

Sharing the Vision

A Mental Health Policy for Everyone

National implementation and Monitoring Committee (NIMC): End
of Term Analysis Report

15th January 2024

Foreword



The following report is a critical document providing an overview and analysis of the work of the National Implementation and Monitoring Committee (NIMC) since its inception three years ago, to inform the work of the incoming Committee as it drives the implementation of Sharing the Vision over the next four years.

It is appropriate at this point to acknowledge the significant effort of key personnel in the Department of Health, other relevant Government Departments and the Health Service Executive, to drive change. It is difficult for all large organisations to effect meaningful change. The HSE, through the mechanism of the HSE Implementation Group, has proactively worked to share ownership of Sharing the Vision with the broad Mental Health Service Leadership. The values, aspirations, and commitment to change described in Sharing the Vision Policy must continue to be shared by all concerned in the delivery of primary and secondary mental health care as well as in the important programmes of public mental health and wellbeing. There is much more to be done to achieve this within the lifetime of the policy and beyond.

Additionally, the Policy commits to a process of outcome measurement to ascertain the success or otherwise of the changes. This is a central and significant aspect of evaluation that must not be overlooked.

The opinion of the people who use mental health services and their families is central to the process of oversight of Sharing the Vision. In this respect, I acknowledge the tremendous work done by the Reference Group and its leadership in bringing their valued experiences to the process of reporting on implementation progress. The Reference Group is a welcome addition to the role of the NIMC and must be encouraged and supported over the remaining lifetime of the Policy process.

As outgoing Chair of the NIMC, I want to thank all colleagues and stakeholders for their contribution to the implementation of Sharing the Vision and wish the incoming committee all the very best over the next four years.

- **John Saunders, Chair of the National Implementation and Monitoring Committee**

Introduction

This end-of-term report of the [National Implementation and Monitoring Committee \(NIMC\)](#) for [Sharing the Vision – a mental health policy for everyone](#) (StV) has been prepared by the NIMC Steering Committee and provides a summary of progress achieved since its establishment in 2021. It provides an overview of work undertaken by the Reference Group of Service Users and Families, the HSE Implementation Group (HIG) and Specialist Groups. In doing so, it identifies key developments over the course of the past three years, accounts for implementation problems and how these can be mitigated. Finally, the report outlines future focus points, in order to guide the second term of the NIMC ahead of the establishment of a new Steering Committee in January 2024.

The report builds on [Quarterly Policy Implementation Status Reports](#) and associated [Quarterly Report Analysis](#) documents published on the Department of Health (DoH) website since Quarter 3, 2021. It also incorporates additional content, input, and analysis from the NIMC and its implementation structures.

The work of the NIMC has been guided since its inception by the underlying service delivery principles of StV – Recovery, Trauma-informed, Human Rights, and Valuing & Learning¹ – and these underpin the narrative and analysis in this report.

It should also be noted that the work of the NIMC, and the implementation of StV, has taken place in shifting contexts since the policy was drafted and finalised in 2020. The NIMC has been responsive to challenges, including not least the COVID-19 pandemic and the cyberattack against the HSE and the DoH. It has also responded to shifting contexts within the health service, including the imminent restructuring of the HSE into Regional Healthcare Areas, which have impacted the work of policy implementation, with mitigations detailed in the report.

¹ [p.19, Sharing the Vision policy document.](#)

Establishment of Oversight and Implementation Structures

Recommendation 99 of StV requires the establishment of a national ‘whole-of-government’ Implementation Committee with strong service user and voluntary and community sector representation to oversee implementation of the recommendations in the policy and to monitor progress.

The membership of the NIMC and its Terms of Reference are published [on the DoH website](#).

The NIMC is made up of the NIMC Steering Committee, which is supported by the HIG, a NIMC Reference Group of Service Users and Family Members, and NIMC Specialist Groups. The NIMC Steering Committee, independently chaired by Mr. John Saunders from its inception in December 2020 up to December 2023, drives the implementation monitoring of StV, ensuring that appropriate monitoring and oversight processes are in place to support effective policy implementation.

To address specific policy priorities or complex recommendations, the NIMC Steering Committee has established five Specialist Groups covering the areas of Youth Mental Health (Transitions), Primary Care, Acute Bed Capacity, Women’s Mental Health, and Digital Mental Health.

The HSE has primary responsibility for the implementation of the majority of StV recommendations and this programme of work is overseen by the HIG.

In addition to the above, the Specialist Group Panel was established during the selection process for the NIMC Structures in 2020. The Specialist Group Panel comprises 53 individuals, with many members having been called to sit on Specialist Groups and support other policy implementation groups over the last 3 years.

The NIMC and HIG secretariats prepare quarterly reports on implementation progress for the NIMC Steering Committee, DoH, and the Minister for State for Mental Health and Older People, which are [published on the DoH website](#).

The Reference Group of Service Users and Families

The Reference Group was set up by request of the NIMC Steering Committee to ensure that voice of service users, family members, carers and supporters is reflected in the implementation of the Policy. As part of its terms of reference, the Reference Group provides feedback on progress made, based on their review of the Quarterly Implementation Status Report. Members were appointed for an initial three-year term in Quarter 1, 2022.

The Reference Group serves as an advisory body to the NIMC Steering Committee, focusing on:

- Embedding the lived experience perspective in the implementation of policy recommendations, in line with the ethos of StV.
- Opportunities for partnership, co-production, and further engagement in the context of StV implementation and the work of the NIMC.

In line with its terms of reference, the Chair of the Reference Group holds the responsibility of leading the group's activities, including:

- Supporting effective communication with the NIMC Steering Committee, the HIG, and members of the Reference Group.
- Facilitating Reference Group members to reach consensus on recommendations and advice.
- Ensuring outputs are delivered within agreed timeframes.

The Reference Group's composition is carefully considered to reflect Ireland's diverse population. According to its terms of reference, it should include:

- 5 service users
- 5 Family, Friends, Carers and Supporters
- 2 interested lay-people
- NIMC Steering Committee representative
- HIG representative

Recognising the importance of diverse perspectives, the group's membership is designed to be inclusive and representative. Following a decision by the NIMC Steering Committee in April 2023, the Reference Group is set to expand by two additional members to better represent individuals from various cultural, ethnic, or refugee backgrounds.

Commencing in Quarter 3, 2023, the NIMC, HIG, and Reference Group Secretariats have facilitated several information sessions to enhance engagement and information exchange between the Reference Group, the NIMC, the HIG, and HIG workstream leads. The present Reference Group is due to stand down in 2025 and it is envisioned that it will be replaced by a second Group for the remaining period of the second NIMC.

Work of the HIG and Specialist Groups

HSE Implementation Group

The HIG was established in May 2021 to assist NIMC in driving StV implementation, with a particular responsibility for delivery of HSE-led policy recommendations. Following its establishment, the initial focus for the HIG was to support the development of the [StV implementation plan 2022 – 2024](#).

After publication of the implementation plan in March 2022, the HIG adopted a workstream model where HSE-led recommendations are grouped thematically to drive implementation and to support collaboration. Reflecting this workstream model, and with the approval of the NIMC Steering Committee, the HIG was reconstituted in Quarter 2, 2022. Its membership now includes workstream leads, as well as additional membership representing key support functions within the HSE.



Chaired by the HSE Assistant National Director and Head of Operations – Mental Health, the HIG is mandated by and reports to the HSE National Director – Community Operations and the NIMC Steering Committee.

In line with its revised terms of reference, the purpose of the HIG is to oversee, monitor and provide leadership to ensure timely delivery of HSE-led recommendations, in line with the StV Implementation Plan 2022 – 2024. The HIG is responsible for:

- Communicating the vision for the implementation of StV across the health service.
- Establishing and overseeing workstreams, tasked with implementing thematic groups of StV recommendations.

- Monitoring and reporting on StV implementation to the NIMC Steering Committee, including through development of detailed work plans and quarterly implementation progress reports.
- Reviewing outputs produced in response to HSE-led policy recommendations before presenting to the NIMC Steering Committee for ratification.
- Providing a forum for resolving issues or risks escalated by a workstream or implementation lead.
- Working with all relevant stakeholders, including from across the wider health service, to ensure alignment with all related change programmes.
- Using existing systems, processes and resources to ensure that the programme, in so far as possible, is adequately resourced to deliver the implementation plan.
- Promoting an ethos of learning and service improvement in StV implementation, including periodic programme reviews.

Youth Mental Health Transitions Specialist Group

The Youth Mental Health Transitions Specialist Group was established in September 2021 and includes members with expertise and remit in the area of youth mental health. The group focused on implementation of StV Recommendation 36: 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 and progressed its work through two separate but interrelated workstreams.

Workstream 1: Development of an enhanced transitions plan (including implementation plan) to support individuals transitioning from Child and Adolescent Mental Health Services (CAMHS) to General Adult Mental Health Services (GAMHS) at 18 years.

Workstream 2: Development of a reconfiguration plan, including prioritised and phased recommended actions, in order to plan for the provision of age-appropriate specialist mental health services up to age 25.

Key areas of progress include:

The specialist group is finalising outputs from both workstreams:

- A mapping of Specialist Group recommendations against StV and the recommendations of the Maskey Report (2022).
- 8 independently facilitated consultations with stakeholders, young people, staff, parents from January 2022 to September 2023, which were delivered in multiple modes, including online workshops, questionnaires, focus groups and in-person events
- Multiple consultations with subject matter experts, nationally and internationally
- Research carried out on behalf of the specialist group by University of Galway with two objectives: 1. To carry out a review of national and international evidence and best practice in provision of youth mental health services up to 25 years and 2. To carry out a mapping exercise and report key learnings in relation to current patterns and projected future requirements for young people presenting to HSE Mental Health Services, Emergency Departments and to Voluntary and Community sector mental health services.
- Development of an 'Enhanced Transitions Plan' and associated implementation plan under Workstream 1
- Development of a reconfiguration plan for youth mental health services 'Youth Mental Health Services in Ireland: A New Model'

Priorities for the coming NIMC term include:

- Publish the 'Enhanced Transitions Plan'
- Publish 'Youth Mental Health Services in Ireland: A New Model'

Delivery of the aims set out in these plans will bring about an improved experience for young people and their families and carers when navigating mental health services with enhanced service access through provision of a 'single point of access', improved integration of services and elimination of the practice of multiple, parallel referrals to different services

Mental Health in Primary Care Specialist Group

The Mental Health in Primary Care Specialist Group was established 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 (recommendation 16) and with promoting a shared care approach between primary and specialist mental health services (recommendations 17 – 19). The Specialist Group also reports on work underway to implement a standardised assessment approach in the primary care sector for children with autism and mental health difficulties (recommendation 20b). This work is being led by the Service Improvement Programme Board with responsibility for implementing the [‘Roadmap for Service Improvement 2023-2026: Disability Services for Children and Young People’](#).

The Specialist Group has established two multi-disciplinary working groups focusing on enhanced access to talk therapies and shared care respectively, to ensure timely delivery of these critical policy recommendations. Final outputs will be informed by meaningful stakeholder engagement, including focus groups with service users, family members and carers.

Key areas of progress include:

- A mapping of current talk therapy offerings in primary care and community settings has been completed along with a review of recent service evaluations. These have informed the development of a proposed layered care delivery model for talk therapies.
- Research has been completed 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 has included a review of Irish and internal literature, as well as several case studies.
- Building on an analysis of implementation of the [Advancing the shared care approach \(2012\)](#) report, a shared care implementation plan was developed, which presents a proposed road map to deliver outstanding relevant recommendations.
- A proposal was developed for a structured physical health programme in primary care for people with severe and enduring mental illness, including measures for inclusion in regular health checks.
- An assessment protocol for autism in community settings was piloted in two CHO areas and concluded with a review of key learnings. This showed that the protocol is welcome and is working both for service users and service providers.

Priorities for the coming NIMC term include:

- Finalising and agreeing a layered care delivery model for talk therapies, which can provide a roadmap for continued investment in targeted service improvements.
- Development of operational guidelines for the consultation-liaison model.
- Publish and monitor delivery of shared care implementation plan.
- Development a national framework for shared physical health care and prescribing within which local shared care protocols can be agreed.
- Complete pilot of standard assessment protocol for autism in community setting and agree nationally consistent assessment approach.

Women's Mental Health Specialist Group

The Specialist Group on Women's Mental Health was established in August 2021 to progress StV recommendation 3. The Specialist Group included a mix of mental health and women's health specialists. It was supported in its work by a diverse Consultation Panel involving a wide range of professional and civil society perspectives to inform the process. Representation from the Reference Group ensured lived experience informed how this recommendation was delivered.

The group focused on connecting with and building on related areas of work, ranging from the Women's Health Taskforce to the HSE National Clinical Programmes and service improvement projects in mental health. As part of its work, the Specialist Group identified gaps and areas for improvement. During the course of its work, funding under the Women's Health Fund was provided to support relevant aspects of implementation of StV.

Key areas of progress include:

The recommendations of the Specialist Group were approved and published in a report entitled ['Embedding Women's Mental Health in Sharing the Vision'](#) on the 10th of March 2023, proposing the integration of a Women's Mental Health Charter in the delivery plans for each policy recommendation in StV and of reflecting relevant activity in the quarterly implementation status reports. The Group also recommend more comprehensive consideration of its report is embedded in the development of future implementation plans.

A position paper was drafted by the NIMC and HIG Secretariats and approved by the NIMC at their October 2023 meeting, which sets out a methodology to embed the Women's Mental Health Charter into StV.

Priorities for the coming NIMC term include:

As Recommendation 3 of StV is now considered complete, the NIMC approved the dissolution of this Specialist Group in December 2023. With the work of the Women's Mental Health Specialist Group now completed, a work priority for the HIG and NIMC Secretariats, overseen by the NIMC, is the development of a toolkit that can be made available to workstreams, policy implementation leads and supporting partners, to support embedding the Women's Mental Health Charter into StV implementation and accessing potential funding streams. Work to progress the development of this toolkit is now on-going.

Digital Mental Health Specialist Group

Established in May 2002, the NIMC Specialist Group on Digital Mental Health is tasked with progressing StV recommendations 2 and 31:

2 – Evidence-based digital and social media channels should be used to the maximum to promote mental health and to provide appropriate signposting to services and supports. (medium-term)

31 – The potential for digital health solutions to enhance service delivery and empower service users should be developed. (medium-term)

The Specialist Group comprises representatives from clinical backgrounds, academia, community and voluntary organisations, and HSE Digital, Communications, e-health, and policy implementation teams with responsibility for digital mental health.

Meetings are held monthly with an emphasis on collaboration and sharing of information, organised conferences and webinars support the group to innovate digital mental health in the HSE.

Key areas of progress include:

- Yourmentalhealth.ie: Significant work is on-going to reconfigure the information architecture of the website to improve search and find options. Updates on website content continue, most recent of which includes CAMHS and National Counselling Services.
- My Mental Health Plan: Development of an online interactive tool to help support and improve mental health and self-care. My Mental Health Plan will be available on yourmentalhealth.ie in 2024 and will provide more tailored and personalised content on stress, anxiety, low mood, and sleep, with signposting to further support, if required.
- Digital Mental Health work plan: A short-term work plan, covering a timeframe of 18 months was drafted by an assigned writing group and subsequently signed off by the Digital Mental Health Specialist Group. It includes actions and recommendations which will support the delivery of Recommendation 2 and 31. A more detailed ambitious longer-term digital mental health strategy to cover the period 2024-2030 will follow.
- Mental Health Literacy campaign: Supporting HSE Communications on their iterative mental health literacy campaign on sleep, low mood, stress, and anxiety. Campaign promotion continues via radio, digital display, and social media.
- Online Cognitive Behavioral Therapy (CBT): The HSE [offers guided digital CBT](#) for the treatment of anxiety and depression delivered by SilverCloud by Amwell. This programme was scaled nationally in April 2023, following a successful pilot programme.
- Peer to peer support in higher education institutions: [Togetherall](#), a clinically moderated, anonymous 24/7 peer support digital platform for mental health launched 2022 in Ireland and is now available in fourteen higher education institutions across Ireland.

Priorities for the coming NIMC term include:

In 2024, work will commence on the development of a Digital Mental Health Strategy, which will provide direction on this important area of work for the duration of StV. This strategy will seek to embed, enhance and develop digital mental health services and supports for individuals across the lifespan and experiencing different levels of mental health difficulty, leading to greater accessibility and better outcomes.

Acute Bed Capacity Specialist Group

Recommendation 46 of StV requires the establishment of an expert group to review acute bed capacity across specialist mental health services. In Quarter 3, 2021, this group was set up as a Specialist Group under the NIMC.

The provision of dedicated specialist beds is recommended in a number of the National Clinical Programmes (NCPs), which are part of the Office of the Chief Clinical Officer (CCO) in the HSE. There are five NCPs for mental health, all at various stages of design and implementation. The Models of Care for Eating Disorders and Dual Diagnosis propose the need for ring fenced inpatient beds. In addition, the Specialist Perinatal Mental Health Service Model of Care recommends a 10 bedded mother and baby unit. The National Children's Hospital is planning for 8 eating disorder beds. The new National Forensic Mental Health Service (NFMHS) facility will provide 130 beds and will continue to provide community and in-reach services. The NFMHS will also have a forensic CAMHS unit and Intensive Care Rehabilitation Unit (ICRU).

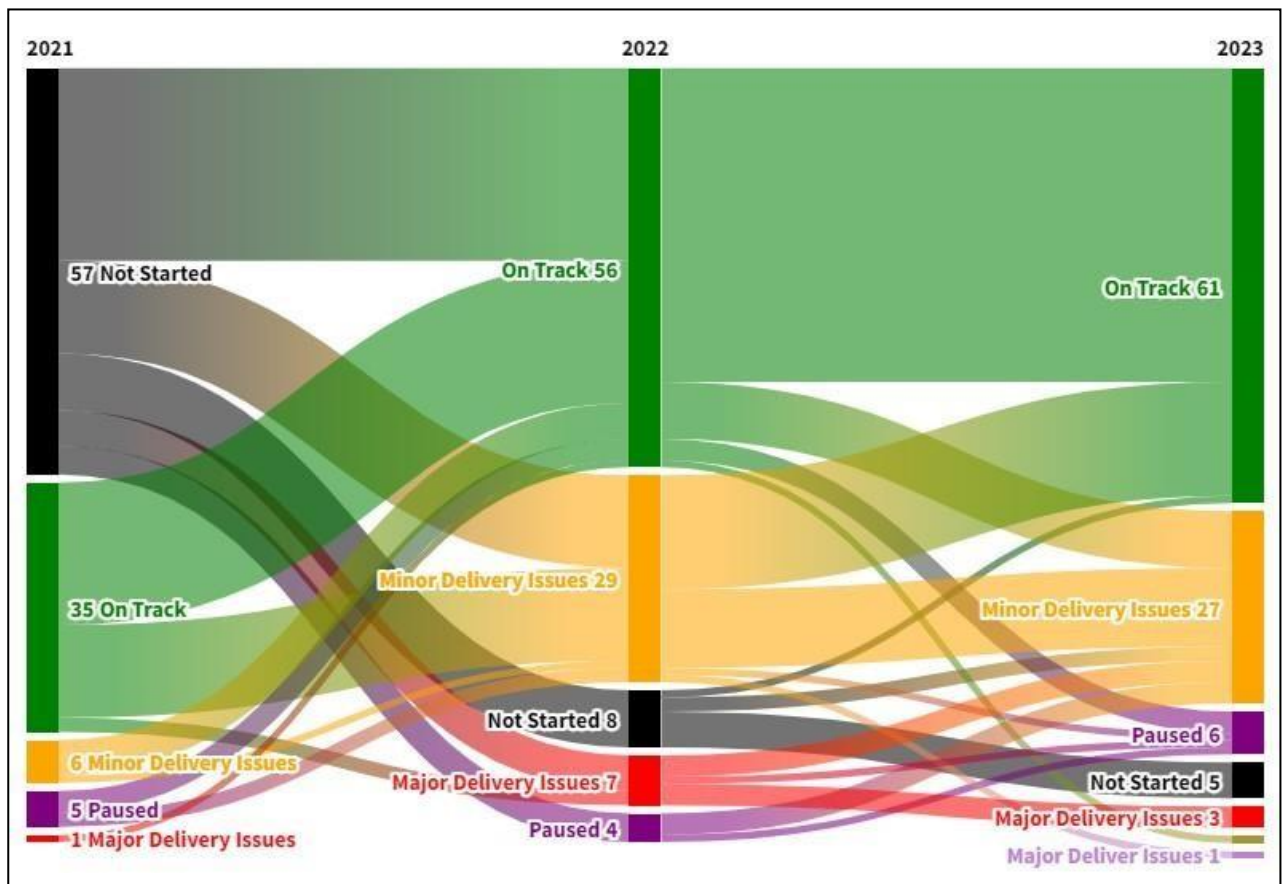
Key areas of progress include:

- The recommendation further required the formulation of recommendations on bed capacity reflective of emerging models of care, existing bed resources and future demographic changes. A bed census that informed the acute bed capacity report was conducted in late 2021.
- In Quarter 1, 2023, the group presented an interim report to the NIMC, which was based on a bed census that examined Acute Inpatient (Approved Centre) bed provision, (including Psychiatric Intensive Care Units).

Priorities for the coming NIMC term include:

Given that plans related to bed capacity will be influenced by emerging models of service provision, by demographic changes and by the ongoing development of mental health estates and premises, the HSE policy implementation team formally submitted the interim acute bed capacity report to the Mental Health Capital Planning Working Group in Quarter 4, 2023. This Mental Health Capital Planning Group was established by the HSE's Chief Operating Officer to develop a costed and time bound plan for mental health facilities to address key priorities over an initial three-year period and to review and prioritise capital commitments in the medium term. The work of the Mental Health Capital Planning Group is aligned to Strategic Objective 2 of the HSE's Capital and Estates Strategic Implementation Plan, i.e. to 'deliver a framework for estates investment decisions established by population health-based demand and estate capacity analyses. The Capital Planning Group is currently reviewing the Acute Bed Capacity report. It is expected that the group will formally accept responsibility for reporting on Recommendation 46 until such time as the recommendation is successfully put forward for closure. This approach to implementation will be submitted to the NIMC for consideration and approval in Quarter 1, 2024

Summary of Progress of implementation of recommendations



This graph shows changes in the status of the 104 programmes of work contributing to the 100 policy recommendations between 2021, when reporting on the policy recommendations commenced, and the latest report signed off by the NIMC in Quarter 3, 2023

A robust programme management methodology was employed to design the approach to implementation monitoring. This included development of a risk management system and, with input of implementation leads, considerable efforts were made in designing a bespoke reporting template. This allows accurate reflection of implementation status and tracks and details risk and issue and associated mitigation planning.

In Quarter 4, 2021, more than half (54%, n=57) of the work contributing to the policy's recommendations had 'not started', reducing to just 5% (n=5) by the end of NIMC's first term. All recommendations with a short-term timeframe for delivery have commenced and are in progress. Much of the work that has been significantly progressed is under the Clinical Programmes workstream, which has medium-term recommendations accounting for 10% of the policy's recommendations. Since 2021, there has been small numbers of recommendations that have been 'paused' at any one time with approximately 5% of recommendations currently 'paused'. As work moved from planning to active implementation in 2022, and risk management processes were implemented, this has allowed risk and issues to be captured and categorized with proactive mitigation planning. On average, 30% of implementation leads reported having issues impacting delivery with severity ranging from 'minor' to 'major'.

Policy-Related Recruitment

The recruitment and resourcing landscape of the health service is more challenging than ever before. Services are experiencing a range of social, environmental and service developments that are significantly increasing the demand 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 and the Resourcing Strategy was launched in June 2023 to address these challenges. It introduces a focused capacity to grow our workforce and support our services to meet projected increased workforce demand while ensuring staff are enabled to work at the top of their license to maximise the delivery of healthcare services. The Programme operates under the HSE's five Strategic Resourcing Pillars:

- Engage and retain our workforce
- Attract a high performing and diverse workforce
- Build the healthcare talent of the future
- Support the health and wellbeing of our workforce
- Build a positive and inclusive workplace culture

The new RRR structure brings together the existing Recruitment Operating Model (ROM) Programme, which is working to reduce the time it takes to recruit and to bring the selection decision and control closer to services. The Resourcing Strategy contains actions created by representatives from across services and professions, including mental health services.

Over the past three years, development funding has enabled mental health services to recruit 523 new posts to deliver prioritised service improvements, as set out in StV. This represents significant progress given the challenging conditions for staff recruitment. Many of these posts have been directed at recruitment of clinical staff involved in direct care. During that same period, mental health services have seen a net growth of 336 WTE posts across all disciplines due to the factors outlined above.

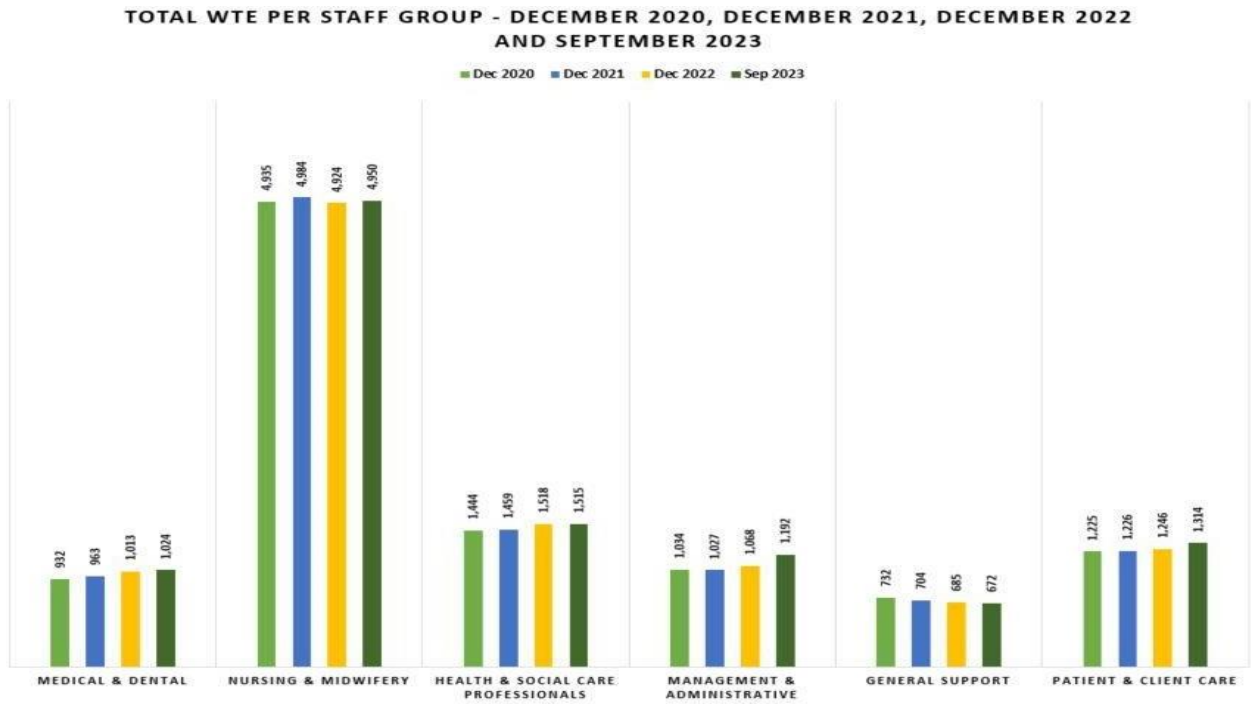
The HSE continues to proactively invest in additional nurse training capacity, Higher Specialist Training places for Consultant Psychiatrists and recruitment into assistant psychology posts. In parallel, significant capacity has also been built into appropriate primary care and community provided services to reduce pressures on specialist mental health services.

Mental Health Whole Time Equivalent (WTE) & WTE Change Dec 2020 to Sept 2023

Staff Group/ Grade Group	Dec 2020	Dec 2021	Dec 2022	Sep 2023	WTE Change Dec 2020 to Sept 2023	% Change Dec 2020 to Sept 2023
Total	10,301	10,362	10,453	10,667	366	3.6%
Consultants	370	386	397	415	45	12.2%
Registrars	281	327	345	334	53	18.9%
SHO/ Interns	276	246	267	273	-3	-1.2%
Medical/ Dental, other	5	4	4	3	-2	-40.6%
Medical & Dental	932	963	1,013	1,024	93	9.9%
Nurse/ Midwife Manager	1,240	1,262	1,245	1,231	-9	-0.7%
Nurse/ Midwife Specialist & ANMP	529	545	631	706	177	33.5%
Staff Nurse/ Staff Midwife	3,076	3,097	2,948	2,802	-274	-8.9%
Public Health Nurse	0	0	0	0	0	0.0%
Nursing/ Midwifery Student	59	50	65	180	121	205.4%
Nursing & Midwifery	4,935	4,984	4,924	4,950	15	0.3%
Therapy Professions	439	434	435	423	-16	-3.7%
Pharmacy	21	21	19	23	2	11.5%
Psychologists	424	427	448	455	32	7.4%
Social Care	80	76	72	62	-18	-22.3%
Social Workers	373	379	414	417	44	11.9%
H&SC, Other	108	123	130	135	27	24.8%
Health & Social Care Professionals	1,444	1,459	1,518	1,515	71	4.9%
Management (VIII & above)	67	65	75	75	8	11.4%
Administrative/ Supervisory (V to VII)	245	248	287	322	77	31.4%
Clerical (III & IV)	722	714	707	796	73	10.2%
Management & Administrative	1,034	1,027	1,068	1,192	158	15.3%
Support	594	574	556	542	-53	-8.9%
Maintenance/ Technical	137	129	129	130	-7	-5.1%
General Support	732	704	685	672	-60	-8.1%
Health Care Assistants	1,022	1,019	1,030	1,085	63	6.2%
Care, other	203	207	216	229	25	12.3%
Patient & Client Care	1,225	1,226	1,246	1,314	89	7.2%

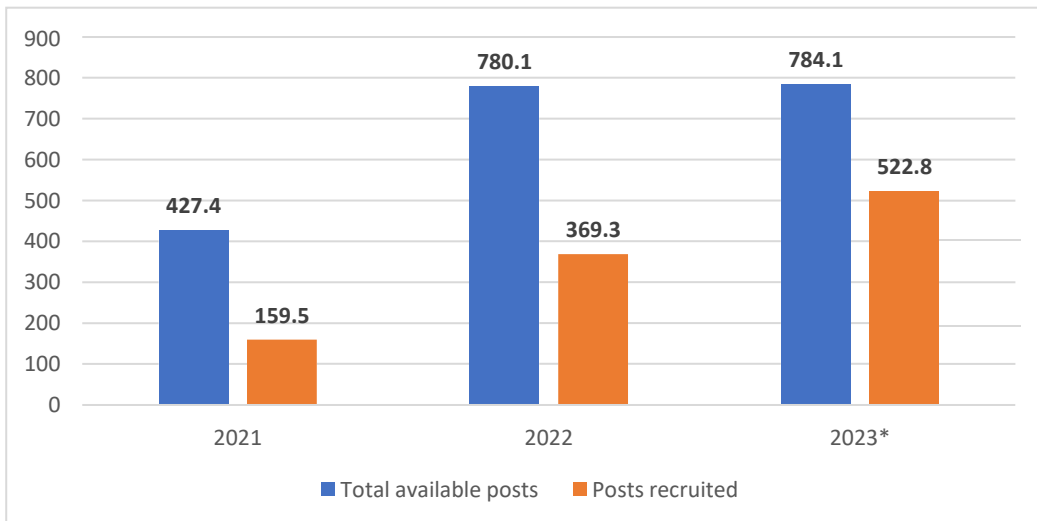
This table sets out the total WTE by staff category, grade group, and the change in WTE numbers from year end 2020 to September 2023

Total WTE per Staff Group – Dec 2020, Dec 2021, Dec 2022 and Sept 2023



This bar chart sets out the total number of new Whole Time Equivalent (WTE) posts by staff group for the years ending 2020, 2021, 2022 and up to September 2023

NSP – Available Development Posts and Posts Recruited - 2021, 2022 and Sept* 2023



This bar chart sets out the total number of new national service plan funded posts and the number of those posts recruited by year end 2021, 2022 and by September 2023

Key developments and service improvements

Significant progress has been made over the course of the term of the first NIMC Steering Committee, including standing up the required implementation structures, overseeing development of the first StV implementation plan and establishing a monitoring and reporting framework through the publication of quarterly policy implementation status reports. In addition to progress on specific policy recommendations, these achievements provide a strong foundation for the effective implementation of StV up until 2030.

There have been key developments and important service improvements across all four policy domains:

Domain 1 Promotion, Prevention and Early Intervention

- Publication of [‘Embedding Women’s Mental Health in Sharing the Vision’](#) and the development of a position paper for how the Women’s Mental Health Charter will be embedded in StV implementation.
- Informed by a comprehensive review of international research and best practice, the National Mental Health Promotion Plan is now close to finalisation.
- Development of new public mental health content on yourmentalhealth.ie. Launch of the ‘Making the Connections’ public information campaign, which focuses on mental health literacy and signposts people to new content on anxiety, low mood, stress and sleep issues.
- Development and publication of [‘Stronger Together – HSEs mental health promotion plan 2022 – 2027’](#). Establishment of a national network for health promotion and improvement officers working in mental health.
- Rollout of the [Wellbeing Policy and Framework for Practice](#), with continuous professional development being delivered across schools.
- [Directories of Wellbeing Continuing Professional Development \(CPD\) and the Catalogues of Resources](#) for wellbeing promotion, for schools and centres of education, have been updated and published online.
- Government approval to establish an independent Commission on Care for Older Persons.

Domain 2 Service Access, Coordination and Continuity of Care

- Further roll-out of [social prescribing](#) nationally as an effective means of linking those with mental health difficulties to community-based supports and interventions. This has been supported by training and learning platforms for social prescribing link workers and HSE staff involved in supporting the delivery of social prescribing.
- Enhanced access to talk therapies within community and primary care settings, including by targeted initiatives to address capacity challenges in [Counselling in Primary Care](#) and Primary Care Psychology Services.
- An implementation plan has been drafted for the relevant outstanding recommendations in [‘Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services \(2012\)’](#)
- An assessment protocol for autism in community settings was piloted in two CHO areas and concluded with positive evaluation findings

- Audit completed on the provision of appropriate environments for those presenting at emergency departments who additionally require an emergency mental health assessment
- Continued investment in the provision of digital mental health services, supported online CBT programmes in collaboration with SilverCloud by Amwell. Since its roll out in 2021, this programme has seen over 12,000 accounts activated to date with reliable improvements in depression and anxiety symptoms. The programme was awarded the [HealthTech Innovation Award at the Public Sector Transformation Awards 2023](#).
- Launch of the [Model of Care for Crisis Resolution Services](#) and development of Standard Operating Procedures to support CHO implementation teams, Crisis Resolution Teams and Crisis Café (Solace Café) staff. Four Crisis Resolution Teams sites are now operational (CHO 1, CHO 4, CHO 5 and CHO 6) 17A Solace Café is now operational in CHO 4. The Crisis Resolution Team in Sligo/Leitrim won a [HSE 2023 Service Excellence Award](#).
- Establishment of the HSEs Child and Youth Mental Health Office, led by an Assistant National Director and a Clinical Lead, both of whom have now commenced their roles. Directed by StV and recommendations arising from the Mental Health Commission's review of CAMHS, as well as national audits of prescribing practice, adherence to operational guidance and service experiences, work is now underway to finalise an accelerated Child & Youth Mental Health Improvement Programme.
- In September 2023, the [Model of Care for CAMHS Hubs](#) was launched with pilots with pilots now underway in CHOs 2, 3, 4, 6 and 8. These hubs will provide enhanced intensive brief mental health interventions to support CAMHS teams in delivering enhanced responses to children, young people and their families and carers, in times of acute mental health crisis.
- An 'Enhanced Transitions Plan' and associated implementation plan was developed by the Youth Mental Health Specialist Group alongside a reconfiguration plan for youth mental health services.
- In collaboration with the HSEs Internal National Audit, an audit of compliance with the Mental Health Commission Code of Practice Relating to Admission of Children under the Mental Health Act 2001 was completed.
- Enhancement of Community Mental Health Teams (CMHTs) across all age groups, including an additional 28 WTEs in Mental Health Services for Older Persons (MHSOP) CMHTs, 54.5 WTEs in General Adult CMHTs and 52 WTEs in CAMHS CMHTs from December 2020 to September 2023.
- A demonstration of the [Model of Care for adults accessing talk therapies while attending specialist mental health services](#) is underway across five demonstration sites
- A bed census that examined Acute Inpatient (Approved Centre) bed provision, (including Psychiatric Intensive Care Units) was completed by the Acute Bed Capacity Specialist Group.
- Regional HSE Psychosocial Support Services for Refugees and International protection Applicants continued to be developed as part of the wider HSE Refugee and Applicants Seeking Protection Service Delivery Model.
- Expanding the NCPs, including:

Adult ADHD

- In line with the [Model of Care for ADHD in adults](#), there are ongoing recruitment efforts to staff the recommended multi-disciplinary teams. As of September 2023, there are 5 teams operational of which two are half teams

- Launch of an Adult ADHD app
- Development of the Understanding and Managing Adult ADHD Programme (UMAAP)

Early Intervention in Psychosis (EIP)

- Building on the [Model of Care for Early Intervention in Psychosis](#), five teams have now been established.
- An EIP key worker grade has been established and approval granted by the DoH. The EIP key worker will enhance the multidisciplinary teams delivering EIP services.

Dual Diagnosis

- Launch of the [Model of Care for Dual Diagnosis](#)
- Base locations for three initial sites have been identified and recruitment of teams is underway with 9 WTE posts filled as of September 2023.

Eating Disorders

- Following the [Model of Care for Eating Disorders](#), nine multi-disciplinary teams are now operational (5 Adult and 4 CAMHS).

Management of Self Harm and Suicide Related Ideation

- Up-date completed of the [National Clinical Programme](#)
- Recruitment of 23 Suicide Crisis Assessment Nurse (SCAN) posts since 2022
- Audit of Emergency Department spaces completed.

Specialist Mental Health Services for Older People

- In line with the [Model of Care for Specialist Mental Health Services for Older People](#) work has progressed on the establishment of comprehensive specialist MHSOP where none currently exist, building on the establishment and evaluation of four demonstration sites (CHOs 1, 6, 7 and 8).

Specialist Perinatal Mental Health Services

- Building on the [Model of Care for Specialist Perinatal Mental Health Services](#), 6 multidisciplinary teams are now in place across the hub sites and perinatal mental health midwife posts funded in all 13 spoke sites
- Development of a postnatal multidisciplinary clinic to support women following a traumatic birth experience at the Lavender Clinic, University Maternity Hospital Limerick won a [HSE Service Excellence Awards 2023](#) in the Improving Patient Experience category. This is a good example of a service with direct service user input in design that is integrated with other services.

Mental Health of Intellectual Disability (MHID)

- Following the [National Model of Service](#), there are now 19 adult teams and 4 CAMHS-ID teams in place with 41 new multidisciplinary posts appointed since 2021
- Launch of the [Mental Health Engagement and Recovery Strategic Plan 2023 – 2026](#) and continued development of peer support working, recovery education and individual placement and support services

Domain 3 Social Inclusion

- Publication of the new [National Housing Strategy for Disabled People \(NHSDP\) 2022-2027](#) and of the associated [implementation plan](#). Returns from local authorities indicates that in 2022, a total of 2,472 disabled households were allocated social housing and of these 695 (28%) were households who had indicated that their housing need was related to mental

health.

- A Standard Operating Procedure for the IPS model of supported employment is at an advanced draft stage.
- To help people aged 18-22 years who are in receipt of Disability Benefits to enter or return to employment, Intreo (Public Employment Service) case officers have sent Easy-to-Read letters inviting them to avail of Intreo services.
- A [Green Paper on Disability Reform – A Public Consultation to Reform Disability Payments in Ireland](#) was published September, 2023, which aims to simplify and make the social welfare system work better for people with disabilities.
- Publication of the [Traveller Health Action Plan 2022 – 2027](#), which incorporates initiatives specifically focusing on the mental health needs of Travellers.

Domain 4 Accountability and Continuous Improvement.

- The establishment of the NIMC in 2021 and its associated implementation and reporting structures, to drive and oversee the long-term implementation of StV, including the Reference Group and Specialist Subgroups.
- Publication of the [National Population Mental Health and Mental Health Services Research and Evaluation Strategy](#), supported by the Health Research Board (HRB), and with allocation of €1.8m for research and evaluation under StV over 2022 and 2023.
- Establishment of the HSES Assisted Decision Making (ADM) mentorship programme with 46 mentors and over 500 mentees across CHO areas and hospital groups, which include experienced staff working in mental health services.
- The DoH is progressing the drafting of the Mental Health Bill with the Office of Parliamentary Counsel to amend the Mental Health Act 2001. The Bill proposes to extensively amend and update existing mental health legislation, moving to a more person-centred, human rights-based approach and takes account of domestic legislative changes, including the [Assisted Decision-Making Act 2015](#) and the [Mental Health \(Amendment\) Act 2018](#) as well as Ireland's international obligations, including the United Nations Convention on the Rights of Persons with Disabilities [UNCRPD](#)
- Finalisation of the report of the [High Level Taskforce \(HLTF\) on mental health, primary care and addiction challenges of persons interacting with the criminal justice system](#), which is a Programme for Government commitment. The HLTF was established in 2021 to meet the government's commitment to ensure the critical mental health needs of people in prison are met, addiction treatments are provided and appropriate primary care supports are available on release, in order to ensure improved outcomes for the individuals concerned and for society as a whole. The inter-Departmental Steering Group of the HLTF has been meeting regularly since Quarter 4, 2022.
- Rollout of the Integrated Finance Management System across the HSE, which will provide better and timely financial reporting and forecasting, including across the different areas of the mental health service.
- [An evidence review](#) was conducted by the HRB on behalf of the DoH focusing on mental health-related indicators for measuring performance and impact of mental health policy. Incorporating a review of internal evidence, this report will provide a basis for the development of an outcomes framework for StV.
- The [Integrated Community Case Management System](#) is on track against agreed milestones

for its implementation, with the tender process in progress. Once implemented, it will provide an integrated ICT infrastructure, which will support the service user journey across all community healthcare services.

- To enable the HSE to build its change management capacity and to adopt a programmatic approach to the delivery of change, a dedicated Community Health Operations Improvement and Change (CHOIC) function has been established. CHOIC currently supports a portfolio of service improvement projects within mental health services, as well as across other service areas within community healthcare.

Areas of Implementation Challenge

As with any public sector policy, the implementation of StV is influenced by the prevailing social and economic circumstances and the challenges that come with significant cultural and organisational change envisaged for mental health practice in Ireland. Some of the challenges that the NIMC discussed over the last three years included:

System Wide Challenges

- The impact of the Covid-19 pandemic on mental health service provision
- The HSE and DoH cyberattacks of 2022
- The war in Ukraine and the need to enhance mental health service provision to Ukrainian refugees in Ireland as well as to International Protection Applicants.
- Annual budget constraints in the context of long-term policy recommendations
- Difficulty in assessing the appropriate level of funding that should be made available in national budgets due to the lack of financial costings in the policy and implementation plan. In Quarter 2, 2023, for the first time, the quarterly progress report shows the problem category of “cost and budget” more frequently reported than any other issue, including “recruitment”.
- The translation of policy to practice at a regional and local level is continually competing with immediate and short-term operational priorities
- Making awareness of StV widespread within the HSE, other government Departments and the wider stakeholder population
- The difficulty of achieving systematic long-term change in a large organisation.

Recruitment

- Deficits in the availability of key mental health staff across the health service
- Difficulties in filling posts in all geographical locations due to cost issues
- Emigration of graduates
- The lifting of COVID-19 restrictions internationally throughout 2022 prompted a further migration of the workforce
- Redeployment of personnel around the system (as distinct from adding capacity) and the consequent reduction in basic staff grades
- An increase in costs for agency work, which may be seen as more attractive than public sector work for various reasons (including more attractive hours)
- The secretariat of NIMC and the HSE’s policy implementation team have liaised with workforce planning colleagues in the DoH, HSE National HR colleagues and HSE Mental Health HR colleagues to produce a comprehensive ‘whole of system’ recruitment report presented to NIMC on a quarterly basis to help further inform the discussion and plan solutions.
- Government needs to consider long term options in respect of ensuring an adequate flow of graduates in the future to include an increased number of training places and options for other professions to become engaged in mental health care services.

Over-reliance on Pilot Service Developments

- Excessive level of pilot service development is ongoing, leading to limited whole population service improvement.
- To enable the mental health outcomes of the whole population to improve, service improvement should focus on national roll out (where possible, while mindful of interdependencies such as resourcing requirements). Though there is value in piloting services, the perceived over-reliance on pilot project service development in only one or two areas can be a barrier to integrated needs-based service development and innovation. When a strong evidence base (from multiple different relevant settings) exists on the effectiveness of a service development, there is a strong argument for developing the innovation on a national basis.

Accessibility

- There remains considerable capacity constraints across all mental health services covering all areas including mental health promotion, prevention, early intervention and specialist mental health service provision. As a result, there are waitlists for accessing services, including in CAMHS, Primary Care Psychology, Counselling in Primary Care, and access to specialist forensic treatment beds at the new Central Mental Hospital at Portrane (National Forensic Mental Health Service). The NIMC acknowledges that every effort is made to prioritise urgent cases and that severity of presenting symptoms as well as an assessment of risk are always taken into account
- To mitigate the impact of the above access challenges for priority groups to relevant mental health services, the NIMC supports the continued HSE focus on enhancing mental health service provision to priority groups including women, the Traveller Community, Ukrainian refugees, and other priority groups. The NIMC will continue to work with the Social Inclusion Workstream of the HIG to ensure that the mental health needs of priority groups are clearly identified, tracked and responded to.

Timelines

- There have been difficulties experienced in adhering to timelines for implementation as outlined in the StV Implementation Plan 2022-2024 with contributing factors impacting on delivery including Covid-19, the widespread HSE and DoH cyberattack, ongoing re-structuring in the HSE with the development of the Regional Health Areas, and the complexity of implementing several recommendations across multiple government departments and HSE care structures. In response to this and noting the robust policy implementation structures which are in place, the strong monitoring processes established and ongoing commitment to tracking delivery issues, the NIMC Steering Committee undertook a review of how implementation timeframes are defined. The DoH has advised streamlining the timeline for completion of short-term recommendations with the StV Implementation Plan 2022 – 2024. Providing a clear focus for the current implementation plan, short-term recommendations are as a result expected delivered by December 2024. The timeline for delivery of medium- and long-term recommendations will be considered by the DoH as part of the development of future implementation plans.

Programme Response to Management of Programmatic Risks and Issues

- Risk and issue management tracking systems have been designed and developed to align with the StV Implementation Plan milestones and timelines with a number of iterative improvements piloted and implemented since reporting on implementation progress started. The tracking system captures detail on risk and issue categories and mitigation plans. The StV policy implementation team maintains a risk and issue log and there has been active engagement with Implementation Leads where categories of problems are reported as 'major delivery issues'. The most frequently reported problems have been in the categories of Recruitment and Human Resources, Timeline Delivery Schedule, Stakeholder Buy-In/Engagement and Cost/Budget which aligns with the challenges highlighted by the NIMC in their analysis reports.

Looking Ahead – Focus Points for NIMC

The second term of the NIMC will commence in January 2024 to run for four years, until the end of 2027. In reviewing the first term, and looking forward to the second, the current NIMC considers the following to be key priorities:

- **The delivery of short-term recommendations:** according to the approved timelines for delivery, all 42 short-term recommendations must be completed and signed-off by the end of 2024. As of December 2023, one recommendation has been signed off by the NIMC as completed. The NIMC will continue to oversee the implementation of medium and long-term recommendations and give consideration to timelines for their delivery as part of its ongoing monitoring and oversight work.
- **The development of the second *Sharing the Vision Implementation Plan*:** the current Implementation Plan 2022-2024 will be completed by the end of 2024. A key task for the NIMC in 2024 will therefore be the development of its successor plan (2025- 2027).
- **Specialist Group outputs:** the NIMC has set up five specialist groups to date, one of which has completed their work, as of December 2023. The NIMC will continue to engage with the existing four Specialist Groups to progress required output and consider the possible establishment or discontinuation of additional subgroups as deemed necessary.
- **Communications enhancement:** a key area of focus identified by the NIMC is the enhancement of communications for StV. The incoming NIMC should look to prioritise the widening and improvement of existing practices to best communicate to the public the progress being achieved in implementing the policy.
- **Promotion of StV amongst all stakeholders, including staff:** it is the view of the NIMC that more proactive steps must be taken to ensure a greater awareness of StV amongst mental health care staff in particular and the wider cohort of health and social services staff.
- **Addressing social and economic determinants:** building on enhanced external communication, the NIMC will seek to influence areas of public policy which relate to the social and economic determinants of mental health such as education, planning and employment.
- **Development of mental health outcomes indicators:** The progression of Recommendation #77 is concerned with developing a standardised set of performance indicators (PIs) directly aligned with the desired outcomes in StV. The development of this will be essential for measuring the impact of policy as StV progresses.
- **Enhanced monitoring:** The NIMC agreed a designed approach to monitoring implementation of Recommendation #66. Recommendation #66 sets out that measures should be in place across relevant government departments to achieve equality of access for individuals with mental health difficulties to employment, housing and education opportunities. Reporting will begin in Q1 2024 on relevant policy initiatives such as the National Housing Strategy for Disabled People, the [Comprehensive Employment Strategy for People with Disabilities](#), the [National Disability Inclusion Strategy \(2017-2021\)](#), [Equality Budgeting](#), the [Roadmap for Social Inclusion 2020-2025](#), and the [National Further Education and Training \(FET\) Strategy](#).

Some key areas of opportunity will include:

- **The regional restructuring of the HSE:** The restructuring of the HSE into six Regional Health Areas presents opportunities for further integration of mental health care. However, this will require a prioritisation of mental health in the establishment of governance and management structures, both regionally and nationally
- **ICT developments:** The introduction of the ICCMS will have a positive impact on the delivery of all health services, including specialist mental health services.
- **Recruitment:** The secretariat of NIMC and the HSE's policy implementation team have liaised with workforce planning colleagues in the DoH, HSE National HR colleagues and HSE Mental Health HR colleagues to produce a comprehensive 'whole of system' recruitment report presented to NIMC on a quarterly basis to help further inform the discussion and plan solutions. The NIMC should continue quarterly review of recruitment developments.
- **Budget considerations:** The delivery of StV is dependent on its resourcing by Government. The NIMC should continue to strongly advocate for the full resourcing of StV-related budget requests in all future national budget processes, notwithstanding the challenges posed by single year budgetary processes.
- **Whole system responsibility:** StV is a whole-of-Government, multi-stakeholder policy, and responsibility for policy implementation is spread across multiple departments and agencies. This presents both an opportunity and a challenge in terms of policy implementation. It is vital that the NIMC continues to oversee cooperation and coordination between all stakeholders to ensure the timely and proper implementation of recommendations.
- **Wider policy landscape:** As StV implementation reaches a stage of greater maturity, alignment with other key public sector policies will offer significant opportunities to realise synergies and efficiencies supported by an enhanced mandate, for example, the forthcoming National Mental Health Promotion Plan can be a significant catalyst for the implementation of Domain One recommendations in StV.

[END]