Posts in process for recruitment e.g. advertising underway
National Service Plan Commitments associated with Programme for Government Funding 2022 • Further investment in all developments outlined under NSP 2021	325	145.3	179.7
National Service Plan Commitments associated with Programme for Government Funding 2021 <ul style="list-style-type: none"> • Clinical Programmes (R 50,51, 57) • CAMHS Hubs (R 35) • Crisis Resolution Services (R 24, 40) • Individual Placement Service (R 71) • Recovery Education Programme (R 29) • Community Mental Health Teams (including Peer support) (R 32, 33, 34) 	155.4	106.8	48.6
⁵ Programme for Government Funding 2013-2019 (posts released to system 2021)	303.7	207.4	96.4
	784.1	459.5 (Q1: 423.4)	324.7 (Q1: 360.8)

⁴All posts are new and additional and **not** replacement

⁵The HSE approved the release of 303.7 previously held PFG posts for recruitment in December 2020 of which 207.4 posts are filled as of May 2023. An additional 155.4 posts were allocated as PFG 2021 of which 106.8 posts are filled as of May 2023

⁶Recruited means "in post" R= StV recommendation WTE = Whole Time Equivalents

Summary Developments under NSP 2021/22 - Quarter 2, 2023 Update

NSP Initiative Area	Recommendation	Quarter 2, 2023 Update
<p>Mental Health Clinical Programmes - Continue to progress development and implementation of the agreed clinical programmes and new models of care- Mental Health Intellectual Disabilities, Early Intervention in Psychosis and pilot site development for Dual Diagnosis</p>	<p>50, 51, 57</p>	<ul style="list-style-type: none"> • <u>Mental health services for people with an intellectual disability (MHID)</u>: There is ongoing engagement with CHOs to ensure that all possible steps are undertaken in terms of recruitment to strengthen existing MHID community teams. In Quarter 2, 2023, significant progress was made with 41 out of 54 funded posts now filled. • The National Placement Oversight and Review Team (NPORT) continues to work with people with intellectual disabilities who have complex needs and are reviewing day service provision and day opportunities. There is MHID representation on the Acute Bed Capacity Specialist Group. • There is an ongoing collaborative project with the College of Psychiatry of Ireland and the disability division with a focus on service and quality improvement. As part of this work, an event took place 8/6/23 in the Ashling Hotel (Dublin), with over 200 attendees in person and virtually. • <u>Dual Diagnosis</u>: The Model of Care for Dual Diagnosis was launched 23/05/23 by Ministers Butler and Naughton. Three initial sites are currently being established; adult teams in CHO 3 and 4, and adolescent team in CHO 9. A National Dual Diagnosis Unit has been identified and work is underway with CHO 9 and the DoH to progress this. • Development of dual diagnosis training is progressing well, both within the HSE, and with Voluntary & Community Sector and academic partners. In collaboration with CHOs and HSE-funded agencies, an Irish adaptation of the Seeking Safety programme is developing at pace with an initial focus on women with dual diagnosis who also have complex trauma histories.

		<ul style="list-style-type: none"> All key performance indicators agreed with the Department of Health have been achieved. Work with the Health Research Board is underway to enhance the system to include dual diagnosis.
Individual Placement Service- Mainstream implementation of the individual placement and support programme	71	<ul style="list-style-type: none"> Individual Placement Service (IPS) posts mainstreamed as of July 2021 in line with the National Service Plan Funding was secured in Programme for Government 2022 to further expand IPS services.
Digital Developments- Implement agreed eMental health digital responses	2, 31	<ul style="list-style-type: none"> Work continues to progress on the development of a layered care model for delivery of digital mental health services. This will be published by the Digital Mental Health Specialist Group under StV as a national action plan guiding activity in 2023 and 2024. In parallel, a longer term national digital mental health strategy is being developed to cover actions from 2024 – 2030. The national public mental health literacy campaign, 'Making the Connections' is being further developed with a focus on a personalised support tool with the working title '<i>Mind Plan</i>' which is due for launch in Quarter 3, 2023 (StV recommendation 2). Guided online Cognitive Behaviour Therapy (CBT) has been mainstreamed following the agreement of a three-year contract for services with Silvercloud and in Quarter 2, 2023 the service averaged 1,000 referrals per month with an activation rate of just over 60% (i.e. referred clients signing up and beginning the programme). A workshop was held with referrers in Quarter 2 to help improve understanding of the programme and its suitability for different types of clients as part of a strategy to improve activation rates. Mental health outcome, measured by the PHQ-9 and GAD-7, remains very positive (StV recommendation 31).

NSP Initiative Area	Recommendation	Quarter 2, 2023 Update
<p>CAMHS Hubs - Progress the development of three CAMHS telehealth hubs to increase the provision of accessible care across multiple community healthcare areas, reducing waiting lists and managing projected new referrals.</p>	<p>35</p>	<ul style="list-style-type: none"> • Standard Operating Procedure complete • Model of Care for CAMHS Hubs approved and expected published in Quarter 3, 2023 • Recruitment of CAMHS Hubs Teams progressing with 2 pilot sites complete, and 3 sites in process • Pilot Site implementation teams established • Pilot Site implementation plans in process • Monitoring and Evaluation Tender live • Monitoring and Evaluation Tender process complete.
<p>Crisis Resolution Services (Team and Café) - Progress the development of crisis resolution services as part of a phased development plan in line with Sharing the Vision, to implement alternatives to acute inpatient care and ED presentations through integrated care</p>	<p>24, 40</p>	<ul style="list-style-type: none"> • Standard Operating Procedure complete • Model of Care for Crisis Resolution Services launched May 2023 • Monitoring and Evaluation Tender process at final phase • Three Crisis Resolution Teams pilot sites operational (CHO 1, CHO 4 and CHO 6) with a fourth site due to operationalise Quarter 3, 2023 (CHO 5) • Recruitment of Crisis Resolution Teams progressing across remaining two sites (CHO 3 and CHO 5)

		<ul style="list-style-type: none"> • Standardised Cafe recruitment packs developed • CHO 4 Community Partner Café staff recruited. CHO 1, 3 and 5 working on the identification of community partner. CHO 6 has identified partner and working on leasing agreement for cafe location. Once confirmed, CHO 6 will begin staff recruitment. • Branding identity of Café complete- Solace Cafe
Expansion of Community Mental Health Teams Continue development of CAMHS and adult mental health teams in line with implementation priorities under Sharing the Vision	25	<ul style="list-style-type: none"> • Recruitment continues across CHO areas with progress made across posts • The HSEs Mental Health Integrated Care Team is working closely with CHO areas to monitor recruitment progress



Sharing the Vision

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Everyone

Appendix B

Quarter 2, 2023

Recommendation updates

Status Key	On Track	Minor Delivery Issue	Major Delivery Issue	Paused	Not Started Yet	Completed
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Domain 1 | Promotion, Prevention and Early Intervention

	Recommendation	Quarter 2, 2023 Update	Owner	Current status
1 Short	Healthy Ireland already has a remit for improved mental health and wellbeing. To further strengthen this, a dedicated National Mental Health Promotion Plan should be developed and overseen within Healthy Ireland implementation frameworks, with appropriate resourcing. The plan should be based on the principles and scope described in Chapter 2 of Sharing the Vision.	University of Galway have finalised a report on the development of the National Mental Health Promotion Plan, which is awaiting sign off by the Oversight Group. This report provides a comprehensive review of international research and best practice in mental health promotion. Following this, the national plan will be drafted (Q3/Q4 2023), with Oversight Group governance. The minor delivery issue is related to the requirement to obtain additional resources to complete the plan, which the Department of Health is seeking to identify in Quarter 3, 2023. The Oversight Group has broad stakeholder membership including lived experience.	DoH Health and Wellbeing Unit	Minor Delivery Issue
2 Medium	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.	Through the Digital Specialist Group, work is underway to draft a short-term Digital Mental Health Action Plan, which aims to improve the management and delivery of existing digital mental health services, and to put in place the foundations for future digital mental health developments. This action plan will be complemented by a longer-term strategy, which will cover the period from the end of the action plan to 2030. To inform this work, a sub-group of the Specialist Group has in Quarter 2, 2023, conducted a gap analysis of existing HSE and	HSE Mental Health Integrated Care Team	On Track

		<p>HSE-funded digital mental health offerings, as well as of current structures, stakeholders and decision-making in the area of digital mental health.</p> <p>Mental Health Reform and HSE Mental Health Engagement and Recovery are collaborating on the development of a report titled 'Digital Inclusion and Access to Mental Health Services'. The contents of the report, including any recommendations, will be used to inform the further implementation of this recommendation.</p> <p>Review and improvement of yourmentalhealth.ie is taking place, with a particular focus on the sections dealing with mental health services and supports. This will make information about services and supports easier to access and navigate, with clearer pathways to the right support for an individual who is help-seeking.</p>		
3 Short	<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</p>	<p>In March 2023, the Minister for Health launched Embedding Women's Mental Health in Sharing the Vision – a report by the specialist group on the National Implementation Monitoring Committee (NIMC) Specialist Group on women's mental health. The report has recommended the embedding in Sharing the Vision – Ireland's mental health policy - of Ireland's first ever Women's Mental Health Charter to enshrine and enhance the provision of mental health services and supports for women and girls in Ireland. It is envisaged that all health services would commit</p>	<p>DoH</p> <p>Women's Health Taskforce</p>	<p>On Track</p> <p>For Closure Pending NIMC Approval</p>

	sufficiently addressed in the implementation of policy.	<p>to the Charter in order to strengthen gender awareness and ensure that women experience an inclusive, supportive and effective mental health service that meets their needs.</p> <p>Embedding Women’s Mental Health in Sharing the Vision was a joint project between the NIMC and the Department of Health Women’s Health Taskforce. Recommendation 3 of Sharing the Vision states that both groups would undertake a joint project to outline an effective approach to the mental health of women and girls, ensuring that mental health priorities and services are gender-sensitive and that women’s mental health is specifically and sufficiently addressed in the implementation of the Sharing the Vision policy. This project is now complete with the publication of the report.</p>		
4 Short	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.	Building on Stronger Together – The HSE Mental Health Promotion Plan 2022 – 2027 work was undertaken with CHO 3 and 7 to develop local implementation plans and examine capacity within Health Promotion Teams to deliver the plan.	HSE Health and Wellbeing	On Track
5 Medium	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	Unable to advance planned milestones a result of capacity constraints within the implementation team.	HSE Health and Wellbeing	Minor Delivery Issue

	National Mental Health Promotion Plan.			
6 Short	The proposed National Mental Health Promotion Plan and the existing work of Connecting for Life should incorporate targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups.	University of Galway have finalised a report on the development of the National Mental Health Promotion Plan which is awaiting sign off by the oversight group. The mental health promotion and prevention needs of priority groups are examined in this draft report. Following this, the national plan will be drafted, with Oversight Group governance. The minor delivery issue is related to the requirement to obtain additional resources to complete the plan, which the Department is seeking to identify in Q3 2023. The Oversight Group has broad stakeholder membership including lived experience.	DoH Health and Wellbeing Unit	Minor Delivery Issue
7 Medium	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.	This recommendation is paused, while further discovery is undertaken. This will decide if this will primarily be an anti-stigma reduction campaign or an extensive anti-stigma programme, focusing on the wider social determinants of mental health, such as housing, education, access to employment etc. As part of this discovery work, an engagement took place 19/04/23 with colleagues in the Australian Mental Health Commission, which will help inform the recommended approach.	HSE Mental Health Operations	Paused

<p>8 Medium</p>	<p>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).</p>	<p>Work continues to ensure outcomes-focused working in line with the <i>HSE National Policy on Access to Services for Children and Young People with Disability and Developmental Delay</i>, access here, including ongoing promotion of Individual Family Service Plans through Children’s Disability Network Teams (CDNT); services for children with complex needs, including those impacted by Adverse Childhood Experiences. Where more than one HSE service is involved this is coordinated in line with the <i>Joint Working Protocol Primary Care, Disability and Child and Adolescent Mental Health Services</i>, access here; of assistance. When appropriate, referral can be made to an Integrated Children’s Services Forum to meet and discuss individual children whose needs are not clear or who require some level of joint assessment or intervention, and non-HSE staff involved with the family may be invited to the forum. Challenges are faced with recruitment and retention in CDNT.</p> <p>Early intervention programmes continue through the What Works Programme as per previous updates.</p> <p>An issue remains for identifying the most appropriate person from National Disability Operations to join the StV Children and Young Person Workstream, due to recruitment challenges.</p>	<p>HSE Disabilities</p> <p>HSE Primary Care Operations via the Integrated Children’s Services Forum</p>	<p>Minor Delivery Issue</p>
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<p>9 Medium</p>	<p>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</p>	<p>1) Training on a new eLearning Learning Management System (LMS) platform entitled 'Introducing a Trauma Informed Approach, the Stress Factor: Getting the Balance Right' was launched in March 2023 week to school leaders in 2 regions with the launch to all schools taking place after Easter. 190 staff fully completed the course to date.</p> <p>2) In May the Minister for Education announced that a programme of counselling and mental health supports will be piloted in a series of primary schools from September 2023. There are two strands in the pilot. In the first strand primary schools in counties Cavan, Laois, Leitrim, Longford, Mayo, Monaghan will be provided with an allocation of one-to-one counselling sessions</p> <p>Strand two of the significant pilot programme will see the establishment of a new type of support for clusters of primary schools in Dublin, Cork and Carlow, as well as the introduction of Education Wellbeing / Mental Health Practitioners who will work under the direction and supervision of the National Educational Psychological Service (NEPS).</p>	<p>Department of Education</p>	<p>On Track</p>
<p>10 Medium</p>	<p>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, general</p>	<p>Further meetings of the group took place. It was agreed that further scoping is required to ensure all services, including non-governmental organisations, are captured in the protocol.</p>	<p>Department of Education Department of Health</p>	<p>Minor Delivery Issue</p>

	practitioners (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			
11 Medium	The National Mental Health Promotion Plan integrated with the Healthy Workplace Framework should incorporate actions to enhance the mental health outcomes of the working-age population through interventions aimed at mental health promotion in the workplace. This should consider environmental aspects of the working environment conducive to supporting positive mental health and wellbeing.	The Healthy Workplace website was launched in May 2023 which includes mental health as one of the highlighted wellbeing areas.	Department of Health Healthy Ireland	Minor Delivery Issue
12 Short	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	Documents regarding the establishment of the Commission on Care have been drafted and are at advanced stages of completion. A note regarding the establishment of the Commission on Care has been circulated to the following departments: Department of the Taoiseach; Department of Finance; Department of Public Expenditure, NDP Delivery and Reform; Department of Social Protection; Department of Rural and Community Development; Department of Children, Equality, Disability, Integration and Youth; Department of Housing,	Older People Strategy Unit Department of Health	Minor Delivery Issue

		Local Government and Heritage; Department of Justice.		
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Domain 2 | Service access, Coordination and Continuity of care

	Recommendation	Quarter 2, 2023 Update	Owner	Current status
13 Short	Directories of information on VCS supports should be provided to staff working in primary care and CMHTs to ensure they are aware of and inform service users and FCS about all supports available including those from Voluntary and Community Sector organisations in the local area	Service details from non-governmental organisations (NGO) partners funded by HSE Mental Health have been shared with the National Office for Suicide Prevention (NOSP) for inclusion in the directory for GPs. Regular meetings with HSE Digital took place across Quarter 2 to identify gaps in online provision of information regarding community and primary care supports.	HSE Mental Health Integrated Care Team Primary Care	On Track
14 Medium	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	Monthly networking meetings continue with National Office for Suicide Prevention (NOSP) funded non-governmental organisations (NGOs). Request for tender for exchange house service evaluation completed. Quarterly reports detailing NGO specific implementation progress are available here .	HSE Mental Health Operations National Office for Suicide Prevention	On Track

<p>15 Short</p>	<p>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.</p>	<p>New e-learning module Social Prescribing for health professionals launched. Module is available on HSE Learning and Development (HSELandD).</p>	<p>HSE Health and Wellbeing</p>	<p>On Track</p>
<p>16 Medium</p>	<p>Access to a range of counselling supports and talk therapies in community/primary care should be available on the basis of identified need so that all individuals, across the lifespan, with a mild- to-moderate mental health difficulty can receive prompt access to accessible care through their GP/ Primary Care Centre. Counselling supports and talk therapies must be delivered by appropriately qualified and accredited professionals.</p>	<p>In collaboration with a multi-disciplinary working group, a mapping of current talk therapy offerings has been completed. Together with a review of recent evaluation reports into existing services, this will inform development of a principles paper for a layered care talk therapy service model. The development of this principles paper will involve meaningful engagement will service users, family members, staff, voluntary providers and all relevant stakeholders</p>	<p>HSE Primary Care</p>	<p>On Track</p>
<p>17 Short</p>	<p>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.</p>	<p>Overseen by a multi-disciplinary shared care working group, research has been commissioned to establish the evidence base and best practice examples of shared care between primary care and specialist mental health services, including implementation of the consultation - liaison model. This research is now underway and will include a review of Irish and internal literature, as well as the lived experience of staff, service users and family members. Once complete,</p>	<p>HSE Primary Care Mental Health Operations</p>	<p>On Track</p>

		findings will help inform recommendations 17 and 19.		
18 Short	An implementation plan should be developed for the remaining relevant recommendations in <i>Advancing the Shared Care Approach between Primary Care and Specialist Mental Health Services (2012)</i> in order to improve integration of care for individuals between primary care and mental health services in line with emerging models and plans for Community Health Networks and Teams.	Significant progress has been made on the implementation of the Advancing the shared care approach (2012) report, however, certain aspects are outdated and a number of recommendations have been incorporated into subsequent policy documents published since 2012, including StV. Led by a multi-disciplinary shared care working group, a draft shared care implementation plan has been developed, which presents a proposed road map to deliver outstanding relevant recommendations. This plan will reference the Integrated Community Case Management System (ICCMS) and access to shared care forms. Further engagement has taken place with proposed action owners, including CHOs, national clinical colleagues and the Enhanced Community Care Programme. This engagement will continue in Quarter 3 and will include focus groups with people with lived experience, with a view to finalise the implementation plan for consideration by NIMC.	HSE Primary Care Mental Health Operations	On Track
19 Short	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.	As recommendation 19 has a short-term timeframe, the initial priority is the development of a national shared physical health care and prescribing framework, which will support a consistent approach for the development of local protocols between service providers.	HSE Community Operations Primary Care Mental Health Operations	On Track

		<p>Led by a multi-disciplinary shared care working group, research has been commissioned to establish the evidence base and best practice examples of shared care between primary care and specialist mental health services, including implementation of shared care protocols and barriers/enablers for same. As outlined under the update for recommendation 17, this research is now underway and will include a review of Irish and international literature, as well as the lived experience of staff, service users and family members. Separately, the shared care working group is prioritising development of a proposal for a structured physical health programme in primary care for people with severe and enduring mental illness, including resource requirements. This proposal will be informed by learning from the implementation of chronic disease management programmes in primary care.</p>		
<p>20 (a) Medium</p>	<p>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 community mental health team where necessary. (ADHD Only)</p>	<p>Funding has been granted for a temporary post to support the office of the National Clinical and Group Lead (NCAGL) for mental health to develop a Model of Care for Children and young people with ADHD in line with this recommendation. A potential internal candidate has been identified from within a CHO for the position, which the office for the NCAGL is has been progressing within the quarter.</p>	<p>HSE Primary Care Mental Health Operations Disabilities National Clinical Programmes</p>	<p>On Track</p>

<p>20 (b) Medium</p>	<p>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. (Autism Only)</p>	<p>Preparation for phase 2 of the piloting of an autism assessment and intervention protocol is underway:</p> <p>CHO 2 site visit – Presentation/Workshop with full pilot team and representatives on 14th June and 4th July</p> <ul style="list-style-type: none"> • CHO 4 site visit – Presentation/Workshop with full pilot team and representatives on 22nd June <p>* Protocol due to commence in second site in CHO2 in September 2023</p>	<p>HSE</p> <p>Primary Care</p> <p>Mental Health Operations</p> <p>Disabilities</p>	<p>Minor Delivery Issue</p>
<p>21 Medium</p>	<p>Dedicated community-based Addiction Service Teams should be developed/enhanced with psychiatry input, as required, and improved access to mental health supports in the community should be provided to individuals with co-existing low-level mental health and addiction problems.</p>	<p>As this complex recommendation will require an integrated response with input from a number of care groups, further discovery work has been undertaken to identify the most effective approach to its delivery, including alignment with the dual diagnosis clinical programme</p>	<p>HSE</p>	<p>Paused</p>
<p>22 Short</p>	<p>The provision of appropriate environments for those presenting at emergency departments who additionally require an emergency mental health assessment should be prioritised.</p>	<p>Building on the audit of assessment rooms in emergency departments (EDs), reports were crossed checked with data from each ED. An audit report is now being prepared for dissemination and publication. Emerging findings have been shared with the National Clinical Programme for Emergency Medicine. Engagement with individual hospitals where audit findings are of concern has commenced</p>	<p>HSE Acute Hospitals</p> <p>Department of Health</p> <p>Clinical Programmes (Self Harm)</p>	<p>Minor Delivery Issue</p>

<p>23 Medium</p>	<p>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.</p>	<p>a) No additional new posts were funded in 2023. They will now be re-submitted as part of 2024 estimates.</p> <p>b) A Clinical guidance document for the Suicide Crisis Assessment Nurse (SCAN) service has been approved by the National Clinical Programme for Self-Harm and Suicide Related Ideation (NCP SHI) Implementation Advisory Group (IAG) and is to be signed by the National Clinical Advisor and Group Lead (NCAGL) for Mental Health.</p> <p>c) STORM (training in suicide risk assessment and management skills for health care professionals and other front-line staff) was offered via the National Office for Suicide Prevention (NOSP) and is now completed. Online training seminars continue monthly.</p> <p>d) A group is meeting to draft peer clinical supervision guidelines.</p> <p>e) Meetings continue with CASTOR to reach agreement on use of this online platform in line with HSE requirements.</p> <p>NOSP have provided once-off funding for data support to the data manager for 6 months. The post has been filled via secondment arrangement with the National Suicide Research Foundation (NSRF).</p>	<p>HSE</p> <p>Clinical Programmes (Self Harm)</p>	<p>On Track</p>
<p>24 Short</p>	<p>Out-of-hours crisis cafes should be piloted and operated based on identified good practice. Such cafes should function as a partnership</p>	<p>Standard Operating Procedure complete</p> <p>Model of Care for Crisis Resolution Services launched May 2023</p>	<p>HSE</p> <p>Mental Health Integrated Care Team</p>	<p>On Track</p>

	between the HSE and other providers/organisations.	<p>Branding identity of Café complete- Solace Cafe</p> <p>CHO 4 Community Partner Café staff recruited. CHO 1, 3 and 5 working on the identification of community partner. CHO 6 has identified partner and working on leasing agreement for cafe location. Once confirmed, CHO 6 will begin staff recruitment. Staffing mix includes lived experience, community development/social/mental health professionals and volunteers (full staff breakdown listed in the Model of Care)</p> <p>Standardised Cafe recruitment packs developed</p> <p>Monitoring and Evaluation Tender process at final phase</p> <p>Pilot Site implementation teams established</p> <p>Pilot Site implementation plans in process</p> <p>CRS Community of Practice established</p> <p>CRS Data working group established</p>		
25 Medium	The multi-disciplinary CMHT as the cornerstone of service delivery in secondary care should be strengthened through the development and agreed implementation of a shared governance model.	Mandated by the HIG, a Mental Health Services Workstream was stood up in Quarter 2, 2023 and has met twice. This workstream is jointly chaired by the Head of Service for Mental Health in CHO 5 (nominated by the Heads of Service – Mental Health group) and the Head of Mental Health Operations. Additional core members have been identified, including CHO management, HSE Mental Health Planning, HSE Social Inclusion and subject matter expertise.	HSE MH Integrated Care Team	Not Started

		<p>Terms of Reference have been drafted and a delivery structure agreed, which will involve the standing up of four working groups:</p> <p>Operations: Recs # 28; 34; 41; 45.</p> <p>Governance: Recs # 25; 32; 33.</p> <p>Acute Bed Capacity: Recs # 46; 47.</p> <p>Services: Recs # 49; 58; 59.</p>		
<p>26</p> <p>Medium</p>	<p>CMHTs' outreach and liaison activities with VCS partners in the local community should be enhanced to help create a connected network of appropriate supports for each service user and their FCS.</p>	<p>As part of the Mental Health Engagement and Recovery Workstream, a working group was stood up in Quarter 1, 2023, to advance this recommendation and has since met four times. In Quarter 2, 2023 the working group identified the key milestone activity for 2023 as the publications of guidance on how community mental health teams and community and voluntary sector organisations can work in partnership to support people who needs mental health services in the right place at the right time. This is broken down into four tasks to be achieved by April 2024:</p> <ol style="list-style-type: none"> 1) Develop Draft Guidance (June 2023) 2) Consultations with stakeholders to gather feedback and inputs (Sept 2023) 3) Pilot guidance in one CHO (Feb 2024) 4) Finalise guidance following piloting (April 2024). 	<p>HSE</p> <p>Mental Health Engagement and Recovery</p>	<p>On Track</p>

<p>27 Medium</p>	<p>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.</p>	<p>An invitation was sent to the Mental Health Commission for representation on the working group stood up to progress this recommendation. The working group is progressing two work strands:</p> <p>1) Development of a national policy on co-production which will endorse a practice to support the process for recovery focused care planning and</p> <p>2) Review of a selection of individual care plan training offerings available within services. Community Healthcare East provided permission to refer to and utilise their new co-production policy to assist the national work. A request was also sent to all CHO areas via the Nurse Development Officers for samples of training available.</p>	<p>HSE Mental Health Engagement and Recovery</p>	<p>On Track</p>
<p>28 Short</p>	<p>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.</p>	<p>This recommendation is being progressed as part of an integrated work programme, reflecting the different stages in the service user journey. The programme will build on outputs from a previous service improvement project and incorporate other related StV recommendations. The programme group has convened to plan a consultation event with members of the previous service improvement project. A date was set and invite issued, however, due to lack of availability this consultation event had to be postponed.</p>	<p>HSE Mental Health Operations</p>	<p>Minor Delivery Issue</p>

<p>29 Short</p>	<p>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.</p>	<p>Revision of content and graphic re-design of the recovery training programme has been completed. Refresher training has taken place and representation from the majority of CHOs attended. These areas will have a 3-person team (lived experience/family/staff) to facilitate this refresher training to those identified as Recovery Principle and Practice Facilitators. Final review and adjustments to the programme are taking place week ending 7th of July.</p>	<p>HSE Mental Health Engagement and Recovery</p>	<p>On Track</p>
<p>30 Medium</p>	<p>CMHTs and sessional contacts should be located, where possible and appropriate, in a variety of suitable settings in the community, including non-health settings</p>	<p>A working group has convened (for both Recommendation 30 and 97) and terms of reference were agreed and signed off. The working group has developed a mapping template, which will be shared with CHO Heads of Service in order to establish current practice and location for sessional contacts by community mental health teams. This mapping exercise will provide initial insights into how teams are engaging service users in existing mental health settings, other health settings and community settings.</p>	<p>HSE Mental Health Engagement and Recovery Mental Health Operations</p>	<p>Minor Delivery Issue</p>
<p>31 Medium</p>	<p>The potential for digital health solutions to enhance service delivery and empower service users should be developed.</p>	<p>The delivery of this recommendation is closely aligned with recommendation 2. As noted earlier in this report, work is under to draft a short-term Digital Mental Health Action Plan, which aims to improve the management and</p>	<p>HSE MH Integrated Care Team</p>	<p>On Track</p>

		<p>delivery of existing digital mental health services, and to put in place the foundations for future digital mental health developments. This action plan will be complemented by a longer-term strategy, which will cover the period from the end of the action plan to 2030.</p> <p>Mental Health Reform and HSE Mental Health Engagement and Recovery are collaborating on the development of a report titled 'Digital Inclusion and Access to Mental Health Services'. The contents of the report, including any recommendations, will be used to inform the further implementation of this recommendation.</p> <p>Work is ongoing on an interactive tool that will be available to all on yourmentalhealth.ie. This will take the form of a short questionnaire that, on completion, will provide tailored, clinically appropriate information and advice on the following common mental health difficulties - low mood, anxiety, sleep problems and stress.</p>		
<p>32 Medium</p>	<p>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</p>	<p>Along with other related recommendations, this recommendation will be progressed by a dedicated Mental Health Services Workstream, which was established and convened twice in Quarter 2, 2023. As noted earlier in this report, this workstream is jointly chaired by the Head of Service for Mental Health in CHO 5 and the Head of Mental Health Operations. Additional core members have been identified, terms of reference drafted and a working group structure agreed. Initial project support is provided from</p>	<p>HSE MH Integrated Care Team</p>	<p>Minor Delivery Issue</p>

	strong population-based needs assessment data.	<p>within the National Mental Health Operations Policy Implementation Team and the Centre for Effective Services.</p> <p>Further engagement has taken place between the 5 pilot sites for the implementation of the Model of Care for adults accessing talk therapies while attending specialist mental health services, and the national implementation team. Arising from this, a business case is being submitted as part of the 2024 estimates process for a dedicated senior clinical resource to support the ongoing implementation and future roll out of this Model of Care.</p>		
33 Medium	The shared governance arrangements for CMHTs as outlined in AVFC 2006–16 should be progressed, including further rollout of Team Coordinators.	Along with other related recommendations, this recommendation will be progressed by a dedicated Mental Health Services Workstream, which was established and met twice in Quarter 2, 2023. As noted earlier in this report, this workstream is jointly chaired by the Head of Service for Mental Health in CHO 5 and the Head of Mental Health Operations. Additional core members have been identified, terms of reference drafted and a working group structure agreed. Initial project support is provided from within the National Mental Health Operations Policy Implementation Team and the Centre for Effective Services.	HSE Mental Health Operations	Paused

<p>34 Medium</p>	<p>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</p>	<p>Along with other relevant recommendations, this recommendation is being progressed as part of an integrated work programme, reflecting the different stages in the service user journey. The programme will build on outputs from a previous service improvement project and the programme group has convened to plan a consultation event with members of the previous service improvement project. Due to lack of availability this consultation event has yet to be arranged and alternative options are now being considered.</p>	<p>HSE Mental Health Operations</p>	<p>Minor Delivery Issue</p>
<p>35 (a) Short</p>	<p>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.</p>	<p>Two meetings of the StV Children and Young People Workstream took place in April and May at which Recommendation #35 (a) was reviewed and interim scoping of inputs required and broad mapping of milestones was progressed and completed.</p> <p>A resource gap to progress this work further has been identified. An update was provided at an in person HIG meeting 10/05/23 and a follow up communication to Chair of HIG is underway</p>	<p>HSE Mental Health Integrated Care Team</p>	<p>Major Delivery Issue</p> <p>Escalate implementation problem, including resource gap, to the HIG chair</p>

<p>35 (b) Short</p>	<p>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.</p>	<p>CAMHS remote hubs provide enhanced intensive brief mental health interventions to support CAMHS teams in delivering enhanced responses to children, young people and their families/carers, in times of acute mental health crisis. In Quarter 2, 2023, continued progress was made on the roll-out of CAMHS hubs:</p> <p>Standard Operating Procedure complete.</p> <p>Model of Care for CAMHS Hubs approved and at final design.</p> <p>Recruitment of CAMHS Hubs Teams progressing with 2 pilot sites complete, and 3 sites in process.</p> <p>Pilot Site implementation teams established.</p> <p>Pilot Site implementation plans in process.</p> <p>Monitoring and Evaluation Tender process complete.</p>	<p>HSE Mental Health Integrated Care Team</p>	<p>On Track</p>
<p>36 Short</p>	<p>Appropriate supports should be provided for on an interim basis to service users transitioning from CAMHS to General Adult Mental Health Services (GAMHS). The age of transition should be moved from 18 to 25 and future supports should reflect this</p>	<p>This recommendation is being progressed through a dedicated Children and Young People (CYP) Workstream, which incorporates the work of the Youth Mental Health Transitions Specialist Group. The Specialist Group is progressing its work through two work strands:</p> <p>Workstrand 1: A sub-group of the Youth Mental Health Transitions Specialist Group, produced the 'Enhanced Transition Plan' which has recommendations and an associated implementation plan to improve the CAMHS to AMHS transition care pathway. Completion of</p>	<p>HSE Mental Health Operations Department of Health</p>	<p>On Track</p>

		<p>that ‘Enhanced Transition Plan’ was concluded in Quarter 1, 2023. In Quarter 2, the CYP Workstream has reviewed the ‘Enhanced Transition Plan’ adding implementation detail on leads, partners and timelines for implementation. A key next step is to provide this updated detail to NIMC along with a request to identify implementation responsibility.</p> <p>Workstrand 2: A written research submission on international best practice for delivery of mental health services to young people up to age 25 from University of Galway was provided to the Specialist Group on 03/05/23. This research has informed a proposed model of youth mental health service delivery, which was progressed by the Specialist Group at two face to face workshops in Quarter 2, 2023. In this quarter, planning was also advanced for engagement events with young people on 03/07/2023 and with staff and wider stakeholders on 12/07/23 to consult on the proposed model. These events will be delivered in partnership with SpunOut.</p>		
<p>37 Short</p>	<p>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.</p>	<p>For children and young people who have complex needs Individualised Support Packages are coordinated through Individual Family Service Plans as outlined for recommendation 8, and in addition CHO/TUSLA Services continue to progress joint working through agreed implementation plans under the <i>HSE/TUSLA Joint Protocol (2020)</i>, access here. Discussion takes place between national disability operations and each CHO Disability Service at</p>	<p>HSE Mental Health Operations Disabilities</p>	<p>Minor Delivery Issue</p>

		<p>regular engagements, and also at a senior level across HSE and TUSLA, on joint working and reports are positive on the working relationships under the protocol and the close working on Individualised Support Packages, and funding of same, in the best interests of children and young people – promoting best outcomes for children known to either or both agencies. In addition, in line with the <i>HSE Joint Working Protocol</i> as well as the <i>HSE/TUSLA Joint Protocol</i> shared care plans across a number of services can be agreed, in the Integrated Children’s Services Forum if required.</p> <p>An issue remains for identifying the most appropriate person from National Disability Operations to join the Children and Young Person Workstream, due to recruitment challenges.</p>		
38 Short	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.	Confirmation received from HSE Internal National Audit on 18/05/2023 that an 'Audit of Compliance with the Mental Health Commission Code of Practice Relating to Admission of Children under the Mental Health Act 2001 (2006) and Code of Practice Relating to Admission of Children under the Mental Health Act 2001 ADDENDUM (2009), with specific reference to the admission of children to adult units as per section 2.5 of the Code of Practice' will be undertaken in 2023. Commencement date for audit is yet to be confirmed.	HSE Mental Health Operations	On Track

<p>39 Short</p>	<p>The HSE should consult with service users, FCS, staff, and those supporting priority groups to develop a standardised access pathway to timely mental health and related care in line with the individuals' needs and preferences.</p>	<p>Along with other relevant recommendations, this recommendation is being progressed as part of an integrated work programme, reflecting the different stages in the service user journey. The programme will build on outputs from a previous service improvement project. A scheduled engagement with members of the previous service improvement project had to be postponed and alternative options are now being considered.</p>	<p>HSE Mental Health Engagement and Recovery</p>	<p>Minor Delivery Issue</p>
<p>40 Medium</p>	<p>Sufficient resourcing of home-based crisis resolution teams should be provided to offer an alternative response to inpatient admission, when appropriate.</p>	<p>Standard Operating Procedure complete Model of Care for Crisis Resolution Services launched May 2023 Monitoring and Evaluation Tender process at final phase Three Crisis Resolution Teams pilot sites operational (CHO 1, CHO 4 and CHO 6) 4th due to operationalise Q.3 (CHO 5) Recruitment of teams progressing across remaining 2 sites (CHO 3 and CHO 5) Pilot Site implementation teams established Pilot Site implementation plans in process CRS Community of Practice established CRS Data working group established</p>	<p>HSE Mental Health Integrated Care Team</p>	<p>On Track</p>

<p>41 Medium</p>	<p>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.</p>	<p>This recommendation will be progressed by a dedicated Mental Health Services Workstream, which, as previously noted, will be tasked with progressing a thematic group of related policy recommendations. The workstream was stood up in Quarter 2, 2023, and has met twice. Once the full core membership has joined the workstream, work will be undertaken to develop detailed delivery plans for individual recommendations within its remit.</p>	<p>HSE Mental Health Integrated Care Team</p>	<p>Not Started</p>
<p>42 Short</p>	<p>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.</p>	<p>Work to establish a National Implementation Oversight Group for the Model of Care for Older Persons has been further progressed in Quarter 2, 2023. So far potential members for the group have been identified, and the National Clinical and Group Lead (NCAGL) is currently in the process of requesting their support for the group.</p> <p>Once the Implementation Oversight Group's membership is confirmed and finalised, it will take the lead in advising on the Model of Care's content, which includes guidelines for access to specialist mental health services for older persons. The group and the NCAGL will require additional programme management resource(s) to lead the implementation of the Model of Care, including devising and delivering a programme of work. The acquisition of such resource(s) is currently constrained by the HSE moratorium on the recruitment of new staff. This recommendation is placed on pause until</p>	<p>Clinical Care Programme for Mental Health Services for Older People / HSE Mental Health Integrated Care Team</p>	<p>Paused</p>

		such resources are in place and a work plan can be devised. It is also recommended that the timeframe for delivering the recommendation outcomes is changed to medium-term to be in line with the actual timeline for delivering on the recommendation.		
43 Short	The age limit for MHSOP should be increased from 65 years to 70 years supported by joint care arrangements between GAMHS and MHSOP teams for individuals who require the expertise of both.	<p>There is still no provision for the amendment to the age, from 65 to 70, for access to mental health services for older persons (MHSOP) within the current Model of Care for Older Persons. It is unlikely that the existing Model of Care will be updated until it has been implemented; something that was delayed due to the pandemic. The National Implementation Oversight Group for the Model of Care for Older Persons that is currently being established has agreed to explore how the intended outcomes for this recommendation can be achieved within the context of the existing Model of Care's implementation once it commences.</p> <p>The implementation of the Model of Care beyond the existing work of the four pilot sites is currently constrained by the availability of programme management resource(s) to devise a work plan (see problems for Recommendation #42). This recommendation be placed on pause until such resource(s) are available, and a work plan of how the Model of Care is to be implemented is in place.</p>	Clinical Care Programme for Mental Health Services for Older People / HSE Mental Health Integrated Care Team	Paused
44 Short	GPs, mental health service prescribers and relevant	Through a dedicated working group, work continues to scope an appropriate approach for the delivery of this critical, but complex	HSE	Minor Delivery Issue

	stakeholders should collaborate to actively manage polypharmacy.	recommendation. Informed by engagement with the Clinical Lead for the HSEs National Medication Safety Programme and other subject matter experts, the working group has in Quarter 2 drafted a position paper, which sets out a proposed programme to reduce risk of harm by inappropriate polypharmacy. On the basis of this position paper, the working group will in Quarter 3 conduct further stakeholder engagement, including with potential action owners, to reach a shared understanding of the most effective way to deliver this policy recommendation.		
45 Medium	HSE should collate data on the number and profile of delayed discharges in acute mental health inpatient units and develop appropriately funded responses.	<p>This recommendation will be progressed by a dedicated Mental Health Services Workstream, which, as previously noted, will be tasked with progressing a thematic group of related policy recommendations. Among these are recommendations 45, 46 and 47, which require close coordination.</p> <p>The interim report prepared by the Acute Bed Capacity Specialist Group incorporates a once-off data collection on delayed discharges, which will inform the development of a multiannual plan that addresses the existing and future capital requirements within mental health.</p>	HSE Mental Health Operations	Paused
46 Short	An Expert Group should be set up to examine Acute Inpatient (Approved Centre) bed provision (including PICUs) and to make recommendations on capacity	The Acute Bed Capacity Specialist Group presented its interim report to the NIMC in Quarter 1, 2023. The recommendations of this report will be encompassed as part of an overall multi-year capital plan. To that end, work was	HSE Mental Health Operations	Paused

	reflective of emerging models of care, existing bed resources and future demographic changes, with such recommendations being aligned with Sláintecare.	undertaken in Quarter 2, 2023, to assess current and future planned capital investment to ensure regulatory compliance. In Quarter 3, a working group will be formally established and tasked with the development of a 10-year plan that addresses the existing and future capital requirements within mental health, including required acute bed capacity as identified by the Acute Bed Capacity Specialist Group. This working group will also consider capital requirements related to recommendations 45 and 47		
47 Long	Sufficient PICUs should be developed with appropriate referral and discharge protocols to serve the regions of the country with limited access to this type of service.	This recommendation will be progressed by a dedicated Mental Health Services Workstream, tasked with progressing a thematic group of related policy recommendations, including recommendations 45, 46 and 47, which require close coordination. Recommendation 47 has been assigned a long timeframe for delivery and will be considered as part of the previously referenced multiannual capital plan for mental health.	HSE Mental Health Operations	Paused
48 Short	A cross-disability and mental health group should be convened to develop national competence in the commissioning, design and provision of intensive supports for people with complex mental health difficulties and intellectual disabilities and to develop a set of criteria to govern the provision of this service.	A workshop took place 08/06/23 with the aim of developing a set of roles and responsibilities for a substantive National Placement Oversight Review Team for complex and out of area placements. This was a joint mental health and disability initiative. Discussions in terms of the status of a national audit team are ongoing.	HSE Mental Health and Intellectual Disability Clinical Care Programme	On Track

<p>49 Long</p>	<p>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.</p>	<p>This is a long-term recommendation, which will be progressed through the dedicated Mental Health Services Workstream referenced previously in this report.</p>	<p>HSE Mental Health Operations Mental Health Engagement and Recovery</p>	<p>Not Yet Started Long Term Recommendation</p>
<p>50 Medium</p>	<p>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.</p>	<p>There has been considerable engagement with all CHOs to support recruitment into mental health services for people with intellectual disabilities (MHID). In Quarter 2, 2023, significant progress was made with 41 out of 54 funded posts now filled</p>	<p>HSE</p>	<p>Minor Delivery Issue</p>
<p>51 Medium</p>	<p>Speech and Language Therapists should be core members of the Adult-ID and CAMHS-ID teams.</p>	<p>There has been engagement with one CHO which has struggled to recruit into a speech and language therapy position</p>	<p>HSE Mental Health Operations Disability</p>	<p>Minor Delivery Issue</p>
<p>52 Long</p>	<p>Investment in the implementation of the Model of Care for Early Intervention Psychosis (EIP), informed by an evaluation of the EIP demonstration sites, should be continued.</p>	<p>a) No funding was received in 2023 to recruit any additional teams. A submission will be made as part of 2024 estimates process. b) The data form has been updated and circulated to the early intervention in psychosis (EIP) teams. c) 2 meetings have been held with HR and staff representative groups to progress introduction of EIP key worker grade code. This work is ongoing. d) A webinar on addictions and psychosis was held in June. An online seminar was held with 5</p>	<p>HSE Early Intervention in Psychosis Clinical Care Programme</p>	<p>Minor Delivery Issue</p>

		<p>EIP teams focusing on discharge planning and engagement.</p> <p>e) Support CHO areas to complete recruitment process for small number of outstanding posts.</p>		
<p>53 (a) Medium</p>	<p>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.</p>	<p>a) Regular meetings continued with each CHO to progress the establishment of eating disorder (ED) teams in line with the Model of Care.</p> <p>b) One adult consultant post will form part of international recruitment campaign in CHO 5</p> <p>c) Continued provision of educational and training opportunities, both online and in person. Dr Colm Henry, HSE Chief Clinical Officer, opened the first in-person event that took place quarter 2 2023, which was an Eating Disorder hub development day with over 70 eating disorder clinicians attending</p> <p>d) Recruitment continues across 9 teams for all disciplines.</p> <p>e) Clinical teams continue to submit data on a quarterly basis.</p> <p>f) Continued work with eHealth to digitalise assessment forms to reduce admin burden and improve return rate from young people and families.</p> <p>Lack of access to appropriate accommodation for teams has now become a critical</p>	<p>HSE Clinical Care Programme (for Eating Disorders)</p>	<p>Major Delivery Issue</p> <p>Implementation problem mitigated through CHO engagement and through inclusion in the long-term mental health capital plan</p>

		implementation problem. In the short term, this is mitigated through continued close engagement with relevant CHO. Long term solutions will need to be considered within the context of the aforementioned mental health capital plan.		
53 (b) Medium	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.	International recruitment of CHO8/7 consultant post by PAS is now in train. All 4 senior occupational therapy (OT) posts have been recruited and now awaiting starting dates. Funding of mandatory training for the 4 OTs through the UK Adult ADHD Network (UKAAN) has been approved and courses booked for Quarter 4, 2023. All 6 Adult ADHD Service site visits completed.	HSE Clinical Programme (for ADHD)	Minor Delivery Issue
53 (c) Medium	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.	a) Clinical lead has visited all the hub sites and met with the teams. b) Several meetings with mental health senior management team in CHO 6 have taken place recently in order to progress the development plans for the mother and baby unit and a business case has been developed. c) Meetings are underway with the Specialist Perinatal Mental Health Advisory Group before launch of pilot to use the new data collection form developed in conjunction with the National Perinatal Epidemiological Centre with two perinatal mental health Hub sites and three spoke sites.	HSE Clinical Programme (for Perinatal Mental Health)	Minor Delivery Issue

		d) Work is underway to develop HSE Learning and Development (HSELand) Module and one-hour online tool for frontline staff working with women and families in the perinatal period. Work is also underway to establish a group to develop further online tools for staff and the public through specific video development.		
54 Medium	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	The Justice Workstream have met on a monthly basis to progress a detailed delivery plan for this recommendation. A request for tender is being prepared by the HSE and Irish Prison Service (IPS) with a view to appoint an external consultant/researcher. Discussions ongoing between the HSE, IPS and the Probation Service on the funding of the tender contract and the expected output.	HSE Mental Health Operations National Forensic Mental Health Service (NFMHS)	On Track
55 Medium	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.	Through a dedicated Justice Workstream, work is now underway to collate information on current services and diversion options throughout the country. This analysis will be completed in Quarter 3, 2023. The purpose of this exercise is to understand services in other areas and to determine needs, including how these can be developed into a national plan.	HSE Mental Health Operations	On Track
56 Medium	The development of further ICRUs should be prioritised following successful evaluation of operation of	The evaluation of the Intensive Care Rehabilitation Unit (ICRU) on the Portrane Campus cannot commence as planned, as the facility has not yet opened, due to lack of required staffing. An alternative evaluation	HSE Mental Health Operations National Forensic Mental Health Service	Paused

	the new ICRU on the Portrane Campus.	methodology, “desktop review” was considered to evaluate the use of ICRUs internationally. However, it was determined that a desktop evaluation would not provide the information or understanding of the needs within the current Irish context. As a result, recommendation 56 has been paused.		
57 Medium	<p>a) A tiered model of integrated service provision for individuals with a dual diagnosis (e.g. substance misuse with mental illness) should be developed to ensure that pathways to care are clear*</p> <p>b) Similarly, tiered models of support should be available to people with a dual diagnosis of intellectual disability and / or autism and a mental health difficulty^</p> <p>^covered under other recommendation.</p>	<p>The Model of Care for Dual Diagnosis was launched 23/05/23 by Ministers Butler and Naughton. Three initial sites are currently being established: adult teams in CHO 3 and 4, and adolescent team in CHO 9. A National Dual Diagnosis Unit has been identified and work is underway with CHO 9 and the DoH to progress this.</p> <p>Development of specific training around dual diagnosis has commenced. An evaluation framework is established using Patient and Public Involvement methods. Work with the Health Research Board is underway to enhance the system to include dual diagnosis. The clinical programme is currently developing an implementation plan and is working with community partners to build capacity and to roll out the national seeking safety programme.</p>	<p>HSE</p> <p>Clinical Care Programmes Dual Diagnosis</p> <p>*a) only</p>	Minor Delivery Issue
58 Medium	In order to address service gaps and access issues, a stepped model of integrated support that provides mental health promotion, prevention and primary intervention	As part of the stepped and integrated model of support for people experiencing homelessness an ‘Inclusion Mental Health Service’ is being developed in St. James Hospital, Dublin. This service will be in addition to the existing homeless mental health team in the area and	<p>HSE</p> <p>Mental Health Operations</p> <p>Primary Care Operations</p> <p>Social Inclusion</p>	Minor Delivery Issue

	supports should be available for people experiencing homelessness.	will consist of in-reach, outreach, a recovery service and a research function.		
59 Medium	Assertive outreach teams should be expanded so that specialist mental healthcare is accessible to people experiencing homelessness.	Planning is on-going at a local level to expand existing services in CHOs 7 and 9.	HSE Mental Health Operations Primary Care Operations Social Inclusion	Minor Delivery Issue
60 Medium	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.	The chair of the working group tasked with progressing the Liaison Mental Health Model of Care attended the national forum for Clinical Programmes to take feedback and questions. Feedback from the National Clinical Leads (eating disorder, mental health for older people, self-harm) and from colleagues working in child and adolescent mental health services (CAMHS) is now being incorporated. It is intended that the final draft of the Liaison Mental Health Model of Care will be submitted to the National Clinical and Group Lead (NCAGL) for mental health in Quarter 3, 2023. Potential delivery issues have been identified in the Model of Care and resourcing needs are clearly outlined.	HSE	On Track
61 Medium	The HSE should maximise the delivery of diverse and culturally competent mental health supports throughout all services.	This recommendation is being progressed through a dedicated Social Inclusion Workstream with an initial work plan developed that contains the following actions: a) The development of a Stakeholder Engagement Framework that aims to gather service user and service delivery feedback regarding culturally appropriate service	HSE Social Inclusion Mental Health Operations	On Track

		<p>provision. This will involve engagement with service users and providers (voluntary and statutory) and will inform the development of further resources in this area. The results of a soon to be published service involvement study conducted by University of Galway will inform this process. In addition, the workstream is represented on the research advisory board of a Dublin City University (DCU) 'Cultural Humility' research project.</p> <p>b) Create a central repository (webpage) for Cultural Competency Resources aimed at HSE staff that includes all relevant training and resources.</p> <p>c) The development of regional psychosocial supports for international protection applicants and refugees as part of a wider Refugee and Applicants Seeking Protection Service Delivery Model. This will involve individual psychosocial and group-based intervention programmes, designed to equip people with the skills needed to reduce psychological vulnerabilities and expand coping skills. It will be delivered in each CHO by 1x Regional Psychosocial Lead for Migrant Health, 2 x Assistant Psychologists and 2x Peer Support Workers and will complement existing HSE Social Inclusion services. A key part of this new service will be collaboration and integration with local voluntary and community agencies.</p> <p>d) Assess the scope of Ethnic Identity Monitoring requirements in relation to other HSE work</p>		
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		<p>ongoing in this area, particularly the Integrated Community Case Management System (ICCMS)</p> <p>e) Include the existing Ethnic Equality Monitoring training in central repository for cultural competency and engage with national HSE HR with a view to maximise uptake of training.</p> <p>f) Develop a communications plan for disseminating of all relevant cultural competency resources</p> <p>g) Develop a suite of outcome indicators for cultural competency resources as they are developed. The model for evaluation can only be fully scoped when the resources have been agreed and developed</p>		
62 Short	Building on service improvements already in place, individuals who are deaf should have access to the full suite of mental health services available to the wider population.	Engagement with mental health services in CHO 9 to initially assess the scope of the existing national specialist service took place. An assessment of previously available resources in this area also took place. This recommendation is being progressed through a Social Inclusion Workstream. Planning conducted by the workstream has identified the short timeframe for delivery as an implementation problem and further time will be required to complete this recommendation	HSE Mental Health Operations	Major Delivery Issue Timeframe for completion will be escalated
63 Medium	Persons in Direct Provision and refugees arriving under the Irish refugee protection programme should have access to appropriate	This recommendation is being progressed through a dedicated Social Inclusion Workstream with an initial work plan developed that contains the following actions:	HSE Social Inclusion	On Track

	<p>tiered mental health services through primary care and specialist mental health services.</p>	<p>a) The provision of regional psychosocial supports for international protection applicants and refugees as part of a wider Refugee and Applicants Seeking Protection Service Delivery Model (see recommendation 62)</p> <p>b) An internal guidance paper on psychosocial support to assist in the delivery of regional psychosocial supports for international protection applicants and refugees was developed and delivered. In Quarter 2, 2023, consultation was conducted with services already working directly with refugees to assist in the development of the guidance. In addition, international best practice in this area and existing guidance was collated.</p> <p>c) Consultation and engagement with relevant stakeholders. In Quarter 2, 2023, this was with: Mental Health Reform, Cairde, Jesuit Refugee Service, International Protection Accommodation Service Welfare Team, NEPS (National Educational Psychology Service), REALTS (Regional Education And Language Teams For Ukraine).</p>	<p>Mental Health Operations</p>	
<p>64 Medium</p>	<p>Appropriately qualified interpreters should be made available within the mental health service and operate at no cost to the service user.</p>	<p>Work is on-going to develop a HSE wide level of service provision for interpreter services, including mental health services. Please note access to interpretation services is continuously available through local arrangements at the CHO level.</p> <p>Engagement with the Office of Government Procurement approved provider of</p>	<p>HSE Mental Health Operations Social Inclusion</p>	<p>On Track</p>

		interpretation services is taking place and scoping of HSE service requirements underway, including an analysis of current spending on interpreter services and the mapping of existing local arrangements at CHO level.		
65 Medium	The HSE should ensure that access to appropriate advocacy supports can be provided in all mental health services.	In Quarter 1, 2023, an independent research consultant was commissioned to conduct a gap analysis of mental health advocacy services in Ireland. Part of this work has been a comparative analysis of legal frameworks governing mental health advocacy. Seven focus groups and two one-to-one interviews have now been carried out with reps from 22 Advocacy groups and mental health charities, with a total of 45 participants. Results of the gap analysis, including desk-based research comparing best practices in different countries, will be finalised in Quarter 3, 2023.	HSE Mental Health Engagement and Recovery	On Track

Domain 3 | Social Inclusion

	Recommendation	Quarter 2, 2023 Update	Owner	Current status
66 Medium	Tailored measures should be in place in relevant government departments to ensure that individuals with mental health difficulties can avail, without discrimination, of employment, housing and education opportunities and have an adequate income.	The National Housing Strategy for Disabled People 2022-2027 Implementation Plan was launched. Mental Health is well represented on the implementation steering group (including Mental Health Reform) for the strategy. Progress continues to be recorded and reported in housing people with mental health difficulties under the Strategy. Returns from local authorities indicate that in 2022, 2,472 disabled households were allocated	Department of Health	On Track

		<p>social housing (representing 15% of the total number of dwellings allocated) and of these 695 were households who had indicated that their housing need was related to mental health.</p> <p>An implementation monitoring structure and workplan, taking account of relevant multi-departmental initiatives, was progressed in Quarter 2.</p>		
67 Long	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.	<p>The published National Housing Strategy for Disabled People 2022-2027 Implementation Plan includes references to StV recommendations as an action for the Housing and Disability Steering Groups (HDSGs). The HDSGs will review their Local Strategic Plans by year end to align with Implementation Plan. Quarterly reporting on actions will commence from end of Quarter 3.</p>	Housing Agency/ Local Authorities	On Track
68 Short	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.	<p>Terms of Reference for the group tasked with overseeing implementation of the joint protocol are agreed.</p> <p>The drafting of the protocol has been further advanced.</p> <p>The protocol is being reviewed from General Data Protection Regulation (GDPR) obligations perspective.</p> <p>Plan for delivery of protocol also being prepared, this will involve engagement with Local Government Management Agency and HSE.</p>	Department of Housing, Local Government and Heritage	On Track

<p>69 Medium</p>	<p>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.</p>	<p>The ongoing funding of Housing Coordinators will be considered as part of the 2024 estimates process. All CHO areas have indicated that they intend to submit such cases for consideration</p>	<p>HSE Mental Health Operations MH Housing Group</p>	<p>Major Delivery Issues Continued funding of Housing Coordinators to be considered as part of the 2024 estimates process</p>
<p>70 Short</p>	<p>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.</p>	<p>As part of the quality assurance process, closure documentation was presented to the NIMC and feedback is now being incorporated in order to complete this recommendation.</p>	<p>HSE Mental Health Operations Mental Health Housing Group</p>	<p>On Track For Closure Pending NIMC Approval</p>
<p>71 Medium</p>	<p>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.</p>	<p>CHO areas have begun the process for the establishment of the 12 new Individualised Placement Support (IPS) sites. The community mental health teams have been identified and engagement with non-governmental organisations (NGO) partners around staff recruitment has commenced. Recruitment has been completed for one of the new posts. The Standard Operating Procedure has been agreed and signed off. The national IPS Steering Group has been reconstituted and a new IPS national working group established. The process to develop a new IPS fidelity process has been agreed and the development of the model will commence in Quarter 3, 2023.</p>	<p>HSE Mental Health Engagement and Recovery</p>	<p>On Track</p>
<p>72</p>	<p>The current HSE funding provided for day centers should be</p>	<p>This recommendation is being progressed by a working group under the Mental Health</p>	<p>HSE</p>	<p>On Track</p>

Medium	reconfigured to provide individualised supports for people with mental health difficulties and be consistent with the New Directions policy.	<p>Engagement and Recovery Workstream. The working group has agreed on the data collection tool and a process for the collection of service data has been agreed. The group is also finalising a tender document, which will seek support for four main workstreams:</p> <ol style="list-style-type: none"> 1) Analysis of the Service Data. 2) Develop, undertake and report on Service User survey. 3) Develop, undertake and report on Staff survey. 4) Identify best practice in day service delivery based on international and national experience and make recommendations. 	Mental Health Engagement and Recovery	
73 Medium	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	<p>Early Engagement progressed for people on Disability Allowance to the 22-25 age group at the beginning of March 2023. Since July 2022, over 10,500 people have received an appointment and a phone call from an Employment Personal Advisor. Currently there are over 1,300 of these customers working with an Employment Personal Advisor. 851 people on Disability Allowance have been referred to various employment opportunities, supports or options such as employment, work experience, specialist providers, education, and training. Early Engagement is currently being provided across all areas of the country.</p> <p>Early Engagement is currently supported by 13 Designated Disability Employment Personal Advisors (DDEPA) and 58 Employment Personal</p>	Department of Social Protection	On Track

		<p>Advisors, all of whom have received appropriate training. The Department are continuing to train more Employment Personal Advisors to support Intreo’s engagement with people with disabilities.</p> <p>In relation to the Comprehensive Employment Strategy, currently the Department of Children, Equality, Disability, Integration and Youth is working with the CES-IG to design the third action plan under the Strategy.</p> <p>The Roadmap for Social Inclusion 2020 – 2025 includes a commitment to develop and consult on a ‘strawman’ proposal for the restructuring of long-term disability payments. This is expected to be brought forward for publication shortly. A wider consultation process with all stakeholders and advocacy groups will be carried out following publication.</p>		
74 Short and Medium	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.	Research Advisory Group (RAG) established and terms of reference agreed. A tender for evaluation support has been created and is currently undergoing several revisions before advertisement can occur. RAG to meet again on 18th July to finalise tender document. As tender has yet to be awarded, scoping review has not commenced.	HSE Mental Health Engagement and Recovery Mental Health Operations	Minor Delivery Issue
Domain 4 Accountability and Continuous Improvement				
	Recommendation	Quarter 2, 2023 Update	Owner	Current status

75 Medium	The organisation of mental health services should be aligned with emerging integrated care structures under Sláintecare reforms including the proposed six Regional Health Areas (RHA's) and within these the Community Health Networks corresponding to populations of about 50,000	This recommendation has been discussed at the HIG and with the Mental Health Integrated Care Team and there is consensus that it is not feasible to progress planning for recommendations 75 and 76 until a national agreement on RHA's population and resource allocation is concluded.	HSE Corporate Mental Health Integrated Care Team	Not Started
76 Medium	Implementation of this policy over the next ten years should achieve a re-balancing of resources and take account of population deprivation patterns in planning, resourcing and delivering mental health services.	This recommendation has been discussed at the HIG and with the Mental Health Integrated Care Team and there is consensus that it is not feasible to progress planning for recommendations 75 and 76 until a national agreement on RHA's population and resource allocation is concluded.	HSE Mental Health Integrated Care Team	Not Started
77 Medium	A standardised set of performance indicators (PIs) directly aligned with the desired outcomes in StV and agreed standards of care and quality frameworks should be developed by the Department of Health and the National Implementation Monitoring Committee accounting for quantitative and qualitative delivery of intended outcomes.	The application to the Health Research Board for an Evidence Synthesis review was successful, and positive interdepartmental engagement and work was undertaken with a view to delivering initial findings in early Quarter 3, 2023.	Department of Health	On Track
78 Medium	Regular surveys of service users and FCS should be independently conducted to inform assessments of performance against PIs and target outcomes in StV.	Facilitated by the HSEs Mental Health Engagement and Recovery function, a working group has been stood up to assess the most effective approach for introducing regular service user, carer and family member surveys.	HSE Mental Health Engagement and Recovery	On Track

		Contact has been made with National Care Experience Programme and the MHC to ensure this work is aligned with other methods of gaining service user feedback and that duplication is avoided.		
79 Short	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.	<p>Mental health complaints review by National Complaints Governance and Learning Team (NCGLT) deferred to Quarter 4, 2023, due to resourcing issue. Recommend that Mental Health Services within CHOs take on this function. The onsite review will identify variance with <i>Your Service Your Say</i> policy. CHOs can then develop improvement plans to address issues. NCGLT can provide an audit template to assist services undertake this piece of work.</p> <p>The revised policy is currently with the Health Service Trade Unions. An issue has arisen which is beyond the remit of NCGLT to address and requires a wider HSE response. Communication has been ongoing between the HSE and the National Joint Council Staff Panel in an attempt to resolve the issue, however further engagement is needed.</p> <p>Updating of the promotional material for <i>Your Service Your Say</i> was ongoing throughout Quarter 2, 2023, including the translation of the leaflet into multiple languages and creating a dedicated space on the HSE website to host these with direct access via a QR code. It is still anticipated that these will be finalised during Quarter 3, 2023 and sent to print with availability to order from Healthpromotion.ie.</p>	HSE National Complaints Governance and Learning Team (NCGLT)	Minor Delivery Issue

		<p>Work was ongoing regarding the drafting of the easy read <i>Your Service Your Say</i> overviews with Inclusion Ireland.</p> <p>Work is also continuing with HSE Digital to revise <i>Your Service Your Say</i> content on the HSE website. A research workshop is being scheduled for Quarter 3, 2023, with Complaint Managers, Complaints Officers and Staff to work on content for Stage 1 of the <i>Your Service Your Say</i> process.</p>		
80 Ongoing	A culture of open disclosure to support patient safety is embedded in mental health services.	Under the National Open Disclosure Programme , a mapping of mental health services has commenced in order to assess policy compliance. This will incorporate monitoring of Open Disclosure training uptake within mental health services through HSE Learning and Development (HSELand). Another objective of this process is to develop a tool to evaluate patient experience following open disclosure of patient safety incidents and this work will continue into Quarter 4, 2023.	HSE Quality Patient Safety (QPS)	On Track
81 Short	Training should be provided for services users and staff on making and dealing with complaints.	The <i>Your Service Your Say</i> leaflet has been updated based on feedback through the Complaints Managers Governance and Learning Forum and comments from service user surveys and the updated content has also been approved by National Adult Learning Agency. The leaflet is now finalised and will be sent for print in Quarter 3, 2023.	HSE Mental Health Operations Mental Health Engagement and Recovery National Complaints Governance and Learning Team	On Track

<p>82 Short</p>	<p>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.</p>	<p>The work plan for ensuring that the principles set out in the National Healthcare Charter are embedded in all mental health service delivery has been reviewed. This policy recommendation will now be achieved through the implementation of the new Mental Health Engagement and Recovery (MHER) Strategic Plan 2023 - 2026. The decision to amend the delivery approach is based on the following:</p> <ul style="list-style-type: none"> • The engagement principles in the MHER strategic plan align, replicate and expand on the Healthcare Charter principles. • The engagement principles have been developed post-publication of the StV policy and are specific to mental health services. • Each CHO has a recovery lead whose responsibility will be to embed the strategy, and its principles, across mental health services. • Work is ongoing to finalise the publication of the MHER strategy and its deployment to local CHOs. 	<p>HSE</p> <p>Mental Health Operations</p> <p>Mental Health Engagement and Recovery</p>	<p>On Track</p>
<p>83 Medium</p>	<p>Future updates of the Quality Framework, the Judgement Support Framework and the Best Practice Guidance should be consistent with the ambition and the specific outcomes for the mental health system set out in Sharing the Vision.</p>	<p>The Mental Health Commission (MHC) has updated its National Quality Framework, which aligns with the ambition and outcomes set out in StV. To assist service providers, the MHC has facilitated webinars and produced a self-appraisal toolkit so that services can determine if they have attained the standards and criteria set out in the framework and to establish a</p>	<p>HSE</p> <p>Mental Health Operations</p>	<p>On Track</p>

		programme of continuous improvement. Separately, the most appropriate approach for a review of the HSEs best practice guidance for mental health services is being considered, including resource requirements.		
84 Medium	The relevant bodies should come together to ensure that the measures for the Quality Framework, the Judgement Support Framework, the Best Practice Guidance, Sharing the Vision PIs and performance system and any future measurement systems are aligned and that the required data is derived, where possible, from a single common data set.	The Mental Health Commission (MHC) has developed a self-assessment an audit tool to support implementation of the National Quality Framework, which is available to all providers in both a paper and electronic format. Compliance with the Judgement Support Framework is reflected in the individual inspection reports and the MHC's annual report.	HSE Mental Health Operations	On Track
85 Short	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.	Mental Health staff have completed training modules in preparation of the roll out of the Integrated Finance Management System , a number of training modules were completed in Quarter 2, 2023, with more planned for Quarter 3.	HSE Mental Health Integrated Care Team	On Track
86 Medium	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.	The Integrated Community Case Management System (ICCMS) programme of work has continued to progress its planned activities during Quarter 2, 2023 Highlights include: 1. Approval of the Preliminary Business Case (Public Spending Code) by the Digital	HSE Community Operations (Integrated Community Case Management System (ICCMS))	On Track

		<p>Government Oversight Unit (DGOU), allowing the programme to move into the procurement phase.</p> <p>2. The Programme Evaluation Group (PEG) agreed to its terms of reference and subsequently met on several occasions to develop and approve Stage 1 (Request to Participate) Tender documentation for publication for procurement.</p> <p>3. The programme has continued to establish and facilitate risk and issue management processes</p> <p>4. An outline of the deployment approach has also been drafted that considers operational factors including clinical risk, service demand and readiness for change. This was shared with the programmes steering board and a programme decision has been made to phase the deployment of the system across the organisation.</p> <p>5. Detailed planning sessions took place with all ICCMS work streams with a key focus on progressing the development of the community service map, data strategy approach, change management action plan, key communication activities, ICT skills assessment and document standardisation.</p> <p>6. ICCMS' technical workstream has reconvened, and its terms of reference are in development.</p>		
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87 Medium	<p>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.</p>	<p>A joint Steering Committee has been established between the Department of Justice and the Department of Health to monitor implementation of the High Level Taskforce (HTLF) report recommendations. This is co-chaired at Assistant Secretary level. Representatives of relevant agencies such as the Irish Prison Service, Probation Service, An Garda Síochána or the HSE can be invited to attend, as required. Meetings of the Committee were held on 31 May and 29 June. Agency representatives attended on 29 June. Good progress has been made overall in Quarter 2, 2023, to develop mapping, reporting or other measures to monitor implementation of the HTLF report for 2023 and beyond.</p>	Department of Justice	On Track
88 Short	<p>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</p>	<p>The HSEs National Office for Human Rights and Equality and Mental Health Operations have secured a number of places on the Assisted Decision-Making (ADM) mentoring programme for mental health staff. Mental Health Operations has engaged with CHO Heads of</p>	<p>HSE Mental Health Operations HSE National Office for Human Rights and Equality Policy</p>	On Track

	the value of promoting positive risk-taking is recognised by the regulator.	Service – Mental Health to identify nominees for this mentoring programme and to promote the training programme on HSE Learning and Development (HSELand) also available to mental health staff. Three courses (8 modules) are now available on HSELand for all staff: Principles of the ADM Act, The Consent Policy, Supported Decision Making. A series of webinars are available including a mental specific webinar, including FAQs.		
89 Short	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.	<p>There is a requirement to up-date the existing safeguarding policy as is references 'the social care division' and excludes mental health. The timeline for publication of a revised safeguarding policy that will incorporate mental health is yet to be confirmed and this represents a challenge in terms of achieving the intended outcome for this recommendation within the assigned timeframe. In order to mitigate this implementation problem, Mental Health Operations is exploring alternative methods to progress safeguarding across mental health services, including:</p> <ul style="list-style-type: none"> • Promoting mechanisms for reporting safeguarding issues and awareness of some of the signs and indicators of abuse to look for. • Encouraging local engagement between mental health services and Safeguarding Teams 	HSE Safeguarding Office	<p>Major Delivery Issue</p> <p>Implementation problem mitigated by exploring alternative methods to progress safeguarding across mental health services</p>

		<ul style="list-style-type: none"> Promoting the uptake of safeguarding training for mental health staff. Working with the colleagues in Southeast Community Healthcare to assess the feasibility of offering a locally developed safeguarding programme across all nine CHOs. 		
90 Short	The Justice and Health sectors should engage with the coroners, the Garda Síochána, the National Office for Suicide Prevention, the CSO and research bodies in relation to deaths in custody, recording deaths by suicide and open verdicts, to further refine the basis of suicide statistics	The Department of Justice (DoJ) is continuing to engage with the Central Statistics Office (CSO) Liaison Group to enable the reporting of activities that is taking place in the area of suicide statistics. DoJ and Irish Prison Service (IPS) continue to work on the production of Self-Harm Assessment and Data Analysis (SADA), with the continued support and guidance of the National Office for Suicide Prevention (NOSP). Continued work led by NOSP on completing Irish Probable Suicide Deaths Study for 2019 and 2020.	Department of Justice and Department of Health	On Track
91 Short	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.	Seven CHOs have piloted a new guidance document 'Using the HSE Incident Management Framework to Review Deaths reported as Suspected Suicide within the Community Mental Health Setting, A Guide for Staff'. The pilot programme was supported by a training webinar for participating CHOs, hosted by QPS and Community Operations, who also supported teams throughout the pilot phase. Feedback on the use of the guide will be gathered via an online survey and analysed in Quarter 3, 2023.	HSE Mental Health Operations National Office for Suicide Prevention	On Track

<p>92 Short</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>The Mental Health Bill was again granted priority for drafting in the summer legislative session. Four drafters are working on separate aspects of the Bill and the Department is responding to drafts, queries and other requests for information from the Office of Parliamentary Counsel as quickly as possible.</p>	<p>DoH Mental Health Unit</p>	<p>Minor Delivery Issue</p>
<p>93 Short</p>	<p>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</p>	<p>The first meeting of the Expert Group for the development of the National Mental Health Research Strategy took place in May 2023, with representatives from the StV Reference Group as members, along with other individuals with professional and academic expertise in the field of mental health research. €1.2m was allocated in the budget in 2023 for the Health Research Board (HRB) to add to existing mental health research projects, reflective of StV policy priorities. The first suite of five mental health research projects is on-going.</p>	<p>Health Research Board</p>	<p>On Track</p>
<p>94 Not Specified</p>	<p>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</p>	<p>As part of the quality assurance process, closure documentation was presented to the NIMC and feedback is now being incorporated in order to complete this recommendation.</p>	<p>HSE Community Operations</p>	<p>On Track For Closure Pending NIMC Approval</p>

	mainstreamed and embedded in the wider HSE.			
95 Short	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.	As part of the quality assurance process, closure documentation was presented to the NIMC and feedback is now being incorporated in order to complete this recommendation.	HSE Community Operations	On Track For Closure Pending NIMC Approval
96 Medium	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.	Update to be provided in Quarter 1, 2024 as part of an annual report	HSE Community Health Operations Improvement and Change (CHOIC) Mental Health Integrated Care Team	On Track
97 Medium	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.	A working group has convened (for both Recommendation 30 and 97) and terms of reference were agreed and signed off. The working group has developed a mapping template, which will be shared with CHO Heads of Service in order to establish current practice and location for sessional contacts by community mental health teams. This mapping exercise will provide initial insights into how teams are engaging service users in existing	HSE Mental Health Operations Mental Health Engagement and Recovery	Minor Delivery Issue

		mental health settings, other health settings and community settings.		
98 Long	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.	A Capital Planning Working Group for Mental Health Services was established in Quarter 2, 2023, chaired by the Assistant National Director for Change Planning and Delivery - Mental Health and Disability services. The group comprises membership from Mental Health Operations, National HSE Estates and Change and innovation. The group met throughout the quarter and commissioned work from Archus (healthcare infrastructure specialists) to support the HSE in the development of a full report providing details of all non-compliant matters identified nationally by the Mental Health Commission and the remedial actions that have been undertaken by the HSE.	HSE MH Integrated Care Team	On Track
99 Short	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.	Work is ongoing in the Department of Health in developing plans for the continuation of the National Implementation and Monitoring Committee (NIMC) into its second term in 2024, to ensure that robust policy implementation structures are continued without pause or delay. The NIMC Steering Committee, the HIG and HSE colleagues are working to enhance engagement with the Reference Group of the NIMC. The Department is exploring the development of an independent process review of the NIMC and its associate implementation monitoring structures, to be finalised in the next quarter.	DoH	On Track

<p>100 Medium</p>	<p>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.</p>	<p>The HSE's National Clinical and Group Lead for Mental Health continues to engage with the College of Psychiatrists of Ireland and the Irish College of General Practitioners (ICGP) to look to advance this recommendation, with the support of the NOSP, and the ICGP National Clinical Lead for Mental Health. Current focus is to align this recommendation with the existing training programme review schedules for both relevant organisations, resulting in some delay in the progression of this recommendation.</p>	<p>HSE National Clinical Advisory and Group Lead for Mental Health DoH</p>	<p>Major Delivery Issue</p>
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